Clinical Supervision of Medical Students:
Promoting Patient and Student Safety

Faculty Guidelines
AY 2019-2020

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

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<th>MEDICAL EDUCATION PROGRAM OBJECTIVE</th>
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</table>
| 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) |
<table>
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<tr>
<th>INSTITUTIONAL LEARNING OBJECTIVE</th>
<th>MEDICAL EDUCATION PROGRAM OBJECTIVE</th>
</tr>
</thead>
</table>
| **A - Acts in accordance with highest ethical standards of medical practice (Professionalism)** | A.1 - Demonstrate responsiveness to patient needs that supersedes self-interest. (5.2)  
A.2 - Demonstrate respect for patient privacy and autonomy. (5.3)  
A.3 - Demonstrate accountability to patients, society, and the profession. (5.4)  
A.4 - Demonstrate a commitment to ethical principles pertaining to provision or withholding of care, confidentiality, informed consent, and business practices, including compliance with relevant laws, policies, and regulations. (5.6)  
A.5 - Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust. (7.1)  
A.6 - Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients. (8.5) |
| **R - Reviews and critically appraises biomedical literature and evidence for the purpose of ongoing improvement of the practice of medicine. (Practice-Based Learning and Improvement and Medical Knowledge)** | R.1 - Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations. (2.4)  
R.2 - Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems. (3.6)  
R.3 - Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes. (3.10) |
| **E - Exhibits commitment and aptitude for life-long learning and continuing improvement (Practice-based Learning)** | E.1 - Identify strengths, deficiencies, and limits in one's knowledge and expertise. (3.1)  
E.2 - Set learning and improvement goals. (3.2)  
E.3 - Identify and perform learning activities that address one's gaps in knowledge, skills, and/or attitudes. (3.3)  
E.4 - Incorporate feedback into daily practice. (3.5)  
E.5 - Obtain and utilize information about individual patients, populations of patients, or communities from which patients are drawn to improve care. (3.9)  
E.6 - Develop the ability to use self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors. (8.1)  
E.7 - Manage conflict between personal and professional responsibilities. (8.3) |
| **S - Supports optimal patient care through identifying and using resources of the health care system. (Systems-Based Practice and Patient Care)** | S.1 - Provide appropriate referral of patients including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes. (1.8)  
S.2 - Systematically analyze practice using quality-improvement methods and implement changes with the goal of practice improvement. (3.4)  
S.3 - Use information technology to optimize learning. (3.7)  
S.4 - Work effectively with others as a member or leader of a health care team or other professional group. (4.3, see also 7.4)  
S.5 - Work effectively in various health care delivery settings and systems relevant to one's clinical specialty. (6.1)  
S.6 - Coordinate patient care within the health care system relevant to one's clinical specialty. (6.2)  
S.7 - Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care. (6.3)  
S.8 - Advocate for quality patient care and optimal patient care systems. (6.4)  
S.9 - Use the knowledge of one's own role and the roles of other health professionals to appropriately assess and address the health care needs of the patients and populations served. (7.2)  
S.10 - Participate in different team roles to establish, develop, and continuously enhance interprofessional teams to provide patient- and population-centered care that is safe, timely, efficient, effective, and equitable. (7.4) |
Third Year 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)

Pediatric Clerkship Learning Objectives (note correlation to Third-Year Learning Objectives and C-SEF)

- Communication Skills:
  - Develop compassionate and respectful communication skills adapted to the clinical setting (e.g. ED, wards, ambulatory, nursery) that facilitate an age-appropriate and culturally sensitive therapeutic alliance with children, adolescents and their families. (B.2, B.3, B.4, U.2, C.4, C.7, A.2, A.3, S.5)
- History & Interview:
  - Demonstrate an ability to obtain information in an age-appropriate and sensitive manner from a child and or the accompanying adult in domains uniquely pertinent to pediatric care, including: neonatal/newborn history, immunizations, growth & development, home environment & safety, adolescent health (B.1, B.2, B.3, B.4, U.2, U.6, C.1, C.4, C.7)
  - Understand basic developmental screening of children, gain comfort in interacting with children and the families of children with intellectual and/or developmental disabilities, and begin to recognize signs for referral for developmental consultation and intervention. (B.1, B.4, C.4, C.7, S.1)
- Physical Exam
  - Demonstrate competency in the physical examination of infants, children & adolescents and understand the diagnostic correlation of physical exam findings (U.1, U.2, C.1)
- Data Synthesis
  - Show improving clinical problem-solving and critical thinking skills through development of a reasonable differential diagnosis, appropriate assessment, interpretation of results (labs & imaging) and logical plan of care using evidence (U.4, U.7, R.1, R.2)
- Oral Presentations
  - Perform effective oral presentations that communicate key clinical to other health care providers and reflect an accurate history and physical exam of a pediatric patient. (U.7, C.5, C.8)
- Patient Education
  - Discuss strategies for health promotion as well as disease and injury prevention (e.g. screening tests, assessing and counseling on immunization status during a health care visit, inquiring about and counseling adolescents on topics of sex/sexuality, drug use, depression; and
providing anticipatory guidance for parents about nutrition, development and safety from birth through adolescence) (B.1, B.4, C.2, C.3, C.4, R.1)

