The fourth year for the Class of 2017 begins Tuesday, May 31, 2016.

Promotion to the fourth year is contingent upon passing all third year clerkships and the clerkship exams (good academic standing). A student must be in good academic standing to register for any fourth year rotation or elective.

**Students are required to take USMLE Step 2 CK and Step 2 CS no later than November 1, 2016.**

The required rotations are: Geriatrics/Home Medical Care, Subinternship and one selective, either Ambulatory Medicine or Surgery Subspecialty.

Your completed schedule, with the signature of your field specific advisor, must be filed in the Office of the Registrar (Room A-414) no later than July 6, 2016. Those students who fail to submit a schedule by this date will be scheduled to appear before the Student Evaluation and Promotions Committee.

Changes in your fourth year schedule must conform to the following guidelines: **You will not be able to drop a required rotation without also rescheduling it at the same time.** Add/Drop forms must be used and are available in the Office of the Registrar, Room A-414, and on the Office of the Registrar’s Website, [http://www.bumc.bu.edu/busm/reg](http://www.bumc.bu.edu/busm/reg)

Use this form to add a new rotation or drop a rotation to which you are already committed. This form must have the signature of the supervisor of the rotation which is being added or dropped. To request a release from a rotation, **the request must be made at least one month prior to the beginning date of the rotation.** Such changes cannot be considered final until administrative approval is given. **Please note: some electives reserve the right to require a substitute be provided before releasing a student from an elective. Inquire about department policy when signing up for electives.**

Failure to show up for a rotation that has not been properly dropped, and rescheduled if necessary, may result in a Fail grade.

**Elective rotations:** Students must complete 24 weeks of elective rotations. Eight weeks must be fulfilled within the BU system, i.e., taken from the Fourth Year Elective Catalogue, or independently arranged within the BU system and approved by the department chair designated on the approval form. The other 16 weeks of elective rotations may be taken inside or outside the BU system. Credit toward degree requirements will be granted for no more than 16 weeks of fourth year rotations taken outside of the Boston University School of Medicine system.

Grades for electives taken in excess of degree requirements will be recorded on the transcript.

**Outside electives:** Students may arrange electives at LCME-accredited United States medical schools, if these electives are part of an accredited fourth year curriculum. Upon notification that a student has been accepted for any outside elective, the student must complete an Outside Elective Address form.

Outside electives that are not part of an accredited fourth year curriculum: The student must obtain BUSM faculty approval prior to arranging this elective, using the Outside Elective Approval Form. This approval must be obtained before BUSM can send out any paperwork on the student’s behalf and before the student starts the elective. Upon notification that a student has been accepted for any outside elective, the student must complete an Outside Elective Address form.

**Limit of time in specialties:** Credit will be granted for no more than 16 weeks of fourth year rotations and/or electives in any one subspecialty. Research is included as part of this guideline.

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**Dates in the scheduling process are:**

- Jan. 21 Class Meeting, 4:30p.m., Hiebert Lounge
- Jan. 21-Feb. 1 Enter choices for required fourth year rotations in E*Value.
- March 4 Fourth year schedules with required courses appear on Registrar’s website.
- July 6 Fourth Year Schedules, signed by field specific advisor must be submitted to the Registrar.
International electives: A student may take elective rotations for fourth year credit outside the United States. All International electives must have prior signed approval by Dr. Suzy Sarfaty, Assistant Dean of Academic Affairs-Director of International Health Programs, BUSM. If you would like to arrange an elective please review the website at: http://www.bumc.bu.edu/ihbusm. Dr. Sarfaty, would like you to pay particular attention to the following sections: Clinical Electives, FAQ’s and the BUSM IV Elective Summaries as preparation for applying. For further details, please contact Ana Bediako in the Office of Enrichment @ abediako@bu.edu.

