Emergency Medicine
Elective

Emergency Medicine
Course Number EM 403
2021-2022

Clerkship Director: Dr. Kelly Mayo
Clerkship Coordinator: Lisa Stapleton
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# Medical Education Program Objectives

## INSTITUTIONAL LEARNING OBJECTIVE

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

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

By the end of this selective, the BUSM student will be able to:

1. Demonstrate skill in completing a history and physical exam in the emergency department.  
   a. Determine which elements of the history and physical exam are most relevant in the emergency department (U)  
   b. Perform the history and physical exam in a manner that is caring, compassionate and sensitive toward patients of all cultures and backgrounds (B, C, A)  
   c. Recognize the impact of social determinants of health on emergency department care (B, U, C, A, S)

2. Construct a differential diagnosis for the most common emergency department complaints (chest pain, shortness of breath, abdominal pain, trauma, back pain, weakness, and altered mental status) and formulate an evidence-based evaluation and treatment plan for patients with these complaints (U)
   a. Prioritize the differential diagnosis appropriately for the “undifferentiated emergency department patient:” 1) consider immediate threats to life and limb before common but less dangerous disease processes and 2) incorporate the setting (emergency department) into the estimation of pretest probability, especially for the most dangerous potential diagnoses (U)  
   b. Critique the evaluation and treatment plan of each patient (based on ultimate diagnosis and/or disposition) to formulate an approach to improving the evaluation and treatment of subsequent patients (U)  
   c. Discriminate which patients likely suffer from a life- or limb-threatening disease process and which patients likely do not [Note that is is an incredibly difficult skill to master. The third year student is expected to merely start to judge illness severity—for example, to correctly identify the “sickest of the sick.”] (U)

3. Employ point-of-care ultrasound to evaluate emergency department patients (U)
4. Describe the role of prehospital care in the evaluation and treatment of emergency department patients (S)
5. Practice interdisciplinary collaboration: work with case managers, social workers, and violence and substance abuse counselors to 1) improve the health literacy of emergency department patients, 2) address social determinants of health, and 3) provide continuity of care (B, C, A, S)
6. Demonstrate the ability to resolve interpersonal conflict in the emergency department setting
   a. Employ essential communication techniques (e.g., active listening, summary statements) to resolve interpersonal conflict in the emergency department (B, C, A)
   b. Analyze emotionally- and morally-charged clinical situations (e.g., uncertainty or disagreement about goals of care and life-sustaining treatment) and formulate approaches to facilitating conversation and reaching consensus (B, C, A, E, S)

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Assistant Dean of Student Affairs  
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Clerkship Description

Focus of clerkship
The purpose of the Emergency Medicine Selective is to provide the learner the experience of efficient emergency department (ED) care—timely evaluation, management, and disposition of undifferentiated ED patients and its effect on patient safety and subsequent inpatient and ambulatory care.

Students spend four weeks working in the emergency department of Boston Medical Center, the busiest Level 1 trauma center in New England. Working alongside our senior residents, faculty, and nursing staff, students take an active role in the initial evaluation and treatment of patients and gain exposure to a wide variety of illnesses, diagnostic approaches, treatments, and procedures.

For many patients, the emergency department is their first entry into the medical system. Students have the opportunity to follow patients from their initial presentation, through their workup, and on to their diagnosis and treatment.

Students will learn to evaluate undifferentiated patients and manage medical emergencies. These are essential skills for all physicians, and there’s no better place to develop them than in the emergency department. Students will also develop an appreciation for how efficient emergency department (ED) care—timely evaluation, management, and disposition of ED patients—affects patient safety and subsequent inpatient and ambulatory care. Nearly all physician either refer to, accept patients from, or consult in the emergency department. All need to understand the role of the emergency department in the hospital and health care system.

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.

