Medicine Clerkship
Virtual Internal Medicine
Curriculum Manual

Internal Medicine
MEDMS 310
7/13/20-7/24/2020

Clerkship Director: Sonia Ananthakrishnan
Clerkship Coordinator: Yulianna Santos
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# Medical Education Program Objectives

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

**Medicine Clerkship Learning Objectives**
*(Linked to Medical Education Program Objectives in parentheses)*

By the end of the clerkship, each student will be able to do the following. The items in **BLUE** are specific Learning Objectives and Expectations that will be relevant during the Virtual Internal Medicine Curriculum (VIMC) in July 2020. All items on this list are part of the Learning Objectives for the entire 3rd year Internal Medicine Clerkship experience.

I. **Demonstrate professional and humanistic behavior in clinical and clerkship related responsibilities:**
   - Be present and punctual
   - Proactively clarify your role and responsibilities, and reliably respond to patient care needs
   - Appropriately identify your position as “Student” or “Student Doctor”
   - Maintain confidentiality
   - Be forthright and accept responsibility for errors
   - Ask for help appropriately
   - Build a therapeutic relationship through a **respectful, empathic** approach that gains the **trust** of the patient
     - Dress and behave in a way that promotes patient and team comfort, trust and confidence in you
   - Demonstrate that the interests of the patient guide your behavior by:
     - Working to meet the patient’s needs – at times this means accepting personal inconvenience
     - Advocating for patient’s needs – e.g. getting a test, consult or follow-up appointment

*(B.3, A.1, A.2)*
II. Develop productive, collaborative working relationships with other members of the health care team and system, effectively contribute to the provision of quality patient care, and work toward the improvement of the systems of care. (S.4)

III. Use proper technique to perform an accurate, appropriately detailed and organized history and physical examination in an efficient and sensitive manner, with a special emphasis on the intermediate and advanced physical diagnosis skills involved in volume assessment, the cardiovascular exam and the chest/pulmonary exam. (C.1)

IV. Communicate clinical information accurately and demonstrate your understanding of the patient’s problems, through concise, convincing, well-organized patient presentations, admission write-ups, progress notes, and handoffs that are appropriately focused for the audience, purpose and time available for the communication. (C.4, C.5, C.8)

V. Identify and prioritize your patients’ problems, formulate an appropriate differential diagnosis and outline an approach to diagnosis and management that is supported by clinical data and sound reasoning. (U.4, U.5)

VI. Educate patients about their conditions and partner with them to develop and implement a treatment plan. (C.2, C.4)

VII. Perform the designated procedures with appropriate technical proficiency while demonstrating attention to the patient’s needs and concerns, and describing a clear understanding of benefits/risks, indications/contraindications. (U.1)

VIII. Demonstrate a core foundation of knowledge (scientific, ethical, socio-cultural) guided by the course objectives that is necessary both to provide high quality patient care and to understand advances in medicine. (U.9)

IX. Identify and address your learning needs (by asking questions and critically incorporating information from appropriate resources into the decision-making process) and effectively share this information with colleagues. (R.3, E.1, E.3, E.4)

X. Solicit and probe for useful feedback, and respond with improved performance. (E.2, E.4)
Contact Information

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Virtual Internal Medicine Clerkship (VIMC) Curriculum Description

We have transitioned two weeks of the clerkship content to an online curriculum in order to allow students to continue their learning while maintaining social distancing. All students will complete the clinical portion of the clerkship later in the year.

This VIMC Manual serves as an overview of the two-week virtual portion of the curriculum. Students will be provided with a clinical syllabus prior to the start of their clinical clerkship rotations.

The overall goals of the VIMC are to:
1. Discuss and understand differentials and plans for common clinical Internal Medicine problems encountered in the hospital and clinic. Throughout the Medicine clerkship, students will hear about the “Big 10” diagnoses and problems (see below)- these are the diagnoses that are core Internal Medicine topics. These diagnoses and problems correlate to the “Required Encounters” for the Internal Medicine clerkship that students will be recording in E*Value during the clinical portion of the rotation.
2. Introduce higher levels of clinical reasoning that will be applied to the “Big 10” diagnoses. In the Medicine 1 clerkship, we assess clinical reasoning using the Observed Clinical Reasoning Assessments OCRAS. During the VIMC, students will have multiple opportunities in large group and small group settings to practice clinical reasoning for common Medicine problems, using the “OCRA” style.
3. Understand and practice formulating patient presentations specific to Internal Medicine, including oral presentations and note-writing as well as obtaining consultative care from Medicine subspecialists and handoff the care of Internal Medicine patients.