Research: A student in good academic standing may request up to 8 weeks of fourth year credit for a research project at least eight weeks prior to the start of the project. Students must submit a completed Research Elective Approval Form (available in the Office of the Registrar or on their website) along with all supporting documentation. Additional time spent on the project will not be eligible for credit. Students who submit requests for credit after the start of research must petition the Student Evaluation and Promotions Committee. Research done outside BUSM will count toward the allowed sixteen weeks of outside elective time.

ENTERING CHOICES FOR REQUIRED COURSES (January 21, 2016-February 1, 2016):

The Internet address is:

www.e-value.net

A reference guide for student schedule optimization can be found at:

www.bumc.bu.edu/evalue/students/

The majority of students must provide choices for each of the (3) required rotations. If you have already completed some of the required courses you should only provide information for those you need to complete in the 2016-2017 academic year.

The required fourth year rotations are only able to take a specific number of students for each rotation per block. In addition, some rotations require a minimum number of students per block. To assure a balanced number of students in all courses and in all blocks, at least one choice for each of the required courses: Geriatrics and Ambulatory Medicine or Surgery Subspecialty should be in blocks 9-13 and 14-19.
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DESCRIPTION OF REQUIRED COURSES:

GERIATRICS/HOME MEDICAL CARE

The Geriatrics rotation is designed to give fourth year medical students exposure first-hand to the needs of community-dwelling older adults. The objectives of the rotation include:

1. Learning about common geriatric syndromes.
2. Understanding and using functional assessment in the evaluation of older adults.
3. Working with an interdisciplinary team including nurses, social workers, and community health care providers to develop care plans.
4. Learning about home care and what is possible to provide medically for elderly patients living in the community.

During this rotation, students will have the unique opportunity (few medical schools offer this experience) to go out regularly on house calls with a physician or nurse preceptor. There will also be home visits which trainees will conduct independently (paired with one other student). Additional experiences including going to community sites such as an adult day health center and a nursing home. Students will attend lectures, write an evidence based discussion of a patient management problem, and participate in computer based case discussions. Performance will be evaluated by both physician and nurse preceptors.

SUBINTERNSHIPS

A Subinternship can be defined as an intensive in-patient clinical experience in which the student accepts responsibility for patient care at an advanced level from the third year core clerkships. This rotation must be at least four weeks in duration.

SUBINTERNSHIP IN FAMILY MEDICINE

030.11 Sub internship in Family Medicine - Boston Medical Center

Instructor: Chris Manasseh, MD
Course Administrator: Florence Laforest, flafores@bu.edu
Location: East Newton Pavilion. Boston University Medical Center
Team: East Newton Family Medicine Inpatient Service
Students per Block: One
Period offered: Block 9-20
Orientation: First day of the rotation

Overview
Students will work as interns with the family medicine inpatient team. They will care for a wide variety of patients from the HealthNet Rounder system, acting as the primary care-giver for their patients. They will have all the responsibilities of an intern, including daily management of their patients, new admissions, attending conferences and participating in daily teaching.

Description
- Location: E6W, team meets in the FM conference room 6269 by the nurse manager’s office
- Daily schedule: Generally 7am to 6pm 6 days per week, one day per week will be extended until 7pm to allow for independent admission. Team sign-out 7am, teaching 7:30-8, bedside rounds 8:30, daily noon conferences, pm sign-out at 6pm
- Students are expected to work 3 weekend days during the month, arranged in discussion with the senior resident. NOTE: students follow the holiday/vacation schedule of the team not of Boston University, speak with the team prior to making any travel arrangements
- Students will be directly supervised by the 2nd or 3rd year resident in addition to the family medicine ward attending.
- Students will be primarily responsible for the care of their patients, they will participate in all conferences, daily teaching

Curriculum
- Daily bedside and teaching rounds, new admissions, morning teaching sessions
• Presentations for 2 morning teaching sessions
• Focused H&P review with course instructor
• Conferences:
  • Monday: Family medicine resident noon conference, Dowling 5th floor south wing, dept. of family medicine;
  • Tuesday: Family medicine grand rounds, FGH conference room;
  • Wednesday: Family medicine afternoon seminar, twice per month, 1 p.m. to 4 p.m., Dowling 5th south;
  • Thursday: HealthNet firm conference, ENP 2nd floor, 12 NOON, lunch provided

