Advanced Internal Medicine II

Department of Medicine
MS 102.1
June 2020- May 2021

Clerkship Director: Juhee McDougal, MD
Clerkship Coordinator: Fatima Chowdhury
# Advanced Internal Medicine II Syllabus

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## Medical Education Program Objectives

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<th>MEDICAL EDUCATION PROGRAM OBJECTIVE</th>
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</thead>
</table>
| **B - Behaves in a caring, compassionate and sensitive manner toward patients and colleagues of all cultures and backgrounds. (Interpersonal and Professionalism)** | **B.1** - Apply principles of social-behavioral sciences to provision of patient care; including assessment of the impact of psychosocial and cultural influences on health, disease, care-seeking, care compliance, and barriers to and attitudes toward care. (2.5)  
**B.2** - Demonstrate insight and understanding about emotions that allow one to develop and manage interpersonal interactions. (4.7)  
**B.3** - Demonstrate compassion, integrity, and respect for others. (5.1)  
**B.4** - Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation. (5.5) |
| **U - Uses the science of normal and abnormal states of health to prevent disease, to recognize and diagnose illness and to provide and appropriate level of care. (Medical Knowledge and Patient Care)** | **U.1** - Perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (1.1)  
**U.2** - Gather essential and accurate information about patients and their conditions through history-taking, physical examination, and the use of laboratory data, imaging and other tests. (1.2p)  
**U.3** - Interpret laboratory data, imaging studies, and other tests required for the area of practice. (1.4)  
**U.4** - Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence and clinical judgement. (1.5)  
**U.5** - Develop and carry out patient management plans. (1.6)  
**U.6** - Provide health care services to patients, families, and communities aimed at preventing health problems or maintaining health. (1.9)  
**U.7** - Demonstrate an investigatory and analytic approach to clinical situations. (2.1)  
**U.8** - Apply established and emerging bio-physical scientific principles fundamental to health care for patients and populations. (2.2)  
**U.9** - Apply established and emerging principles of clinical sciences to health care for patients and populations. (2.3)  
**U.10** Recognizes that ambiguity is a part of clinical health care and respond by utilizing appropriate resources in dealing with uncertainty. (8.8) |
| **C - Communicates with colleagues and patients to ensure effective interdisciplinary medical care (Interpersonal and Communication Skills; Patient Care)** | **C.1** - Gather essential and accurate information about patients and their conditions through history-taking, physical examination, and the use of laboratory data, imaging and other tests. (1.2h)  
**C.2** - Counsel and educate patients and their families to empower them to participate in their care and enable shared decision making. (1.7)  
**C.3** - Participate in the education of patients, families, students, trainees, peers and other health professionals. (3.8)  
**C.4** - Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds. (4.1)  
**C.5** - Communicate effectively with colleagues within one's profession or specialty, other health professionals, and health related agencies (4.2, see also 7.3)  
**C.6** - Maintain comprehensive, timely, and legible medical records. (4.5)  
**C.7** - Demonstrate sensitivity, honesty, and compassion in difficult conversations, including those about death, end of life, adverse events, bad news, disclosure of errors, and other sensitive topics. (4.6)  
**C.8** - Communicate with other health professionals in a responsive and responsible manner that supports the maintenance of health and the treatment of disease in individual patients and populations. (7.3) |
<table>
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<tr>
<th>INSTITUTIONAL LEARNING OBJECTIVE</th>
<th>MEDICAL EDUCATION PROGRAM OBJECTIVE</th>
</tr>
</thead>
</table>
| A - Acts in accordance with highest ethical standards of medical practice (Professionalism) | A.1 - Demonstrate responsiveness to patient needs that supersedes self-interest. (5.2)  
A.2 - Demonstrate respect for patient privacy and autonomy. (5.3)  
A.3 - Demonstrate accountability to patients, society, and the profession. (5.4)  
A.4 - Demonstrate a commitment to ethical principles pertaining to provision or withholding of care, confidentiality, informed consent, and business practices, including compliance with relevant laws, policies, and regulations. (5.6)  
A.5 - Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust. (7.1)  
A.6 - Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients. (8.5) |
| R - Reviews and critically appraises biomedical literature and evidence for the purpose of ongoing improvement of the practice of medicine. (Practice-Based Learning and Improvement and Medical Knowledge) | R.1 - Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations. (2.4)  
R.2 - Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems. (3.6)  
R.3 - Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes. (3.10) |
| E - Exhibits commitment and aptitude for life-long learning and continuing improvement (Practice-based Learning) | E.1 - Identify strengths, deficiencies, and limits in one’s knowledge and expertise. (3.1)  
E.2 - Set learning and improvement goals. (3.2)  
E.3 - Identify and perform learning activities that address one’s gaps in knowledge, skills, and/or attitudes. (3.3)  
E.4 - Incorporate feedback into daily practice. (3.5)  
E.5 - Obtain and utilize information about individual patients, populations of patients, or communities from which patients are drawn to improve care. (3.9)  
E.6 - Develop the ability to use self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors. (8.1)  
E.7 - Manage conflict between personal and professional responsibilities. (8.3) |
| S - Supports optimal patient care through identifying and using resources of the health care system. (Systems-Based Practice and Patient Care) | S.1 - Provide appropriate referral of patients including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes. (1.8)  
S.2 - Systematically analyze practice using quality-improvement methods and implement changes with the goal of practice improvement. (3.4)  
S.3 - Use information technology to optimize learning. (3.7)  
S.4 - Work effectively with others as a member or leader of a health care team or other professional group. (4.3, see also 7.4)  
S.5 - Work effectively in various health care delivery settings and systems relevant to one's clinical specialty. (6.1)  
S.6 - Coordinate patient care within the health care system relevant to one's clinical specialty. (6.2)  
S.7 - Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care. (6.3)  
S.8 - Advocate for quality patient care and optimal patient care systems. (6.4)  
S.9 - Use the knowledge of one’s own role and the roles of other health professionals to appropriately assess and address the health care needs of the patients and populations served. (7.2)  
S.10 - Participate in different team roles to establish, develop, and continuously enhance interprofessional teams to provide patient- and population-centered care that is safe, timely, efficient, effective, and equitable. (7.4) |
Advanced Internal Medicine Clerkship Learning Objectives
(Linked to Medical Education Program Objectives in parentheses)