The content in the VIMC will be delivered in several formats.
1. Large-group, case-based didactics via Zoom, with break-out rooms for small group work during each session, to introduce the IM topics. These will usually occur in the morning (10am-12pm) or early afternoon (1-230pm).
2. Asynchronous small groups consisting of 8-20 students and assigned a faculty/fellow/resident student preceptor for the small group sessions. In the small group session, students will have the opportunity to:
   a. Develop best practices to developing oral and written initial and follow-up patient presentations
   b. Implement clinical reasoning in developing differentials and plans for common Medicine problems and diagnoses, using the “OCRA” style.
      i. For a given patient vignette, questions in red are the OCRA testing questions we ask students. The OCRA questions are embedded into this presentation. (eg, What initial history will help you narrow your differential?, what initial Pex? What labs? Etc)
   c. Practice reading ECGs under the supervision of faculty/fellow preceptors
3. A mixture of pre-session and post-session reading/study assignments.

Of note, Friday July 17th PM is reserved for student self-study.
Clinical skills introductions in the VIMC
The VIMC will additionally prepare students for the clinical rotation by introducing students to key clinical skills they will utilize on the wards. These include:

- Write-ups
  - Initial write-up
  - SOAP note, aka the daily progress note
- Assessment and plans
- Prerounding
- Calling the consultant
- Reading ECGs and identifying “do-not-miss” patterns
- Reading basic CXRs, related to common Medicine pathology
Curriculum Overview

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

Holidays
Holidays by Clerkship can be viewed on the Medical Education website at:
http://www.bumc.bu.edu/busm/education/medical-education/academic-calendars/#clerkhols

Learning Schedule

For individual student schedules, based on small group assignment, we recommend students check Blackboard under “VIMC Small group Materials” tab. Here, the “AME Group Assignments” link contains tabs with the following info:

1) Virtual Internal Medicine Clerkship- Schedule based on small group assignment
2) AME small group assignments

That link is posted here as well:
https://docs.google.com/spreadsheets/d/1CzMNpgEgq6Gd_xqQ8xcYDtSQG-iUTN9NUr5CwBB4TrA/edit#gid=1968239383

General Daily Schedule:
Monday-Friday:
10am-12pm: Case-based Didactic with break out sessions
12-1pm: Lunch break
1:00-230pm: Case-based Didactic with break out sessions
230-5pm: Over the 2 week clerkship, each student will have an AME session and 4 additional small group sessions scheduled.

Friday July 17th afternoon is for self-study.
Please consult the schedule link which is posted on blackboard.
### Week 1

<table>
<thead>
<tr>
<th>Monday 7/13</th>
<th>Tuesday 7/14</th>
<th>Wednesday 7/15</th>
<th>Thursday 7/16</th>
<th>Friday 7/17</th>
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</thead>
<tbody>
<tr>
<td><strong>Welcome to Virtual Medicine and Introduction to the Medicine Wellness—Dr. Sonia Ananthakrishnan</strong></td>
<td><strong>Prescribing IV Fluids—Dr. Lauren Stern</strong></td>
<td><strong>EKG — Sheila Bernard, MD</strong></td>
<td><strong>Approach to LFTs Part 1—Dr. Rob Lowe</strong></td>
<td><strong>Complex Acid Base Disorders—Dr. Lauren Stern</strong></td>
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<tr>
<td>Welcome to DOM—Dr. Coleman 11am—12pm</td>
<td>10am—12pm</td>
<td>10am—12pm</td>
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<tr>
<td><strong>Welcome Pt. 2: The work-up and a case of SBE—Dr. Sosa Ananthakrishnan</strong></td>
<td><strong>Clinical Reasoning—Dr. Rob Lowe &amp; Dr. Joe Randic</strong></td>
<td><strong>COVID — Dr. Serrao &amp; Ananthakrishnan</strong></td>
<td><strong>Careers in Medicine — Dr. James Hood</strong></td>
<td><strong>Reading 1/2 Day: STUDENTS OFF</strong></td>
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<td>1 – 2:45pm</td>
<td>1 – 2:30pm</td>
<td>1 – 2:30pm</td>
<td>1 – 2:30pm</td>
<td>1 – 5pm</td>
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<tr>
<td><strong>Student Financial Services Drop-In</strong></td>
<td><strong>AME Learning Community Sessions — Student Groups A-G</strong></td>
<td><strong>AME Learning Community Sessions — Resident Groups A-E</strong></td>
<td><strong>AME Learning Community Sessions — Resident Groups F-H</strong></td>
<td><strong>Resident Small Group Session (9th Year)</strong></td>
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<tr>
<td>3 – 4pm</td>
<td>2:30 – 5pm</td>
<td>3 – 4pm</td>
<td>3 – 4pm</td>
<td>3:40 – 5:30pm</td>
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<td><strong>Student/Physician Ceremony — Ana G.</strong></td>
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<td>4 – 6pm</td>
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<td>4 – 5pm</td>
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### Week 2

