Clinical Supervision of Medical Students:
Promoting Patient and Student Safety

Faculty Guidelines

Boston University School of Medicine

This document and additional faculty resources can be found on our website at:

http://www.bumc.bu.edu/busm/education/medical-education/faculty-resources/
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Adapted from the Family Medicine’s Preceptor Manual, written by Miriam Hoffman, MD and Molly Osher-Cohen, MD
Updated 4/2021, Medical Education Office
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<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></td>
<td>B.2 - Demonstrate insight and understanding about emotions that allow one to develop and manage interpersonal interactions. (4.7)</td>
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<td>B.3 - Demonstrate compassion, integrity, and respect for others. (5.1)</td>
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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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<tr>
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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>
</tr>
<tr>
<td></td>
<td>U.9 - Apply established and emerging principles of clinical sciences to health care for patients and populations. (2.3)</td>
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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>
<tr>
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<td>C.2 - Counsel and educate patients and their families to empower them to participate in their care and enable shared decision making. (1.7)</td>
</tr>
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<td>C.3 - Participate in the education of patients, families, students, trainees, peers and other health professionals. (3.8)</td>
</tr>
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<td>C.4 - Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds. (4.1)</td>
</tr>
<tr>
<td></td>
<td>C.5 - Communicate effectively with colleagues within one’s profession or specialty, other health professionals, and health related agencies (4.2, see also 7.3)</td>
</tr>
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<td></td>
<td>C.6 - Maintain comprehensive, timely, and legible medical records. (4.5)</td>
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<tr>
<td></td>
<td>C.7 - Demonstrate sensitivity, honesty, and compassion in difficult conversations, including those about death, end of life, adverse events, bad news, disclosure of errors, and other sensitive topics. (4.6)</td>
</tr>
<tr>
<td></td>
<td>C.8 - Communicate with other health professionals in a responsive and responsible manner that supports the maintenance of health and the treatment of disease in individual patients and populations. (7.3)</td>
</tr>
<tr>
<td>INSTITUTIONAL LEARNING OBJECTIVE</td>
<td>MEDICAL EDUCATION PROGRAM OBJECTIVE</td>
</tr>
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</tbody>
</table>
| A - Acts in accordance with highest ethical standards of medical practice (Professionalism) | A.1 - Demonstrate responsiveness to patient needs that supersedes self-interest. (5.2)  
A.2 - Demonstrate respect for patient privacy and autonomy. (5.3)  
A.3 - Demonstrate accountability to patients, society, and the profession. (5.4)  
A.4 - Demonstrate a commitment to ethical principles pertaining to provision or withholding of care, confidentiality, informed consent, and business practices, including compliance with relevant laws, policies, and regulations. (5.6)  
A.5 - Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust. (7.1)  
A.6 - Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients. (8.5) |
| R - Reviews and critically appraises biomedical literature and evidence for the purpose of ongoing improvement of the practice of medicine. (Practice-Based Learning and Improvement and Medical Knowledge) | R.1 - Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations. (2.4)  
R.2 - Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems. (3.6)  
R.3 - Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes. (3.10) |
| E - Exhibits commitment and aptitude for life-long learning and continuing improvement (Practice-based Learning) | E.1 - Identify strengths, deficiencies, and limits in one's knowledge and expertise. (3.1)  
E.2 - Set learning and improvement goals. (3.2)  
E.3 - Identify and perform learning activities that address one's gaps in knowledge, skills, and/or attitudes. (3.3)  
E.4 - Incorporate feedback into daily practice. (3.5)  
E.5 - Obtain and utilize information about individual patients, populations of patients, or communities from which patients are drawn to improve care. (3.9)  
E.6 - Develop the ability to use self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors. (8.1)  
E.7 - Manage conflict between personal and professional responsibilities. (8.3) |
| S - Supports optimal patient care through identifying and using resources of the health care system. (Systems-Based Practice and Patient Care) | S.1 - Provide appropriate referral of patients including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes. (1.8)  
S.2 - Systematically analyze practice using quality-improvement methods and implement changes with the goal of practice improvement. (3.4)  
S.3 - Use information technology to optimize learning. (3.7)  
S.4 - Work effectively with others as a member or leader of a health care team or other professional group. (4.3, see also 7.4)  
S.5 - Work effectively in various health care delivery settings and systems relevant to one's clinical specialty. (6.1)  
S.6 - Coordinate patient care within the health care system relevant to one's clinical specialty. (6.2)  
S.7 - Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care. (6.3)  
S.8 - Advocate for quality patient care and optimal patient care systems. (6.4)  
S.9 - Use the knowledge of one's own role and the roles of other health professionals to appropriately assess and address the health care needs of the patients and populations served. (7.2)  
S.10 - Participate in different team roles to establish, develop, and continuously enhance interprofessional teams to provide patient- and population-centered care that is safe, timely, efficient, effective, and equitable. (7.4) |
Geriatrics Clerkship Learning Objectives
(Linked to Medical Education Program Objectives in parentheses)

