Family Medicine

Department of Family Medicine
MS 315
2020-2021

Clerkship Director: Leda Wlasiuk, MD, MPH
Associate Clerkship Director: Sarah Phillips, MD
Assistant Clerkship Director: Julie Bartolomeo, MD
Clerkship Coordinator: Florence Laforest, MEd
# Family Medicine Syllabus

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### Medical Education Program Objectives

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| **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>
<thead>
<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)

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

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

- Discuss the principles of family medicine care including comprehensive and contextual care, continuity of care, coordination/complexity of care, and the biopsychosocial approach to care (B.1, B.2, B.3, B.4, U.6, S.1, S.5, S.6, S.7, S.8, S.9)
- Gather information, formulate differential diagnoses, and propose plans for the initial evaluation and management of patients with common presentations in family medicine (U.2, U.3, U.4, U.5, U.6, C.1)
- Manage follow-up visits with patients having one or more common chronic diseases (U.2, U.3, U.4, U.5)
- Develop evidence-based health promotion/disease prevention plans for patients of any age or gender (B.4, U.6)
- Discuss the impact of psychosocial and cultural influences on health, disease, care-seeking, care compliance, and barriers to and attitudes toward care (B.1, B.2, B.3, B.4)
- Utilize advanced, patient-centered communication techniques to discuss unanticipated or “bad” news, assist patients in making health behavior changes, provide patient-centered education and counseling, and to effectively use a medical interpreter (C.2, C.3, C.4, C.7)
- Discuss the critical role of family physicians within any health care system (S.1, S.5, S.6, S.7, S.8, S.9)
- Discuss the concepts of Information Mastery and utilize point-of-care resources to find and integrate the best available evidence into clinical decision making (R.1, R.2, R.3, E.2, E.3, S.3)
- Consistently demonstrate professional behavior consistent with the values of the medical profession (A.1, A.2, A.3, A.4, A.5, A.6, E.7).
- Display skills of lifelong learning including generating clinical questions or identifying one’s own learning needs, using appropriate resources to answer questions or close learning gaps, engaging in self-assessment and goal setting and demonstrating growth in response to feedback (E.1, E.2, E.3, E.4, E.6)
Contact Information

Clerkship Director

Leda Wlasiuk, MD, MPH
Clerkship Director
Telephone: (617) 414-6208
Email: Lidya.Wlasiuk@bmc.org
Office: Dowling 5 South – Room 5502
Please email for an appointment

Associate Clerkship Director

Sarah Phillips, MD
Associate Clerkship Director
Telephone: (617) 414-6243
Email: Sarah.Phillips@bmc.org
Pager: 4632
Office: Dowling 5 South – Room 5511
Please email for an appointment

Assistant Clerkship Director

Julie Bartolomeo, MD
Assistant Clerkship Director
Telephone: (617) 414-6243
Email: Julia.Bartolomeo@bmc.org
Pager: 0333
Office: Dowling 5 South – Room 5511
Please email for an appointment

Clerkship Coordinator

Florence Laforest, MEd
Family Medicine Clerkship Coordinator and Director of Medical Student Relations
Telephone: 617) 414-6237
Fax: (617) 414-3345
Email: flafores@bu.edu
Office: Dowling 5 South – Room 5414
Clerkship Description

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

You are entering the field of medicine - where the body of information is growing and changing every minute. Regardless of specialty, you will need to be continually asking questions, learning, finding new information, and incorporating that into your patient care. For this reason, developing skills of lifelong learning are critical to your training, and is a focus of this clerkship.

You will see elements of this throughout the Family Medicine Clerkship. After completing a self-assessment, you will be asked to create personal learning goals for yourself – which you will use in addition to the clerkship’s learning objectives. Creating learning goals will help you identify what you want to learn and how you plan to learn it. Accurately self-assessing your level of skill and your knowledge gaps are critical to your growth and development and will inform your learning trajectory. During the didactic day, you will have the opportunity to discuss and debrief your interactions with standardized patients. You will be encouraged to reflect, and provide your own self-evaluation, and then you will receive feedback from your peers and faculty.

Finally, there is a major emphasis on Information Mastery (and not just EBM) in this clerkship, which underscores the importance of, and provides you with tools and skills for lifelong learning.

Introduction to Family Medicine

What is Family Medicine?
Family Medicine is the primary care medical specialty concerned with the total health care of the individual and the family. It is a generalist specialty that integrates the biological, clinical and behavioral sciences. In Family Medicine you will take care of all patients – regardless of their age, sex, organ system, or disease. You will learn to care for complex patients, manage chronic diseases and acute presentations, as well as provide evidence-based health care maintenance to all types of patients. The doctor-patient relationship is at the core of effective medical care, and you will see and learn its importance during this rotation.

When was Family Medicine created? What is a General Practitioner (GP)?
While Family Medicine follows the general practice tradition, it has major differences from general practice. In the late 1960’s, Family Medicine residencies were developed in response to a need felt by the American public, the medical profession, and the government for well-trained generalists. In addition to receiving broad hospital training, Family Medicine residents receive extensive training in comprehensive and continuous outpatient medicine for persons of all ages. As a specialty, Family Medicine has stringent requirements for
continuing medical education, board certification and board recertification every ten years. Family Medicine was the first medical specialty to require recertification.

What is the scope of Family Medicine?
Family physicians may choose to focus the scope of their practice or to provide the full breadth of Family Medicine care, which ranges from obstetric/nursery care to nursing home care and everything in between. The scope of Family Medicine covers a wide spectrum. At one end are family physicians who may be the only local source of health care for their community. They have an office practice, perform surgery, care for ICU patients, handle major trauma cases, stabilize patients for transport, staff a hospital, and deliver babies, including performing cesarean sections. These types of family physicians are common in rural areas. At the other end of the spectrum are family physicians who have an office practice and coordinate comprehensive care for their patients in a multi-specialty group.