- **Written Documentation**
  - Demonstrate skills of **written** documentation that communicate key clinical to other health care providers and reflect an accurate history and physical exam of a pediatric patient. (C.5, C.6, C.8)

- **Medical Knowledge**
  - Acquire the knowledge for the diagnosis and initial management of common pediatric acute and chronic illness from newborns through adolescence including respiratory illness, asthma, abdominal pain/vomiting and/or diarrhea, febrile children, feeding concerns, jaundice, hypoglycemia (U.3, U.4, U.7)
  - Apply basic knowledge of growth and development (physical, physiologic and psychosocial) to the care of patients from birth through adolescence (including attention to the pediatric developmental milestones and impact of illness and psycho-social factors on growth and development) (U.4, U.8, U.9)

- **Self-Directed Learning**
  - Exhibit the attitudes and professional behaviors appropriate for clinical practice including maturity in soliciting, accepting and modifying practice in response to feedback. (B.2, A.5, A.6, E.3, E.4, E.6)

- **Professional Responsibility**
  - Exhibit the attitudes and professional behaviors appropriate for clinical practice including showing a positive attitude and regard for education, universal attendance, punctuality, intellectual curiosity, honesty, responsibility. (B.3, C.8, A.1, A.3, A.4, A.6, E.6, S.4)

- **Teamwork**
  - Develop an understanding of and then practice the collaborative approach of pediatricians to the health care of children and adolescents in the outpatient, inpatient and emergency department settings (B.3, C.3, C.5, C.8, A.5, S.4, S.5, S.6, S.9, S.10)
Contact Information

Clerkship Director

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Director of Pediatric Clerkship
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Clerkship Coordinator

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Clerkship Coordinator
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Office Hours: 8:00am-4:00pm
**Clerkship Specific Information**

**Pediatric Clerkship Didactic Topics (covered in weekly Tuesday educational sessions):**

**General Pediatrics:**
- Adolescent Medicine
- Asthma
- Caring for LGBTQ Youth
- Child Abuse
- Clinical Genetics
- Developmental & Behavioral Pediatrics
- Failure to Thrive
- Fever in the pediatric patient
- Neonatology
- Pediatric Neurology
- Pediatric Cardiology
- Pediatric Fluid, Electrolytes, and Nutrition
- Pediatric Shock
- Renal
- Urinary Tract Infections

**Exam Review Sessions:**
- General Exam Review
- Pediatric “Jeopardy”

**Additional Educational Experiences:**
- Operation House Call – workshop on caring for families and children with intellectual/developmental disabilities run by the ARC of MA
- Introduction to Narrative Medicine Practice

**Clerkship Schedules**

**Block Schedule**
Block schedule dates for all clerkships can be located on the Medical Education Office website for *Academic Calendars*. In reviewing the *BUSM III Block Schedule for 2019-2020* please see the column labeled with numbers 1-8 for the dates for the Pediatric 6-week clerkship.

**Didactic Schedule**
The core lectures for pediatrics occur on Tuesday afternoons, starting on the second Tuesday of the 6-week block. Students will often be scheduled for workshops of other small group meetings on Tuesday mornings, so please protect these days from other scheduling. The scheduling of the individual lectures and other sessions varies by block, and students will be provided with a lecture schedule at the start of each block. Students at Kaiser, MACONY Pediatrics, and Virginia Pediatric and Adolescent Center will receive instructions on how to remotely participate in didactic and small group sessions.
Daily Schedule

Students at all pediatric sites adhere to the school policy of limiting work hours to not more than 80 hours per week when averaged over a two-week period. Students are asked to track and record their work hours electronically each week. If they are at risk of exceeding duty hours limitations, they will contact their site and clerkship directors.