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
Didactic Program
- Weekly student conference—Monday from 9:00 am to 1:00pm
  - Interactive case discussions and hands-on practice (e.g., ultrasound, suturing):
• Case Discussion Topics (Chief Complaint): Chest pain, Shortness of Breath, Abdominal Pain, Trauma, Altered Mental Status
  o Skill Sessions: EKG interpretation in the ED, Point-of-care Ultrasound, Suturing
  o Due to the nature of emergency medicine shift work, the course director may need to change the date/time/topic of student lecture. Please be flexible. It is essential that you subscribe to the “Student Lecture” Google Calendar so that you see updates in real time.
  • High-fidelity simulation (2 hours per block).
  o Located in the Solomont Sim Center, Moakley Basement
  • Weekly resident conference (5 hours per week).
  • Online “flipped classroom” materials—textbook chapters, journal articles, podcasts, instructional videos, and online study questions and interactive modules—tied to the weekly student conference.

Holidays
Thanksgiving: Wednesday, November 24, 2021 at 12PM – Sunday, November 28, 2021
Intercession: Thursday, December 23, 2021 – Sunday, January 2, 2022
Spring Break: Saturday, March 5, 2022 – Sunday, March 13, 2022

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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</thead>
<tbody>
<tr>
<td>Clinical Grade Percentage</td>
<td>75%</td>
</tr>
<tr>
<td>Shelf/Exam Percentage</td>
<td>25%</td>
</tr>
<tr>
<td>“Other” Components Percentage</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOW YOUR FINAL WORD GRADE IS CALCULATED:</th>
<th></th>
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<tbody>
<tr>
<td>Honors</td>
<td>&gt; 85</td>
</tr>
<tr>
<td>High Pass</td>
<td>71 to 85</td>
</tr>
<tr>
<td>Pass</td>
<td>51-70 or between 1.5-2.49 in any domain on the final CSEF</td>
</tr>
<tr>
<td>Fail</td>
<td>&lt;50 or &lt;1.5 on any domain on the final CSEF or &lt; 2 averaged on the final CSEF (Clinical Fail)</td>
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</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>
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</table>

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<thead>
<tr>
<th>SHELF/EXAM GRADING</th>
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<tbody>
<tr>
<td>Exam minimum passing (percentile/2 digit score)</td>
<td>54</td>
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What is “Other” and what percentage is it worth?
N/A

Other components that need to be completed in order to pass the clerkship
N/A
**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.

**Clerkship Specific Clinical Grade Procedures/Policies**

- The clinical grade will be worth 75% 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.

**Professional Conduct and Expectations**

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. Student expectations include those listed below in professional comportment sections. If there are multiple professionalism concerns through a clerkship the student will not be eligible to receive honors on the clerkship. A student will be given feedback during the clerkship if their professional conduct is of concern. At the end of a clerkship, if a clerkship director determines that a student does not meet the professional conduct and expectations of the clerkship, a student will fail 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 summative comments 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**

**BUSM Grade Review Policy**

BUSM’s Grade Reconsideration Policy is located in 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/)
AME/Kaiser Core Faculty Direct Observation
During the third year, students will be directly observed by their core AME (or Kaiser) faculty three times throughout the year. They will also submit one write up in their core AME/Kaiser faculty’s discipline, and one video of a session with an SP for review and feedback. At the end of the year, the core AME/Kaiser faculty will write a narrative summary describing the student’s growth trajectory and competency development in the observed domains. This narrative will be included as part of the End of Third Year Assessment (in addition to the EOTYA 6 station OSCE).

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. 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 faculty/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.

Final Summative Assessments
The final summative assessment will be based on the clerkship grading policy and include a final narrative describing your overall grade, clinical grade, based on the CSEF (Clinical Student Evaluation Form), and other assessments, depending on the clerkship. The summative narrative must include a final summative statement regarding your professionalism on the clerkship (meet expectations or did not meet expectations) per the AAMC MSPE requirements. The final grade form summative narrative appears in your MSPE and is based on aggregate comments from your individual CSEFs and is written by a site director/clerkship director and is reviewed by the clerkship director before submission.

