Clinical Supervision of Medical Students:

Promoting Patient and Student Safety

Faculty Guidelines

Boston University Chobanian & Avedisian School of Medicine

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

https://www.bumc.bu.edu/camed/education/medical-education/faculty-resources/

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Table of Contents

Medical Education Program Objectives 4
Clerkship Learning Objectives 6
General Responsibilities of the Clinical Faculty 7
- Goals of the Clinical Clerkship 7
- Clerkship Structure 7

Overall Responsibilities 7
- School's Clerkship Director & Assistant Clerkship Director 7
- Overall Clerkship Coordinator 8
- Clerkship Site Director 8
- Clerkship Site Coordinator 9
- Primary Clinical Educators 10

Orientation of the Student to the Clinical Setting 10
Setting Expectations for the Student 11
Supervising the Student 11
- Intimate Exam Policy 11
- Physical Exam Demonstrations 12

Supervision and Delegating Increasing Levels of Responsibility 12
Student Assessment 13
Feedback 14
Early Recognition of Learning Problems 14
Mid Rotation Meeting 15
Final Grade and Narrative Comments 15
Home Visit 16
- Home visit safety 16

Important Clerkship Policies 16
- Attendance Policies 16

Learning Environment Expectations 17
- Appropriate Treatment in Medicine 17

Boston University Sexual Misconduct/Title IX Policy 17
Needle Sticks and Exposure Procedure 17
Appendix A 20

Clerkship Learning Objectives 23
Contact Information 23
Clerkship Specific Information 24
CLERKSHIP SCHEDULE 25
Block Schedule 25
Didactic Schedule 25
Clerkship Grading 26
REQUIRED DIAGNOSES 29
Required Patient Encounters for the third-year 29
REQUIRED PROCEDURES 30

Medical Education Program Objectives

A Boston University Chobanian & Avedisian School of Medicine graduate will be able to:		
INSTITUTIONAL LEARNING OBJECTIVES	MEDICAL EDUCATION PROGRAM OBJECTIVES	
Establish and maintain medical knowledge necessary for the care of patients (MK)	MK.1	Describe the normal development, structure, and function of the human body.
	MK.2	Recognize that a health condition may exist by differentiating normal physiology from pathophysiologic processes.
	MK.3	Describe the risk factors, structural and functional changes, and consequences of biopsychosocial pathology.
	MK.4	Select, justify, and interpret diagnostic tests and imaging.
	MK.5	Develop a management plan, incorporating risks and benefits, based on the mechanistic understanding of disease pathogenesis.
	MK.6	Articulate the pathophysiologic and pharmacologic rationales for the chosen therapy and expected outcomes.
	MK.7	Apply established and emerging principles of science to care for patients and promote health across populations.
	MK.8	Demonstrate knowledge of the biological, psychological, sociological, and behavioral changes in patients that are caused by or secondary to health inequities.
Demonstrate clinical skills and diagnostic reasoning needed for patient care (CSDR)	CSDR.1	Gather complete and hypothesis driven histories from patients, families, and electronic health records in an organized manner.
	CSDR.2	Conduct complete and hypothesis-driven physical exams interpreting abnormalities while maintaining patient comfort.
	CSDR.3	Develop and justify the differential diagnosis for clinical presentations by using disease and/or condition prevalence, pathophysiology, and pertinent positive and negative clinical findings.
	CSDR.4	Develop a management plan and provide an appropriate rationale.
	CSDR.5	Deliver an organized, clear and focused oral presentation.
	CSDR.6	Document patient encounters accurately, efficiently, and promptly including independent authorship for reporting of information, assessment, and plan.
	CSDR.7	Perform common procedures safely and correctly, including participating in informed consent, following universal precautions and sterile technique while attending to patient comfort.
	CSDR.8	Utilize electronic decision support tools and point-of-care resources to use the best available evidence to support and justify clinical reasoning.
	CSDR.9	Recognize explicit and implicit biases that can lead to diagnostic error and use mitigation strategies to reduce the impact of cognitive biases on decision making.
Effectively communicate with patients, families, colleagues and interprofessional team members (C)	C.1	Demonstrate the use of effective communication skills, patient-centered frameworks, and behavioral change techniques to achieve preventative, diagnostic, and therapeutic goals with patients.
	C.2	Clearly articulate the assessment, diagnostic rationale, and plan to patients and their caregivers.
	C.3	Effectively counsel and educate patients and their families.
	C.4	Communicate effectively with colleagues within one's profession and team, consultants, and other health professionals.
	C.5	Communicate one's role and responsibilities clearly to other health professionals.