By the end of the fourth year Geriatrics clerkship, the BUSM IV student will be able to:

2. Distinguish the roles and responsibilities of other team members (nursing, case management, social work, physical therapy) (B.2, C.5, C.8, A.5, S.4, S.5, S.6, S.8, S.9, S.10)
3. Describe the roles and responsibilities of resources available through community agencies such as visiting nurses, home health aides, home care agency case managers, home delivered meals, and adult day health (U.5, U.6, S.1)
4. Evaluate and incorporate cognitive, psychosocial and functional status into the overall assessment of the older patient (B.1, B.2, U.1, U.2, U.5, C.1)
5. When evaluating an older patient’s medication list, describe strategies for optimizing medication regimens, and deprescribing those medications which are potentially inappropriate, high risk, or lack a current indication. (U.4, R.1)
6. For older patients, particularly for those with cognitive, sensory, or functional impairment, use communication techniques to demonstrate cultural sensitivity and respect, including appropriate body language and thoughtful seating arrangements (U.2, C.1, A.1)
7. Demonstrates awareness of one’s own emotions and attitudes, and coping strategies for managing stress and uncertainty when caring for seriously ill patients (B.2, B.4)
8. Define and explain the philosophy and role of palliative care, and differentiates hospice from palliative care (C.2, C.3, C.4, C.7, C.8)
9. Elicit what matters most to an older adult, and work with the patient and team to honor these priorities. (A.1, A.2, B.3, C.5, U.4, S.9)
10. Identify how structural and social determinants of health impact health outcomes and healthcare access for older adults and those who care for them. (A.5, B.1, B.3, B.4, S.10)
Contact Information

Clerkship Director

Megan Young, MD
Assistant Professor of Medicine
Telephone: (617) 638-8940
Cellphone: (617) 780-9535
Email: Megan.Young2@bmc.org
Pager: 7131
Office: Robinson 2008
Office Hours: Email directly to schedule an appointment.

Assistant Clerkship Director

Leah Taffel, MD
Instructor of Medicine
Telephone: (617) 414-1681
Email: Leah.Taffel@bmc.org
Pager: 0376
Office: Robinson 2312
Office Hours: Email directly to schedule an appointment.

Clerkship Coordinator

Jessica Restrepo, MPH
Telephone: (617) 638-6155
Email: jrestrep@bu.edu
Office: Robinson 2700
Office Hours: 8-4 PM
GENERAL CLERKSHIP STRUCTURE
This four-week clerkship provides students with the basic knowledge and skills to participate in the care of older adults. Students will learn about common geriatric syndromes, understand, and use functional assessment in the evaluation of older adults, work with an interdisciplinary team to develop care plans, learn about home care and what is possible to provide medically for older patients living in the community. Students will participate in clinic, nursing home visits and home visits with clinicians to provide medical care for older patients. In addition, students will complete on-line assignments, attend lectures, prepare a narrative focused on My Life My Story (MLMS), complete a Social Determinants of Health (SDOH) worksheet, create an end of life (EOL) project, and prepare an evidence-based medicine (EBM) assignment.

