

**Clinical Supervision of Medical Students:
Promoting Patient and Student Safety**

Faculty Guidelines

Boston University School of Medicine

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

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

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BUSM Medical Education Program Objectives

INSTITUTIONAL LEARNING OBJECTIVE	MEDICAL EDUCATION PROGRAM OBJECTIVE
B - Behaves in a caring, compassionate and sensitive manner toward patients and colleagues of all cultures and backgrounds. (Interpersonal and Professionalism)	B.1 - Apply principles of social-behavioral sciences to provision of patient care; including assessment of the impact of psychosocial and cultural influences on health, disease, care-seeking, care compliance, and barriers to and attitudes toward care. (2.5)
	B.2 - Demonstrate insight and understanding about emotions that allow one to develop and manage interpersonal interactions. (4.7)
	B.3 - Demonstrate compassion, integrity, and respect for others. (5.1)
	B.4 - Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation. (5.5)
U - Uses the science of normal and abnormal states of health to prevent disease, to recognize and diagnose illness and to provide and appropriate level of care. (Medical Knowledge and Patient Care)	U.1 - Perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (1.1)
	U.2 - Gather essential and accurate information about patients and their conditions through history-taking, physical examination, and the use of laboratory data, imaging and other tests. (1.2p)
	U.3 - Interpret laboratory data, imaging studies, and other tests required for the area of practice. (1.4)
	U.4 - Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence and clinical judgement. (1.5)
	U.5 - Develop and carry out patient management plans. (1.6)
	U.6 - Provide health care services to patients, families, and communities aimed at preventing health problems or maintaining health. (1.9)
	U.7 - Demonstrate an investigatory and analytic approach to clinical situations. (2.1)
	U.8 - Apply established and emerging bio-physical scientific principles fundamental to health care for patients and populations. (2.2)
	U.9 - Apply established and emerging principles of clinical sciences to health care for patients and populations. (2.3)
	U.10 Recognizes that ambiguity is a part of clinical health care and respond by utilizing appropriate resources in dealing with uncertainty. (8.8)
C - Communicates with colleagues and patients to ensure effective interdisciplinary medical care (Interpersonal and Communication Skills; Patient Care)	C.1 - Gather essential and accurate information about patients and their conditions through history-taking, physical examination, and the use of laboratory data, imaging and other tests. (1.2h)
	C.2 - Counsel and educate patients and their families to empower them to participate in their care and enable shared decision making. (1.7)
	C.3 - Participate in the education of patients, families, students, trainees, peers and other health professionals. (3.8)
	C.4 - Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds. (4.1)
	C.5 - Communicate effectively with colleagues within one's profession or specialty, other health professionals, and health related agencies (4.2, see also 7.3)
	C.6 - Maintain comprehensive, timely, and legible medical records. (4.5)
	C.7 - Demonstrate sensitivity, honesty, and compassion in difficult conversations, including those about death, end of life, adverse events, bad news, disclosure of errors, and other sensitive topics. (4.6)

C.8 - Communicate with other health professionals in a responsive and responsible manner that supports the maintenance of health and the treatment of disease in individual patients and populations. (7.3)