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<th>Monday 7/20</th>
<th>Tuesday 7/21</th>
<th>Wednesday 7/22</th>
<th>Thursday 7/23</th>
<th>Friday 7/24</th>
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<tbody>
<tr>
<td><strong>Care of the Immigrant PT—Dr. Nicolette Oleng</strong></td>
<td><strong>Approach to Lower Extremity Edema—Dr. Christine Prifti</strong></td>
<td><strong>Approach to LFTs Part 2—Dr. Rob Lowe</strong></td>
<td><strong>AntiCoagulation is the Hospitalized PT—Dr. Nicolette Oleng</strong></td>
<td><strong>Testivate</strong></td>
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<tr>
<td>10am—12pm</td>
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<td>10am—12pm</td>
<td>10am—12pm</td>
<td>10 – 11:30am</td>
</tr>
<tr>
<td><strong>Telemetry — Juba McDougald, MD</strong></td>
<td><strong>Approach to Thyroid function Testing—Dr. Poorana Goundan</strong></td>
<td><strong>Approach to the Febrile Patient—Dr. Rich Serrao</strong></td>
<td><strong>How to read Chest X-Rays—Dr. Lauren Stern</strong></td>
<td><strong>Antibiotics Didactic—Dr. Rich Serrao</strong></td>
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<td>1 – 2:30pm</td>
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<tr>
<td><strong>Chest Pain Small Group (1st) — Chith Malhotra</strong></td>
<td><strong>AME 2nd Small Gro</strong></td>
<td><strong>AME 2nd Small Gro (1st) — Holy Shal</strong></td>
<td><strong>AME 3rd Small Gro</strong></td>
<td><strong>AME 2nd Small Gro</strong></td>
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<tr>
<td>4:30 – 5:30pm</td>
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<td>4 – 5pm</td>
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Virtual Clinical Experiences

All large group sessions (tan/brown colored) are mandatory.

Students are then assigned the following mandatory asynchronous small group sessions:

Week 1 AME session (lilac) 2:30pm-5pm
1. During this session you will meet NEW AMEs.
2. Oral Presentation workshop: watch video based on didactics from Day 1 of VIMC and discuss feedback on the video as a group to highlight best practices for presenting an initial H and P on rounds.
3. Admission Write-up Clinic: Review synthesis statements and/or Assessments of problem #1 from students’ write-ups.
4. Prerounds/Follow-up day Write-Up workshop: Simulated Pre-Rounds on the case patient. Group discussion on history, physical exam and data to review during morning pre-rounds. (5-10 minutes). Role play interview (5-10 mins). Discussion of relevant Pex (10 minutes).

Department of Medicine Small group session (Yellow- 60-75 minutes)
1. We welcome the new AMEs from the Department of Medicine back to the VIMC in week 2!
2. Case discussion of a patient with diarrhea

Resident Small group session (Green: 60-75 minutes)
1. We welcome our Internal medicine residents in the Medical Education track, to our VIMC!
2. Case discussion of a patient with shortness of breath (different than the case from week 1!)

Chest pain discussion sessions (Navy Blue: 90 minutes)
1. We welcome residents, chief residents and faculty to our VIMC!

EKG Cardiology sessions (Pink: 60-75 minutes)
1. We welcome Cardiology attendings and fellows into our VIMC!
2. Skills-based practice reading ECGs under the supervision of our cardiology colleagues

Small Group Sessions

Small group case discussions touch on our Medicine Big 10 problems/diagnoses. Presentations are run in the “OCRA style”

- Observed Clinical Reasoning Assessments are graded assessments (oral and written tests) which students will complete at the end of their Medicine 1 clinical rotation
- For a given patient vignette, questions in red are the OCRA testing questions we ask students. The OCRA questions are embedded into this presentation. (eg, What initial history will help you narrow your differential?, what initial Pex? What labs? Etc)