Pediatric clerkship sites vary in the structure of their clinical experiences, and sites are permitted to maintain their own individual schedules. Students should be provided with their specific daily schedules by their site directors as early as possible prior to the start of the pediatrics clerkship block in order to facilitate the students’ ability to make necessary doctor appointments or weekend plans. Please see the absence and time off policies for information for BUSM-wide information about allowed/permitted requests for schedule changes as defined by the school policy.

Please make clear to students the anticipated start times for most clinical days and what time it is expected they arrive to be prepared to start rounds or start seeing patients.

If you anticipate that students will have extended day shifts so that they may admit patients in the evening hours, please provide advance notice of when these shifts will occur. If students are allowed to self-schedule these shifts, ask them to provide you with this schedule so that it is easier to track their duty hours.

Holidays

There are three official vacation holiday weeks for students during the M3 year. There are no other official holidays in the schedule. Other national holiday/Monday holidays, etc. are considered work days unless: (a) your clinical service is closed (b) there is inadequate staffing to support clinical education on that day.

Official School Holidays are:

- **Thanksgiving**: 12PM on Wed, Nov 27, 2019 -- Sun, Dec 1, 2019. → Students will return to clinical duties Monday morning December 2nd.
- **Winter Intercession**: Note – students finish their clinical duties on Tuesday December 17th, as there is a study day for the shelf on the 18th and the shelf exam on December 19th.
  - Their winter intercession runs from Friday Dec 20, 2019 through the evening of January 1, 2020.
  - Students return for Block 6 Pediatric orientation on January 2, 2020.
  - First day at clinical sites will be January 3, 2020
- **Spring Intercession**: March 7, 2020 – March 15, 2020
Formative Assessments

The purpose of formative assessment is to improve student learning by providing feedback on how well they are learning skills and content during the clerkship. Formative assessments are not included in the calculations of students' final grades. Each clerkship has required **FOCuS (Feedback based on Observation of Clinical Student)** forms which must be completed by the mid/end of the clerkship. These forms will provide formative assessment through direct observation of CSEF behaviors.

Pediatric Specific FOCuS assignments and other required observations are listed below. Both FOCuS forms and other forms are available on Blackboard for download or printing.

1. Interview and Data Gathering (FOCuS)
2. Physical Exam (FOCuS)
3. Oral Presentation (FOCuS)
4. Patient Education (FOCuS)
5. Newborn Exam
6. HEENT exam

Blackboard

Students will have access to a Blackboard site for the clerkship. The site is listed under “My Courses” as Pediatric Clerkship on the Blackboard landing page.

Students who have questions about the Blackboard site or find that they do not have access to the site should contact the Clerkship Coordinator for assistance.

Blackboard Learn: [https://learn.bu.edu/](https://learn.bu.edu/)

Assignments

Every student will be given a red **Pediatric Clerkship Handbook** at the beginning of the clerkship which contains helpful information for pediatrics as well as their “Passport” of required assignments. Passport pages may be removed from the book to be turned in to Therese D’Agostino. An electronic version of the passport is located on Blackboard under “Passport” tab.

The Following Assignments are part of the passport. They are required to pass the course, and many constitute opportunities for formative assessment - but do not contribute numerically to the final grade. Failure to return the required assignments will result in a grade of incomplete for the clerkship and be considered a lapse in professionalism.

1. **Newborn Competency examination**. This supervised newborn exam can be completed on the Inpatient Service, in the Ambulatory (Primary Care, specialty, ED or urgent care) area, or in the Nursery/Birthplace. It is the student’s responsibility to request this experience from a faculty person, to review the physical exam with them and request feedback. If the student does not met minimal competency on the first attempt at the exam, the student should request feedback and re-attempt the exam with a new patient. Students should return all copies of newborn exam competency card
(passes and incompletes) to Therese D’Agostino. Additional copies can be downloaded from Blackboard. Ideally the physician observer is attending level, however residents or NPs in the nursery are acceptable alternatives. The observer will be responsible for grading and signing off on the Newborn Exam Competency Card

Prior to completing this competency, the student is expected to:

a. Review the newborn physical exam slide set from the Stanford School of Medicine: http://newborns.stanford.edu/Residents/Exam.html
b. View the newborn examination video from MedEd portal, located on the Blackboard site in the assignments section.

2. **HEENT Exam**: Students must complete a series of modules and observed examination on the components of the HEENT exam including head, eyes, ears, nose throat. The components may be observed by a faculty, resident or other supervising clinician. Completed cards should be uploaded to eValue.