By the end of the Advanced Internal Medicine Clerkship, students will be able to:

1. Demonstrate techniques to communicate effectively and respectfully with patients and families about health-related lifestyle choices, medical conditions and preventive health screening. (B.2, B.3, C.2, C.3, C.4, C.7, A.2)

2. Identify and implement recommended screening to prevent disease in adult subpopulations (e.g. patients of varying age, gender, ethnicity and race, sexual preference, cultural background, underlying disease states, etc.). (B.1, B.4, U.6, C.2, C.3, C.4, S.1, S.7)

3. Demonstrate the ability to perform, document, and present targeted history and physical exams (as relevant) based upon a patient’s medical complaint for an outpatient visit, including telemedicine. (U.1, U.2, C.1, C.4, C.6)

4. Propose a differential diagnosis, initial work-up, and management plan for acute and chronic outpatient medical issues based upon elicited patient history, physical exams (as relevant), and interpretation of testing. (U.1, U.3, U.4, U.5, U.7, U.8, C.3, C.4, C.5, S.1, S.3, S.7, S.9)

5. Recognize and describe the psychosocial, emotional, cultural, legal/ethical and economic dimensions of health and illness as experienced by individual patients. (B.1, B.2, B.3, B.4, U.2, U.4)


7. Formulate and reflect upon personal learning goals. (E.1, E.2, E.3, E.4, E.6)


9. Participate actively in workshops and seminars led by faculty members, residents, and peers. Topics include but are not limited to:
   1. communication skills
   2. analysis of clinical cases, with focus on clinical decision-making
   3. core skills for a successful internship
   4. teaching skills
   5. themes in medical education and practice that are important but may be underrepresented in the medical school curriculum: professionalism, legal and ethical concerns, patient safety and quality improvement, practice at the interface of internal medicine and other clinical disciplines.

10. Demonstrate professionalism by attending all scheduled clinical sessions and teaching conferences except as specifically excused by the clerkship directors or clerkship coordinator, and by comporting
him/herself according to high professional standards (e.g. respect for the human dignity and rights of all patients, respect for other members of the health care team and administrative staff, compassion and empathy, honesty, beneficence, non-malfeasance, privacy/confidentiality). (B.1, B.2, B.3, B.4, C.4, C.5, C.6, C.7, C.8, A.1, A.2, A.3, A.4, A.5, A.6, E.6, E.7, S.4, S.5)

11. Reflect on progress made and ongoing opportunities to achieve personal learning goals in the domains of medical knowledge, clinical skills, and attitudes. (E.1, E.2, E.3, E.4, E.5, E.6, E.7)
Contact Information

Clerkship Director
Juhee McDougal, MD
Clerkship Director of Advanced Internal Medicine Clerkship
Assistant Professor of Medicine - Section of General Internal Medicine
Telephone: (617) 414-5121
Email: Juhee.McDougal@bmc.org
Pager: 5448
Office: Crosstown 2nd floor Office 2099

Associate Clerkship Director
Shwetha Sequeira, MD
Associate Clerkship Director of Advanced Internal Medicine Clerkship
Assistant Professor of Medicine - Section of General Internal Medicine
Telephone: (617) 414-6907
Email: Shwetha.Sequeira@bmc.org
Pager: 3750
Office: Crosstown 1st floor (Women’s Health Unit) Office 1047

Clerkship Coordinator
Fatima Chowdhury
Clerkship Coordinator
Telephone: (617) 358-3524
Email: fatimajc@bu.edu
Office: Evans 122
Office Hours: 8:00am-4:30pm
Clerkship Description

Focus of clerkship
The focus of the Advanced Internal Medicine Clerkship (MED-2) is to introduce fourth year students to the practice of Internal Medicine primarily in the ambulatory setting through experiential learning and didactic sessions. The goal is to develop the communication, leadership, self-assessment, teaching and research skills of Boston University School of Medicine (BUSM) IV students which are integral to the practice, teaching and advancement of ambulatory Internal Medicine. Clinically, the clerkship introduces BUSM IV students to advanced outpatient medical conditions and preventative medicine topics while improving skills in targeted medical history taking and physical exams.