Telehealth Visits
Due to the COVID pandemic, students might have clinical experiences with patients through telehealth visits. Students will learn advanced communication skills by performing structured telehealth visits focused on performing a geriatrics review of systems and modifying the visit to meet the cognitive, sensory and language needs of the patient or caregiver.

Suggestions for succeeding in telehealth visits:
- Review assigned patient charts beforehand (including telephone and progress notes)
- Create an agenda to discuss with the patient (usually 3-4 active/chronic issues)
- Talk with the preceptor before the phone call about what you want to discuss. Ask them for any tips when talking to this patient or family member.
- When starting the phone visit, ask the patient/family member if there is anything concerning them that they want to make sure to discuss during the call. This allows you to understand their concerns and tailor your agenda accordingly.
- Remember Geriatric ROS!
- Complete notes in Word Document and email the preceptor(s) within 24-48 hours.

Home Visits (HV) Protocol and Student Expectations
Home visits provide a valuable experience to help student to appreciate the patient’s values, supports, and environmental factors. The following are student expectations during HVs:

- **Be on time.** Students are expected arrive at the time the preceptor has emailed them.
- **Safety is important!** Watch the “Safety in the Field” on Echo360 and familiarize yourself with the handout on Blackboard Learn.
- **Be prepared.** Check with the preceptor to ensure you have all the materials that may be needed for the visit (e.g. N95 masks). Please notify the preceptor if you have allergies to pets, as you might encounter cats or dogs on visits.
- **Be conscious of infection control while on home visits.** Use antiseptic hand wash before and after examining the patient. (Hand wash will be in preceptor’s equipment bags). Be sure to bring your fit-tested mask.
- **In the case of accidents** (such as a needle stick), notify the Clerkship Coordinator at 617.638.6155 immediately. Upon return to BMC, you should directly report to the Occupational Health located in Shapiro (4th Fl) - Suite 4B.

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Clinical expectations during home visits: During home visits, medical students assume the role of primary care provider and are expected to:
  - Attend to the patient’s acute and chronic medical and psychosocial problems. For acute problems, the focus will be on one problem with attention to associated chronic problems as necessary. Judicious and efficient use of time will be necessary to cover the patient’s new and pertinent chronic problems and ensure their appropriate management until the next visit.
  - Review the patient’s medications and document them on the medication list which the preceptor will have with them. Assess compliance, inquire about side-effects and consider the possibility of drug interactions. Note any refills needed and discuss with the attending.
  - During routine follow-up visits, if time permits, a health maintenance examination should be performed as indicated.

Documenting Notes: Following each home visit, students are expected to complete a student note on each assigned patient via Word Document. Notes should be completed within 24-48 hours following the home visit and emailed using BMC email to the preceptor.

Alternative Schedules to Home Care: If a student cannot participate in home visits for medical or personal reasons please contact the clerkship coordinator for alternative clinical experiences.

Early departures: Students who need to leave early from home visits should notify the clerkship coordinator 72 hours before the visit and obtain approval (for interviews, mandatory meetings, teaching doctoring, medical appointments etc.). The student must then notify the preceptor 48 hours before the visit and review expectations for note and follow up before.

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.

Nursing Home (NH) Visit Protocol and Student Expectations
Students will be visiting patients in nursing homes under the supervision of nurse practitioners or attending physicians.

A. Arrival
   Students are expected to report directly to all nursing homes and skilled nursing facilities (SNFs). Check the arrival/departure grid to find each preceptor’s specific arrival times for each nursing home. The grid is available on Blackboard Learn.

B. Nursing Home Addresses & Directions
   Addresses to specific NH locations can be found under “Site Information” on page 9-11. Additional directions to certain NH may also be found on Blackboard Learn >Site Information. Students traveling by public transportation may want to use http://mbta.com/ for planning their trips. Do not Google or use any other web browser search for nursing home addresses as many have
multiple locations – make sure to report only to the address in the syllabus or on the arrival/departure grid.