INSTITUTIONAL LEARNING OBJECTIVE	MEDICAL EDUCATION PROGRAM OBJECTIVE
A - Acts in accordance with highest ethical standards of medical practice (Professionalism)	A.1 - Demonstrate responsiveness to patient needs that supersedes self-interest. (5.2)
	A.2 - Demonstrate respect for patient privacy and autonomy. (5.3)
	A.3 - Demonstrate accountability to patients, society, and the profession. (5.4)
	A.4 - Demonstrate a commitment to ethical principles pertaining to provision or withholding of care, confidentiality, informed consent, and business practices, including compliance with relevant laws, policies, and regulations. (5.6)
	A.5 - Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust. (7.1)
	A.6 - Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients. (8.5)
R - Reviews and critically appraises biomedical literature and evidence for the purpose of ongoing improvement of the practice of medicine. (Practice-Based Learning and Improvement and Medical Knowledge)	R.1 - Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations. (2.4)
	R.2 - Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems. (3.6)
	R.3 - Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes. (3.10)
E - Exhibits commitment and aptitude for life-long learning and continuing improvement (Practice-based Learning)	E.1 - Identify strengths, deficiencies, and limits in one's knowledge and expertise. (3.1)
	E.2 - Set learning and improvement goals. (3.2)
	E.3 - Identify and perform learning activities that address one's gaps in knowledge, skills, and/or attitudes. (3.3)
	E.4 - Incorporate feedback into daily practice. (3.5)
	E.5 - Obtain and utilize information about individual patients, populations of patients, or communities from which patients are drawn to improve care. (3.9)
	E.6 - Develop the ability to use self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors. (8.1)
	E.7 - Manage conflict between personal and professional responsibilities. (8.3)
S - Supports optimal patient care through identifying and using resources of the health care system. (Systems-Based Practice and Patient Care)	S.1 - Provide appropriate referral of patients including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes. (1.8)
	S.2 - Systematically analyze practice using quality-improvement methods and implement changes with the goal of practice improvement. (3.4)
	S.3 - Use information technology to optimize learning. (3.7)
	S.4 - Work effectively with others as a member or leader of a health care team or other professional group. (4.3, see also 7.4)
	S.5 - Work effectively in various health care delivery settings and systems relevant to one's clinical specialty. (6.1)
	S.6 - Coordinate patient care within the health care system relevant to one's clinical specialty. (6.2)
	S.7 - Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care. (6.3)

S.8 - Advocate for quality patient care and optimal patient care systems. (6.4)

S.9 - Use the knowledge of one's own role and the roles of other health professionals to appropriately assess and address the health care needs of the patients and populations served. (7.2)

S.10 - Participate in different team roles to establish, develop, and continuously enhance interprofessional teams to provide patient- and population-centered care that is safe, timely, efficient, effective, and equitable. (7.4)

BUSM Clerkship Learning Objectives

During the third-year clerkships, students will

- Demonstrate use of patient-centered interviewing and communication techniques (U.2)
- Take a clinical history that demonstrates both organization and clinical reasoning (U.7)
- Perform accurate and relevant physical exam techniques (U.2)
- Demonstrate an ability to synthesize clinical information and generate a differential diagnosis, assessment and plan (U.3, R2, U.5)
- Demonstrate a compassionate and patient-sensitive approach to history taking and physical examinations (B.3)
- Communicate well organized, accurate and synthesized oral presentations (C.1)
- Counsel and educate patients and families (C.3)
- Demonstrate timely, comprehensive and organized documentation (C.6)
- Demonstrate a fund of knowledge in the clinical discipline and apply this to patient care (U.4)
- Demonstrate an awareness of one's own learning needs and work to address these gaps (E.1, E.3)
- Show respect and empathy for others (B.3)
- Demonstrate accountability to the responsibilities of the student's role and expectations of a clinical clerk (S.4)
- Communicate effectively with the interprofessional team (S.9)

Radiology Selective Learning Objectives

(Medical Education Program Objectives)

a. Week 1: Chest Core Didactic Sessions

- i. Chest Session 1: At the end of this lecture, Boston University School of Medicine students will be able to:
 1. Describe the relative radiation exposure of a radiograph
 2. Describe and identify the different radiographic views of the chest
 3. Describe a systematic approach to chest x-ray interpretation
 4. Identify and describe mediastinal anatomy
 5. Identify and describe pulmonary lobar anatomy
 6. Identify and describe appropriately positioned and malpositioned support tubes, catheters, and leads.
- ii. Chest Session 2: At the end of this lecture, Boston University School of Medicine students will be able to:
 1. Identify and describe the radiographic findings of clinically important thoracic pathology, including pneumonia, CHF, ARDS, pleural effusion, atelectasis, pneumothorax, interstitial lung disease, COPD, TB