In addition to familiarizing students with the OCRA assessments, these case discussions during the VIMC are designed to give students the opportunity to develop:
- Condition/symptom-appropriate differential diagnosis
- Core medical knowledge needed for cases
- Key historical questions and exam findings that should help you develop a focused approach to this chief complaint
- Practice with synthesizing data
• Information on what is an evidence-based approach

The EKG Cardiology small group session aims to assist students in:
  1. Applying a systematic approach to interpret the EKG
  2. Recognizing common and “can’t miss” EKG diagnoses

Learning Communities

You will be assigned a learning community, or small group, for the entirety of the virtual clerkship. This group will serve as your AME group and small group for the course of the clerkship. Please note THESE GROUPS MAY BE DIFFERENT THAN PRIOR VIRTUAL CLERKSHIPS.

This is the group you will be meeting with regularly to do group learning, discuss things that you have learned, and support each other. You should create a communication contact who will start/run Zoom sessions for your group.

Please communicate to the clerkship coordinator which student will be running your Zoom session and what your Zoom ID is by 3pm on the first day of the virtual clerkship. This student may be given editing permission on BB/google calendar to enter LC meeting times and ZOOM ids.

As a group your learning community should:

• Create ground rules for communication and learning in your learning community.

• Make a plan for your learning community. Plans for the learning communities may include:
  o Review the group plan for the day/week
  o Share resources – if you have found a useful resource for learning or have tips to share for clinical skills definitely share these!
  o Discuss the course content you are completing- what you learned, questions it raised, etc.
  o Discuss any of the in-class work you are doing or have done – what you learned, questions it raised, next steps for your learning
  o Support each other in prep for/stress of step 1 and be a community for each other in this isolated time.

These activities are in addition to your Zoom classroom work.

Assessment and Grading

Clerkship Grading Policy
An overview of the grading policy for the full clerkship is listed below. Please note that the clinical components will take place after all virtual clerkships. Students will take the shelf exam at the end of their clinical clerkship experience.
Virtual Clerkship Grading

Clerkship Virtual Grading Procedures/Policies

- The virtual clerkship is a pass/fail portion of the clerkship. In order to pass the virtual clerkship, students must:
  - Attend all live virtual zoom sessions (unless excused by the clerkship)
  - Attend all learning community group sessions (unless excused by the clerkship)
  - Complete all self study content
  - Complete all assignments
  - Meet the professionalism requirements

Clerkship Specific Virtual Grade Procedures/Policies

Professionalism on the Virtual Clerkship

Evaluation of a medical student’s performance while on a clerkship includes all expectations outlined in the syllabus and clerkship orientation as well as the student’s professional conduct, ethical behavior, academic integrity, and interpersonal relationships with medical colleagues, department administrators, patients, and patients’ families. Any professionalism lapses resulting in a failure to meet the virtual clerkship professionalism requirements may result in a failure of the virtual portion of the clerkship and will require narrative comments by the clerkship director in the summative comment section of the final evaluation.

Virtual Clerkship Failure and Remediation Policies/Procedures

If a student fails the virtual portion of the clerkship, they will still be allowed to take the clinical portion of the clerkship during the scheduled time.

If a student receives a grade of fail in a clerkship, based on failure of the virtual clerkship, the student will have the opportunity to remEDIATE the failing grade though two additional clinical weeks on that clerkship. Upon earning a passing grade for those clinical weeks, the final grade will be recalculated as specified in the course syllabus and will appear on the transcript as a Fail/(Remediated Grade). A transcript note will be made to designate that the remediation was completed by an additional clinical experience.

BUSM Grade Review Policy

BUSM’s Grade Reconsideration Policy is located in section 2.2 of the Policies and Procedures for Evaluation, Grading and Promotion of Boston University School of Medicine MD Students: http://www.bumc.bu.edu/busm/faculty/evaluation-grading-and-promotion-of-students/

Entire Clerkship Grading

**HOW MUCH EACH PART OF YOUR GRADE IS WORTH FOR THE ENTIRE CLERKSHIP:**

<table>
<thead>
<tr>
<th>Part of the Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virtual Clerkship</td>
<td>P/F</td>
</tr>
<tr>
<td>Clinical Grade Percentage</td>
<td>TBD</td>
</tr>
<tr>
<td>Shelf/Exam Percentage</td>
<td>30%</td>
</tr>
<tr>
<td>OCRAs- Observed Clinical Reasoning Assessments (1 Oral exam, 2 Written Exams)</td>
<td>TBD</td>
</tr>
</tbody>
</table>