C. **Be Prepared**
   All students should bring his/her white coat, ID badge, and medical equipment (see below) to the nursing home. In some cases, you will be asked not to wear your white coat and only wear your ID. The medical equipment to bring includes:
   - Stethoscope
   - Reflex Hammer
   - Tuning Forks
   - Flashlight or Penlight
   - Oto-ophthalmoscope

D. **What to Expect during the Visit**
   The attending physician or nurse practitioner will orient students to the facility and the activities for the day, which will be either independent patient visits or joint visits with the preceptor. Students will be expected to obtain a complete history from multiple sources including the patient, the chart, nurses, nursing assistants, physical and occupational therapy, flow sheets, bowel and weight books and present this in a concise fashion to the preceptor. The student should discuss any clinical issues raised or discuss pending lab work with the preceptor regarding assessment and plan and collaborate as necessary.

   There will be onsite screening at every facility prior to entry. Always wash your hands upon entry into the nursing facility. Identify yourself as a medical student working with your preceptor. Wear your mask upon entry into the facility. Your temperature will be checked. You will be screened for COVID-19 symptoms. You may be asked to provide a recent COVID test or be prepared to be tested onsite and bring a copy of their vaccination card (if available) to show when asked. Students should ask about any COVID precautions with your preceptor in the beginning of the day. When inside the nursing facility, there will be clear signage at the patient door/unit/floor of which PPE to use, but please feel free to ask your preceptor to double check.

E. **Documenting Patient Notes**
   Notes should be written to reflect the student’s participation in the visit, and to document the student’s impression and clinical management suggestions. *Students are expected to complete notes in Word Document and email the notes to the preceptor within 24-48 hours after the visit.*

**Ambulatory Clinic Visit Protocol and Student Expectations**

The Geriatrics Ambulatory practice is located on Shapiro 9A. The attending will meet you at the clinic and orient you to your activities for the day.

**Expectations:**
- Be on time. Students are expected arrive at the time the preceptor has emailed them.
- Bring your ID and stethoscope.
- All patient charts are on Epic.
- Complete notes in Word Document and email the preceptor(s) within 24-48 hours.
REQUIRED DIAGNOSES

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

The required patient diagnoses to be documented in the logs are:
- Congestive Heart Failure
- Chronic Kidney Disease
- COPD/Emphysema
- Depression/Anxiety
- Difficulty swallowing
- Disability
- Fall/Gait Disorder
- Hearing changes
- Incontinence
- Memory Difficulties
- The Dying Patient
- Weight Loss
- Vision changes

Alternative Patient Encounters
If a student has not been able to experience all patient encounters required for the clerkship, students must address any gaps in their patient encounters through an alternative experience. In this clerkship, the alternative experiences are found below and on Blackboard Learn → Final Day Deliverables.

<table>
<thead>
<tr>
<th>Patient Encounter</th>
<th>Make-Up</th>
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<tbody>
<tr>
<td>CHF</td>
<td>Didactic Session: The Good Death</td>
</tr>
<tr>
<td>CKD</td>
<td>Article</td>
</tr>
<tr>
<td>COPD/Emphysema</td>
<td>Clinical Activities</td>
</tr>
<tr>
<td>Depressed/Anxiety</td>
<td>Independent Learning Module: Mental Health</td>
</tr>
<tr>
<td>Difficulty swallowing</td>
<td>Article</td>
</tr>
<tr>
<td></td>
<td>Didactic Session: Hard to swallow</td>
</tr>
<tr>
<td>Disability</td>
<td>Didactic Session: Pressure Injury, Orientation Session: Intro. To Home Care</td>
</tr>
<tr>
<td>Fall/Gait Disorder</td>
<td>Didactic Session: Falls &amp; Hazard of Hospitalization, Polypharmacy</td>
</tr>
<tr>
<td></td>
<td>Independent Learning Module: Frailty</td>
</tr>
<tr>
<td>Hearing Changes</td>
<td>Orientation Session: Intro. To Home Care</td>
</tr>
<tr>
<td>Incontinence</td>
<td>Independent Learning Module: Urinary Incontinence</td>
</tr>
<tr>
<td>Memory Difficulties</td>
<td>Independent Learning Module: Delirium &amp; Dementia</td>
</tr>
</tbody>
</table>
The Dying Patient | Didactic Session: The Good Death
---|---
Weight Loss | Independent Learning Module: Elder Mistreatment
Vision Changes | Independent Learning Module: Low Vision/OT