A Boston University Chobanian & Avedisian School of Medicine graduate will be able to:		
INSTITUTIONAL LEARNING OBJECTIVES	MEDICAL EDUCATION PROGRAM OBJECTIVES	
	C.6	Demonstrate appropriate use of digital technology, including the EMR and telehealth, to effectively communicate and optimize decision making and treatment with patients, families and health care systems.
	C.7	Practice inclusive and culturally responsive spoken and written communication that helps patients, families, and health care teams ensure equitable patient care.
	C.8	Communicate information with patients, families, community members, and health team members with attention to health literacy, avoiding medical jargon and discipline-specific terminology.
	C.9	Communicate effectively with peers and in small groups demonstrating effective teaching and listening skills.
Practice relationship centered care to build therapeutic alliances with patients and caregivers (PCC)	PCC.1	Demonstrate sensitivity, honesty, compassion, and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.
	PCC.2	Demonstrate humanism, compassion, empathy, integrity, and respect for patients and caregivers.
	PCC.3	Demonstrate a commitment to ethical principles pertaining to autonomy, confidentiality, justice, equity, and informed consent.
	PCC.4	Show responsiveness and accountability to patient needs that supersedes self-interest.
	PCC.5	Explore patient and family understanding of well-being, illness, concerns, values, and goals in order to develop goal-concordant treatment plans across settings of care.
Exhibit skills necessary for personal and professional development needed for the practice of medicine (PPD)	PPD.1	Recognize the need for additional help or supervision and seek it accordingly.
	PPD.2	Demonstrate trustworthiness that makes colleagues feel secure when responsible for the care of patients.
	PPD.3	Demonstrate awareness of one's own emotions, attitudes, and resilience/wellness strategies for managing stressors and uncertainty inherent to the practice of medicine.
Exhibit commitment and aptitude for life-long learning and continuing improvement (LL)	LL.1	Identify strengths, deficiencies, and limits in one’s knowledge and expertise.
	LL.2	Develop goals and strategies to improve performance.
	LL.3	Develop and answer questions based on personal learning needs.
	LL.4	Actively seek feedback and opportunities to improve one’s knowledge and skills.
	LL.5	Locate, appraise, and assimilate evidence from scientific studies related to patients' health.
	LL.6	Actively identify, analyze, and implement new knowledge, guidelines, standards, technologies, or services that have been demonstrated to improve patient outcomes.
Demonstrate knowledge of health care delivery and systems needed to provide optimal care to patients and populations (HS)	HS.1	Identify the many factors that influence health including structural and social determinants, disease prevention, and disability in the population.
	HS.2	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.
	HS.3	Demonstrate respect for the unique cultures, values, roles/responsibilities, and expertise of the interprofessional team and the impact these factors can have on health outcomes.

A Boston University Chobanian & Avedisian School of Medicine graduate will be able to:		
INSTITUTIONAL LEARNING OBJECTIVES	MEDICAL EDUCATION PROGRAM OBJECTIVES	
	HS.4	Work with the interprofessional team to coordinate patient care across healthcare systems and address the needs of patients.
	HS.5	Participate in continuous improvement in a clinical setting, utilizing a systematic and team-oriented approach to improve the quality and value of care for patients and populations.
	HS.6	Initiate safety interventions aimed at reducing patient harm.
	HS.7	Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care.
	HS.8	Integrate preventive interventions into the comprehensive health care of individuals.
	HS.9	Explain how different health care systems, programs and community organizations affect the health of neighborhoods and communities.
Exhibit commitment to promoting and advancing health equity for all patients (HE)	HE.1	Define health equity and describe the individual and population level differences in health outcomes and disease burden due to inequities in health care.
	HE.2	Comprehend the historical and current drivers of structural vulnerability, racism, sexism, oppression, and historical marginalization and how they create health inequity.
	HE.3	Explain how one's own identity, lived experiences, privileges, and biases influences their perspectives of colleagues, patients and clinical decision making.
	HE.4	Comprehend and identify the impact of health care inequities through medical decision making tools, interpreting medical literature and reviewing scientific research.
	HE.5	Identify factors needed to advocate for a more diverse and equitable healthcare environment at a local, community, and systems based level.