Pre-requisite knowledge and skills
Completion of the third year of medical school, unless otherwise approved by the Registrar and Clerkship Director.

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.

Bedford VA
Edith Nourse Rogers Memorial Veterans Hospital
200 Springs Road
Bedford, MA 01730
Site Director: Ann Borzecki, M.D., (781) 687-2870, ann.borzecki@va.gov
Site Administrators: Ionie Ponde, (781) 687-2418, Ionie.Ponde@va.gov

The Bedford VA site includes a combination of primary care, subspecialty and urgent care experiences in Internal Medicine. All experiences are in the outpatient setting. It is located approximately 25 miles from BUSM. Although public transportation is available, having a car makes for a more efficient commute. Parking is available free on-site. You will need an active PIV card and VA ID to participate in clinical activities which will be arranged for prior to the start of your rotation.

Boston VA
Boston VA
Jamaica Plain Campus
150 South Huntington Avenue
Jamaica Plain, MA 02130

West Roxbury Campus
1400 VFW Parkway
West Roxbury, MA 02132
Site Director: Sheila Sullivan, M.D., Sheila.Sullivan3@va.gov
Site Administrator: Laura Muckerheide, Laura.Muckerheide@va.gov
The Jamaica Plain/West Roxbury VA sites include a combination of primary care, subspecialty, interprofessional and urgent care experiences in Internal Medicine. Most experiences, other than patient safety and palliative care, take place in the outpatient setting. You will likely have activities spread across the two campuses to allow for the most optimal experience. There is a shuttle that runs between the two campuses that leaves every 30 minutes. Parking is available free at both sites. You will need an active PIV card and VA ID to participate in clinical activities which will be arranged for prior to the start of your rotation.

**Manchester VA**
718 Smyth Road
Manchester, NH 03104
Site Director: Sherri Henry, (603) 624-4366 x6663, sherri.henry2@va.gov

**Codman Square Health Center**
1353 Dorchester Avenue
Dorchester, MA 02122
Site Director: Rachel Hindin, M.D., Rachel.Hindin@codman.org

Codman Square is a Community Health Center located in Dorchester Center. This site is primary care based, with no subspecialty experiences available. It is mainly open to CHHERS students who have been assigned Codman Square in the preclinical years (with few exceptions).

**Dot House Health Center**
1353 Dorchester Avenue
Dorchester, MA 02122
Site Director: Vasileia Varvarigou, M.D., Vasileia.v@gmail.com

Dot House Health Center is a Community Health Center located in the Fields Corner neighborhood of Dorchester. This site is primary care based, with no subspecialty experiences available. It is mainly open to CHHERS students who have been assigned to Dot House in the preclinical years (with few exceptions).

**Neponset Health Center**
398 Neponset Avenue
Dorchester, MA 02122
Site Director: Mary Louise C. Ashur, M.D., mashur@hhsi.us

Neponset Health Center is a Community Health Center located in Dorchester. This site is primary care based, with no subspecialty experiences available. It is mainly open to CHHERS students who have been assigned to Neponset Health Center in the preclinical years (with few exceptions).

**Roger Williams Medical Center**
Roger Williams Medical Center
825 Chalkstone Avenue
Providence, RI 02908
Site Director: Gregg Allen, M.D., gallenjrdo@yahoo.com
Site Administrator: Cathy Cardillo, (401) 456-2302, ccardillo@chartercare.org, Susan Saccoccia, (401) 456-2388, ssaccocc@chartercare.org
Roger Williams is located in Providence Rhode Island, approximately 50 miles from BUSM’s campus. This site provides a subspecialty-heavy experience in Internal Medicine, with fewer opportunities for primary care. There is housing available upon request, but students are expected to report back to BUSM campus for Wednesday didactics. Although public transportation is available, having a car makes for a more efficient commute.

**South Boston Community Health Center**
409 West Broadway, South Boston, MA 02127
Site Director: Pamela Cattel, M.D., (617) 269-7500, pam.cattel@gmail.com

South Boston Community Health Center is a Community Health Center that is primary care based, with no subspecialty experiences available. It is mainly open to CHHERS students who have been assigned to South Boston in the preclinical years (with few exceptions).

**Whittier Street Health Center**
1290 Tremont Street
Roxbury Crossing, MA 02120-2178
Site Director: Michelle Johnson, M.D., (617) 427-1000, Michelle.Johnson@wshc.org

Whittier Street Health Center is a Community Health Center in Roxbury that is primary care based, with no subspecialty experiences available. It is mainly open to CHHERS students who have been assigned to Whittier the preclinical years (with 1-2 exceptions in a typical year).

**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/](http://www.bumc.bu.edu/busm/education/medical-education/academic-calendars/)

**Clinic Schedule**
Clinic schedules will be provided by the clerkship coordinator by orientation. Six ½ day clinical sessions will be assigned on Mondays, Tuesdays, Thursdays, and Fridays. The 2 remaining sessions are designated as project time to work on presentations, documentation, and self-directed learning.