**OTHER CLERKSHIP REQUIREMENTS**

**Exam**
The final exam is based upon all the lectures (except Pt./Dr. Relationship, Letter to Self & Hospice Virtual Tour) and independent learning modules. The final exam will be held virtually the morning of the final day of clerkship. Students will be given 90 minutes to complete this exam.

**My Life, My Story**
Students are expected to complete an extended social narrative (a free form written story of a person, usually about 1 page) on one patient during the rotation. This narrative helps us and other clinicians that are on various care teams obtain insight into the patient and what makes up the person we are caring for. Having this insight can improve the care that is provided to patients by allowing us to understand who they are from their previous experiences. This type of information gathering can also help us to learn about and understand the diverse cultures that part of the mission and identity of Boston Medical Center. Understanding cultural cues and norms can aid us to provide culturally sensitive care and can help with challenging discussions.

**Social Determinants of Health (SDOH) Worksheet:**
The learning objective of this exercise is to identify and discuss the current patients’ social risk factors and how those factors contribute to the patient’s health. Students will complete a structured worksheet during and after one of their home visits which focuses on the home environment, neighborhood and social context which the patient lives in. This worksheet is structured around the Geriatric 5Ms (Tinetti M, Huang A, Molnar F. The Geriatrics 5M’s: A New Way of Communicating What We Do. J Am Geriatr Soc. 2017 Sep;65(9):2115. doi: 10.1111/jgs.14979. Epub 2017 Jun 6. PMID: 28586122.). This worksheet is not graded but required.

**End of Life Project Presentations**
On the final day of the block, you will email your small project focused on End of Life (EOL) to the clerkship coordinator. Before starting your EOL project, please read the article above to help get you thinking about end of life.

**Expectations:**
- Demonstrate understanding of the objectives outlined in the Good Death Talk (bullets below).
  - Identify factors influencing a patients/family’s decisions at the end of life
  - Contrast a good from a bad death from a personal point of view
  - Develop an approach to setting goals of care for your patients
- Demonstrates awareness of one’s own emotions and attitudes and coping strategies for managing stress and uncertainty when caring for seriously ill patients.
- Turn-in a product at the end of the session (see below for examples)
- Spend 1-2 hours in preparation for your presentation
- Students are encouraged to openly discuss patients and families, their own culture, medical culture, and to bring in creative elements. This is not graded but must be completed to pass the clerkship.

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

- First and foremost - Be Creative!
- Feel free to draw from literature, poetry, movies, fine art, and other media. Role-plays are an excellent way to work as a team and can elicit very interesting discussion amongst your classmates. These can be used to display best-case and worst-case scenarios; and to open a discussion about the challenges presented in your scene.
- You can present a case discussion from this clerkship, other settings, or your own life experience.

Independent Online Learning

There are 9 independent learning modules to complete. Please see Blackboard Learn for the following online modules:

1. Dementia
2. Delirium
3. Elder Mistreatment
4. Frailty: What is it? And What can we do about it?
5. Geriatric Screening
6. Mental Health Module
7. Low Vision/OT
8. Transitions of Care for Patients
9. Urinary Incontinence

Evidence Based Medicine Paper

Students are to develop a clinical question that is based upon a patient experience that you have had during this clerkship. It can be from any setting (home care, nursing home or clinic). Search the medical literature to find an article (2005+) that addresses the clinical question that you have chosen. Do NOT use UpToDate, Meta analyses or medical texts as a primary source, though students may use their bibliography to help direct you towards a journal article. Briefly summarize and critically appraise the article you have chosen. Below are guidelines that will help you appraise an article that involves therapy (or treatment).