3. **FOCuS forms**: (1) History and data gathering and (2) Physical Examination (3) Oral Presentations (4) Patient Education.
   a. Students must perform **at least** one history and one physical exam observed by an **attending physician**.
   b. The Oral Presentation and Patient Education FOCuS forms may be completed by an attending or resident.
   c. A FOCuS form for each of these observed encounters is in the passport to guide attending observations and feedback. Students should request this of an attending while on any part of the pediatrics rotation, but the expectation is to give the attending notice so that a mutually convenient time for observation can be set. Students can have the history and physical observed on different patients if this is easier. Students should plan to take **NO MORE THAN 15 MINUTES** for their history & PE as this is the time students will be allotted to complete your end of third year assessment (EOTYA) in April of each academic year.

4. **The Home Visit Program**: All students will visit a family with a child with intellectual or developmental disability. This visit is arranged by the Arc of Massachusetts. Parents of the child visited by the students will evaluate the visit, and rate how the students engaged with the child during the visit. Students are required to post a reflection on the experience on the OHC chat room board for full credit

5. **CLIPP Cases**: The completion of assigned simulated patients through CLIPP cases is a required portion of the clerkship. All students will complete 15 CLIPP Cases at a rate of 3/week. This should be assessed (i.e. are they up to date) at the mid-rotation meeting. Students should complete the cases in alignment with their clinical setting if they are rotating between multiple clinical environments. All cases must be graded as “high engagement” at the end of the case for credit.

6. **Required Patient Encounters**: There are thirteen required clinical experiences in pediatrics. These are reviewed in the next section of this document. Faculty should be aware of these cases, help to direct students to see patients meeting these chief complaints and push students to demonstrate their clinical reasoning and medical decision making around these patient presentations.

**Late assignments and make-ups**
All assignments are due the last day of the rotation. Any student who is missing assignments on the last day will receive an INCOMPLETE grade until all assignments have been completed.

**Patient Encounters/Case Logs**
Across the third year students are responsible for electronically recording when they have cared for a patient meeting one of the required patient encounters and procedures. To log the patient encounter, students must have participated in the history, physical exam, assessment and plan development of the patient. That a student has come close to meeting these patient requirements should be reviewed at mid-rotation.

**Required Patient Encounters**
[http://www.bumc.bu.edu/busm/education/medical-education/faculty-resources/](http://www.bumc.bu.edu/busm/education/medical-education/faculty-resources/)

In the Pediatrics clerkship students are required to see log the following clinical conditions: Jaundice in a newborn, fever in an infant, fever in an older child or adolescent, well child visit, weight changes in a pediatric patient, upper respiratory illness, eye pain or redness, shortness of breath, vomiting, constipation, diarrhea, extremity pain, patient with developmental delay or disability. The level of student responsibility required to document the clinical encounter in the case log in eValue is listed in the table below.
### BUSM Core & Required Diagnoses: PEDIATRICS

<table>
<thead>
<tr>
<th>Patient Type</th>
<th>Clinical Condition</th>
<th>Procedures/Skills</th>
<th>Clinical Setting</th>
<th>Level of Student Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn (&lt;1mo)</td>
<td>Jaundice</td>
<td>Patient evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant (0-6mo)</td>
<td>Fever</td>
<td>Patient evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child/Agelescent</td>
<td>Fever</td>
<td>Patient evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td>Well child visit</td>
<td>Patient evaluation with developmental assessment, anticipatory guidance</td>
<td>Any clerkship setting: ED, Ambulatory, inpatient, nursery</td>
<td>ALL facets of patient evaluation: Take a history, conduct a PE, provide an assessment &amp; treatment plan inclusive of anticipatory guidance and counseling where appropriate.</td>
</tr>
<tr>
<td>Infant/Child/Adolescent</td>
<td>Weight changes in a pediatric patient (including Failure to Thrive)</td>
<td>Patient evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant/Child/Adolescent</td>
<td>Upper respiratory illness</td>
<td>Patient evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant/Child/Adolescent</td>
<td>Eye pain/redness</td>
<td>Patient evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant/Child/Adolescent</td>
<td>Shortness of breath</td>
<td>Patient evaluation</td>
<td></td>
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<tr>
<td>Infant/Child/Adolescent</td>
<td>Vomiting</td>
<td>Patient evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant/Child/Adolescent</td>
<td>Constipation</td>
<td>Patient evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant/Child/Adolescent</td>
<td>Diarrhea</td>
<td>Patient evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant/Child/Adolescent</td>
<td>Extremity pain (e.g. sprains, fracture, abuse, infectious)</td>
<td>Patient evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant/Child/Adolescent</td>
<td>Patient with developmental delay and/or disability (e.g. operation house call)</td>
<td>Patient evaluation with or observation (e.g. operation house call)</td>
<td>Any clerkship setting or operation house call</td>
<td>OP, written documentation or OHC blog post.</td>
</tr>
</tbody>
</table>