**Student Site Location:**

<table>
<thead>
<tr>
<th>NAME</th>
<th>LOCATION</th>
<th>EMAIL</th>
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**Didactic Schedule**

Didactics are held every Wednesday from 8a-5p virtually. Participation in all didactic sessions is mandatory. Exact locations will be provided to you on the didactic schedule during orientation.

The final Friday of the block is often reserved for Final Presentations from 1p-4p. If final presentations are being held on the final Friday, you will be excused from clinical duties on this day (to be determined by the Clerkship Director(s) by Orientation).

**Mid-Clerkship Feedback Schedule**

<table>
<thead>
<tr>
<th>Date:</th>
<th>Students:</th>
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<tbody>
<tr>
<td>Juhee McDougal</td>
<td>3pm</td>
</tr>
<tr>
<td></td>
<td>3:15pm</td>
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<tr>
<td></td>
<td>3:30pm</td>
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<tr>
<td></td>
<td>4pm</td>
</tr>
<tr>
<td>Shwetha Sequeira</td>
<td>3pm</td>
</tr>
<tr>
<td></td>
<td>3:15pm</td>
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<tr>
<td></td>
<td>3:30pm</td>
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<tr>
<td></td>
<td>4pm</td>
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</table>

**Student-led Presentation Schedule**

Ambulatory Student Report (ASR) and Evidence Based Medicine (EBM) Presentations:

<table>
<thead>
<tr>
<th>Dates</th>
<th>Students (Assigned Topic)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 2 ()</td>
<td>ASR-EBM-</td>
</tr>
<tr>
<td></td>
<td>ASR-EBM-</td>
</tr>
<tr>
<td>Week 3 ()</td>
<td>ASR-EBM-</td>
</tr>
<tr>
<td>Week 4 ()</td>
<td>ASR-EBM-</td>
</tr>
</tbody>
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Final Presentations:

<table>
<thead>
<tr>
<th>Dates</th>
<th>Students</th>
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<tbody>
<tr>
<td>Week 4 ()</td>
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<tr>
<td>Week 4 ()</td>
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**Holidays**

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

Other holidays that occur during specific blocks will be communicated by the clerkship director.

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**

<table>
<thead>
<tr>
<th>HOW MUCH EACH PART OF YOUR GRADE IS WORTH:</th>
<th></th>
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<tbody>
<tr>
<td>Clinical Grade Percentage</td>
<td>60%</td>
</tr>
<tr>
<td>Shelf/Exam Percentage</td>
<td>0%  (no shelf)</td>
</tr>
<tr>
<td>“Other” Components Percentage</td>
<td>40%</td>
</tr>
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</table>

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<thead>
<tr>
<th>HOW YOUR FINAL WORD GRADE IS CALCULATED:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Honors</td>
<td>&gt;90 total points</td>
</tr>
<tr>
<td>High Pass</td>
<td>80–&lt;90 total points</td>
</tr>
<tr>
<td>Pass</td>
<td>70–&lt;80 total points</td>
</tr>
<tr>
<td>Fail</td>
<td>&lt;70 total points; or &lt;70 clinical grade; or professionalism issues</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOW YOUR CLINICAL GRADE IS CALCULATED WITH THE CSEF:</th>
<th></th>
</tr>
</thead>
<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>
</tr>
</tbody>
</table>

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

| Ambulatory Student Report or Evidence Based Medicine presentation | 20% |
| Final presentation                                                  | 20% |

Other components that need to be completed in order to pass the clerkship

- Patient Log & 8 Required Patient Encounters
- Telehealth Online Module

**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.

<table>
<thead>
<tr>
<th>Clerkship Specific Clinical Grade Procedures/Policies</th>
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<tbody>
<tr>
<td>Guiding Principles: We strive to provide a grading system that is:</td>
</tr>
<tr>
<td>• Fairly applied - a system that we follow for all students.</td>
</tr>
<tr>
<td>• Transparent – students can clearly see the process by which the grade is derived.</td>
</tr>
<tr>
<td>• Discriminating - the HONORS grade represents a performance of true distinction.</td>
</tr>
<tr>
<td>• Based on absolute performance - there is no ‘curve’ or fixed percentages who can/cannot get HONORS.</td>
</tr>
<tr>
<td>• Performance-based – the grade is based on what the student does and is reported – not based on potential.</td>
</tr>
</tbody>
</table>

The CSEF score (total of 52 points) will be converted to a score out of 100 to generate the clinical grade. (Example CSEF score of 46 out of a total of 52 points correlates to 88.4 points out of 100, which would count towards 60% of the final grade).

The CSEF grade is complemented by the narrative description on the eValue form and by other observations conveyed by instructors.

The student-led presentations are graded using standardized grading rubrics that are available to students for full grading transparency.

To achieve a final grade of HONORS, the student must achieve >90 total points and an average score of >3 in all CSEF categories.

To achieve a HIGH PASS, the student must achieve 80-<90 total points, and an average score of >2.5 in all CSEF categories.

To achieve a final grade of PASS, the student must achieve 70-79 total points, an average score of > 2 in all CSEF categories.