EBM Paper Format:

- The paper should not be more than 2 pages single-spaced
- Start with a brief summary of the clinical case (1 paragraph)
- State your clinical question
- Briefly summarize the article you have chosen to address your question.
- Critically appraise the article you have chosen. You may use the guide to help with this. You may also ask your preceptor for guidance
- State how you would use the information you have learned to answer your clinical question
- Go to a point of care resource such as Dynamed or Essential Evidence and see how your article compares to the body of data from these resources

Timeline: Please pick your case and try to develop your clinical question by the second week so that you can review this at your midsession feedback session.

Grading Rubric (Total Points: 100):

You will be graded on the following areas:
<table>
<thead>
<tr>
<th><strong>Question</strong></th>
<th>Detailed description of patient in term of medical problems and function (10)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Identify the patient’s problem and their goals or concerns (5)</td>
</tr>
<tr>
<td></td>
<td>Clearly define intervention (5)</td>
</tr>
<tr>
<td><strong>Article</strong></td>
<td>Peer reviewed original research (5)</td>
</tr>
<tr>
<td></td>
<td>Research question that is reasonably close to meeting patient concern (5)</td>
</tr>
<tr>
<td></td>
<td>Not a meta-analysis, review article or guidelines summary (5)</td>
</tr>
<tr>
<td><strong>Assessment</strong></td>
<td>Review results and statistical significance if available (5)</td>
</tr>
<tr>
<td></td>
<td>Cite strengths of paper (5)</td>
</tr>
<tr>
<td></td>
<td>Cite weakness or biases of paper (5)</td>
</tr>
<tr>
<td></td>
<td>Describe if a patient would have been part of the study and impact of possible exclusion criteria (5)</td>
</tr>
<tr>
<td></td>
<td>Compare article to the body of data (Dynamed or Essential Evidence) (10)</td>
</tr>
<tr>
<td><strong>Management</strong></td>
<td>Definite statement of choice of intervention (7.5)</td>
</tr>
<tr>
<td></td>
<td>Defend your choice of treatment based on evidence and patient preferences (10)</td>
</tr>
<tr>
<td></td>
<td>Description how you would implement it (7.5)</td>
</tr>
<tr>
<td><strong>Overall</strong></td>
<td>Grammatically correct, proofread (5)</td>
</tr>
<tr>
<td></td>
<td>Medical facts correct or appropriate for level of education (5)</td>
</tr>
<tr>
<td></td>
<td>Concern about plagiarism (student will be contacted and will be considered professionalism issue)</td>
</tr>
</tbody>
</table>
### Geriatrics Clerkship Grading Policy

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

<table>
<thead>
<tr>
<th>HOW YOUR FINAL WORD GRADE IS CALCULATED FOR THE CLERKSHIP:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Honors</td>
<td>90-100 total points</td>
</tr>
<tr>
<td>High Pass</td>
<td>80-&lt;90 total points</td>
</tr>
<tr>
<td>Pass</td>
<td>70-&lt;80 total points</td>
</tr>
<tr>
<td>Fail</td>
<td>&lt;70 total points; or &lt;70 clinical grade; or professionalism issues</td>
</tr>
</tbody>
</table>

**SHELF/EXAM GRADING**

- Exam minimum passing (percentile): 70%

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

- EBM Paper: 10%

  * EBM papers that are late will lose 10% for every late day

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

- Complete To-do card (Yellow)
- Duty Hour log
- FOCuS Forms (Physical Exam & Interviewing Technique)
- Independent Learning Modules
- My Life, My Story
- Patient log (14 patient encounters)
- Social Determinants of Health (SDOH) Worksheet

**Standard Clerkship Clinical Grading Procedures/Policies**

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

- The CSEF form will be used to numerically calculate your clinical grade: 1 to 5 points (depending on which box is checked) for each domain which will be averaged to give you a final score out of 5. Categories: Needs intensive remediation (1); Needs directed coaching (2); Approaching competency (3); Competent (4) or Achieving behaviors beyond the 4th year competency criteria (5) to get a final number in each domain. This can be rounded to the nearest number using standard rounding for the CSEF domain and this is the box that should be checked (e.g. if an average of 2.4 then the student should have needs directed coaching (2) checked off). Each CSEF will be weighted based on how long the student worked with each evaluator.