- iii. Chest Session 3: At the end of this lecture, Boston University School of Medicine students will be able to:
 - 1. Describe the basic production of a CT image
 - 2. State the most appropriate clinical indications for a chest CT
 - 3. Identify and describe common and clinically important thoracic pathology on CT, including pulmonary nodules, emphysema, lung cancer, aortic dissection, pneumonia, lymphadenopathy and pulmonary embolus.
 - 4. Understand the difference between a standard chest CT and a high resolution chest CT.
 - 5. Be familiar with the use of high resolution chest CT in the evaluation for interstitial lung disease.

b. Week 2: Abdomen/Pelvis Core Didactic Sessions

- i. Abdomen/Pelvis Session 1: At the end of this session, Boston University School of Medicine students will be able to:
 - 1. Learn an approach to ordering imaging studies
 - 2. Master a search pattern for abdominal and pelvic radiographs
 - 3. Identify tubes and lines
 - 4. Identify upper and lower GI tract anatomy and pathology on plain radiographs and barium studies such as upper GI series, small bowel follow-through, and barium enema, including SBO, LBO, gallstones and kidney stones
- ii. Abdomen/Pelvis Session 2: At the end of this session, Boston University School of Medicine students will be able to:
 - 1. Review anatomy and general search algorithm on Abdominal/pelvic CT
 - 2. Learn an approach to ordering CT scans
 - 3. Understand the limitations of CT
 - 4. Learn the appearance of inflammation on CT
 - 5. Recognize: AAA, appendicitis, cholecystitis, cirrhosis with varices, nephrolithiasis, diverticulitis, pancreatitis, SBO
- iii. Abdomen/Pelvis Session 3: At the end of this session, Boston University School of Medicine students will be able to:
 - 1. Obtain abdominal and pelvic ultrasound images
 - 2. Review appearance of pelvic, abdominal, and renal anatomy on ultrasound
 - 3. Understand when to order an abdominal or pelvic ultrasound
 - 4. Learn ultrasound terminology
 - 5. Diagnoses to recognize, including acute cholecystitis, CBD dilation, cirrhosis, nephrolithiasis and hydronephrosis
- iv. Abdomen/Pelvis Session 4 At the end of this session, Boston University School of Medicine students will be able to:
 - 1. Recognize important pelvic US diagnoses
 - 2. Become familiar with the versatility of ultrasound
 - 3. Learn the contrast agents used in fluoroscopy, CT and MRI

c. Week 3: MSK and Pediatric Radiology Core Didactic Sessions

- i. MSK Session 1: At the end of this session, Boston University School of Medicine students will be able to:
 - 1. Learn a general search pattern for MSK radiographs
 - 2. Review of normal anatomy: hand, wrist, elbow, shoulder, pelvis, hip, knee, ankle, foot
 - 3. Become familiar with basic fracture terminology
 - 4. Become familiar with basic orthopedic hardware
- ii. MSK Session 2 At the end of this session, Boston University School of Medicine students will be able to:
 - 1. Review common fractures and dislocations
- iii. MSK Session 3 At the end of this session, Boston University School of Medicine students will be able to:
 - 1. Review musculoskeletal pathology, including osteoarthritis, rheumatoid arthritis, psoriatic arthritis, gout, osteomyelitis, avascular necrosis, lytic bone lesions, blastic bone lesions
 - 2. Review cervical spine anatomy and pathology
- iv. Pediatric Radiology Session 1 At the end of this session, Boston University School of Medicine students will be able to:
 - 1. Discuss the meaning of the ALARA principle
 - 2. Identify and describe important pediatric radiologic diagnoses of the musculoskeletal system, chest and abdomen/pelvis