Most family physicians have a type of practice that fits somewhere between these two models. For example, providing low-risk obstetric care and assisting with cesarean sections, caring for their hospitalized patients, and performing numerous office procedures. These family physicians are found in all locations. In one day, a family physician can deliver hospital care, home care, office care, emergency room care, and deliver a baby. Many family physicians develop an area of special expertise or focus, such as sports medicine, geriatrics, preventive medicine, international health, women’s and maternal-child health, adolescent health or research. Fellowships after residency are available to assist with the development of such expertise but are not required.

What to Expect During the Family Medicine Clerkship
You will work in high volume ambulatory practices of family physicians and residency programs. In the course of the clerkship you will learn:

- To understand and promote a patient-centered model of care;
- To understand Family Medicine approaches to seeing patients and families with undifferentiated problems, and the clinical reasoning which guides the definition and diagnosis of these problems;
- Skill in the evidence-based diagnosis and management of frequently occurring acute and chronic ambulatory problems;
- To understand the patient as part of a family and community;
- To understand and use a comprehensive and continuous approach to care;
- To understand and use techniques of evidence based preventive medicine and health promotion
- To understand the appropriate use of telehealth for both acute and chronic disease management

Strategies for success
- Immerse yourself in your practice
- Consider yourself part of the clinical team (you are!)
- Read about the diagnoses your patients have IN REAL TIME (use the syllabus’ references)
- Do practice questions throughout the clerkship
- Fully participate in the core curriculum
- Be professional
Tips for writing patient notes and patient presentations

Your visits on Family Medicine should be focused around patient concerns, health care maintenance, and chronic diseases. You will take a focused history, including pertinent positives and negatives, pertinent family and social history, review of systems, etc. Your physical exam will also be focused to the pertinent exam maneuvers relevant to the patient’s visit. The approach to use in order to do this effectively is to think about your differential diagnosis for the patient’s presenting symptom. Ask questions and perform the relevant physical exam components to help you rule in or out what could be going on with your patient. The history and physical exam portions of your notes and patient presentations will reflect this focused type of visit. As you will see in telehealth encounters, where the physical exam is limited to what we can see, focused questions are extremely important to helping you make a diagnosis and formulate a treatment plan.

On Family Medicine your assessment and plans will be organized in a problem-based fashion. You will begin with a “one-liner,” which will summarize the important information about your patient for this visit. This will be followed by a prioritized problem-based assessment and plan for that visit. Healthcare maintenance should usually be on every A/P. The A/P is always concluded with a follow up plan that may include reasons to call or return to clinic sooner than the next scheduled visit.

During your Family Medicine Clerkship, you will be encouraged to come up with differential diagnoses, assessments and plans. As the rotation proceeds, you will work on developing specific plans (including specific medications and dosages) and discussing plans with your patients. You will also be expected to provide patient education.

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

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

Description of Clerkship Sites

Our sites are divided into three broad categories: Community Health Centers; Greater Boston Private/Group Practice; and Away Sites. During the registrar's lottery, you will have ranked the ten categories. Due to the COVID-19 pandemic, we may not be able to offer placements at all sites listed below. You will receive broad Family Medicine clinical training at all sites. Some sites may have a sub-focus in addition, such as sports medicine, women’s health, geriatrics, etc. Patient population and practice structure will vary between sites. You will discuss and learn from that in the core curriculum.

1. Community Health Centers/Underserved (multiple sites)
2. Greater Boston Private/Group Practice (multiple sites)
3. Rehoboth/Seekonk Medical Center
4. Great Barrington (Berkshires), MA
5. Goodwin Community Health Center, NH
6. Manchester VA Medical Center, Manchester, NH
7. Valley Medical Group, Greenfield, MA
8. Cape Cod Family Medicine Centers, MA
9. Rumford/Central Maine Medical Center, Maine
10. Central Maine Medical Center – Family Medicine Residency Program
11. Kaiser Permanente, San Jose, CA
12. Stanley Street Stanley Street Treatment and Resources – SSTAR, Fall River, MA

Site Director and Clerkship site contact information

Your site director (primary preceptor)’s name and contact information, as well as other important information about your site will be forwarded to you 4-6 weeks before the start of the clerkship via email. If you did not receive this important site placement email, please contact the Clerkship Coordinator as soon as possible.

For more information about each site please see our website:
- Greater Boston Private/Group Practice: https://www.bu.edu/familymed/greater-boston-private-practice/
- Family Medicine Away Sites: https://www.bu.edu/familymed/fm-clerkship-away-sites/
Clerkship Schedules

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

Didactic Schedule
During the clerkship, you will spend two days virtually at BUSM: 1 orientation/advanced communication skills day and one final exam day. Generally, the orientation/ACS day is the 1st working day of week one, and the final exam day on the last day of week four. On final exam day, you will have an OSCE and will take the Family Medicine Shelf exam. At this time, we are planning for these days to be remote learning (via Zoom). Please expect to be present on Zoom for full days for both the orientation/ACS day and the final exam day. If possible, we finish earlier than 5pm, but plan to be present until 5pm each of those days.

Orientation/Advanced Communication Skills
8:00-9:00am Orientation
9:00-12:00pm Interview of Chris McQ and Mary McQ (Advanced Communication skills)
12:00-1:00pm Lunch
1:00-4:00pm Interview of Teresa Rivera and Mike McQ (Advanced Communication skills)

On the third Monday of each block, we will have a virtual Site Review with Drs. Wlasiuk, Phillips, and Bartolomeo. This will occur via Zoom from 12-1pm. You will receive a Zoom meeting invitation. This session is mandatory. During week 3 of each block, you will meet 1:1 with clerkship faculty for your mid-clerkship evaluation. This meeting will occur via Zoom and you will receive a Zoom meeting invitation from the clerkship faculty.