- CSEF Clinical Grade Calculations should be made using the 0.1 decimal point in each domain (though the rounded number will be checked off on the final CSEF) to give a final number.
  - Any average of <1.5 in any domain = an automatic fail for the clerkship
  - Any average of < 2.5 in any domain = an automatic pass for the clerkship and a meeting with the MEO for clinical coaching
  - >2.5 in all domains, standard rounding will be used
    - <2 = Clinical fail which will = a fail for the clerkship
    - 2.3-4 = Clinical pass
3.5-3.9 = Clinical high pass
4.0-5 = Clinical honors
The clinical grade will be reported in the CSEF final narrative

Clerkship Specific Clinical Grade Procedures/Policies
Guiding Principles: We strive to provide a grading system that is:
- **Fairly applied** - a system that we follow for all students.
- **Transparent** – students can clearly see the process by which the grade is derived.
- **Discriminating** - the HONORS grade represents a performance of true distinction.
- **Based on absolute performance** - there is no ‘curve’ or fixed percentages who can/cannot get HONORS.
- **Performance-based** – the grade is based on what the student does and is reported – not based on potential.

The CSEF score will be converted to a score out of 100 to generate the clinical grade.

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

The final exam is graded using Qualtrics.

The EBM paper is graded using standardized grading rubric that is available to students for full grading transparency.

To achieve a final grade of HONORS, the student must achieve >90 total points and an average score of >4 in all CSEF categories.

To achieve a HIGH PASS, the student must achieve 80-<90 total points, and an average score of >3.5 in all CSEF categories.

To achieve a final grade of PASS, the student must achieve 70-79 total points, an average score of > 2 in all CSEF categories.

Professional Conduct and Expectations
Evaluation of a medical student’s performance while on a clinical clerkship includes all expectations outlined in the syllabus and clerkship orientation as well as the student’s professional conduct, ethical behavior, academic integrity, and interpersonal relationships with medical colleagues, department administrators, patients, and patients’ families. Student expectations include those listed below in professional comportment sections. If a student does not meet the professionalism expectations of the clerkship, they will fail the clerkship. If there are significant professionalism concerns while the student is on the clerkship, the student will not be eligible to receive honors on the clerkship. Any professionalism lapses resulting in either a clerkship fail or ineligibility to receive honors will require narrative comments by the clerkship/sub-I/elective director in the professionalism comment section of the final evaluation.

Professionalism will be reviewed at the mid-rotation feedback session and student will be given feedback when professionalism concerns are identified on the clerkship/sub-I/elective. If students are not meeting professionalism expectations of the clerkship/sub-I/elective or there are significant professionalism concerns, students will be made aware of the concerns noted by the directors, coordinator, faculty or residents.

Clerkship Specific Clinical Grade Procedures/Policies
**Standard Policies/Procedures:**
If a student receives a score of 1-1.9 (averaged score across evaluators) in any CSEF domain, this may result in a failure.
**Clerkship Specific Policies/Procedures:**

Clinical Fail - If the student fails the clinical portion of the clerkship (earns <70 points for the CSEF grade), the student will be required to retake the clerkship in entirety.

Professionalism Fail - If the student does not meet the minimum standards for professionalism, the student will be required to retake the clerkship in entirety.

Exam Fail - If the student fails the exam, the student will be allowed to retake the final exam and will be ineligible to receive honors. If the student fails a second time, they must retake the clerkship in entirety.