**HOW YOUR FINAL WORD GRADE IS CALCULATED FOR THE CLERKSHIP:**

<table>
<thead>
<tr>
<th>Grade</th>
<th>How Calculated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honors</td>
<td>TBD</td>
</tr>
<tr>
<td>High Pass</td>
<td>TBD</td>
</tr>
<tr>
<td>Pass</td>
<td>TBD</td>
</tr>
<tr>
<td>Fail</td>
<td>TBD or &lt; 5th% nationally on the NBME shelf exam</td>
</tr>
</tbody>
</table>

**SHELF/EXAM GRADING**

<table>
<thead>
<tr>
<th>Exam minimum passing</th>
<th>&lt; 5th%</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>OCRA</th>
<th>TBD</th>
</tr>
</thead>
</table>
### Percentage

<table>
<thead>
<tr>
<th>Other components that need to be completed in order to pass the clerkship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient log</td>
</tr>
<tr>
<td>FOCuS Forms</td>
</tr>
<tr>
<td>Duty Hour logs</td>
</tr>
<tr>
<td>Preceptor Log</td>
</tr>
</tbody>
</table>

### Professionalism

Evaluation of a medical student’s performance while on a clerkship includes all expectations outlined in the syllabus and clerkship orientation as well as the student’s professional conduct, ethical behavior, academic integrity, and interpersonal relationships with medical colleagues, department administrators, patients, and patients' families. Any lapses in professionalism may result in a loss of up to 3% of the total possible clerkship points regardless of performance in other areas of the clerkship. Any professionalism lapses resulting in a loss of clerkship points will require narrative comments by the clerkship director in the professionalism comment section of the final evaluation.

### Clerkship-Specific Failure and Remediation Policies/Procedures

| TBD |

### BUSM Grade Review Policy

BUSM’s Grade Reconsideration Policy is located in section 2.2 of the Policies and Procedures for Evaluation, Grading and Promotion of Boston University School of Medicine MD Students: [http://www.bumc.bu.edu/busm/faculty/evaluation-grading-and-promotion-of-students/](http://www.bumc.bu.edu/busm/faculty/evaluation-grading-and-promotion-of-students/)

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### Roles and Responsibilities

#### Clerkship Director

- Oversee the design, implementation, and administration of the curriculum for the virtual clerkship curriculum
- Orient students to the virtual clerkship curriculum
- Create and maintain an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Ensure student and faculty access to appropriate resources for medical student education. Evaluate and grade students
- Ensure LCME accreditation preparation and adherence
- Adhere to the AAMC-developed guidelines regarding Teacher-Learner Expectations

#### Clerkship Coordinator

- Support the clerkship director in the responsibilities provided above
- Create and maintain an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Maintain student rosters
- Coordinate orientations and didactic sessions
- Verify completion of virtual clerkship curriculum for each student

#### Third Year Student

- Attend all of the live virtual sessions
- Attend all learning community sessions
- Complete all self-study work
- Complete all assignments
Professional Comportment

Students are expected to adhere to the AAMC-developed guidelines regarding Teacher-Learner Expectations, located on the Policies page, under “Academic Policies and Information” (http://www.bumc.bu.edu/bsm/files/2015/05/AAMC-Teacher-Learner-Expectations.pdf)

Students are expected to be aware of and follow the site expectations on professional comportment, including, but not limited to, dress code and the use of phones, pagers, and laptops. Students must arrive on time at their site and for any scheduled sessions. Any missed sessions and absences must adhere to the Attendance & Time Off Policy.

Further, below are expectations for student professionalism in the virtual curriculum. These include, but are not limited to:

- Treating the clerkship team in a professional and respectful manner
- Engaging in the virtual curriculum and participating respectfully at all times
- Arriving at scheduled sessions (e.g. Zoom meetings) on time
- Handing in all assignments on time
- Informing clerkship leadership of absences
- Responding to emails in a timely fashion (within 48 hours)

Student Evaluation of the Clerkship

Student feedback is a highly valued, critical resource for helping us continually improve our curriculum. Evaluation of learning experiences is a requirement of the Liaison Committee on Medical Education. To ensure that we have a representative amount of data on our courses and clerkships, all students are expected to complete an evaluation via eValue (www.e-value.net) for each of the courses/modules and their instructors. All evaluations are anonymous and aggregate data is only released to clerkship directors after grades have been submitted for the blocks. Please comment freely and honestly about your experience.