Optional learning opportunities:
- Family Medicine Grand Rounds: every Tuesday from 12:00-1:00pm, via Zoom. Invitation can be found on Blackboard and in weekly clerkship emails.
- Family Medicine resident noon report: every Monday, Thursday, and Friday from 12:00-1:00pm, via Zoom. Invitation can be found on Blackboard.

Call Schedule
There is no call for this rotation.

Holidays
Intercession: Thu, Dec 24, 2020 – Sun, Jan 3, 2021
Spring Break: Sat, Mar 6, 2021 – Sun, Mar 14, 2021

The clerkship director will communicate other holidays that occur during specific blocks.

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

Clerkship Grading Policy

**HOW MUCH EACH PART OF YOUR GRADE IS WORTH:**

<table>
<thead>
<tr>
<th>Component</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Virtual Clerkship</td>
<td>P/F</td>
</tr>
<tr>
<td>Clinical Grade Percentage</td>
<td>60%</td>
</tr>
<tr>
<td>Shelf/Exam Percentage</td>
<td>25%</td>
</tr>
<tr>
<td>“Other” Components Percentage</td>
<td>15%</td>
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**HOW YOUR FINAL WORD GRADE IS CALCULATED:**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Score Range</th>
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<tbody>
<tr>
<td>Honors</td>
<td>90-100</td>
</tr>
<tr>
<td>High Pass</td>
<td>80-89.9</td>
</tr>
<tr>
<td>Pass</td>
<td>70-79.9 OR between 1.5-2.49 in any domain on the final CSEF</td>
</tr>
<tr>
<td>Fail</td>
<td>&lt;70 OR &lt;1.5 on any domain on the final CSEF OR &lt;2 averaged on the final CSEF (Clinical Fail) OR &lt;5%tile shelf</td>
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**HOW YOUR CLINICAL GRADE IS CALCULATED WITH THE CSEF:**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Score Range</th>
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<tbody>
<tr>
<td>Clinical Honors</td>
<td>&gt;4.5</td>
</tr>
<tr>
<td>Clinical High Pass</td>
<td>3.5-4.49</td>
</tr>
<tr>
<td>Clinical Pass</td>
<td>2-3.49</td>
</tr>
<tr>
<td>Clinical Fail</td>
<td>&lt;2</td>
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**SHELF/EXAM GRADING**

Exam minimum passing (percentile/2 digit score) 5%tile (first quartile stats)/62

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

<table>
<thead>
<tr>
<th>Component</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Information Mastery Assignment</td>
<td>2%</td>
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<tr>
<td>Advance Directive Assignment</td>
<td>1%</td>
</tr>
<tr>
<td>OSCE Interview</td>
<td>8%</td>
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<tr>
<td>OCSE Progress Note</td>
<td>4%</td>
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**Other components that need to be completed in order to pass the clerkship**

- Patient log
- 2 FOCuS Forms – 1 Interview Technique, 1 Physical Exam
- Duty Hour logs

**Standard Clerkship Clinical Grade Procedures/Policies**

- Preceptors will provide clinical evaluations that contain the “raw data” on the student’s clinical performance. Preceptors DO NOT determine the final “word” grade. You are encouraged to regularly ask for specific behaviorally-based feedback on your clinical skills from your preceptors. However, do not ask them what word grade you will get, as that is a multifactorial process of which the clinical evaluation is one component.

- The CSEF form will be used to numerically calculate your clinical grade: 1 to 5 points (depending on which box is checked) for each domain which will be averaged to give you a final score out of 5. Categories: Needs intensive remediation (1); Needs directed coaching (2); Approaching competency (3); Competent (4) or Achieving behaviors beyond the 3rd year competency criteria (5) to get a final number in each domain. This can be rounded to the nearest number using standard rounding for the CSEF domain and this is the box that should be checked (e.g. if an average of 2.4 then the student should have needs directed coaching (2) checked off). Each CSEF will be weighted based on how long the student worked with each evaluator.
- CSEF Clinical Grade Calculations should be made using the 0.1 decimal point in each domain (though the rounded number will be checked off on the final CSEF) to give a final number.
  - Any average of <1.5 in any domain = an automatic fail for the clerkship
  - Any average of < 2.5 in any domain = an automatic pass for the clerkship and a meeting with the MEO for clinical coaching
  - >2.5 in all domains, standard rounding will be used
    - <2 = Clinical fail which will = a fail for the clerkship
    - 2-3.49 = Clinical pass
    - 3.5-4.49= Clinical high pass
    - >4.5=Clinical honors
  - The clinical grade will be reported in the CSEF final narrative

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

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**Clerkship Specific Clinical Grade Procedures/Policies**

- The clinical grade will be worth 60% of the final grade of the clerkship and will be calculated out of a 5-point scale from the CSEF
- The shelf is worth 25% of the final grade of the clerkship. The 2-digit score will be used to calculate the numeric score out of 100.
- 15% of the final grade will be from other components as stated above. Please see individual grading details for the Information Mastery assignment, Advance Directive assignment and OSCE in the final summative assessments portion of the syllabus.

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**Professionalism**

Evaluation of a medical student’s performance while on a clinical clerkship includes all expectations outlined in the syllabus and clerkship orientation as well as the student's professional conduct, ethical behavior, academic integrity, and interpersonal relationships with medical colleagues, department administrators, patients, and patients' families. If a clerkship director determines that a student does not meet the professionalism expectations of the clerkship (professionalism comportment section below), after providing the student with feedback, a student will fail the clerkship. If there are multiple professionalism concerns throughout a clerkship, the student will not be eligible to receive honors on the clerkship. Any professionalism lapses resulting in either a clerkship fail or ineligibility to receive honors will require narrative comments by the clerkship director in the professionalism comment section of the final evaluation and the student will be given feedback in advance of the final grade form submission.