**BUSM Grade Review Policy**

BUSM’s Grade Reconsideration Policy is located in the Policies and Procedures for Evaluation, Grading and Promotion of Boston University School of Medicine MD Students:

**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 peer review process
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 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

Adapted from the Family Medicine’s Preceptor Manual, written by Miriam Hoffman, MD and Molly Osher-Cohen, MD
Updated 4/2021, Medical Education Office
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/

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 4th year student who is competent in this domain:*

- Identifies “sick” vs. “not sick” patients correctly
- Prioritizes differential diagnosis accurately for common and uncommon clinical problems specific to the patient including “can’t miss” diagnoses
- Justifies differential diagnosis logically for less common clinical presentations by using disease prevalence, pathophysiology, and pertinent positive and negative clinical findings
- Makes the correct diagnosis for typical presentations of common diseases and occasionally makes the correct diagnosis for atypical presentation of common diseases or typical presentations of uncommon diseases

☐ 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 4th 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 4th year competency criteria: These are students who are exceeding the behaviors described. The reach behaviors can be found at http://www.bumc.bu.edu/bsm/files/2021/05/Fourth-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/bsm/education/medical-education/faculty-resources/educator-development-videos/

For more detail, please refer to CSEF form at http://www.bumc.bu.edu/bsm/files/2021/05/CSEF-4th-Year.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/bsm/education/medical-education/policies/formative-assessment-and-feedback/

Best practices regarding feedback include:

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

EARLY RECOGNITION OF LEARNING PROBLEMS

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

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

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

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

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

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

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

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

**HOME VISIT**
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.

- Religious Observance: [https://www.bu.edu/chapel/religion/religiouslifepolicies/](https://www.bu.edu/chapel/religion/religiouslifepolicies/)

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

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


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

**Needle Sticks and Exposure Procedure**
(See Appendix C)
Appendix A

Student Name: _________________________  Date____________________________
Observer Name: ________________________  Clerkship: ________________________
Circle One: Attending  Fellow  Resident  Clerkship week #: ________________

FOCUS: Feedback and Observation of Clinical (UME) Students

INTERVIEWING TECHNIQUE

Please observe the student performing a patient history and provide them with feedback based on the behaviors listed below
- Prior to observation:
  - Ask student about specific areas they want to work on or areas you should focus your feedback on
- After you observe:
  - Encourage student assessment
  - Describe specific behaviors- use CSEF language below as prompts
  - Give positive and constructive feedback: at least 2 positives and 2 areas for improvement and develop an action plan

Interviewing Technique

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

**A 4th year student who is achieving behavior beyond the 3rd year competency criteria:**
- Demonstrates patient-centered interview skills (e.g. attends to patients' verbal/nonverbal cues, culture, social determinants, need for interpretive/adaptive services etc.)
- Probes for relevant, subtle details
- Integrates information from the patient and from other relevant resources (e.g. EMR, caregiver, witness, outside records)

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

Student Reflection - What would you change or do differently?

Next steps for student growth:
These should be developed based on feedback from the observation and the above behaviors - student should develop these with faculty and write them here:
1. 
2. 
3. 
☐ I directly observed this student
☐ I provided verbal feedback to the student

Adapted from the Family Medicine’s Preceptor Manual, written by Miriam Hoffman, MD and Molly Osher-Cohen, MD
Updated 4/2021, Medical Education Office
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)**

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

**FOCuS FORMS (2)**

Direct Observation and Feedback Forms Remaining: _____________________________
Plan and timeline for completion: _____________________________

**DUTY HOUR LOG**

Review complete: Yes ☐ No ☐

Step 3: Written feedback

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

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

Please provide feedback on professionalism:

Step 4: Action Plan
Students: Write 3 learning goals for the rest of the rotation based on the feedback you received and discuss them with your faculty reviewer

1. 

2. 

3. 

Student signature ____________________________

Faculty signature ____________________________

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

Boston University School of Medicine Needle Sticks and Exposure Procedure

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

**Covered Parties:** Medical students.

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

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

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

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

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

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

**If you are at Boston Medical Center**

BMC’s Occupational Health clinic during working hours or the BMC Emergency Department after hours and on weekends.
**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](mailto: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).

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