Assignments

THIS LIST IS SUBJECT TO CHANGE

Week 1

<table>
<thead>
<tr>
<th>Date of Assignment</th>
<th>Assignment</th>
<th>Where to turn in</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday July 13: Introduction to the Write-up- Case of SOB</td>
<td>Write up your H&amp;P (A&amp;P options) of the case you worked on related to Shortness of Breath from Monday’s lecture. You should present an initial visit H and P that includes the results of the testing and evaluations that were completed in the ED. You should be developing a synthesis statement and full assessment and plan</td>
<td>2 steps: YOU MUST DO BOTH Email your writeup to your NEW AME Post on Blackboard</td>
<td>Tuesday July 14th at 10AM This due date is regardless of when your AME session is scheduled for (eg Thursday AME groups must still turn in assignment on Tuesday July 14th 10AM). You will review elements of this assignment during your AME session during week 1 of VIMC</td>
</tr>
<tr>
<td>Date</td>
<td>Task</td>
<td>Due Date</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
<td>------------------------------</td>
<td></td>
</tr>
<tr>
<td>After your VIMC week 1 AME session (Tu/Wed/Thur)</td>
<td>Follow-up day progress note written SOAP style. This assignment will be based on material covered DURING the AME session during week 1 VIMC.</td>
<td>Post to Blackboard Due by 7PM on the day of your AME week 1 session</td>
<td></td>
</tr>
<tr>
<td>Thursday July 16th</td>
<td>Write Assessment and Plan based on assignment that is developed during Approach to LFT's part 1 on Thursday July 16th 10AM</td>
<td>Post to Blackboard Friday July 17th at 12pm.</td>
<td></td>
</tr>
<tr>
<td>Friday July 17th</td>
<td>A sample SOAP note of the patient with HFrEF from earlier in the week will be posted on Friday July 17th. Submit 5 pearls you learned through this entire 2 write-up assignment.</td>
<td>Post to Blackboard Monday July 20th at 10AM</td>
<td></td>
</tr>
</tbody>
</table>

**Further instructions:**

**Week 1**

**Monday July 13: Introduction to the Write-up- Case of SOB**

1. Write up your H&P (A&P options) of the case you worked on related to Shortness of Breath from Monday’s lecture. You should present an initial visit H and P that includes the results of the testing and evaluations that were completed in the ED. You should be developing a synthesis statement and full assessment and plan by problem of this patient.

2. This assignment is due by 10AM on Tuesday July 14th. **YOU MUST Email your writeup to your NEW AME and Post your writeup on Blackboard.** This due date is regardless of when your AME session is scheduled for (eg Thursday AME groups must still turn in assignment on Tuesday July 14th 10AM). You will review elements of this assignment during your AME session during week 1 of VIMC.

3. You will receive written feedback from your NEW AMEs on your synthesis and assessment and plan for Problem #1.

4. A sample of an initial H and P will be posted for your review after the assignment is due.

**SOAP NOTE:** Follow-up day progress note written SOAP style.
1. This assignment will be based on material covered DURING the AME session during week 1 VIMC.
2. This assignment is due by 7PM on the day of your AME session from week 1 VIMC. (eg Tuesday AME group should turn in SOAP note by Tuesday 7PM).
3. A sample SOAP note will be posted on Friday July 17th.
4. You will be asked to review the sample note and submit 5 pearls you learned through this entire 2 write-up assignment. Please submit this to BB by 10AM on Monday.

**Thursday July 16th: Assessment and Plan from Approach to LFT’s part 1**
1. Write Assessment and Plan based on assignment that is developed during Approach to LFT’s part 1 on Thursday July 16th 10AM
2. This assignment is due on Friday July 17th at 12pm.
3. A sample assessment and plan note will be posted on Friday July 17th.

**Friday July 17th: Assessment and Plan that combines IVF discussion from Tuesday July 14th and Acid Base discussion from Friday July 17th**
1. Write a Plan based on assignment that is developed during the Friday session
2. This assignment is due at 10AM on Monday July 20th.
3. A sample plan will be posted on Monday July 20th