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

- Any average of <1.5 in any CSEF domain (averaged score across evaluators) will result in failure of the clerkship
- Students who fail the shelf examination can re-take it. Students who fail the re-examination must repeat the entire Family Medicine Clerkship

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**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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**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 UME Student) forms that must be completed by the mid/end of the clerkship. These forms will provide formative assessment through direct observation of CSEF behaviors. Each student is required to complete one interviewing technique and one physical exam FOCuS form on each clerkship.
Formative Assessment and Feedback Policy
Boston University School of Medicine (BUSM) ensures that each medical student is provided with formative assessment early enough during each required course or clerkship to allow sufficient time for remediation. Formative assessment occurs at least at the midpoint of each required course or clerkship four or more weeks in length.


Mid-Clerkship Review
You and your clerkship director, site director or primary preceptor will complete the BUSM Mid-clerkship Evaluation form at the mid-clerkship point.

The purpose of this evaluation is to give the student a chance to understand both their strengths as well as opportunities to improve. The feedback received at the mid-clerkship review is intended to allow the student to improve their clinical skills in real time.

Before the meeting, you should review your patient encounter, procedure and duty hour logs, and identify any deficiencies. You should also review your FOCUS forms, learning goals and reflect on your progress. Some tips to help you prepare for this meeting can be found on blackboard in the Mid-Clerkship section. You should download a copy of your patient log summary to bring to this meeting and you should work with your preceptor to make a plan for remediating any missing patient encounter or procedures. Your preceptor will provide you with formative feedback regarding your performance, and together you will make a learning plan for the second half of the rotation. You should BOTH sign the form, and you should email the Mid-Clerkship Review form and completed Mid-Clerkship CSEF to the clerkship directors prior to your scheduled Zoom meeting (during clinical week 3).

Each student will meet with clerkship leadership during clinical week 3. In addition to other topics, the mid-clerkship review meeting will be a time to review and discuss the evaluation forms and create a plan for the remainder of the clerkship.

Students will also be observed and will receive feedback from faculty and peers during the standardized patient encounters. These sessions are not graded and are a valuable opportunity for students to get observation, feedback, and discussion on their clinical skills.

Final Summative Assessments
The final summative assessment will be based on the clerkship grading policy and include a clinical performance grade with the CSEF (Clinical Student Evaluation Form), a NBME performance grade, and other assessments depending on the clerkship.

The CSEF will be completed by the preceptor at the end of the clerkship. You should review your preceptor’s assessment of you during your final evaluation meeting with him or her if possible. Please see the Mid-Clerkship Review tab in the syllabus binder or blackboard for a copy of the Boston University Clinical Student
Evaluation Form (CSEF). A CSEF will be completed at the Mid-Clerkship Review meeting as well. We do not ask you to schedule final evaluations with your preceptors in E*Value as we will schedule them for you.

At sites where you work with more than one preceptor, the primary preceptor will collect feedback and evaluation data from the other preceptors with whom you work. The primary preceptor will collate this data into your final clinical evaluation.

All students will receive and will be required to read and sign the Family Medicine Clerkship Evaluation and Grading Policy form shown above.

**Advance Directives Reflection Assignment**
During the clerkship, you will care for patients with multiple chronic diseases. These patients have multimorbiditiy and are at increased risk of disability, especially related to COVID-19. As a primary care provider, we are responsible for talking with our patients about their wishes for end-of-life care. You will have an opportunity to practice this skill through a self-directed learning module (on Blackboard). All students are required to complete the Advance Directives document and turn in the Advance Directives Reflection Assignment. This is a pass/fail assignment, which is worth 1% of your final grade.

**Information Mastery Assignment**
During the clerkship you will complete an information mastery assignment. This will be worth 2% of your final grade. Students will complete and submit the assignment as outlined in the Information Mastery section of the Syllabus Binder. Please review the grading rubric for this assignment in the Information Mastery section of the syllabus binder. For every day the final assignment is late 1/2 point will be deducted from your final grade, up to a maximum of 5 points. No credit will be received for information mastery assignments that are submitted after the last day of the clerkship unless previous arrangements have been made and approved by the clerkship director. Please see the student responsibilities section below as well as the information mastery tab in the syllabus binder for full instructions.

**OSCE**
The OSCE will take place on the final Friday morning of the clerkship. The OSCE interview is worth 8% of your final grade, and the OSCE progress note is worth 4% of your final grade. The patient encounter and progress note written based on this encounter will be graded by faculty.

**OSCE Exam Instructions and Preparation**
Please read and review these materials prior to the OSCE exam:

- The OSCE exam will be held virtually, via Zoom.
- Your OSCE exam will be with a McQ or Rivera family member.
- You will have 15 minutes to conduct an interview and discuss your management and follow-up plan with the patient.
- Due to the nature of the virtual encounter, no physical examination of the patient will be performed. You should ask the standardized patient for the physical exam (e.g. say “I would like to examine you now”), and you will be given the physical examination findings.
Interview format: see “OSCE Format,” on the following page

- The interview will be observed via video camera by a faculty member and graded in real time.

Progress Note

- After your 15-minute encounter with the standardized patient you will have 10 minutes to hand-write a SOAP note account of the session on a paper provided to you.

- See below for the progress note format.

- After completing the progress note you will re-enter the exam room to receive 5 minutes of feedback from the faculty observer and standardized patient.
**OSCE Format**

**Resources available:**
Students will have a copy of the McQ or Rivera patient chart during the interview and progress note times. They cannot have any other resources, electronic or otherwise, during the interview or progress note time.