An example of how the Final Grade will be assigned:

A. 60% clinical evaluation ---- CSEF score 46/52 (adjusted for by narrative) is converted to a score of 88.4. The student received an average score of >3 in each CSEF category.
B. 20% student-led presentation ---- score 88%
C. 20% final presentation ----- score 90%

\[
(88.4) \times 0.6 + (88) \times 0.2 + (90) \times 0.2 = 53.04 + 17.6 + 18 = 88.64
\]

This student’s final grade for the clerkship if HIGH PASS. Scores are not rounded up.
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 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 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.

Clerkship-Specific Failure and Remediation Policies/Procedures

Standard Policies/Procedures:
If a student receives a score of 1-1.9 (averaged score across evaluators) in any CSEF domain, this may result in a failure.

Clerkship Specific Policies/Procedures:
Clinical Fail - If the student fails the clinical portion of the clerkship (earns <70 points for the CSEF grade), the student will be required to retake the clerkship in entirety.

Professionalism Fail - If the student does not meet the minimum standards for professionalism, the student will be required to retake the clerkship in entirety.

Presentation Fail - If the student fails based on their student-led presentation(s) only, the student will be allowed the opportunity to work closely with the Clerkship Director to improve their presentation(s), and present again to a future cohort of students. If the student fails a 2nd time, they must retake the clerkship in entirety.

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/

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 which must be completed by the mid/end of the clerkship. These forms will provide formative assessment through direct observation of CSEF behaviors.

During this clerkship, students are required to complete 2 out of the 4 FOCuS forms, selected by the student based on learning goals defined at the beginning of the rotation:

1. Interviewing and data gathering
2. Physical Exam
3. Documentation
4. Patient Education

Students are required to complete at least one FOCuS forms by midclerkship feedback to review with the Clerkship Director.
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.

The student will meet with one of the Clerkship Directors on the Wednesday of week 2 for mid-clerkship feedback. Specific designated times and locations for mid-clerkship reviews are included above under the clerkship schedules section.

Students should bring and be prepared to discuss at least one completed FOCuS form and their progress with their required patient encounters to the mid-clerkship review session.

Topics for discussion during the mid-clerkship review may also include but are not limited to: solving any logistical problems with the clerkship to date; review of patient logs and required patient encounters; review of duty hours; review of completed FOCuS forms; feedback on clinical skills from preceptors; feedback on teaching/presentation skills from Clerkship Directors; plans for final project and other future student-led presentations.

Final Summative Assessments
The final summative assessment will be based on the clerkship grading policy and include input from:
- Clinical performance grade
- Student-led Ambulatory Student Report or Evidence Based Medicine Presentation
- Final Presentation
- Professionalism

Roles and Responsibilities

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
- Orients 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
- Recognize 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
• Ensure student and faculty access to appropriate resources for medical student education
• Adhere to the AAMC-developed guidelines regarding Teacher-Learner Expectations

Primary Clinical Faculty/Preceptors/Trainees
• Set and clearly communicate expectations to students
• Supervise students by observing history taking and physical exam skills, and document it on the FOCuS form
• Delegate increasing levels of responsibility to the student within clerkship expectations
• Maintain appropriate levels of supervision for students at site.
• Create and maintain an appropriate learning environment, modeling respectful and professional behaviors for and toward students
• Recognize student learning or professional difficulties and communicate to clerkship director directly in real time in person or via email or phone
• Give students appropriate and timely formative feedback
• Assess students objectively using the CSEF form
• Adhere 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 to 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 increased to 3-4 thereafter.** When a student feels that he or she is being asked to perform beyond his or her level of confidence or competency, it is the responsibility of the student to promptly inform the preceptor. It is then the preceptor’s responsibility to constructively address the student’s concerns and appropriately restructure the teaching encounter to address the student’s learning needs.

**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.

Fourth Year Student
Clerkship Requirements:

In addition to attending assigned clinical (M, Tu, Th, Fri) and didactic sessions (Weds), students have the following requirements that must be completed in order to earn a final grade in the Advanced Internal Medicine clerkship:

Two student-led presentations
Patient Encounter Log, including 8 Required Patient Encounters

Late assignments and make-ups
In most situations, it is not possible to make up ambulatory clinic time due to the nature of the clinics (i.e. Mon-Fri, no evenings, or weekends). Clinic ‘make-ups’ will need to be individually negotiated with the Clerkship Director and may require an additional written/oral assignment or other activity. If a student fails to be present for their assigned presentation time without prior notification to the Clerkship Director and Coordinator, that student will be assigned a grade of zero for that presentation.

Student Professionalism
The expectation is that students will attend all scheduled clinical and didactic sessions except as specifically excused by the Clerkship Director prior to the session start time. Our policy is consistent with the BUSM time off policy. In the case of interview season, students are asked to notify the Clerkship Director/Coordinator regarding a potential anticipated absence AS SOON AS POSSIBLE. Once permission is given, the student is also responsible for notifying immediately the relevant faculty preceptors that will be affected. This issue is critical to ambulatory medicine, since our faculty preceptors often decelerate their clinic schedule to accommodate students. It is of the utmost importance that they be notified as soon possible. Failure to do so will result in a reduction of the student’s final grade as stated above in the Professionalism policy.

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)
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 Advanced Internal Medicine II Clerkship on your Blackboard landing page.