NBME Subject Examination
Students will take the Emergency 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 unless there are accommodations. Shelf exam dates can be found in the 3rd year google calendar.
Shelf exams will be remotely proctored over Zoom for AY 2021-2022.

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/

Exam Policies
http://www.bumc.bu.edu/busm/education/medical-education/policies/exam-policies-for-medical-students/

Testing Center Policies
http://www.bumc.bu.edu/busm/education/medical-education/policies/l-11-testing-center/

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
- 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. Any supervision concerns should also be immediately submitted through the ATM link or directly to the Associate Dean of Medical Education.

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 they are being asked to perform beyond their 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.

Intimate Exam Policy
Students participating in an intimate exam with a patient (which includes, pelvic, genitourinary and rectal exam) must have a chaperone with them, irrespective of the gender of the patient or the student. Permission to participate in an intimate exam must be obtained by the supervisor in advance of the examination itself. The patient has the right to decline student attendance at any examination. If a student is unable to perform any intimate exam due to patient preference, the student’s evaluation will not be impacted and if necessary the clerkship director will provide an alternative experience.
**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**
Approximately twelve 8-hour shifts in the emergency department. This includes ten “regular shifts,” where the aim is to work on developing basic ED-based assessments and plans and two “procedure/resuscitation” shifts, where the aim is to focus on caring for the sickest patients and developing hands-on (procedural) skills.

- Ten “regular shifts”
  - Students independently evaluate patients in the emergency department (complete the history and physical examination).
  - Students then present to faculty and residents, receive structured feedback on their assessment and plan, and implement an agreed-upon plan (including entering orders and communicating with patients and nurses).
  - Students coordinate the care of their patients, alerting faculty and residents to additional data (ex. lab and radiology results) and changes in patients’ clinical condition and adjusting the plan accordingly.
  - 3rd year students cannot document in EPIC (our electronic medical records) at this time

- Two “procedure shifts”
  - Students work with the “procedure resident.” They assist with/perform procedures at the discretion of the procedure residents and/or attending.
    - Common procedures that students will perform include IV placement, laceration repair, and abscess drainage.
    - Additional procedures that students will either observe, assist with, or perform (at the discretion of the procedure resident/attending) include CPR, ultrasound IV placement, IO placement, central line placement, paracentesis, thoracentesis, arthrocentesis, and lumbar puncture.

**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 professional conduct and behavior in the core clerkship curriculum. These include, but are not limited to:

- Treating and communicating with the clerkship team in a respectful manner.
- Engaging in the core curriculum and participating respectfully with peers and colleagues at all times.
- Arriving at clerkship didactic sessions on time and being present throughout sessions.
- 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 in advance of the absence.

Professional conduct will be reviewed at the mid-clerkship feedback session and students will be given feedback when professionalism concerns are identified on the clerkship. If students are not meeting expectations for professional conduct and behavior in the clerkship or there are 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 (when applicable), including within the vending room and elevator waiting area, until you are on the elevator.
- Refrain from leaving your computer camera view at any point during the examination. Any time where a student cannot be viewed, may result in failure of the examination.
- 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 Emergency Medicine 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.

Blackboard Learn: https://learn.bu.edu/

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.

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/
- Religious Observance: https://www.bu.edu/chapel/religion/religiouslifepolicies/

Personal Day Policies
As part of becoming a professional, medical student should have the flexibility to address personal and professional needs at their discretion. In the clerkship year, as students transition to more of a professional work environment, they gain the responsibility of a working professional, yet do not have the agency to attend to their personal needs. As such, the Student Affairs Office and Medical Education Office have developed this personal day policy in conjunction with the clerkship directors for the core clerkship year. In addition to addressing issues of wellness and professional development, this policy will teach students the importance of time management and managing days off.
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/

Learning Strategies and Tools

Recommended Texts


Also SAEM Clerkship Directors in Emergency Medicine (CDEM) Curriculum is very helpful in understanding the ED approach to management of our patients:
http://saem.org/cdem/education/online-education

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.
https://www.bu.edu/disability/accommodations/