**Interview:**
Total time allowed: 15 minutes

1 Minute: Student reviews vital signs and chief complaint on OSCE opening scenario card outside exam room.

8 Minutes Max: Initial History:
Rating Criteria:
- elicitation of detail for chief complaint
- identification of pertinent negatives
- identification of patient’s concern(s)
- elicitation of relevant family, lifestyle, occupational issues
- review of previous medical problems and/or issues relevant to this patient and encounter

7 Minutes Max: Discussion of Assessment/Plan with Patient:
Rating Criteria:
- choice of working diagnosis
- investigations (may or may not be indicated)
- treatment
- counseling and lifestyle change
- patient education re: diagnosis, management plan/follow-up instructions
- addressing chief concern
- specifying follow-up
- addressing (briefly) past medical problems

**Progress Note Format**
Total time allowed: 10 minutes
The student will hand-write a SOAP-format progress note based on the OSCE encounter, which addresses the following items:

**History Rating Criteria:**
Rating Criteria:
- description of presenting problems
- identification of pertinent positives and negatives
- identification of patient’s concern(s)
- elicitation of relevant family, lifestyle, occupational issues
- review of previous medical problems and/or issues relevant to this patient and encounter

**Assessment:**
Rating Criteria:
- One-Liner
- Leading diagnosis and differential diagnosis of presenting problem and rationale

**Plan:**

**Rating Criteria:**
Investigations: may or may not be indicated, justify your investigative plan, even if no tests are ordered

**Treatment:**
- If indicated: appropriate medication
- If indicated: relevant lifestyle change/counseling (see below), justify your treatment plan

**Patient Education:** relevant counseling/lifestyle change

**Follow-up:** provide relevant follow-up instructions, define appropriate follow-up plan

**Overall Rating Criteria:**
- Organization
- Completeness
- Legibility

**Physical Exam:**
Since this has been provided to you, you do not need to re-write it.

**NBME Subject Examination**
Students will take the Family Medicine NBME Subject Examination on the last Friday of the clerkship (unless otherwise communicated by the Medical Education Office). Students are given a reading day the day before the exam. Students do not report to their clerkship site on the reading day or the day of the exam. Students will be given 2 hours and 45 minutes to complete this exam. Shelf exam dates can be found in the 3rd year google calendar

**Shelf Exam Laptop Certification Process**
Students must certify their laptops one week before the NBME Subject Exam and again on the day before the exam. Instructions are provided on the Alumni Medical Library website at: [http://www.bumc.bu.edu/medlib/services/computing/nbme/](http://www.bumc.bu.edu/medlib/services/computing/nbme/)

**Exam Policies**

**Testing Center Policies**

**Make-Up Exams**
Students needing to make up the exam or remediate only the exam portion of the clerkship must contact the Clerkship Coordinator to arrange for a make-up/remediation date. **Students may not take a make-up or remediation exam during any block they currently have a scheduled rotation.** Make-ups and remediation exams will typically be scheduled at the end of the third year blocks between mid-May and early June.
Roles and Responsibilities

Clerkship Director/Associate Clerkship Director/Assistant Clerkship Director

- Oversee the design, implementation, and administration of the curriculum for the clerkship
- 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
- Orient students to the clerkship, including defining the levels of student responsibility necessary for required diagnoses and procedures
- Oversee teaching methods (e.g. lectures, small groups, workshops, clinical skills sessions, and distance learning)
- Develop faculty involved in the clerkship
- Evaluate and grade students
  - Develop and monitor assessment materials
  - Use required methods for evaluation and grading
  - Assure mid-clerkship meetings and discussion with students
  - Ensure students are provided with feedback on their performance
  - Submit final evaluations for students via eValue
- Evaluate faculty and programs via peer review and reports from the Medical Education Office and national reports
- Support each student’s academic success and professional growth and development, including working with students experiencing difficulties
- Participate in the BUSM clerkship peer review process
- 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 and clinical schedules
- Coordinate orientations and didactic sessions
- Liaise with site directors and administrators to coordinate student experiences across all sites
- Verify completion of clerkship midpoint and final evaluations for each student
- Monitor students’ reported work hours and report any work hours violations to the clerkship director
- Coordinate and proctor clerkship exams

Site Directors

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

Primary Clinical Faculty/Preceptors/Trainees
• Sets and clearly communicates expectations to students
• Supervises students by observing history taking and physical exam skills, and documents it on the FOCuS form
• Delegates increasing levels of responsibility to the student within clerkship expectations
• Maintains appropriate levels of supervision for students at site.
• Creates and maintains an appropriate learning environment, modeling respectful and professional behaviors for and toward students
• Recognizes student learning or professional difficulties and communicates directly to clerkship director in real time in person or via email or phone
• Gives students appropriate and timely formative feedback
• Assesses students objectively using the CSEF form
• Adheres to the AAMC-developed guidelines regarding Teacher-Learner Expectations

Supervision
Initially, the primary clinical faculty members should designate time to observe you 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. If students have concerns regarding their clinical supervision, the site director and clerkship director should be immediately notified.

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 at a new setting, a faculty may wish to observe you for the first session. Thereafter, you should begin to see patients on your 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 increase 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.

**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/supervising resident.
- 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.

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

**Third Year Student**

**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/busm/files/2015/05/AAMC-Teacher-Learner-Expectations.pdf](http://www.bumc.bu.edu/busm/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 core clerkship curriculum. These include, but are not limited to:

- Treating the clerkship team in a professional and respectful manner
- Engaging in the core curriculum and participating respectfully at all times
- Arriving at clerkship didactic sessions on time
- Requesting faculty and resident evaluations in a timely manner
- Reviewing and responding to e-mail requests in a timely manner.
- Returning borrowed clerkship materials on time
- Handing in all assignments on time
- Completing all logs and FOCuS forms by the clerkship specific deadline
- Informing clerkship leadership and supervising faculty/residents of absences
Professionalism will be reviewed at the mid-clerkship feedback session and will be given feedback when professionalism concerns are identified on the clerkship. If students are not meeting professionalism expectations of the clerkship or there are significant professionalism concerns, students will be made aware of the concerns noted by the clerkship directors, clerkship coordinator, faculty or residents.