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

1. Student-led Presentations:
   Students will prepare and facilitate 2 teaching sessions during the clerkship. Students will be randomly assigned to EITHER an Ambulatory Student Report (ASR) or Evidence Based Medicine (EBM) presentation. All students will give a final presentation at the end of the block. Students are encouraged to contact the Clerkship Director(s) for guidance/assistance with planning presentation(s). Please see the clerkship schedule section above for this block’s assignments.

   a. Ambulatory Student Report (ASR)
   The (ASR) is a student-facilitated case-based discussion (not a lecture) about an outpatient who raises an interesting clinical problem. You will have an allotted time of 30 minutes to present your chosen case, including questions and answers from the audience. Cases chosen for discussion should be patients seen ideally during this clerkship with an ambulatory focus. Note that the patient’s problem does NOT have to be esoteric to generate a good conference. Good case conferences happen when you identify an interesting patient that leads to a discussion that focuses on important questions that we hope to answer during the 30 minute session to the degree possible. Try to formulate some specific questions in your mind that you are curious to answer. (Avoid generic topics like “a talk on diabetes”. It’s better to articulate clearly a specific aspect you want to focus on such as “what are the options for treating this newly diagnosed diabetic?”)

   Your strategy as an educator in this conference will be influenced by the topic. If the problem is not a difficult diagnosis or treatment conundrum, and you choose a topic like UTI in a young woman, you should lead the group through a case-based discussion of key concepts in selected aspects of this problem (up to date and evidence based concepts in epidemiology, prevention, diagnosis, treatment, complications, etc.). If the case is a diagnostic dilemma, the 30 minutes may be spent largely in developing a differential diagnosis and planning a work-up.

   We welcome you to communicate with a Clerkship Director(s) about approaches to teaching this conference based on the case you have chosen. These conferences are often best just using the whiteboard in a typical “morning report-like” seminar format, though occasionally a few power point slides or handouts can be helpful to show tables, charts, or clinical images.

   In summary, please come to Student Report prepared to present your patient’s case in detail. You are expected to be the expert on this patient’s chief complaint, history of present illness, past medical history, physical exam, relevant lab data, etc. just as you would be for a new patient who has been admitted to the hospital. The attending preceptor will help guide the discussion as needed and may add to the discussion at various points along the way to raise questions, bring up important teaching points, and share pearls of wisdom from their experience.

Learning Objectives for the Ambulatory Student Report:
- Identify a suitable clinical case by appraising how a facilitated discussion of the patient will advance understanding of important themes (medical knowledge, clinical skills, and attitudes) in the ambulatory practice of Internal Medicine. (U,R)
• Develop your own learning objectives for researching the topic and leading the conference, focusing not only on content knowledge but also on how to be an effective educator in this format. (U,R)
• Lead an effective and interactive case discussion, guided by your learning objectives and the advice and participation of a faculty member (usually a clerkship director). (B,U,C,E,S)

A. Evidence Based Medicine Seminar
The Evidence Based Medicine (EBM) Seminar is a student-led, faculty-facilitated discussion identifying a pertinent, interesting, answerable clinical question to study. Each student will have an allotted time of 30 minutes to present their clinical question in the Critically Appraised Topic format. Use the strategy outlined in detail below to conduct your project.

Critically Appraised Topic (CAT) Project
The Critically Appraised Topic (CAT) Project is designed to develop the several key skills that are necessary for “evidence-based practice” of clinical medicine.

Specifically, the skills include:
1. Posing an answerable, focused clinical question
2. Searching the medical literature using modern tools
3. Assessing the article’s validity
4. Describing the article’s main results and their importance
5. Answering the question you posed (e.g. were the results applicable to the patient or situation you had in mind?; what were the main limits of applicability?; how will the information affect your practice?)

Guidelines for the CAT

1. **Pose an answerable, focused, clinical question.**

The question should be drawn from a clinical scenario you have encountered, preferably in an outpatient setting during this rotation. It should address a question of therapy, diagnosis, prognosis or harm and should have four components (PICO):

- The Patient or clinical problem being addressed
- The Intervention or exposure being considered (procedure, drug, test, passage of time, etc.)
- The Comparison intervention or exposure
- The Outcomes of interest

Sample unanswerable, unfocused question: What should you do for diabetes?

Sample answerable, focused clinical question: Does intensive therapy with a target hemoglobin A1C of 7% or less (compared with less intensive control) decrease the incidence of diabetic neuropathy in elderly persons with type 2 diabetes?
2. **Search for a valid original research journal article to answer your question.**
   After framing your question and defining appropriate search terms (the BU library home page has introductory training sessions for how to do this), perform a search using PubMed, Google scholar and or other search modalities. The best article type will be influenced by your question (randomized trial for a question of therapy or prevention, cohort study for a question of prognosis/prediction, report that includes a reference (“gold”) standard for a question involving a diagnostic test. Either an original article with primary data or a systematic review (or meta-analysis) should be used. Opinion based narrative review articles are not acceptable sources for this skills practice. Print out and attach, or write down the search strategy you used.

3. **Assess the validity of the article you chose.**
   To begin your critical appraisal of the study, read the methods and results sections to assess the study’s validity. Then describe the main results, assessing their importance. Use the recommended websites and references (listed below) to help in your validity assessment. Assess whether you think bias is likely to affect the results, in what direction the results are likely to be biased. Conclude with a summary statement as to whether you believe that the study design and execution is believable, and provide a rationale for your conclusion. Teachers of EBM often advise examining studies through a skeptical (not cynical) and practical lens.