Clerkship Learning Objectives

A third-year clerkship student will:

- Apply discipline specific knowledge within the context of clinical care (MK1-3)
- Gather an organized and hypothesis driven clinical history while being attentive to the patient's needs (CSDR-1)
- Perform a pertinent and accurate physical examination, accurately identifying any common abnormalities while demonstrating sensitivity to the patient. (CSDR-2)
- Analyze clinical data to formulate an assessment including a prioritized differential diagnosis supported by disease prevalence, pathophysiology, and relevant positive and negative clinical findings. (MK4-6, CSDR-3,4)
- Formulate an evidence based management plan that shows comprehension of the underlying disease process(CSDR 4)
- Deliver an accurate, well-structured, and synthesized oral presentations appropriate for the clinical setting.(CSDR-5)
- Document in the medical record in an accurate, organized and timely manner (CSDR-6)
- Communicate effectively with the interprofessional healthcare team (C4,5)
- Demonstrate an ability to perform common procedures safely and correctly, including participating in informed consent, following universal precautions and sterile technique while attending to patient comfort. (CSDR-7)

- Counsel and educate patients and families using patient-centered language that addresses patient concerns and clearly communicates plans of care. (C1-3, C7-8)
- Elicit feedback, communicate learning needs, demonstrate self-directed learning, and take opportunities to improve knowledge and skill gaps. (LL1-4, PPD-1)
- Treat all patients and team members with compassion, respect and empathy (PCC-1, 2)
- Display trustworthiness and an understanding of the responsibilities of a clinical student (PPD-2)
- Apply an understanding of the social and structural determinants of health to clinical care and initiate steps towards addressing the individual needs of patients (HE-1,2,4, MK-8)
- Use electronic decision support tools and point-of-care resources to apply the best available evidence in supporting and justifying clinical reasoning (CSDR-8, LL5-6).
- Practice inclusive and culturally responsive spoken and written communication that ensure equitable patient care (C7)

General Responsibilities of the Clinical Faculty

Goals of the Clinical Clerkship

During the clinical clerkships at Boston University Chobanian & Avedisian School of Medicine, 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

Each clerkship is directed by the School's Clerkship Director who oversees all clerkship sites. Each clinical site is directed by a clerkship site director who ensures that students are appropriately supervised and faculty and residents are prepared to teach at their site. Clerkships also have multiple clinical faculty that have varying degrees of exposure to students. The responsibilities of the directors and coordinators are described below more specifically. Clerkship directors are assisted by assistant clerkship directors, clerkship site directors, and clerkship coordinators.

School's Clerkship Director & Assistant Clerkship Director

- Oversees the clerkship curriculum's design, implementation, and administration
- Defines clerkship specific learning objectives and requirements

- Creates and maintains an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Ensures student and faculty access to appropriate resources for medical student education
- Orients students to the overall clerkship, including defining the levels of student responsibility requirements (i.e.., required diagnoses and procedures, direct observations, forms, feedback) grading structure and student schedule
- Oversees teaching methods (e.g., lectures, small groups, workshops, clinical skills sessions, and distance learning) to meet clerkship objectives
- Develops faculty involved in the clerkship and provide faculty development across sites specific to clerkship needs
- Evaluates and grades students
    - Develops and monitors assessment materials
    - Uses required methods for evaluation and grading
    - Assures timely mid-clerkship meetings at all sites with students
    - Ensures students receive timely and specific feedback on their performance
    - Submits final grade form for students via School of Medicine's evaluation system
- Evaluates clerkship, faculty, and programs via peer review and annual data from the Medical Education Office (MEO) and national organizations (AAMC, NBME, etc.)
- Supports each student's academic success and professional growth and development, including identifying students experiencing difficulties and providing timely feedback and resources
- Addresses any mistreatment and professionalism concerns in real time and communicate with MEO
- Participates in the School's clerkship Educational Quality Improvement and peer review processes with completion of action items
- Ensures LCME accreditation preparation and adherence
- Adheres to the AAMC-developed guidelines regarding Teacher-Learner Expectations