d. Week 4: Neuroradiology and Nuclear Medicine Core Didactic Sessions

- i. Neuroradiology Session 1: At the end of this session, Boston University School of Medicine students will be able to:
 - 1. State the indications and the correct imaging study(ies) for evaluating acute/emergent and chronic/subacute neurological problems
 - 2. Describe an approach to assessing intracranial structures (midline, symmetry, ventricles, and cisterns).
 - 3. Identify normal neuroanatomy
 - 4. Identify and describe intracranial hemorrhage including, epidural and subdural hematomas and subarachnoid hemorrhage
 - 5. Identify and describe stroke findings on CT and MRI, including vascular territories
- ii. Neuroradiology Session 2: At the end of this session, Boston University School of Medicine students will be able to:
 - 1. Define the most appropriate initial imaging study for evaluating neurological trauma
 - 2. Identify and describe epidural and subdural hematomas and subarachnoid hemorrhage
 - 3. Identify and describe axonal shearing injury and brain herniation
 - 4. Identify and describe skull fractures, including orbital fractures, and mandibular fractures
 - 5. Identify and state the classification of facial fractures
- iii. Nuclear Medicine Sessions 1 and 2: At the end of this session, Boston University School of Medicine students will be able to:

1. Understand functional/physiologic principles of nuclear medicine (compared to other radiology modalities)
2. Identify and describe abnormalities and utility of HIDA scan, thyroid scan, GI bleeding scan
3. Identify and describe utility of a V/Q scan

Contact Information

Clerkship Director



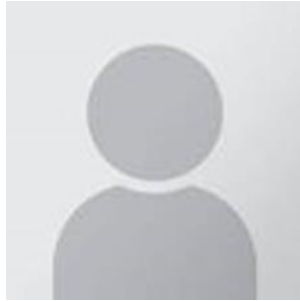
Mikhail C.S.S Higgins, M.D., MPH.
Radiology Medical Student Director
Email: mcssh@bu.edu
Office: Department of Radiology
FGH Building 4th Floor
820 Harrison Avenue, Room 4001

Assistant/Associate Clerkship Director



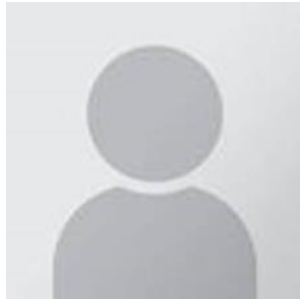
Jonathan Scalera, M.D.
Assistant Medical Student Director
Email: Jonathan.Scalera@bu.edu
Office: Department of Radiology
FGH Building 3rd Floor
820 Harrison Avenue, Room 3005
Office Hours: Contact Justin Alfonse at jdalfons@bu.edu to set up a meeting with Dr. Scalera.

Kaiser Permanente Santa Clara Site Director



Lina Nayak, M.D.
Assistant Medical Student Director
Email: Lina.Nayak@kp.org

Clerkship Coordinator



Justin Alfonse
Medical Student Coordinator
Telephone: (617) 414-4914
Email: jdalfons@bu.edu
Office: Department of Radiology
FGH Building, 3rd Floor
820 Harrison Avenue, Room 3002
Office Hours: Wednesday, Thursday, 10am to 3pm

Clerkship Description

Focus of Radiology Selective

Focus: Diagnostic imaging with emphasis on understanding strengths, weaknesses, appropriate descriptive terminology, organized approach to analysis of findings, and most appropriate use of various imaging modalities. Significant emphasis is also placed on appropriate use of image-guided diagnosis and treatment, the interpretation of radiologic reports, and communication, both with patients and with radiologists. Students have several opportunities to present findings in formal and informal conference settings, to gain experience in clear and logical use of the language of medicine and of imaging.

Pre-requisite knowledge and skills

Students must have completed their second year curriculum, attended the 3rd year orientation, and have taken the Step-I exam prior to taking this clerkship.