**Ethical Behavior for Examinations and Mandatory Sessions**

- Refrain from any conversation with your peers during exams and as you leave the L-11 testing space, including within the vending room and elevator waiting area, until you are on the elevator.
- Don’t seek or receive copies of the examinations
- Signing in classmates, or signing in yourself and not staying, for mandatory sessions is considered cheating and violations will be referred to Medical Student Disciplinary Committee
- If you are aware of any violations of the ethical standards listed above, within the Student Disciplinary Code of Academic and Professional Conduct, or otherwise, report it to the Clerkship Director

**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.

**Blackboard**

Students will have access to a Blackboard site for the clerkship. The site is listed under “My Courses” as Family Medicine Clerkship 2020-2021 on your Blackboard landing page.

In the blackboard site you will see content related to:
- Advanced Communication Skills
- EBM/Information Mastery
- Musculoskeletal Examinations
- Shelf Preparation
  - Dermatology Module
  - Healthcare Maintenance Jeopardy
- Virtual Clerkship Small Group Content

Each week there will be short videos or articles to watch and/or read. Be sure to watch/read these materials by the deadline for the week they are assigned, as you will need to be familiar with that content during the didactic days.

**Family Medicine Blackboard Site Overview**

<table>
<thead>
<tr>
<th>Week</th>
<th>Advanced Patient Communication</th>
<th>EBM/Information Mastery</th>
<th>Musculoskeletal</th>
<th>Dermatology</th>
</tr>
</thead>
</table>
|   | Watch MI videos | - Look for a patient with a clinical question  
|   |               | - Start using POC resources in your patient care  
|   |               | Watch videos of knee, shoulder, and back exams.  
| 2 | Submit Information Mastery worksheet sections 1 and 2 (questions) |   
| 3 | Complete Advance Directives (AD) Module | Complete Dermatology Modules  
| 4 | Read Kleinman Questions  
|   | Submit AD Assignment | Submit Information Mastery Assignment  
|   |   | Complete Dermatology quiz  

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

**EBM/Information Mastery Curriculum and Assignment**

- Review the Information Mastery Assignment Instructions and Worksheet. Students may wish to review the Information Mastery Workshop recorded session on Blackboard as well.
- Find a clinical scenario at your site that generates a clinical question.
- Complete part 1 of the Information Mastery Assignment Worksheet and submit it on Blackboard in the information mastery tab in “Information Mastery Assignment Part 1”
  - You will receive a grade and feedback on your clinical question from a Family Medicine faculty in grade center.
  - Make any recommended changes before you complete your search and critique.
- Submit your ENTIRE Information Mastery Assignment Worksheet (Part 1 and Part 2) on Blackboard in the information mastery tab in “Information Mastery Assignment Part 2”
  - You will receive your assignment score and feedback from a medical librarian in grade center.
- Make any recommended changes. You may choose to review your final Information Mastery Assignment with your preceptor, but this is not mandatory.
- Point of Care Resources can be found in our [Finding Information Framework (FIF)](http://medlib.bu.edu/busm/fif/) at
Advance Directives Reflection Assignment
This is a reflection assignment comprised of three parts.

- Part 1: Complete the Advance Directives module on Blackboard
- Part 2: Complete the Advance Directives handout on yourself, a friend or family member. You do not have to turn this in.
- Part 3: Complete the reflection questions listed in the Blackboard module. Responses should be typed and uploaded to Blackboard by the 5pm on final exam day.

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

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

The required patient encounters for family medicine are as follows:
1. Fatigue
2. Depressed/sad (outpatient)
3. High BP
4. The ambulatory patient with chest pain
5. Cough
6. Back Pain
7. The ambulatory patient with abdominal/pelvic pain
8. Sexual dysfunction
9. Skin lumps/lesions/rashes
10. The well adult
11. The well child
12. The patient with obesity
13. The patient with diabetes
14. The patient with chronic pain
15. The patient with a substance use disorder

The required procedures for family medicine are as follows:
1. Venipuncture (sim)
2. Vaccine administration (sim)

You are required to log all patients you see with any of the 55 BUSM core diagnoses that you have provided comprehensive care for (e.g. taken a history, done a physical exam and come up with a management
plan/written a note) during your clerkship year, but the above 15 patient types must be logged by the end of the family medicine clerkship.

**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 Family Medicine, our standardized families (the McQs and the Riveras) who we care for in our virtual clerkship small group cases and clinical advanced communication SP sessions can be logged as the alternative experience.

**Patient Encounter Log**

Students are expected to log their patient encounters in eValue (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 eValue help page http://www.bumc.bu.edu/evalue/students/. Students must bring a printed copy of their patient encounter and procedure log to their mid rotation feedback meeting.

**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 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.

  - 3rd Year Excused Absence Form: [https://wwwapp.bumc.bu.edu/MedPersonalDays/home/Index](https://wwwapp.bumc.bu.edu/MedPersonalDays/home/Index)
- Work Hours: [http://www.bumc.bu.edu/busm/education/medical-education/policies/work-hours/](http://www.bumc.bu.edu/busm/education/medical-education/policies/work-hours/)

**Personal Day Policies**

**Clerkship Specific Blackout Dates**
- Clerkship Day 1 – Orientation and Advance Communication Skills
- Final Day at Clinical Site
- Final Clerkship Day – OSCE and Shelf

**Scrubs Policy**

**BUSM Policies**
In addition to the expectations listed above, all students are expected to adhere to BUSM and Boston University policies.

**BU Policies and Student Support Services**

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

BUSM has a **ZERO** tolerance policy for medical student mistreatment.