Objectives
• Assess, formulate a differential diagnosis, and propose initial evaluation and management for patients with common acute ambulatory presentations (U,R)
• Manage a chronic illness follow up visit for patients with common chronic diseases (U, C, R, S)
• Develop an evidence-based health maintenance plan for a patient of any age or either gender (U, R)
• Discuss the principles of family medicine care (B, U, C, E, S)
• Demonstrate competency in advanced history-taking, communication, physical examination, and critical thinking skills (B, C, A)
• Discuss the value of the provision of primary care by family physicians to any health care system (U, S)

Evaluation:
• Evaluation based on above goals and standard BU student evaluation worksheets completed by supervising resident and all FM inpatient attendings for the 4 week rotation.
• Summative evaluation by course instructor, Rebecca Juliarr, pager#8944 will be reviewed with student in mid-rotation feedback and at the conclusion of the rotation

Guidelines for Absences
Students are reminded to maintain standards of professionalism, courtesy and common sense when scheduling residency interviews that take place during fourth year rotations. Try to schedule interviews during vacation blocks whenever possible. In general, a student may, with advance permission from the rotation director, be away for no more than four days during the four-week rotation.

Please take note of the following guidelines:
• Students must work a minimum of two continuous weeks with no absences in order to pass the rotation.
• If a student is absent for more than four days, those missed days must be made up in order to pass the rotation. In some cases, a student may be required to repeat the rotation.
• Students follow the holiday/vacation schedule of the team, not of Boston University. Speak with the rotation director prior to making any travel arrangements during the rotation.

SUBINTERNSHIP IN MEDICINE

100.1 Subinternship in Medicine-Boston Medical Center, Department of Medicine

GOAL AND SUMMARY
The Medicine Subinternship is designed to:
• Provide a practical, hands-on learning experience to prepare the student for internship.
• Challenge and enhance the capacity of the student to work as an increasingly independent, highly competent and compassionate caregiver and contributing team member.

DESCRIPTION OF ELECTIVE
To achieve these goals, the subintern will work as an advanced care provider under the direct supervision of the team resident and assume increasing responsibility for the initial evaluation and integration of the total care of assigned patients. The student is expected to integrate medical knowledge with clinical and interpersonal skills in order to demonstrate independent thought and develop a plan of action. The student is expected to develop a balance between acting independently and acknowledging his/her limitations and seeking help as appropriate. Clinical work will be supplemented by conferences offered by the Department of Medicine. The subintern will play a crucial role in patient care and must commit to working the complete four week block.

Responsibilities include:

- Admitting patients to the team – you will likely start at one admission per day during several days of the week but should work toward admitting two patients regularly on long call days, and hopefully, three or more patients on one or more occasions.
- Following a core of patients (on average 3-6 patients).
- Taking late-night "call" approximately every 4th night.
- Providing patient care through the last Sunday of the rotation.

Students are expected to abide by the BUSM student work hours guidelines.

100.11 Advanced Acting Internship in Medicine - Boston Medical Center

The Advanced Acting Internship (AAI) builds upon and is a more intensive version of the traditional subinternship. Students are selected based on their excellent work during the Third Year Medicine Clerkship and asked to assume increased responsibilities beyond that of the usual Medicine Sub–intern. Three AAI students are join an inpatient team that has no interns, and together, they work under the direct supervision of the team resident and attending, and assume care of assigned patients. The student is expected to integrate book knowledge with clinical and interpersonal skills in order to demonstrate independent thought and develop a plan of action. The AAI is expected to develop a balance between acting independently and acknowledging his/her limitations and seeking help as appropriate. Clinical work will be supplemented by conferences offered by the Department of Medicine.

The Advanced Acting Intern will play a crucial role in patient care and must commit to working the complete 4-week block. Overnight call in the hospital should be expected.