**Week 2:**

<table>
<thead>
<tr>
<th>Date of Assignment</th>
<th>Assignment</th>
<th>Where to turn in</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PREWORK for Wednesday July 22</strong>nd</td>
<td>A case will be provided on Friday July 17th and students will write an assessment and plan PRIOR to the Wed July 22nd 1pm “Approach to Fever” session.</td>
<td>Post to Blackboard</td>
<td>Wednesday July 22nd 10AM</td>
</tr>
<tr>
<td><strong>Thursday July 23rd</strong></td>
<td>Follow-up day progress note written SOAP style. This assignment will be based on material covered DURING the Dr Nicolette Oleng’s Anticoagulation didactic session.</td>
<td>Post to Blackboard</td>
<td>Thursday July 23rd 7pm</td>
</tr>
</tbody>
</table>

**Prework for Wednesday July 22nd: Approach to Fever**
1. A case will be provided on Friday July 17th and students will write an assessment and plan PRIOR to the Wed July 22nd 1pm “Approach to Fever” session.
2. This assignment is due at 10AM on Wednesday July 22nd.
3. A sample A/P note will be posted on Friday July 24th.
Thursday July 23rd: Follow-up day progress note written SOAP style.

1. This assignment will be based on material covered DURING the Dr Nicolette Oleng’s Anticoagulation didactic session.

2. This assignment is due 7pm on Thursday July 23rd

3. A sample note will be posted on Friday July 24th.
Policies and Procedures for Evaluation, Grading and Promotion of Boston University School of Medicine MD Students
http://www.bumc.bu.edu/busm/faculty/evaluation-grading-and-promotion-of-students/

Collaborative Student Assessment System

Student Disciplinary Code of Academic and Professional Conduct
http://www.bumc.bu.edu/busm/faculty/medical-student-disciplinary-code/

Attendance & Time Off Policy

- 3rd Year Excused Absence Form: https://wwwapp.bumc.bu.edu/MedPersonalDays/home/Index

Personal Day Policies
The personal day policy applies only to the clinical portion of the clerkships.
http://www.bumc.bu.edu/busm/education/medical-education/policies/personal-days-policy/

BUSD Policies
In addition to the expectations listed above, all students are expected to adhere to BUSM and Boston University policies.
http://www.bumc.bu.edu/busm/education/medical-education/policies/

BU Policies and Student Support Services

Appropriate Treatment in Medicine
Boston University School of Medicine (BUSD) 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.

BUSD has a ZERO tolerance policy for medical student mistreatment.

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

- Contact the chair of the Appropriate Treatment in Medicine Committee (ATM), Dr. Robert Vinci, MD, directly by email (bob.vinci@bmc.org)
• Submit an online Incident Report Form through the online reporting system

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

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

Boston University Sexual Misconduct/Title IX Policy

Boston University Social Media Guidelines
http://www.bu.edu/policies/information-security-home/social-media-guidelines/

Learning Strategies and Tools

Recommended Texts
  ➢ Internal Medicine Essentials for Clerkship Students. ACP/CDIM. American College of Physicians. 2015.

http://www.bumc.bu.edu/evaluate/students/

Echo360/Technology
Echo360 may only be used for streaming captured lecture videos; the videos may not be downloaded. Taking smartphone or digital pictures or videos of any part of the lecture in class, or at home, is similar to downloading and is not allowed. There are a number of reasons for this, including that students and/or the University may be liable for violations of federal copyright and privacy laws as a result of the use of copied material.

If you experience any technical problems, please report the issue in one of the following ways to generate an IT ticket:

• **Echo360 Related Issues**: Create a ticket on the Ed Media site (http://www.bumc.bu.edu/bumc-emc/instructional-services/echo360/): sign in and provide pertinent information that will enable an effective response. Have a link to the problematic video ready to copy/paste into this form.

• **Educational Technology Related Issues**: For assistance with technology supported by BUMC’s Educational Media (e.g. ExamSoft), tickets can be created via their website at: http://www.bumc.bu.edu/bumc-emc/instructional-services/report-an-educational-technology-
Other Technology Related Issues: For assistance with BU-wide technology, such as Blackboard, email an example (e.g. picture or very brief phone video) to ithelp@bu.edu with a descriptive subject line and give as many details as possible on the what, where, how you are using the service and what type of computer, browser, etc. along with type of student (i.e. BUSM III). Always include link(s) to or screen shots of where the issue is occurring.