4. **Describe the main results and assess their clinical importance.**
   Briefly describe the main results. For an article on therapy, you should distinguish between relative risk reduction and absolute risk reduction; number needed to treat is often a useful measure to describe an article on therapy. For an article about diagnosis, you should calculate and demonstrate an understanding of likelihood rations (LR) (or sensitivity and specificity if the LR cannot be calculated), and post-test probabilities. Similarly, for articles addressing prognosis or harm, relative risk (RR), relative risk reduction (RRR), odds ratios (OR) and/or other suitable measures of effect should be used to describe the most important outcomes.

5. **Provide an answer to the clinical question you initially posed (e.g. Were the results applicable to the patient or situation you had in mind? How will they affect your practice?)**
   Having critically appraised the article, you are now ready to describe how you will apply it to your patient’s predicament. You will likely want to also comment on patients and settings where the article’s results are particularly applicable or limited. Again, resources such as the JAMA Users’ Guide to the Medical Literature will be helpful in your analysis.

EBM presentations are usually done in power point format, using the following flow:
- Introduction – what is the question and why is it relevant?
- Brief clinical scenario or problem summary
- Very brief background on the problem, usually just one or two slides, but not a review of the topic
• Overview of the search process, including revisions of the question, search terms and criteria, method for choosing selected article
• Brief summary of the article including results
• Validity assessment
• Search your question using one point-of-care resource (Dynamed, ACP Smart Medicine, BMJ Clinical Evidence)
• Compare and contrast results from the article vs. results from the point of care resource
• Applicability to your patient/scenario/question
• References

Learning Objectives for the EBM Seminar:

• Study the principles of Evidence Based Medicine, using resources recommended. (U,R)
• Identify and frame a clinical question to research using the PICO approach. (U,R)
• Perform a literature search, and evaluate the results using the CAT format. (U, R)
• Present your findings in the CAT format to the group and lead a discussion about the results of your research. (U,C,R,E,S)

Additional resources to access in preparation for your CAT presentation:

• BMJ Statistics at Square One: http://www.bmj.com/about-bmj/resources-readers/publications/statistics-square-one
• Centre for Evidence Based Medicine: Tools for each step of the EBM process: http://www.cebm.net/index.aspx?o=1023
• JAMA Evidence.Com: http://www.jamaevidence.com
• JAMA Users’ guides to the Medical Literature (requires JAMA subscription or to access through the BUSM library; this site gives table of contents of this excellent series of papers):


http://medicine.tufts.edu/Education/Academic-Departments/Clinical-Departments/Family-Medicine/Center-for-Information-Mastery/Worksheets

http://medicine.tufts.edu/Education/Academic-Departments/Clinical-Departments/Family-Medicine/Center-for-Information-Mastery/Teaching-Materials
b. Final Presentations
For the Final Presentation, you will choose a topic of interest, relevant to ambulatory internal medicine, and prepare a presentation to be presented on the final Wednesday or Friday afternoon of the rotation. Each presentation should last 10 minutes. The presentation will be timed. Most students use PowerPoint and include 8-10 content slides, plus slides for the introduction, learning objectives and references. You will have an additional 2-3 minutes to answer any questions posed by audience members.

In this and each of our didactic sessions, we ask you to think like a highly effective educator and consider the learning needs of your audience, the strengths and weaknesses of presentation format, media, tools, and timing. You will be evaluated on the content, delivery and format of the talk, including attention to time management.

The presentation will be a topic of your choice. In the past, topics have ranged from a clinical presentation on the management of constipation to an overview of how the Affordable Care Act affects ambulatory medical care. During the first week of the rotation, please identify a topic from the following several general areas. The clerkship directors or one of your clinic preceptors can give you advice or offer suggestions for specific topics. We recommend considering the following four basic options:

- **A clinical vignette**: a challenging or interesting case you have seen, with appropriate information from the literature. In keeping with the Advanced Internal Medicine theme, you should choose a case which exemplifies something new or particularly important to learn about in this rotation that an Internist in practice should know about.

- **A topic pertaining to communications skills in health care**: you might choose a particularly challenging interaction with a patient or colleague, and research this theme, preparing a case-based summary of the problem and recommended approaches to managing the problem. An example might be how to motivate and teach a patient with poorly controlled asthma; how to manage their medications and how to use a metered dose inhaler. Alternatively, you might present a recommended model to communicate patient information to a colleague covering your service to minimize problems resulting from “hand-offs.” Or you could present a case in which a patient became angry and hostile and describe potential approaches to handle the situation and optimize the outcomes of the encounter.

- **Effective use of the medical literature in patient care**: pose and answer a focused clinical question about a patient that you encountered during this rotation, using techniques of evidence-based medicine. You may be practicing this skill during the EBM seminar and can follow a similar format as outlined above. Note that the final project calls for a shorter presentation than is given in the EBM seminar so your goals will need to be focused.