**Alternative Patient Encounters**

If a student has not been able to experience all patient encounters required for the clerkship, students must address any gaps in their patient encounters through an alternative experience. In this clerkship, the alternative experiences provided virtual patient encounters using on line CLIPP cases ([http://www.med-u.org/clipp](http://www.med-u.org/clipp)) and learning modules for the required encounters for assessment of red eye and constipation. Please see Blackboard section on “Required Patient Encounters” for details on CLIPP case and other required encounter alternative experiences.

**Patient Encounter Log**

Students are expected to log their patient encounters in eValue ([www.e-value.net](http://www.e-value.net)). Patient logs help the clerkship ensure that each student is seeing a diagnostically diverse patient population, an adequate number of patients, and performing a sufficient number of required procedures and diagnoses. The directions on how to log patient encounters can be found on the E value help page ([http://www.bumc.bu.edu/evaluate/students/](http://www.bumc.bu.edu/evaluate/students/)). Students must bring a printed copy of their patient encounter and procedure log to their mid rotation feedback meeting.
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. Orient students to the clinical site
3. Sets student expectations for clinical encounters and discusses student role and responsibilities
4. Supervises students by observing history taking, physical exam skills and clerkship specific required observations.
5. Ensures formative feedback in an appropriate and timely fashion
6. Delegates increasing levels of responsibility
7. Meets with the student for the Mid-clerkship review
8. Meets with the student for the final exit meeting
9. Recognize students who have academic or professional difficulties and communicate this to clerkship leadership
10. Collects feedback and evaluation data from all physicians who work with the student
11. Evaluates students fairly, objectively and consistently following medical school and department rubrics and guidelines
12. Ensure student and faculty access to appropriate resources for medical student education
13. Adhere to the AAMC-developed guidelines regarding Teacher-Learner Expectations

**Primary Clinical Faculty/Residents**
1. Set and clearly communicate expectations to students
2. Supervise students by observing history taking and physical exam skills, and document it on the FOcuS (Feedback based on Observation of Clinical Student) 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.

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 “Differential Diagnosis Skills”:

There is a target behavior listed. Following that are the four behavioral anchors. The highest level is the box to the far right, and the lowest to the far left. Your job is to check the box with the behaviors that the student is consistently performing.

For more detail, please refer to CSEF form.

**FEEDBACK**

Feedback is vital for student learning and growth and should be given regularly. Feedback during a clerkship should be given multiple times which include: real-time feedback during patient care, recap feedback at the end of the session/day and summative feedback at the mid and end of the rotation. The **FOCuS (Feedback based on Observation of Clinical Student)** forms required for each clerkship provide formative assessment through direct observation of CSEF behaviors. **FOCuS** forms required for that clerkship must be completed for each student by the end of the rotation (See Appendix A for an example). The BUSM Formative Assessment and Feedback Policy can be found here:
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 a faculty member working directly with the student complete a copy of the Clinical Student Evaluation Form (CSEF) (which is part of the mid-rotation form) before the meeting. This provides the student with detailed feedback about how they are performing which can then be reviewed by the site director at the mid-rotation meeting. 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 remaining portions of the BUSM Mid-clerkship Evaluation form for the mid rotation meeting. Learning goals for the latter half of the clerkship should be discussed and recorded by the student. A review of the student’s ongoing assignments should then be done to make sure the student is on target to complete everything by the close of the clerkship. This includes:

- The student’s patient log of required clinical encounters, 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)

- Review duty hour log and patient log to ensure < 80 hours/week
- Two of the four required FOCuS forms should be completed & uploaded to eValue. The content of these forms should be reviewed (Appendix A).
- Students should have completed at least 3 CLIPP cases per week (week 3 of the clerkship, ~9 cases completed)
- Completion of the newborn exam
- Completion of portions of the HEENT exam

FINAL GRADE AND NARRATIVE COMMENTS

The site director is encouraged to meet with student at the end of the block to discuss the clerkship. Students often have valuable feedback on experiences they had, or concerns that should be discussed. We strongly suggest using this as an opportunity to find out which preceptors the student feels most strongly about receiving final feedback from for the final evaluation. If there are any concerns about evaluations that have been completed, this is an ideal time to address them.