Overall Clerkship Coordinator

- Supports the clerkship director in their responsibilities above
- Creates and maintains an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Responds within one business day to student emails and questions
- Maintains student rosters and clinical schedules
- Coordinates orientations and didactic sessions
- Liaises with site directors and administrators to coordinate student experiences across all sites and timely collection of evaluations
- Verifies completion of clerkship requirements, including midpoint and final evaluations for each student, required diagnoses, and FOCuS forms
- Monitors students' reported work hours and report any work hours violations to the clerkship director
- Coordinates and proctors clerkship exams

Clerkship Site Director

- Oversees the clerkship curriculum and administration at the site
- Creates and maintains an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Is available and responsive to students' questions and concerns

- Ensures all faculty and residents teaching students are oriented to students' expectations, responsibilities, learning objectives, requirements, and assessments used in the clerkship
- Ensures student and faculty access to appropriate resources for medical student education
- Orients students to the clinical site when new students arrive at the site
- Reviews clerkship requirements and student expectations at site
    - Provides site specific information including, but not limited to, lockers, library, call rooms as applicable and required by LCME
    - Reviews site-specific schedule, discusses student role and responsibilities at site, supervision at site, and who to contact with questions and concerns
- Supervises students and ensures clerkship specific required observations are completed
- Meets with the student for the Mid-clerkship review
- Meets with the student for the final exit meeting
- Ensures timely and specific formative feedback based on direct observations
- Works with faculty and residents to delegate increasing levels of responsibility to students based on clerkship requirements
- Provides site didactics when applicable
- Recognizes students with academic or professionalism difficulties and communicates to Clerkship Director in a timely fashion
- Completes and ensures the accuracy of student evaluation forms, including formative and summative narratives for students at the site
    - Ensures collection of feedback and evaluation data from all physicians who work with each student by the end of the clerkship block to meet School's grading deadlines
    - Ensures that narrative data are consistent with and support numerical data
    - Evaluates students fairly, objectively, and consistently following medical school and clerkship rubrics and guidelines
- Addresses any student mistreatment concerns immediately and notifies the Clerkship Director
- Adheres to the AAMC Teacher-Learner Expectations guidelines
- Reviews site specific evaluations at mid-year and end of year and facilitates improvements based on data
- Works with School to provide faculty development for faculty and residents
- Answers Clerkship Director's questions or concerns regarding site evaluation or student concerns
- Participates in educational programming and meetings as requested by Clerkship Director or Assistant Dean for Affiliated Sites
- Adheres to LCME guidelines

Clerkship Site Coordinator

- Supports the clerkship site director in their responsibilities above
- Creates and maintains an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Responds within one business day to student emails and questions

- Sends out welcome email informing students where and when to arrive at least 72 hours before student start date
- Provides students with their contact information and remains available for questions and concerns during working days and hours
- Ensures students are oriented to clinics and hospital
- Obtains, tracks, and manages student rosters
- Obtains and maintains student information required by the site, as applicable
- Creates and distributes:
    - Student schedules to students, faculty, and staff before clerkship start date
    - Didactics/Presentation schedules, if applicable
- Schedules mid-clerkship evaluations; tracks and keeps record of completion and provides to overall Clerkship Coordinator
- Informs faculty and overall Clerkship Coordinator of student absences
- Arranges and schedules educational resources as applicable (e.g., SIM lab, EMR & Scrub training) and helps students troubleshoot
- Provides students with necessary documents and resources needed to be oriented to site
- Monitors and processes evaluations for distribution to faculty and residents
- Collects timely feedback from faculty for mid and end of clerkship evaluations to meet School's deadlines
- Collects feedback and evaluation data from all physicians who work with each student by end of clerkship block to meet School's grading deadlines
- Understands evaluation system and all site requirements
- Communicates site information changes (e.g., faculty, rotation details) to School's Clerkship Director and Clerkship Coordinator
- Maintains communication with Clerkship coordinator centrally and response within one business day
- Coordinates site specific meetings and faculty development with School