- **A topic that is important but under-represented in your medical curriculum to date, which is relevant to practitioners of Internal Medicine in the Ambulatory setting**: choose a topic that is genuinely interesting to you that you didn’t know much about prior to this rotation, educate
Think broadly but focus your question or problem to be successful in this very brief presentation format. Your theme may be anywhere in the spectrum of bio-psycho-socio-cultural-spiritual-ethical-economic-political spectrum of issues about which good physicians should inform themselves. Themes that have stimulated thought in prior students have included such topics as:

1. The role of email and social media in the practice of medicine
2. Cross cultural issues in the care of patients – challenges and solutions
3. Social Determinants of Health
4. Health Policy/Advocacy
5. Informed consent
6. Ethical conflicts
7. Topics in health care financing and insurance
8. End of life decision making and goals of care
9. Bias/disparities in care
10. Personal/professional balance and wellness
11. Patient safety, reducing medical risk
12. Quality improvement
13. Cutting edge approaches to prevention, diagnosis, or treatment of a disease entity

Please use the medical literature, including web-based sources of information, assessing the quality and applicability of the available data in analyzing or resolving the issues and questions that you address.

Overall helpful principles for student teachers:
- Teach to your own level of understanding
  - Your level of learner is just like you!
- Worry less about imparting knowledge, think about applying knowledge
- Give context, e.g. a case
  - Show why this topic is important
  - If you are enthusiastic your audience will be too
- Engage other students with questions
- Be clear about objectives and conclusions
- Reinforce your take home points

Learning Objectives for the Final Project Presentations:
- Identify a topic for presentation that is interesting to you and pertinent to the goals and objectives of this clerkship, focusing especially on new information and/or topics that are not otherwise presented commonly in your medical education to date. (U,R,E)
- Research the topic using appropriate and timely resources. (U,R)
- Develop your own learning goals for the presentation, understanding that the format calls for brief talks in which focus and specificity of content usually are more effective than systematic or comprehensive reviews. (U,C,R)
- Present your project and facilitate ensuing discussion with the group. (B,U,C,A,R,E,S)

1. Required FOCuS Forms:
Students are required to perform any two out of the four FOCuS Forms available: patient interview, physical exam, patient education, and documentation that is directly observed by a preceptor during the clerkship. The observed encounters should be focused to the patient’s presenting symptoms/problems and does not have to be exhaustive. Once observed, the preceptor is expected to give direct feedback to the student on the encounter or note and complete the associated FOCuS form. FOCuS forms will be distributed to students during orientation and are located on blackboard. Students are required to complete at least one FOCuS card by midclerkship feedback to review with the Clerkship Director. The three completed forms must be uploaded to E*Value by the final day of the clerkship.

Instructions on how to upload the FOCuS forms into E*Value are located on Blackboard.

2. **Telemedicine Module**
Telemedicine has become an integral part of the health care system. It provides patients and health care physicians and staff a flexible option to meet health care needs. This course will cover the benefits of using Telemedicine as well as practical steps on how to incorporate it into your practice. -From the website.

**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.

- High Blood Pressure
- Diabetes
- Chronic pain
- Obesity
- Mood Disorder (e.g. depressed/sad, anxious)
- Chronic Kidney Disease
- Cancer Screening
- An acute undifferentiated problem (e.g new problem, urgent visit)

Students are required to log one patient with each of the above diagnoses to fulfill the requirement. However, students are encouraged to log more if possible.

Students should be proactive in asking preceptors to assist in identifying appropriate patients. Clerkship Directors will review the student’s progress with completing the required patient encounters at the midclerkship feedback meeting. All Required Patient Encounters must be logged in E*Value by the final day of the 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 this clerkship, students may review a paper-based simulated case directly with the Clerkship Director or online module (for select cases when available). Arrangements must be made by the student with the Clerkship Coordinator prior to the end of the clerkship if this is anticipated.

**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
- Work Hours: http://www.bumc.bu.edu/busm/education/medical-education/policies/work-hours/

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

**Scrubs Policy**
http://www.bumc.bu.edu/busm/education/medical-education/policies/scrubs-policy/
BUSM 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 (BUSM) is committed to providing a work and educational environment that is conducive to teaching and learning, research, the practice of medicine and patient care. This includes a shared commitment among all members of the BUSM community to respect each person’s worth and dignity, and to contribute to a positive learning environment where medical students are enabled and encouraged to excel.

BUSM has a ZERO tolerance policy for medical student mistreatment.

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

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

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

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

Needle Sticks and Exposure Procedure
http://www.bumc.bu.edu/busm/student-affairs/additional-student-resources/needle-stickexposure/

Boston University Sexual Misconduct/Title IX Policy

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

Recent Changes to the Clerkship

- Updated goals and objectives to reflect curricular changes
- Learning objectives have been modified to include telemedicine visits to reflect changes in current ambulatory practice.
- Updated curriculum with new didactic sessions focusing on advanced communication skills based on student feedback
- Medicine 2 has been changed from a selective to elective.
Learning Strategies and Tools

Recommended Texts

Please see blackboard for additional resources recommended for this clerkship.

eValue Student Resources
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-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
Individual didactic session Learning Objectives are posted on Blackboard and/or will be presented at the time of the session. Leaning Objectives for the individual student-led presentation sessions are listed above.