Site Information

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

Boston University Medical Center

820 Harrison Avenue
Boston, MA 02118

Site Director: Dr. Mikhail C.S.S Higgins, mcssh@bu.edu

Site Administrator: Justin Alfonse, 617-414-4914, jdalfons@bu.edu

Description of site: In the event of a fully in person clerkship, medical students will spend the vast majority of their time in the following two locations:

1. All lectures, quizzes, OSCEs, Labs, Projects and Exams will take place **virtually** until further notice.
2. Virtual meeting links will be provided to the students for all supporting educational activities.

Kaiser Permanent Santa Clara

700 Lawrence Expressway
Santa Clara, CA 95051

Site Director: Dr. Lina Nayak, Lina.Nayak@kp.org

Clerkship Schedules

Selective Schedule

Daily Lectures and Conferences: Attendance mandatory, Radiology’s Williams Conference Room, FGH Building – 4th Floor, or via Zoom. Morning Lectures will be from 8am to 9am, and there will be daily conferences at noon. Unexcused absence from a mandatory exercise -2.5% of final grade. **If you plan to be away, e.g, interviews, please submit your “Time-Off” request with all associated documents to the Medical Student Coordinator.**

8:00-9:30am (Mandatory)	Didactic session for Radiology Selective with Radiology Resident
9:30-11:30am (Mandatory)	Interdisciplinary conferences <i>or</i> Section Readouts
12:00pm – 1:30pm (Mandatory)	Two back to back Radiology Noon Conferences You will be forwarded a weekly schedule of Noon conferences – Educational, Resident, and Case Conferences.
1:30 – 3:00pm (Mandatory)	Didactic session for Radiology Selective with Radiology Attending <i>or</i> Section Readouts <i>or</i> Interdisciplinary conferences
3:00 – 5:00pm (Mandatory)	Selective-related activity per the daily schedule.

Selective requirements: In addition to regular schedule (see above)

- Final examination: Last Friday afternoon of each Block, students will have an hour and forty minutes to complete their exam once they start.
- Final Exams and Quiz make-ups: Make up for the weekly quizzes, OSCEs and final examination must be coordinated with the Medical Student Coordinator and Selective Director. Email the Medical Student Coordinator as soon as you know that you will not be able to attend the Selective, submit a time off form, and coordinate a time to make up the quiz. Contact the Selective Director if you are not going to be present on the day of the scheduled final examination and arrange for an alternate examination time.
- Absences, including sick days and personal appointments: If you must be absent due to illness or other reason such as medical or dental appointment, you must email or speak to the Medical Student Coordinator stating that you need to be out secondary to an illness or an appointment. In order that your privacy may be preserved, please do not indicate the nature of your illness or appointment.
- Days away for residency interviews: The Radiology Department allows for 7 max absences. Any additional days requested beyond 7 days must be approved by the Radiology Medical Student Director. Students must remediate each absence by doing an additional evening assignment or during a weekend call shift with one of the Radiologists. Please make sure the Radiology Medical Student Director is aware of the absence via e-mail. Please review the BUSM Time off Policy for further clarification which is on blackboard and at this desk.
- Dress code: Professional attire. Consistent with BUSM/BMC requirements.
- Use of cell phones: Not permitted, including no cell phone use while attending virtual educational activities.

- Student Disciplinary Code of Academic and Professional Conduct:
http://www.bumc.bu.edu/busm/files/___restricted/entire-bu-community/Disciplinary-Code-2-23-2016.pdf

General Responsibilities of the Clinical Faculty

GOALS OF THE CLINICAL CLERKSHIP

During the clinical clerkships at BUSM we aim to create a learning climate where students have the opportunity to learn high quality clinical skills by:

- Creating a culture that challenges and supports the students
- Providing opportunities for meaningful involvement in patient care with appropriate supervision
- Role modeling by exemplary physicians
- Coaching students by setting clear expectations, providing frequent observations of core clinical skills, asking questions to assess knowledge and reasoning, explicitly modeling and providing timely, specific feedback

CLERKSHIP STRUCTURE

Each clerkship is run by a clerkship director. Each clerkship clinical site is run by a clerkship site director who ensures that students are appropriately supervised. In addition, clerkships usually have multiple clinical faculty that have varying degrees of exposure to the student.