Students who have experienced or witnessed mistreatment are encouraged to report it using one of the following methods:
- Contact the chair of the Appropriate Treatment in Medicine Committee (ATM), Dr. Robert Vinci, MD, directly by email (bob.vinci@bmc.org)
- Submit an online Incident Report Form through the online reporting system [https://www.bumc.bu.edu/busm/student-affairs/atm/report-an-incident-to-atm/](https://www.bumc.bu.edu/busm/student-affairs/atm/report-an-incident-to-atm/)

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


**Needle Sticks and Exposure Procedure**

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

**Boston University Social Media Guidelines**
Recent Changes to the Clerkship

- We have revised the Dermatology module based on student feedback.
- Due to COVID-19, we have modified all SP sessions to the virtual (Zoom) format with positive feedback from students.
- Due to COVID-19, we will be holding all mandatory meetings and exams via Zoom. We will re-evaluate the use of remote learning throughout the academic year, as we adhere to the university guidelines regarding in-person learning.
- Due to COVID-19, we have eliminated the Home Visit assignment and have added the Advance Directives module, with COVID-specific learning points.

Learning Strategies and Tools

Recommended Texts

- The American Academy of Family Physicians (AAFP) review articles

We strongly recommend that students read about the diagnoses seen in clinic in real time – pick 1 or 2 topics that are seen in the office during the day to read about that same night.

Recommended readings are listed below by case patient/session

eValue Student Resources
http://www.bumc.bu.edu/evale/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-issue/

- **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
The family medicine clerkship core curriculum is centered around two standardized families – the Riveras and the McQs. Students met these two families during the Family Medicine Virtual Clerkship. They will again see members of these families during the Advanced Communication Skills sessions and the OSCE. Below are the members of the two families with the suggested readings and learning objectives linked to each visit.
MARY MCQ
55 year old female

Readings:
1. Chapter 7 – Overview of prevention and screening
2. Chapter 15 – Women's health
3. Understanding and Communicating Risk; Measures of outcome and the magnitude of benefits and harms [http://www.cfp.ca/content/cfp/64/3/181.full.pdf](http://www.cfp.ca/content/cfp/64/3/181.full.pdf)

Learning objectives:
By the end of the clerkship, the student will be able to:

Visit 3: Standardized Patient Session
1. Practice techniques to deliver bad news to patients in a compassionate way

During the Virtual Clerkship, we covered the following learning objectives:

Visit 1:
1. Identify and describe the appropriate screening tests and preventative interventions for adult women
2. Discuss cardiovascular risk stratification
3. Discuss common menopause symptoms and evidence-based treatments for these symptoms
4. Summarize the issues involved in work clearance

Visit 2:
1. Specify the risks and benefits of screening mammography:
   b. Explain the concepts of sensitivity, specificity, and predictive value as they relate to this patient.
2. Describe strategies to deliver “bad” test results to patients in a patient centered manner.
3. Describe the different types of breast biopsies and their indications
MIKE MCQ
55 year old male

Readings:
2. Chapter 7 – Overview of prevention and screening
3. Chapter 12 – Approach to Common Chronic Problems – Hypertension
5. Chapter 23 – Substance Use Disorder
7. Chapter 18 – Sexuality and Relationship Issues

Learning objectives:
By the end of the clerkship, the student will be able to:

Visit 3: Motivational Interviewing Workshop
1. Describe the usefulness of motivational interviewing in changing patient behavior
2. Explain the principles of motivational interviewing
3. Practice specific techniques to facilitate effective motivational interviewing
4. Incorporate motivational interviewing into routine patient interviews

During the Virtual Clerkship, we covered the following learning objectives:
Visit 1:
1. Identify the current recommendations for routine screening in an adult male
2. Diagnose hypertension using criteria established by the eighth report of the Joint National Committee on detection, evaluation and treatment of high blood pressure
3. Describe lifestyle/environmental/nutritional factors involved in the non-pharmacologic treatment of hypertension
4. Differentiate the major classes of anti-hypertensive drugs and their appropriate use in the ambulatory management of hypertension
5. Recommend the initial work-up of the patient with the new diagnosis of hypertension, including the rationale behind any recommended testing
6. Describe and apply the ACC/AHA cardiovascular risk screening and cholesterol treatment guidelines

Visit 2:
1. Describe an approach to sexual dysfunction in a male patient
2. Generate a differential diagnosis for erectile dysfunction
3. Discuss a work-up and treatment approach for erectile dysfunction
4. Describe smoking cessation management options

TERESA RIVERA
45 year old female
Readings:
1. Chapter 12 Approach to Common Chronic Problems
2. Chapter 15 Weight Management and Nutrition
3. "Lending a Hand" to Patients with Type 2 Diabetes: A Simple Way to Communicate Treatment Goals  
   [http://care.diabetesjournals.org/content/38/Supplement_1/S41.full.pdf+html](http://care.diabetesjournals.org/content/38/Supplement_1/S41.full.pdf+html)
5. Chapter 21 – Family Violence
6. Chapter 22 – Common Psychosocial Problems
7. Diabetes Self-Management: Facilitating Lifestyle Change  

Learning objectives
By the end of the clerkship, the student will be able to:

**Visit 3: Standardized Patient Interview**
1. Demonstrate the correct use of an interpreter while interviewing a patient
2. Demonstrate a differential diagnosis-driven interview to evaluate a patient with fatigue
3. Screen for psychosocial factors that can affect health

**During the virtual clerkship, we covered the following learning objectives:**

**Visit 1:**
1. Identify the diabetes screening guidelines and diagnostic criteria
2. Discuss the work-up and initial treatment options for a patient newly diagnosed with diabetes
3. Identify the surveillance and treatment recommendations for the prevention of both co-morbidities and mortality for patients with type 2 DM
4. Describe how to counsel a patient about lifestyle modifications including nutrition and exercise counseling

**Visit 2:**
1. Discuss indications for starting insulin and how to discuss this with a patient
2. Identify and describe the challenges associated with caring for patients with chronic diseases
3. Discuss the role of mental health in the care of those with chronic disease