Primary Clinical Educators

- Sets and clearly communicates expectations to students
- Observes students' history taking and physical exam skills, and documents it on the FOCuS form
- Delegates increasing levels of responsibility to students based on clerkship requirements
- Maintains appropriate levels of supervision for students at site
- Creates and maintains an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Recognizes students with academic or professionalism difficulties and communicates to Clerkship Director in a timely fashion
- Gives students timely and specific formative feedback based on direct observations
- Assesses students objectively using School of Medicine's evaluation system
- Adheres to the AAMC Teacher-Learner Expectations guidelines

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 without 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. This will vary slightly by clerkship.** 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

CLINICAL STUDENT EVALUATION FORM (CSEF): Boston University Chobanian & Avedisian School of Medicine utilizes a **behaviorally based** evaluation tool for its clinical evaluations. Each clerkship has identified the competencies its students should be evaluated on. This means that you will grade your clerk based on their knowledge/skills/attitudes, rather than how they compare to other students.

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 competent and reach behaviors and CSEF for each clerkship can be found at:
https://www.bumc.bu.edu/camed/education/medical-education/faculty-resources/#clerks

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:

https://www.bu.edu/camed/education/medical-education/faculty-resources/educator-development-videos/

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 (F**eedback based on **O**bservation of **C**linical **S**tudent) 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. Each clerkship will require one interviewing technique and one physical exam FOCuS form to be completed. The School's Formative Assessment and Feedback Policy can be found here: https://www.bumc.bu.edu/camed/education/medical-education/policies/formative-assessment-and-feedback/

FOCuS forms for each clerkship are available at: https://www.bumc.bu.edu/camed/education/medical-education/faculty-resources/#clerks

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

Final Grade and Narrative Comments

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

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

Example Narrative Comments:

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

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

Home Visit

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

Home visit safety

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

Important Clerkship Policies

Attendance Policies

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

- **Attendance, Time Off, and Personal Days Policy:** https://www.bumc.bu.edu/camed/education/medical-education/policies/attendance-time-off-policy/
- **Work Hours:** https://www.bumc.bu.edu/camed/education/medical-education/policies/work-hours/
- **Jury Service:** http://www.bu.edu/dos/policies/lifebook/jury-service/
- **Religious Observance:** https://www.bu.edu/chapel/religion/religiouslifepolicies/
- **Weather Policy:** https://www.bumc.bu.edu/camed/education/medical-education/policies/weather-policy/
- **Core Clerkship Personal Days Policy**: https://www.bumc.bu.edu/camed/education/medical-education/policies/attendance-time-off-policy

Learning Environment Expectations

Chobanian & Avedisian School of Medicine has a **ZERO** tolerance policy for medical student mistreatment. We expect students to be aware of the policy for appropriate treatment in medicine, including procedures for reporting mistreatment.

Learning more about the school's efforts to maintain and improve the learning environment at: https://www.bumc.bu.edu/camed/education/medical-education/learning-environment/

Appropriate Treatment in Medicine

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. Vincent Smith, MD, directly by email (vincent.smith@bmc.org)
- Submit an online Incident Report Form through the online reporting system https://www.bumc.bu.edu/camed/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: https://www.bumc.bu.edu/camed/student-affairs/atm/

Boston University Sexual Misconduct/Title IX Policy

http://www.bu.edu/safety/sexual-misconduct/title-ix-bu-policies/sexual-misconducttitle-ix-policy/

Needle Sticks and Exposure Procedure

https://www.bumc.bu.edu/camed/student-affairs/additional-student-resources/needle-stickexposure/

Boston University School of Medicine Needle Sticks and Exposure Procedure

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

Covered Parties: Medical students.

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

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

Standard Precautions include:

- Hand hygiene
- Eye and face protection
- Use of gowns and gloves
- Sharps management

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

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

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

If you are at Boston Medical Center

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

Location

The Working Well Occupational Health Clinic is located:
Doctor's Office Building (DOB 7) - Suite 703
720 Harrison Ave, Boston MA 02118

Telephone: 617-638-8400
Pager: 3580
Fax: 617- 638-8406
E-mail: workingwellclinic@bmc.org
Hours: Monday-Friday, 7:30a.m. - 4:00p.m.