OVERALL RESPONSIBILITIES

Clerkship Director/Assistant Clerkship Director

1. Oversee the design, implementation, and administration of the curriculum for the clerkship
2. Create and maintain an appropriate learning environment, modeling respectful and professional behaviors for and toward students
3. Ensure student and faculty access to appropriate resources for medical student education
4. Orient students to the clerkship, including defining the levels of student responsibility necessary for required diagnoses and procedures
5. Oversee teaching methods (e.g. lectures, small groups, workshops, clinical skills sessions, and distance learning)
6. Develop faculty involved in the clerkship
7. Evaluate and grade students
 - a. Develop and monitor assessment materials
 - b. Use required methods for evaluation and grading
 - c. Assure mid-clerkship meetings and discussion with students
 - d. Ensure students are provided with feedback on their performance
 - e. Submit final evaluations for students via eValue
8. Evaluate faculty and programs via peer review and reports from the Medical Education Office and national reports
9. Support each student's academic success and professional growth and development, including working with students experiencing difficulties
10. Participate in the BUSM clerkship EQI and peer review processes
11. Ensure LCME accreditation preparation and adherence
12. Adhere to the AAMC-developed guidelines regarding Teacher-Learner Expectations

Clerkship Coordinator

1. Support the clerkship director in the responsibilities provided above
2. Create and maintain an appropriate learning environment, modeling respectful and professional behaviors for and toward students

3. Maintain student rosters and clinical schedules
4. Coordinate orientations and didactic sessions
5. Liaise with site directors and administrators to coordinate student experiences across all sites
6. Verify completion of clerkship midpoint and final evaluations for each student
7. Monitor students' reported work hours and report any work hours violations to the clerkship director
8. Coordinate and proctor clerkship exams

Clerkship Site Director

1. Create and maintain an appropriate learning environment, modeling respectful and professional behaviors for and toward students
2. Orients students to the clinical site
3. Sets student expectations for clinical encounters and discusses student role and responsibilities
4. Supervises students by observing history taking, physical exam skills and clerkship specific required observations.
5. Ensures formative feedback in an appropriate and timely fashion
6. Delegates increasing levels of responsibility
7. Meets with the student for the Mid-clerkship review
8. Meets with the student for the final exit meeting
9. Recognize students who have academic or professional difficulties and communicate this to clerkship leadership
10. Collects feedback and evaluation data from all physicians who work with the student
11. Evaluates students fairly, objectively and consistently following medical school and department rubrics and guidelines
12. Ensure student and faculty access to appropriate resources for medical student education
13. Adhere to the AAMC-developed guidelines regarding Teacher-Learner Expectations

Primary Clinical Faculty/Residents

1. Set and clearly communicate expectations to students
2. Supervise students by observing history taking and physical exam skills, and document it on the FOCuS (**F**eedback based on **O**bservation of **C**linical **S**tudent) Form
3. Delegate increasing levels of responsibility to the student within clerkship expectations
4. Maintain appropriate levels of supervision for students at site.
5. Create and maintain an appropriate learning environment, modeling respectful and professional behaviors for and toward students
6. Recognize student learning or professional difficulties and communicate to clerkship director directly in real time in person or via email or phone
7. Give students appropriate and timely formative feedback
8. Assess students objectively using the CSEF form
9. Adhere to the AAMC-developed guidelines regarding Teacher-Learner Expectations

ORIENTATION OF THE STUDENT TO THE CLINICAL SETTING

This sets the tone for the rest of the experience and has a direct effect on the success of the rotation for both student and preceptor. It can also reduce student anxiety. You should:

- Orient the student to the clinical setting, the staff, and team at your site
- Review workflow