By providing this in-depth experience, we believe that you will have a unique opportunity to develop the attributes of an increasingly independent clinician and better prepare yourself for your internship. Your work as an Advanced Acting Intern will be recognized in your course evaluation and letters of recommendation.

Because of space limitations, we cannot guarantee that everyone who is interested can be an AAI. Students who are interested should apply and will be selected by a lottery that is weighted by your clinical performance during the third year. Students who are selected must commit to working the block for which they are chosen, unless another AAI chooses to swap with them. The AAI experience is only open to BUSM students.

Responsibilities include:

- Admitting patients to the team.
- Following a core of patients (on average 4-8 patients).
- Taking overnight “call” approximately every 4th night.
- Providing cross coverage to patients followed by others.
- Providing patient care through the last Sunday of the rotation.

101.1 Advanced Medicine Elective and Sub-Internship-Medical Intensive Care Unit: Menino and ENC Pavilions

The Advanced Medicine elective and the Sub-Internship in the Medical Intensive Care Unit (MICU) is designed to provide highly motivated students with an introduction to the diagnosis and management of critically ill patients with single and multi-system organ failure. The MICU is designed to provide state of the art care to seriously or critically ill patients in an environment that emphasizes learning, teaching and independence. Students are exposed to a large spectrum of clinical problems including, but not limited to, respiratory failure with or without mechanical ventilation, ARDS, shock, sepsis, gastrointestinal hemorrhage, diseases related to alcohol or drug excess, HIV-
related conditions, pulmonary edema, pulmonary emboli, renal, hepatic or cardiac failure, DKA, fluid, electrolyte or thermic disturbances, CVA or complications of malignancies.

Care is provided in a team format which besides physicians, nurse practitioners and senior medical students, includes nurses, respiratory therapists, pharmacists, nutritionists, physical therapists and social workers. This multidisciplinary approach provides excellent care to patients by capitalizing on the expertise of many services. Students are expected to participate on daily ventilator and work rounds, and to contribute to the management of patients by collecting and assimilating data for presentation to the attending, arranging consults and tests, and by placing orders and performing common procedures under direct supervision.

On the Menino Campus, patients are cared for by two teams, each consisting of 2 residents, 2 interns and a pulmonary/critical care attending; a pulmonary/critical care fellow is also dedicated to the unit. The PGY 2 or 3 admits and performs the initial management on all patients in the MICU with the supervision of the MICU Attending/Fellow during the day or the Special Care Unit Night Coverage (SCUNC) at night. Subsequent daily care is then assumed by a PGY 1 resident or a Medical Student on a sub-internship rotation. On ENC patients are cared for by a single team consisting of two PGY 2 or 3 residents, two nurse practitioners, a pulmonary/critical care attending and fellow. The Resident or the Nurse Practitioner admits the patient with the supervision of the MICU Attending/Fellow during days and the float PGY1 resident admits during the night under the supervision of the Anesthesia Attending. Subsequent management of the patient is then performed by one of the residents, nurse practitioners or the medical student.

Students are assigned to the Menino MICU preferentially. Students who take this course as a Sub-Internship are required to be present for 6 days of the week (weekdays and either Saturday or Sunday). Students who take this course as an elective are required to be present for only weekdays. There is no night call.

Restrictions:

1) Reception of Honors grade in third year medicine clerkship or in the medicine sub-internship.
2) These requirements may be waived if the student is approved by the Clerkship Selection Committee, chaired by Dr. Warren Hershman.

SUBINTERNSHIPS IN OBSTETRICS AND GYNECOLOGY

201.3 Inpatient Gynecology
The student participates as a subintern in all aspects of the inpatient and ambulatory gynecology service, assisting in minor and major gynecologic surgical procedures and following patients post-operatively. The student primarily will work with the East Newton gyn service. Students will prepare a case based presentation at Gyn morning conference and are expected to participate in educating the clerkship students.