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

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

If you are at a non-Boston Medical Center site

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

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

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

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

Revised Jan 2018

Boston University School of Medicine

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:

<u>Step 4</u>: 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)

Family Medicine

Academic Year 2024-2025

Department of Family Medicine
MEDMD 308 2024-2025

Clerkship Director: Leda Wlasiuk, MD, MPH
Associate Clerkship Director: Julie Bartolomeo, MD
Clerkship Coordinator: Chenille Hogan

Adapted from the Family Medicine's Preceptor Manual, written by Miriam Hoffman, MD and Molly Osher-Cohen, MD
Updated 10/2023, Medical Education Office

Clerkship Learning Objectives

(Linked to Medical Education Program Objectives in parentheses)

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

- Discuss the principles of family medicine care including comprehensive and contextual care, continuity of care, coordination/complexity of care, and the biopsychosocial approach to care
- Gather information, formulate differential diagnoses, and propose plans for the initial evaluation and management of patients with common presentations in family medicine
- Manage follow-up visits with patients having one or more common chronic diseases
- Develop evidence-based health promotion/disease prevention plans for patients of any age or gender
- Discuss the impact of psychosocial and cultural influences on health, disease, care-seeking, care compliance, and barriers to and attitudes toward care
- Utilize advanced, patient-centered communication techniques to assist patients in making health behavior changes, and to provide patient-centered education and counseling
- Discuss the critical role of family physicians within any health care system
- Utilize point-of-care resources to find and integrate the best available evidence into clinical decision making
- Consistently demonstrate professional behavior consistent with the values of the medical profession
- Demonstrate the ability to be a productive team member in both the clinical and learning environment productively participate in team learning and patient care
- Display skills of lifelong learning including generating clinical questions or identifying one's own learning needs, using appropriate resources to answer questions or close learning gaps, engaging in self-assessment and goal setting and demonstrating growth in response to feedback

Contact Information

Clerkship Director
Leda Wlasiuk, MD, MPH
She/her/hers
Telephone: (617) 414-6208
Email: lidyaw@bu.edu
Office: Dowling 5 South – Room 5511
Please email for an appointment

Associate Clerkship Director
Julia Bartolomeo, MD
She/her/hers
Telephone: (617) 414- 6243
Email: jbarto@bu.edu
Pager: 0333
Office: Dowling 5 South – Room 5511
Please email for an appointment

Clerkship Coordinator
Chenille R. Hogan
She/her/hers
Telephone: (617) 414-6237
Email: chenille@bu.edu
Office: Dowling 5 South - Room 5414
Please email for an appointment

Clerkship Specific Information

Thank you for serving as a preceptor in the Family Medicine Clerkship. We appreciate your dedication to medical education and your support of the discipline of Family Medicine. The following is core information about the clerkship

Family Medicine Clerkship Goals
The purpose of the third-year clerkship family medicine clerkship is to provide instruction in the basic knowledge, attitudes and skills of family medicine. This foundation in the basic tenets of family medicine will prepare the student for their future role as a physician, regardless of specialty choice. The clerkship will demonstrate the importance of the family physician in providing continuous, comprehensive care to the patient, and will teach the importance of the doctor-patient relationship, interviewing skills, appropriate physical exam, and clinical problem-solving in caring for patients. Additionally, the clerkship will provide exposure to family medicine as a specialty choice for third year students and support those students considering family medicine as a career.

Family Medicine Clerkship Structure
The family medicine clerkship is comprised of a required six-week clinical rotation including five days of core curriculum days at BUMC. The student should be present at your office on all days except for those mentioned

below during which they will be at the medical school. You will be notified of schedule changes due to official school holidays or meetings.

Students should be present at their clinical sites as follows:
Week 1: 6 sessions (each session is a half day)
Week 2: 8 sessions
Week 3: 10 sessions
Week 4: 8 sessions
Week 5: 8 sessions
Week 6: 5 sessions

Students should have a total of 45 clinical sessions during their clerkship if there are no holidays or class meetings that fall during the 6 weeks. Students can do evening sessions; if they do work evenings, we ask that the student is compensated back that time (e.g. if they work a Tuesday evening, Wednesday morning they can have off.