**CHRIS MCQ**

**58-year-old male**

Readings:
1. Chapter 20 – Chronic Pain
2. Chapter 23 – Substance Use Disorder

Learning objectives:
By the end of the clerkship, the student will be able to:
1. List factors that would increase a person’s risk for opioid misuse
2. Demonstrate how to determine the appropriateness of the continuation of opioid medication for pain management including risk factor assessment, controlled substance contracts, and goals of care discussion
3. Discuss how to monitor patients taking opioids for chronic pain management including controlled substance contracts, urine drug screening, pill counts, goals of care
4. Screen for substance use disorder versus misuse in patients using opioids for chronic pain
5. Describe and demonstrate strategies for addressing aberrant behavior while undergoing treatment with opioid medications

The following patients will NOT be seen again during the Clinical Family Medicine clerkship. The learning objectives and readings are listed below to serve as a reminder for shelf study purposes.

MARTA RIVERA
17 year old female

Readings:
1. Chapter 8 Prenatal Care
2. Chapter 14 Contraception
3. Adolescent Health Screening and Counseling Am Fam Physician 2012
   https://www.aafp.org/afp/2012/1215/p1109.html
   https://www.aafp.org/afp/2018/0915/p368.html

Learning Objectives:
By the end of the clerkship, the student will be able to:

Visit 1:
1. Deliver the diagnosis of pregnancy and practice patient-centered options counseling
2. Describe the principles of diagnosis and management of a urinary tract infection

Visit 2:
1. List the components and rationale of the history, physical exam, testing and patient education done in the first prenatal visit
2. Discuss psychosocial screening as it relates to the care of pregnant patients (for example, housing, violence, etc.).

Visit 3:
1. Discuss the components of the postpartum visit and identify the medical issues commonly encountered in the post-partum
2. Describe options for contraception, and identify resources to assist with choosing the safest contraceptive options for specific patient populations (e.g. post-partum, breast feeding, etc)
3. Describe the benefits of breastfeeding for both the mother and child
4. Assess the adequacy of breastfeeding, identify a proper latch, and identify resources for breastfeeding support
JOHN MCQ
35 year old male

Readings:
1. Chapter 17 – Musculoskeletal Problems
4. Chapter 16 – Men’s Health Care

Learning objectives:
By the end of the clerkship, the student will be able to:

Visit 1:
1. Create a differential diagnosis for acute low back pain
2. Identify red flags for potentially serious conditions in the differential of low back pain
3. Describe the management of acute, uncomplicated low back pain
4. Discuss screening recommendations for sexually transmitted infections

ROBERTO RIVERA
2 ½ year old male

Readings:
4. Chapter 9 The Pediatric Well Child Check

Learning objectives:
By the end of the clerkship, the student will be able to:

Visit 1:
1. Identify and discuss differential diagnosis, classification, and diagnosis of wheezing and cough in a child
2. Discuss and outline the diagnosis and management of asthma in children, including medication, monitoring, and prevention
3. Assess growth in young children
4. Identify and discuss disparities in asthma care and outcomes.

Visit 2:
1. Identify and describe the components of a well-child check
2. Discuss the utility of screening tools for developmental delay and autism spectrum disorders and appropriate follow up if the screen is positive
3. Discuss the importance of anticipatory guidance and tools to use to help facilitate this conversation
4. Identify and describe the appropriate screening tests and preventative interventions for a 30 month old child

CASIMIRA RIVERA
65 year old female

Readings:
1. Chapter 10 – Care for the Aging Patient
   http://www.aafp.org/afp/2013/0915/p388.html

Learning objectives:
By the end of the clerkship, the student will be able to:

Visit 1:
1. Discuss the utility, benefits, and challenges of geriatric assessment in the home and office settings
2. Create and discuss the differential diagnosis of functional decline in the geriatric patient
3. Discuss the effects of medical illness on function in the elderly patient
4. Discuss use of herbal supplements and identify evidence-based resources to evaluate safety, efficacy and interactions
5. Discuss approaches to and strategies for the encounter with patients with multiple medical issues, including prioritization and patient education
6. Discuss the experience of completing an advance directive
Clerkship Didactic Sessions/Workshops

**Advanced Information Mastery Workshop**

**Readings:**
1. Chapter 3 – Information Mastery

**Learning objectives:**
By the end of the clerkship, the student will be able to:
1. Name 5 different EBM resources and identify when each is most useful
2. Perform a quick and effective search to answer clinical foreground questions using point-of-care resources
3. Categorize quality of an answer using the Usefulness Equation

**Musculoskeletal Workshops**

**Learning objectives:**
By the end of the clerkship, the student will be able to demonstrate the ability to:
1. Examine the shoulder appropriately including inspection, palpation, and range of motion, strength, and special testing.
2. Conduct an appropriate knee examination including inspection, palpation, and range of motion, strength, and special testing.
3. Perform an appropriate back examination including inspection, palpation, and range of motion, strength, and special testing.

**Dermatology Module (on blackboard)**

**Readings:**
1. Chapter 19 – Skin Problems

**Learning objectives:**
By the end of the clerkship, the student will be able to:
1. Describe skin lesions using appropriate terminology.
2. Identify 17 dermatologic conditions commonly seen in family medicine.
3. Explain basic treatment approaches for common dermatologic conditions.
4. Apply knowledge of common dermatologic conditions in the family medicine office setting.

**Advance Directives Module (on blackboard)**

**Learning objectives:**
1. By the end of the clerkship, the student will be able to:
2. Demonstrate the components of advance care planning (ACP) in primary care
3. Apply principles of ACP to COVID care
4. Identify resources for goals of care conversations
5. Complete an Advance Directives document on yourself or a friend or family member
6. Reflect on the experience of completing the AD document