202.3 Maternal-Fetal Medicine
The student works with the Maternal Fetal Medicine and resident staff caring for high-risk pregnant patients, in both ambulatory and in-patient settings. The student will function as an acting intern for patients on the ante partum service. The student will attend the high risk prenatal clinics and spend one day per week on the labor floor. They will attend conferences run by the High Risk Department; additionally the student is expected to present at a MFM Thursday noon conference. To receive honors in the clerkship the student will write a paper or create a teaching tool for clerkship students.

SUBINTERNSHIPS IN PEDIATRICS

050.3 Pediatric Emergency Medicine-Boston Medical Center
This sub-internship in pediatric emergency medicine will provide students with experience in the direct evaluation and management of pediatric patients, ages 0-21yrs. The rotation will focus on clinical problem solving, and will emphasize skills in the differential diagnosis and treatment of acutely ill children. There is no overnight call, but students may elect to have some weekend shifts in addition to weekday shifts to complete the required complement of shifts during the rotation. Approximately half of your shifts will be during the day hours of 8am-3pm and half will be in the evening hours of 3:30-10:30 pm. During the 4-week block there are 19 required shifts irrespective of
excused absences for residency interviews. Attendance at the Department of Pediatrics conferences and twice monthly resident conferences is encouraged. At the end of their rotation, students will be required to present a case-based evidence based medicine session to evaluate their ability to interpret and incorporate the medical literature into their practice. Note that for July through December, priority will be given to students applying for internship in Pediatrics.

051.3 Inpatient Pediatric Medicine

An experience in inpatient pediatric medicine during which the student will have supervised responsibilities on the pediatric ward at a level which the inpatient team judges to be commensurate with an individual student’s abilities.

The student will admit and have responsibility for his/her own patients under the direction of the faculty and house staff on the inpatient service. And while the rotation is call free, students will work day and night shifts. He/she will be an integral member of the inpatient team participating in all levels of activity.

052.3 Pediatric Intensive Care Unit-Boston Medical Center

The PICU is a multidisciplinary six bed unit caring for children and adolescents from newborns to 22 years; the sub-intern will work closely on a team with a senior pediatric resident from the Boston Combined Residency Program in Pediatrics (BCRP) and the PICU attending. The sub-I will act as the primary provider for their assigned patients. Major teaching objectives of the rotation are the pathophysiology of childhood critical illness, pediatric advanced life support (PALS), and the various types of intensive care support (i.e. forms of mechanical ventilation, critical care nutrition, and coordination of care), as well as psychological and social support for patients and their families.

Call is every 4th night including weekends until 10pm.

Goals:

1) The student will take responsibility for patients, including evaluation, documentation, treatment planning, order placement and frequent repeat assessment, under the supervision of the resident and attending physician.

2) The student will perform history-taking and physical examinations, complete the history and physical, and discuss the differential diagnosis and principles of pathophysiology as applied to the case. Documentation will be reviewed and signed by the PICU resident and attending.

3) The student will suggest and write treatment orders under the supervision of the PICU resident.

4) The student will collect daily objective data, present on morning rounds and write daily progress notes for the patients they follow, notes will be reviewed and signed by the appropriate physician.

5) The student will contact consulting services when appropriate, and communicate details of the case to consultants as well as to accepting service teams when the patient is transferred, in consultation with the PICU resident and attending.

6) The student will participate in PICU teaching sessions with the resident and attending focused on common PICU diagnoses and treatment modalities, and will be expected to pick a clinical question to perform a literature review for presentation to the rest of the PICU team at some point during the rotation.

057.3 Neonatology - Boston Medical Center

The student participates in the work-up and care of high risk babies from the time of their delivery on the Maternity Floor through their NICU course. The Sub-I pre-rounds and examines his/her patients in preparation to present these patients during morning work rounds. The student formulates a care plan with the NICU staff and carries out that plan. Sub-I’s participate in procedures, discharge planning and family meetings. Time is available for the student to read in depth about perinatal medicine and to participate in seminars with house staff and senior staff.
SUBINTERNSHIPS IN SURGERY

DIRECTOR: Dr. Jane Mendez jane.mendez@bmc.org

EDUCATION COORDINATOR: Ms. Lana Ketlere Lana.Ketlere@bmc.org. Office of Surgical Education, C515.