Tutoring
Peer tutors may be requested via the Office of Academic Enhancement’s Peer Tutoring Program at: http://www.bumc.bu.edu/busm/student-affairs/office-of-academic-enhancement/academic-enhancement/peer-tutoring-program/

Office of Disability Services
Boston University is committed to providing equal and integrated access for individuals with disabilities. The Office of Disability Services provides services and support to ensure that students are able to access and participate in the opportunities available at Boston University. http://www.bu.edu/disability/policies-procedures/academic-accommodations/

Session Learning Objectives and Notes

Chest Pain
Objectives
- Estimate the probability that coronary artery disease is the cause of the patient’s presentation with chest pain. To do this, we consider:
  - Degree to which the chest pain “syndrome” is typical for coronary ischemia
  - Probability the “substrate” (i.e., patient) has coronary artery disease. This is based on the patient’s CAD risk factors
- Identify and apply the determinants of myocardial oxygen demand and supply along with the underlying pathophysiology of stable angina and “acute coronary syndromes”, to patient care
- Describe the role of stress testing and cardiac catheterization in patients with suspected coronary heart disease
- Outline and apply the principles of management of exertional CP (angina) and acute coronary syndromes (unstable angina or acute myocardial infarction-MI)

Dyspnea Case 1
Objectives
- Define Chronic Obstructive Pulmonary Disease (COPD)
- Distinguish among Emphysema, Chronic Bronchitis and Asthma
- Describe the pathogenesis of airflow obstruction in COPD
- Appropriately order and interpret pulmonary function tests (PFT’s)
Describe the principles of managing COPD, both during an acute exacerbation and at times of symptomatic but stable disease
Identify smoking and other causes in patients with COPD
Develop an approach to address and assist a patient in stopping smoking
Define dementia and delirium and describe how you will distinguish between them in a patient presenting with “confusion”
Identify medications and conditions that can adversely affect the geriatric population

**Dyspnea Case 2**

**Objectives**
- Formulate a differential diagnosis for acute dyspnea
- Identify the symptoms and signs of heart failure (HF)
- Distinguish between heart failure due to systolic vs diastolic dysfunction
- Identify a patient’s cardiac functional status (class) and explain its significance
- Provide a prognosis for a patient with HF and identify data that predicts risk
- Articulate the principles of managing a patient with HF and describe the role of the different medication classes used to treat this disorder

**Gastointestinal Bleed**

- Localize the site of a gastrointestinal bleed by history
- Accurately assess and stabilize a bleeding patient
- Take a focused, timely, but thorough history on a patient with a GI bleed
- Describe the use, and reliability of laboratory and radiologic data in the assessment of a bleeding patient
- Risk stratify and appropriately treat an upper gastrointestinal bleed
- Describe the key mechanisms that protect against peptic ulcer disease and pathogenic processes and insults that can cause mucosal injury.
- Explain the use of the various diagnostic and therapeutic modalities available for Helicobacter Pylori

**Abnormal LFTs**

**Objectives**
- Develop a differential diagnosis for the following LFTs patterns:
  - Severely elevated transaminases
  - Severely elevated alkaline phosphatase
  - Mild-moderately elevated transaminases
- Assess the severity of liver dysfunction using clinical, exam, and laboratory features.
- Identify the manifestations, causes, and principles of management of chronic liver disease
- Identify patients at high risk for hepatitis C, describe its natural history, and, outline the rationale for specific treatment
- Utilize the history to identify patients at high risk for or with problems due to the misuse of alcohol

**Renal Physiology**

**Objectives**
- Assess volume status by history, exam and lab testing
Define the physiologic basis of orthostatic hypotension
- Estimate GFR in chronic renal failure
- Develop an approach to worsening renal function with particular emphasis on distinguishing pre-renal causes from acute tubular necrosis
- Identify causes of hypobicarbonatemia
- Calculate the anion gap
- Develop a differential diagnosis for anion-gap and non-gap metabolic acidosis
- Evaluate and treat hyperkalemia
- Identify and treat hypernatremia

**Acid Base**
**Objectives**
- Demonstrate a systematic approach to acid base disturbances
- List a differential diagnosis for the common acidoses and alkalosis
Identify complex disorders (dual or triple disorders)

**ECG Interpretation Sessions**
**Objectives**
- Apply a systematic approach to interpret the EKG
- Recognize common and “can’t miss” EKG diagnoses

**Oral Patient Presentation Workshop**
**Objectives**
- Identify the key contextual factors that impact on your oral patient presentations
- Describe the key components of an oral patient presentation- SOAPS
- Practice organizing an oral patient presentation

**Clinical Reasoning**
**Objectives**
- Apply both intuitive and analytic approaches to making a diagnosis
- Both Trust your intuition and then challenge it
- Describe and employ Illness Scripts, Schema and Synthesis (aka the Problem representations) in addressing diagnostic dilemmas