- Discuss student's learning experiences to date
- Discuss student's learning goals

SETTING EXPECTATIONS FOR THE STUDENT

It is important to be clear regarding your expectations for the student. On the first day, describe the expectations around their role, presentations, documentation, and participation. Consider reviewing the assessment form and the specific expectations described. A tool to help set expectations with the student is the *One Minute Learner*, which can be found at:

<http://www.stfm.org/NewsJournals/EducationColumns/Mar2013>

SUPERVISING THE STUDENT

Initially, the primary clinical faculty members should designate time to observe the student performing: **history taking, focused physical exam, clinical problem-solving and interaction with patients and patient education.** Once the supervisor establishes the student's level of confidence and competency, the student should be delegated increasing levels of responsibility in patient care, as appropriate. Although students may initiate a particular patient encounter on their own and without direct supervision, the faculty must at some point review the encounter with the student and inform the patient in-person that the student's assessment and management plan has been reviewed and approved by the faculty. The faculty is ultimately responsible for the evaluation, treatment, management, and documentation of patient care.

Under no circumstances should the following occur:

- Patient leaves the office/hospital with never having had a direct face-to-face encounter with clinical faculty.
- Primary faculty gives "prior approval" for student to perform intervention (order labs, prescribe meds) without satisfactory review.
- Patient leaves office/hospital without being informed that assessment/ management plan has been directly reviewed and approved by the faculty.
- Learning in which a student is expected to perform an intervention or encounter without the prerequisite training and/or adequate supervision.
- Student note provides the only record of the visit. Although all faculty see all patients, faculty must document that they were actually the person responsible for seeing and examining the patient.

Intimate Exam Policy

Students participating in an intimate exam with a patient (which includes, pelvic, genitourinary and rectal exam) must have a chaperone with them, irrespective of the gender of the patient or the student.

Permission to participate in an intimate exam must be obtained by the supervisor in advance of the examination itself. The patient has the right to decline student attendance at any examination.

If a student is unable to perform any intimate exam due to patient preference, the student's evaluation will not be impacted and if necessary the clerkship director will provide an alternative experience.

Physical Exam Demonstrations

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

Federal Guidelines for documentation

CMS Guidelines from February 2, 2018, state:

- *“The Centers for Medicare & Medicaid Services (CMS) is revising the Medicare Claims Processing Manual, Chapter 12, Section 100.1.1, to update policy on Evaluation and Management (E/M) documentation to allow the teaching physician to verify in the medical record any student documentation of components of E/M services, rather than re-documenting the work. Students may document services in the medical record. However, the teaching physician must verify in the medical record all student documentation or findings, including history, physical exam and/or medical decision making. The teaching physician must personally perform (or re-perform) the physical exam and medical decision making activities of the E/M service being billed, but may verify any student documentation of them in the medical record, rather than re-documenting this work.”*

EMR Documentation

- Students are allowed and encouraged to write complete notes in patient electronic charts as designated by the site and the site’s documentation policy.

SUPERVISION AND DELEGATING INCREASING LEVELS OF RESPONSIBILITY

It is expected that the level of student responsibility and supervision will be commensurate with student’s competency and level of confidence. When the student arrives in your practice, you may wish to have them observe you or the resident for the first session. Thereafter, they should begin to see patients on their own. In the outpatient setting, **the student should initially perform 4-5 focused visits per day in the first week, increasing to 6-12 thereafter. In the inpatient setting, the student should initially follow 1-2 patients and increased to 3-4 thereafter.** When a student feels that he or she is being asked to perform beyond his or her level of confidence or competency, it is the responsibility of the student to promptly inform the preceptor. It is then the preceptor’s responsibility to constructively address the student’s concerns and appropriately restructure the teaching encounter to address the student’s learning needs.