The Department of Surgery offers fourth year students the opportunity to be sub-interns at a variety of our major teaching hospitals. The student will be assigned patients to admit and follow during their hospital course. The student will work with the resident and attending staff in managing the patient's surgical problems in the operating room, on the inpatient wards and in the ambulatory setting. Attendance at morning and afternoon rounds, morbidity and mortality conferences, and other teaching conferences is an important part of the rotation as well as being on call with residents. Instruction will focus on principles and pathophysiology of surgical disease, pre- and post-operative care, indication for surgical intervention, and procedural skills. This rotation is especially suitable for any student wishing more intensive training in surgery than is possible during the required third year clerkship.

Surgery offers six possible sub-internship rotations in general surgery or some subunit of general surgery:

1. 400.00 General Surgery, Cape Cod
2. 400.1a General Surgery, Vascular Service, Boston Medical Center (BMC)
3. 400.1b General Surgery, Oncology Service, BMC
4. 400.2 General Surgery and SICU, VA Boston Healthcare System
5. 400.3 Acute Care and Trauma Surgery, Menino Pavilion, BMC
6. 403.1 Surgical Intensive Care Unit, Menino Pavilion, BMC

SURGICAL SUBSPECIALTY ROTATION

DIRECTOR: Dr. Jane Mendez jane.mendez@bmc.org

EDUCATION COORDINATOR: Ms. Lana Ketlere Lana.Ketlere@bmc.org. Office of Surgical Education, C515.

CLERKSHIP DESCRIPTION:

The Surgical Subspecialty clerkship is a four-week rotation that consists of two two-week sessions in two different surgical specialties. Students will provide their preferences for specialties to the Surgical Education coordinator, and will be assigned to two specialties based on availability. The different surgical sessions and individual learning objectives are described below.

- Anesthesia (BMC or VA)
- Cardiac Surgery (VA)
- Neurosurgery (BMC)
- Ophthalmology (BMC or VA)
- Orthopedics (BMC or VA)
- Otolaryngology (BMC)
- Plastic Surgery (BMC)
- Urology (BMC or VA)
LEARNING OBJECTIVES FOR THE CLERKSHIP (ALL SESSIONS):

By the end of this clerkship, students will be able to:

1. Interact with patients and surgical team members in a courteous and professional manner (B, C);
2. Assess patients’ surgical risk for the types of procedures in the specialty (U, A);
3. Interpret imaging and other diagnostic studies in the specialty and use them to suggest treatment for common diagnoses (U);
4. Describe in general terms the technical approach to common procedures in the subspecialty (U, E);
5. Provide appropriate postoperative assessment, and plans for follow up after surgery (U, C, S).

GRADING CRITERIA

Each student will receive an evaluation from each of the subspecialty sessions. The scores in each field of the evaluation will be averaged to create a final score, from which the grade will be determined.

Students in all sessions will be graded on their participation, willingness to take responsibility as a member of the surgical team, and professional appearance and manner.

Additional grading criteria for many of the sessions are included in the complete course description.

102.1 ADVANCED INTERNAL MEDICINE, MEDICINE II

Advanced Internal Medicine II is a selective course for students during their fourth year of medical school. Students will have the option to complete either a four week Ambulatory Medicine rotation or a Surgery Sub-I in their fourth year. This rotation will focus on preparing students for their intern year of residency via student lead presentations, various advanced level interactive didactic sessions and invigorating clinical experiences. For the 4 week ambulatory medicine rotation, students will be assigned to one of the following sites: Jamaica Plain/West Roxbury VA, Bedford VA, Roger Williams Medical Center, Neighborhood Health Centers, Private Practices or BMC. BUSM is exploring additional possible clinical venues for training in Ambulatory Internal Medicine and may add new venues in the coming year.