Summative Comments

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 as written in your final narrative- 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. You can and should include direct quotes from faculty if you have them as supportive detail. The typical format roughly follows the PTRIME mnemonic – with comments covering Professionalism, Teamwork, their level of achievement in clinical skills: Reporter vs. Interpreter vs. Manager of patient data/care. And whether they have taken on opportunities to be an Educator of the team and their patients. All of these narratives are reviewed and edited for consistency by the clerkship director at BUSM.

Formative Comments

The second box (formative) 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. A way to approach this is to use the C-SEF as a model, i.e. if a student got a score of 3 what are the skills/domains that they would need to reach for in order to move up to the next level. How close are they?

Professionalism Comments

New in 2019-2020 – these comments do not directly go into the Dean’s letter, but rather are formative comments that will be tracked during the academic year. If a student has repeated concerns mentioned in the professionalism box across clerkship, the Student Affairs and Medical Education office deans will integrate this information from formative into summative comments for the dean’s letter.
**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 exam 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 and seek opportunities to use his new knowledge to education patients and his team. 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. **Students are responsible for communicating with all the clerkship leadership (e.g. Drs. Yellen & Thompson and Ms. D’Agostino) – in advance of or at the time of – any absences/sick days, time off during the work day or times when they anticipate being late to a scheduled activity. Students should also reach out to their site director and team with this information at the same time.**
Specific Taking

However, the Clerkship can

Associate of third

http://www.bumc.bu.edu/busm/education/medical-
education/policies/attendance-time-off-policy/

- Time Off Request Form: http://www.bumc.bu.edu/busm/files/2017/06/Time-off-Request-
  Form.doc
- Work Hours: http://www.bumc.bu.edu/busm/education/medical-education/policies/work-hours/
- Weather Policy: http://www.bumc.bu.edu/busm/education/medical-education/policies/weather-
policy/

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**Personal Day Policies**

Students may request up to two “personal” days during the academic year. These are excused absences that must be requested at least 48 hours in advance of the planned day off, but ideally several weeks in advance when knowledge of the event is known. All students must submit the request for a personal day online so that they are centrally tracked. Student requests must be in alignment with the blackout days noted below.

http://www.bumc.bu.edu/busm/education/medical-education/policies/personal-days-policy/

**NOTE:** personal days + other absences must comply with the school policy around maximum days off in a clerkship. Notably: “Total absences of more than 3 days in a 4 week third-year clerkship, 4 days in a 6 week third-year clerkship, or 5 days in an 8 week third-year clerkship will require notification to the Assistant Dean of Medical Education for Curriculum & Assessment, who in collaboration with the clerkship director and the Associate Dean of Medical Education determines if the clerkship needs to be repeated or if the missed time can be remediated. If there are concerns with multiple absences, the clerkship director will notify the Associate Dean of Student Affairs and Medical Education.”

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**Clerkship Specific Blackout Dates**

The pediatrics clerkship is happy to offer students the opportunity to take personal days during the clerkship. However, the nature of the pediatric clerkship – organized at many sites as a series of small rotations ranging from a few days to a few weeks in length – means that there very specific guidelines and blackout dates for taking personal days. Without these guidelines the educational experience and assessment is compromised.

Specific Blackout dates include:

- Clerkship/site orientations (day 1 of the clerkship and typically day 2 if you are at a non-BMC hospital)
- Tuesday Didactics
- NBME SHELF exam
- The nursery week at South Shore Hospital or Boston Medical Center
- The week of inpatient pediatrics for students assigned to Berkshires or Virginia Pediatrics
- BMC Ambulatory continuity clinic sessions (there are only 4/week x 2 weeks). We do not have flexibility in rescheduling these clinics.
- Taking a personal day in the last week of the clerkship is discouraged given that the week typically consists only of Monday and Wednesday (Tuesday lectures). If it is necessary to take a personal day in that week, students are encouraged to discuss this need early (ie. Well before the start of the rotation) so that adjustments can be made to the schedule as needed. As above, students may not take a personal day in the last week if it is their nursery week.
Given these limitations – we strongly encourage students to reach out as far in advance as possible so that we can facilitate a personal day. If a student requests the personal day before schedules are released, we have much more flexibility in maximizing your schedule around the needed day off – in other words, asking as early as possible early is a much better way to get a desired day off! We can, for example, more easily rearrange ambulatory continuity clinics, but lose that flexibility once the clerkship has begun.