STUDENT ASSESSMENT

BUSM CLINICAL STUDENT EVALUATION FORM (CSEF): BUSM utilizes the same clinical evaluation form for all clinical rotations. It is a **behaviorally based** evaluation tool. This means that you will grade your clerk based on his or her knowledge/skills/attitudes, rather than how he or she compares to other students.

For example, under “Data Synthesis Skills”:

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

- Identifies and attempts to prioritize patients' major problems and concerns while considering the impact of psychosocial factors
- Prioritizes differential diagnosis accurately for common clinical presentations specific to the patient including “can't miss” diagnoses
- Justifies differential diagnosis logically for common clinical presentations by using disease prevalence, pathophysiology, and pertinent positive and negative clinical findings
- Develops an appropriate synthesis statement in their assessment (that includes a commitment to a leading diagnosis and/or a “can't miss” diagnoses)
 - Not observed or not enough information to make a judgment
 - Needs intensive remediation in this domain
 - Needs directed coaching in this domain
 - Approaching competency in this domain
 - Competent in this domain
 - Achieving behaviors beyond the 3rd year competency criteria

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

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

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

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

For more detail, please refer to CSEF form at <http://www.bumc.bu.edu/busm/files/2019/05/CSEF.pdf>.

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 **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 (See Appendix A for an example). Each clerkship will require one interviewing technique and one physical exam FOCuS form to be completed. The BUSM Formative Assessment and Feedback Policy can be found here:

<http://www.bumc.bu.edu/busm/education/medical-education/policies/formative-assessment-and-feedback/>

Best practices regarding feedback include:

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

EARLY RECOGNITION OF LEARNING PROBLEMS

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

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

MID ROTATION MEETING

The clinical faculty/site director should sit privately with the student at the mid-point in the rotation to give feedback. It is highly recommended that 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. 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 Policy:** <http://www.bumc.bu.edu/busm/education/medical-education/policies/attendance-time-off-policy/>
- **Work Hours:** <http://www.bumc.bu.edu/busm/education/medical-education/policies/work-hours/>
- **Jury Service:** <http://www.bu.edu/dos/policies/lifebook/jury-service/>
- **Religious Observance:** <http://www.bu.edu/chapel/files/2011/10/ReligiousObservance.pdf>
- **Weather Policy:** <http://www.bumc.bu.edu/busm/education/medical-education/policies/weather-policy/>
- **Core Clerkship Personal Days Policy:** <http://www.bumc.bu.edu/busm/education/medical-education/policies/personal-days-policy/>

Appropriate Treatment in Medicine

Boston University School of Medicine (BUSM) is committed to providing a work and educational environment that is conducive to teaching and learning, research, the practice of medicine and patient care. This includes a shared commitment among all members of the BUSM community to respect each person's worth and dignity, and to contribute to a positive learning environment where medical students are enabled and encouraged to excel.

BUSM has a ZERO tolerance policy for medical student mistreatment.

Students who have experienced or witnessed mistreatment are encouraged to report it using one of the following methods:

- Contact the chair of the Appropriate Treatment in Medicine Committee (ATM), Dr. Robert Vinci, MD, directly by email (bob.vinci@bmc.org)
- Submit an online Incident Report Form through the online reporting system
<https://www.bumc.bu.edu/busm/student-affairs/atm/report-an-incident-to-atm/>

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

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

Boston University Sexual Misconduct/Title IX Policy

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

Needle Sticks and Exposure Procedure

<http://www.bumc.bu.edu/busm/student-affairs/additional-student-resources/needle-sticexposure>

(See Appendix C)

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 3rd 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 3rd 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

Supervisor Signature _____



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:

Step 4: Action Plan

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

1.

2.

3.

Student signature _____

Faculty signature _____

Clerkship director signature _____
(if not the same as above)

Boston University School of Medicine Needle Sticks and Exposure Procedure

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

Covered Parties: Medical students.

Procedure:

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

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

Standard Precautions include:

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

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

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

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

If you are at Boston Medical Center

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).

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