While students are at your office, their time should be devoted to activities that reflect the spectrum of care provided at the site or by its staff. These experiences could include sessions with Family NP's, residents, or other clinicians associated with the practice site; nursing home visits; or obstetrical deliveries. If you or your practice partners do inpatient work, we recommend that the students participate with you in some rounding on patients of the practice who may be in the hospital. In the event that the preceptor has a half-day or full day off each week, the student can work with other physicians, residents or FNP's designated by the primary preceptor, or can visit community agencies. In residency settings, students can attend conferences for residents and staff. Students can also participate in on-call responsibilities with you.
The time that is not spent at your office is for students to: attend the core curriculum days at BUMC (5 days), and to return to BUMC to prepare for (1 day before final exam day) and complete their final-exam (last day of the clerkship). If there are sessions that you will not be seeing patients in the office, please make other arrangements for your student. This can include working an evening session, working with another physician, or doing a community project.

CLERKSHIP SCHEDULE

Block Schedule

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

Didactic Schedule

Orientation/Didactic Day 1 (In-person)
10 – 11 Orientation
11 – 12 Overview of Family Medicine
12 – 1 Lunch
1 – 2 Routine Health Maintenance
2 – 3 Acute Respiratory Infections
3 – 4 Oral Presentation and Note Writing

Didactic Day 2 (In-person)
10 – 12 HTN and DM TBL
12 – 1 Lunch
1 – 4:45 Concurrent sessions:
Musculoskeletal Exam
Chronic Pain

Didactic Day 3 (In-person)
10 – 12 Contraception, perinatal care, breastfeeding, newborn care
12 – 1 Lunch
1 – 4:45 Concurrent sessions:
Simulation 1
Musculoskeletal Exam
Diagnosis and Management of Substance Use Disorder

Didactic Day 4 (In-person)
10 – 12 Asthma and, dermatology TBL
12 – 1 Lunch
1 – 4:00 Concurrent sessions
Motivational Interviewing
Simulation 2
Mid-Clerkship individual meetings with clerkship directors

Didactic Day 5 (In-person)
10 – 12 Group OSCE
12:00 – 12:30 Family Medicine Interest Group snack with clerkship directors (optional)
12 – 1 Lunch
1 – 3 Shelf prep

Final Exam Days
1 – 4:30 [Wednesday Week 6] OSCE, OSCE write-up and Information Mastery assignment (Virtual)
8-12 [Friday Week 6] Shelf Exam (In Person)

Optional learning opportunities:
• Family Medicine Grand Rounds: every Tuesday from 12:00-1:00pm, via Zoom. Invitation can be found in weekly clerkship emails.

Call Schedule
There is no call for this rotation.

Clerkship Grading

HOW MUCH EACH PART OF YOUR GRADE IS WORTH:	
Clinical Grade Percentage	60%
Shelf/Exam Percentage	25%

"Other" Components Percentage	15%
HOW YOUR FINAL WORD GRADE IS CALCULATED:	
Honors	88-100
High Pass	80-87.9
Pass	Numeric Score70-70.9 or between 1.50-2.49 in any domain on the final CSEF
Fail	Numeric Score<70 or <1.50 on any domain on the final CSEF or < 2.00 averaged on the final CSEF (Clinical Fail)
HOW YOUR CLINICAL GRADE IS CALCULATED WITH THE CSEF:	
Clinical Honors	>4.45
Clinical High Pass	3.45-4.44
Clinical Pass	2.00-3.44
Clinical Fail	<2.00
SHELF/EXAM GRADING	
Exam minimum passing (percentile/2 digit score)	5%ile (first quartile stats)/61
What is "Other" and what percentage is it worth?	
IRATs	0.75%
TRATs	0.25%
Group OSCEItem	4%
Individual OSCE InterviewPercentage	6%
Individual OSCE Progress Note	2%
Individual OSCE Information Mastery Assignment	2%
Other components that need to be completed in order to pass the clerkship	
Patient log	
2 FOCuS Forms – 1 Interview Technique, 1 Physical Exam	
Standard Clerkship Clinical Grade 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 3rd 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 0.01 decimal point in each domain (though the rounded number will be checked off on the final CSEF form) to give a final number.

Any average of <1.50 in any domain = an automatic fail for the clerkship

Any average of < 2.50 in any domain = an automatic pass for the clerkship and a meeting with the MEO for clinical coaching

>2.50 in all domains, standard rounding will be used

<2.00 = Clinical fail which will = a fail for the clerkship

2.00-3.44 = Clinical pass

3.45-4.44= Clinical high pass

>4.45=Clinical honors

The clinical grade will be reported in the CSEF final narrative

- The CSEF clinical score is converted to a final 2-digit percentage that is counted towards the final grade. For example, the final CSEF clinical score average of 4.45 would get converted to 90%. The Final CSEF percentage is used towards the final grade calculation, weighted as indicated in the table above as "Clinical grade percentage" (varies by clerkship).