**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 to the Appropriate Treatment in Medicine Committee (ATM), Dr. Robert Vinci at [Bob.vinci@bmc.org](mailto:Bob.vinci@bmc.org)


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

**Needle Sticks and Exposure Procedure**
Appendix A

Student Name: ________________________  Date: ________________________
Observer Name: ________________________  Clerkship: ________________________
Circle One: Attending  Fellow  Resident  Clerkship week #: ________________________

FOCUS: Feedback and Observation of Clinical (UME) Students

INTERVIEW AND DATA GATHERING

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

Target Behaviors

1) Introduces self to patient
2) Uses mix of open and close ended questions
3) Follows organized interview framework
4) Summarizes history back to patient or other check for accuracy
5) Actively listens and uses nonverbal techniques (e.g. eye contact)
6) Avoids medical jargon
7) Identifies and prioritizes patients’ major problems and concerns
8) Characterizes patient problems and concerns accurately and thoroughly through the history
9) Clarifies non-specific concerns (e.g. dizzy, numb, weak)
10) Develops rapport with patient
11) Completes within appropriate time frame

Reach behaviors

1) Elicits and responds empathically to patients concerns
2) Demonstrates patient-centered interview skills (e.g. attends to patients’ verbal/nonverbal cues, culture, social determinants, need for interpretive/adaptive services etc.)
3) Uses differential to drive data gathering
4) Probes for relevant, subtle details
5) Integrates information from the patient and from other relevant resources (e.g. EMR, caregiver, witness, outside records)

☐ I directly observed this student
☐ I provided verbal feedback to the student

Student Reflection - What would you change or do differently?

Next steps for student growth developed in collaboration with student (please use above behaviors as guide)

1. 
2. 
3. 

Supervisor Signature ________________________________
FOCUS: Feedback and Observation of Clinical (UME) Students

ORAL PRESENTATIONS

Please observe the student performing an oral presentation 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

### Target Behaviors

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Check if observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Delivers well-organized presentation for this patient encounters</td>
<td></td>
</tr>
<tr>
<td>2) Accurately reports patient data (history, exams, tests)</td>
<td></td>
</tr>
<tr>
<td>3) Delivers presentation that is focused, concise and flows well</td>
<td></td>
</tr>
<tr>
<td>4) Oral presentation demonstrates appropriate level of confidence</td>
<td></td>
</tr>
<tr>
<td>Reach behaviors</td>
<td></td>
</tr>
<tr>
<td>5) Organization of the history and physical demonstrates a differential diagnosis-driven presentation</td>
<td></td>
</tr>
<tr>
<td>6) Presentation is customized to the listener(s), working environment and time available</td>
<td></td>
</tr>
<tr>
<td>7) Presentation is clear, logical and convincing</td>
<td></td>
</tr>
</tbody>
</table>

- [ ] I directly observed this student
- [ ] I provided verbal feedback to the student

**Student Reflection** - What would you change or do differently?

Next steps for student growth developed in collaboration with student (please use above behaviors as guide)

1.

2.

3.

署名：

Supervisor Signature ________________________________
FOCUS: Feedback and Observation of Clinical (UME) Students

PATIENT EDUCATION

Please observe the student providing patient education 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

<table>
<thead>
<tr>
<th>Target Behaviors</th>
<th>Check if observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Provides information that is both accurate and an appropriate amount</td>
<td></td>
</tr>
<tr>
<td>2) Uses language familiar to the patient (avoids medical jargon)</td>
<td></td>
</tr>
<tr>
<td>3) Works with patient to emphasize the most important components of plan</td>
<td></td>
</tr>
<tr>
<td>4) Provides appropriate depth of information</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Reach behaviors</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5) Proactively/independently found this opportunity to provide patient with education</td>
<td></td>
</tr>
<tr>
<td>6) Elicited patient’s understanding, perspective and readiness to implement plan</td>
<td></td>
</tr>
</tbody>
</table>

☐ I directly observed this student
☐ I provided verbal feedback to the student

**Student Reflection** - What would you change or do differently?
Next steps for student growth developed in collaboration with student (please use above behaviors as guide)

1. 

2. 

3. 

Supervisor Signature _______________________________
FOCUS: Feedback and Observation of Clinical (UME) Students

PHYSICAL EXAM

Please observe the student performing a physical exam on a patient they are caring for 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

<table>
<thead>
<tr>
<th>Target Behaviors</th>
<th>Check if observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Uses correct exam techniques</td>
<td></td>
</tr>
<tr>
<td>2) Identifies and interprets findings accurately</td>
<td></td>
</tr>
<tr>
<td>3) Performs all relevant exam techniques in an appropriate amount of time</td>
<td></td>
</tr>
<tr>
<td>4) Performs exam in a patient-sensitive manner</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Reach behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>5) Demonstrates focused, efficient and systematic exam on all relevant systems</td>
</tr>
<tr>
<td>6) Exam is driven by differential diagnosis</td>
</tr>
<tr>
<td>7) May identify and interpret even subtle findings accurately</td>
</tr>
</tbody>
</table>

☐ I directly observed this student
☐ I provided verbal feedback to the student

**Student Reflection** - What would you change or do differently?

Next steps for student growth developed in collaboration with student (please use above behaviors as guide)

1. 

2. 

3. 

Supervisor Signature ______________________________
MID-CLERKSHIP EVALUATION FORM

Student Name: ___________________________ Faculty Reviewer: ___________________________

Students and faculty should meet mid-clerkship to complete, discuss, and sign the mid-clerkship review form (this paper). Mid-clerkship meetings should be done 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: STUDENT: PRIOR to your feedback meeting, please complete these initial questions.**

Have you (Student) received feedback in this rotation prior to this meeting?

What was the feedback you received?

List SPECIFIC strengths (behaviors, skills) where you have improved:

List SPECIFIC items to work on during the second half of the clerkship or throughout the 3rd year.

**Step 2:**

**STUDENT:** PRIOR to feedback meeting, please enter/update number of patient encounters, FOCUS forms and duty hours completed both below and in E*Value.

**FACULTY:** At feedback meeting, please review student’s required patient encounter log, their FOCUS forms, and duty hour log and discuss plan for completing missing requirements.

**PATIENT ENCOUNTER LOG**

Faculty review complete: Yes ☐ No ☐

Required patient encounters remaining:

Plan and timeline for completion or alternative experiences:

**FOCUS FORMS**

Faculty review complete: Yes ☐ No ☐

FOCUS forms remaining:

Plan and timeline for completion:

**DUTY HOUR LOG**

Review complete: Yes ☐ No ☐

**NEWBORN EXAM**

Review complete: Yes ☐ No ☐

Plan:

**HEENT EXAM** (modules + observed exam)

Review complete: Yes ☐ No ☐

Plan:

**CLIPP CASES (~3/week for total of 15)**

Total Completed: _________
Step 3: FACULTY: Written feedback with CSEF/FOCUS form review. Discuss and document learning goals AND action plan with student.

Please complete a Mid-Clerkship CSEF (attached to this form), review each domain with the student and provide feedback and/or review completed CSEF’s or FOCUS Forms with the student. Special attention should be placed on incorporating narrative comments into the student’s performance across the 13 CSEF domains. Students should be reminded that this is intended not to indicate their current grade, but to provide feedback about their performance behaviors and to establish a performance improvement plan.

List AT LEAST 2 SPECIFIC student strengths and comments on their performance: (List specific 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 2 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 _________________________________  Date______________________

Faculty/CD signature ______________________________
Appendix C

Boston University School of Medicine Needle Sticks and Exposure Procedure

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

Covered Parties: Medical students.

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

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

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

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

In the event of a needle stick or any unprotected exposure to blood, bloody body fluids, or other potentially infectious material, either in a lab or a clinical setting you should:
- Wash the exposed area and perform basic first aid
- Notify your supervisor – resident or faculty – of the occurrence and that you are leaving to seek care immediately.
- Get evaluated immediately: it is extremely important to receive counseling regarding the risk of acquiring a communicable disease. If indicated, prophylaxis should be started right away, usually within one hour.

If you are at Boston Medical Center
BMC’s Occupational Health clinic during working hours or the BMC Emergency Department after hours and on weekends

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

Telephone: 617-638-8400
Pager: 3580
Fax: 617-638-8406
E-mail: workingwellclinic@bmc.org
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 Student Affairs Office 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. John Polk, the assistant dean in charge of post-exposure management, or Dr. Angela Jackson, Associate Dean of Student Affairs. Drs. Jackson and Polk can be reached in the Student Affairs Office (617)-358-7466