- Primary preceptors at sites with multiple preceptors will collect evaluation data from the other clinicians with whom the student works. The primary preceptor will collate this data and submit the final clinical evaluation.

Clerkship Specific Clinical Grade Procedures/Policies

- The clinical grade will be worth 60% of the final grade of the clerkship and will be calculated out of a 5-point scale from the CSEF
- The shelf is worth 25% of the final grade of the clerkship. The 2-digit score will be used to calculate the numeric score out of 100.

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 there are multiple professionalism concerns through a clerkship or a student fails to meet the administrative expectations of a clerkship, the student will not be eligible to receive honors on the clerkship. A student will be given feedback prior to receiving their final grade for the clerkship if their professional conduct is of concern. Prior to receiving a final grade, if a clerkship director determines that a student does not meet the professional conduct and expectations of the clerkship, a student will fail the clerkship. Any professionalism lapses resulting in either a clerkship fail or ineligibility to receive honors will require narrative comments by the clerkship director in the summative comments section of the final evaluation and the student will be given feedback in advance of the final grade form submission.

Shelf Exam Failure & Remediation

If a student fails their shelf exam, they will receive an Incomplete for the clerkship and retake the exam at the end of the year. Students :

- will not receive a Fail on their transcript if they pass the reexamination.

- will not be eligible for a final grade of honors - if the final grade calculation would earn the student honors, they will receive high pass as a final grade. Students would still be eligible to receive a clinical honors.
- If a student fails the reexamination, they will have Fail on their transcript, and have to remediate the clerkship.

Clerkship Failure & Remediation

If a student fails a third- or fourth-year clerkship, the student will receive a Fail grade and will be required to repeat the clerkship. The grade for the repeated clerkship will be calculated based on the grading criteria outlined in the syllabus for Pass, High Pass, or Honors independent of the prior Fail. The original Fail grade will remain on the transcript. The original summative evaluation narrative will be included in the MSPE, in addition to the summative evaluation from the repeated clerkship.
If a student fails the remediated clerkship again and the SEPC allows for another remediation, the grade for the repeat clerkship will still be calculated based on the grading criteria outlined in the course syllabus for (Pass, High Pass, or Honors). The original two failures will remain on the transcript. The repeated course will be listed again, and the word (Repeat) will appear next to both course names.

Grade Review Policy

The School's Grade Reconsideration Policy is located in the Policies and Procedures for Evaluation, Grading and Promotion of Chobanian & Avedisian School of Medicine MD Students:
https://www.bumc.bu.edu/camed/faculty/evaluation-grading-and-promotion-of-students/

REQUIRED DIAGNOSES

Across the third year there are required patient encounters and procedures that students must log whenever they are seen. To log the patient encounter, students must have participated in the history, physical exam, assessment and plan development of the patient.

Required Patient Encounters for the third-year

http://www.bumc.bu.edu/busm/education/medical-education/faculty-resources/
Students should log every time they see any patient with the required patient encounter and continue to log throughout all clerkships.

1. Fatigue
2. Depressed/sad (outpatient)
3. High BP
4. The ambulatory patient with chest pain
5. Cough
6. Back Pain
7. Sexual dysfunction
8. Skin lumps/lesions/rashes
9. The well adult
10. The patient with obesity
11. The patient with diabetes
12. The patient with chronic pain
13. The patient with a substance use disorder

REQUIRED PROCEDURES

1. Vaccine administration

OTHER CLERKSHIP REQUIREMENTS

At their sites, students will be required to complete the following:

1. Students are expected to complete a self-assessment and write three learning goals prior to their first session
   at your office, and we ask that you review this with them and provide them with feedback.
2. Two FOCuS Forms – 1 Interview Technique, 1 Physical Exam – this is due at end of clerkship. These should be representative of feedback given in real time during direct observation
3. Midclerkship Review Form (should include completed CSEF by preceptor) – to be done end of week 3
4. Case Log – due at end of clerkship