Clinical Supervision of Medical Students:

Promoting Patient and Student Safety

Faculty Guidelines

Boston University School of Medicine

This document and additional faculty resources can be found on our website at:

http://www.bumc.bu.edu/busm/education/medical-education/faculty-resources/
Table of Contents
BUSE Medical Education Program Objectives ......................................................................................... 4
BUSE Clerkship Learning Objectives ........................................................................................................ 7
Emergency Medicine Clerkship Learning Objectives .................................................................................. 7
Contact Information .................................................................................................................................. 9
Clerkship Description .................................................................................................................................. 10
  Focus of clerkship.......................................................................................................................................... 10
General Responsibilities of the Clinical Faculty ............................................................................................ 11
  Goals of the Clinical Clerkship .................................................................................................................. 11
  Clerkship Structure ....................................................................................................................................... 11
Overall Responsibilities ................................................................................................................................. 11
  BUSE Clerkship Director & Assistant Clerkship Director................................................................................. 11
  Overall Clerkship Coordinator ..................................................................................................................... 12
  Clerkship Site Director .................................................................................................................................... 12
  Clerkship Site Coordinator ............................................................................................................................ 13
Primary Clinical Faculty/Preceptors/Trainees ............................................................................................. 14
Orientation of the Student to the Clinical Setting ....................................................................................... 14
Setting Expectations for the Student ........................................................................................................... 15
Supervising the Student ............................................................................................................................... 15
  Intimate Exam Policy ....................................................................................................................................... 15
  Physical Exam Demonstrations ..................................................................................................................... 16
  Federal Guidelines for documentation ........................................................................................................ 16
  EMR Documentation ...................................................................................................................................... 16
Supervision and Delegating Increasing Levels of Responsibility .................................................................... 16
Student Assessment ........................................................................................................................................ 17
Feedback .......................................................................................................................................................... 18
Early Recognition of Learning Problems ...................................................................................................... 18
Mid Rotation Meeting ..................................................................................................................................... 19
Final Grade and Narrative Comments ......................................................................................................... 19
Important Clerkship Policies ....................................................................................................................... 20
  Attendance Policies ......................................................................................................................................... 20
  Appropriate Treatment in Medicine .............................................................................................................. 21
  Boston University Sexual Misconduct/Title IX Policy .................................................................................. 21

Adapted from the Family Medicine’s Preceptor Manual, written by Miriam Hoffman, MD and Molly Osher-Cohen, MD
Updated 3/2022, Medical Education Office
Needle Sticks and Exposure Procedure ................................................................. 21
Appendix A........................................................................................................... 22
Appendix B........................................................................................................... 24
## BUSM Medical Education Program Objectives

A BUSM graduate will be able to:

<table>
<thead>
<tr>
<th>Establish and maintain medical knowledge necessary for the care of patients (MK)</th>
<th>MK.1</th>
<th>Describe the normal development, structure, and function of the human body.</th>
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</thead>
<tbody>
<tr>
<td>MK.2</td>
<td>Recognize that a health condition may exist by differentiating normal physiology from pathophysiologic processes.</td>
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<tr>
<td>MK.3</td>
<td>Describe the risk factors, structural and functional changes, and consequences of biopsychosocial pathology.</td>
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<td>MK.4</td>
<td>Select, justify, and interpret diagnostic tests and imaging.</td>
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<td>MK.5</td>
<td>Develop a management plan, incorporating risks and benefits, based on the mechanistic understanding of disease pathogenesis.</td>
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<td>MK.6</td>
<td>Articulate the pathophysiologic and pharmacologic rationales for the chosen therapy and expected outcomes.</td>
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<tr>
<td>MK.7</td>
<td>Apply established and emerging principles of science to care for patients and promote health across populations.</td>
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<tr>
<td>MK.8</td>
<td>Demonstrate knowledge of the biological, psychological, sociological, and behavioral changes in patients that are caused by or secondary to health inequities.</td>
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</table>

<table>
<thead>
<tr>
<th>Demonstrate clinical skills and diagnostic reasoning needed for patient care (CSDR)</th>
<th>CSDR.1</th>
<th>Gather complete and hypothesis driven histories from patients, families, and electronic health records in an organized manner.</th>
</tr>
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<tbody>
<tr>
<td>CSDR.2</td>
<td>Conduct complete and hypothesis-driven physical exams interpreting abnormalities while maintaining patient comfort.</td>
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<tr>
<td>CSDR.3</td>
<td>Develop and justify the differential diagnosis for clinical presentations by using disease and/or condition prevalence, pathophysiology, and pertinent positive and negative clinical findings.</td>
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<tr>
<td>CSDR.4</td>
<td>Develop a management plan and provide an appropriate rationale.</td>
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<td>CSDR.5</td>
<td>Deliver an organized, clear and focused oral presentation.</td>
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<tr>
<td>CSDR.6</td>
<td>Document patient encounters accurately, efficiently, and promptly including independent authorship for reporting of information, assessment, and plan.</td>
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<tr>
<td>CSDR.7</td>
<td>Perform common procedures safely and correctly, including participating in informed consent, following universal precautions and sterile technique while attending to patient comfort.</td>
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<tr>
<td>CSDR.8</td>
<td>Utilize electronic decision support tools and point-of-care resources to use the best available evidence to support and justify clinical reasoning.</td>
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<tr>
<td>CSDR.9</td>
<td>Recognize explicit and implicit biases that can lead to diagnostic error and use mitigation strategies to reduce the impact of cognitive biases on decision making.</td>
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| Effectively communicate with patients, families, | C.1 | Demonstrate the use of effective communication skills, patient-centered frameworks, and behavioral change techniques to achieve preventative, diagnostic, and therapeutic goals with patients. |

*Adapted from the Family Medicine’s Preceptor Manual, written by Miriam Hoffman, MD and Molly Osher-Cohen, MD*  
*Updated 3/2022, Medical Education Office*
A BUSM graduate will be able to:

<table>
<thead>
<tr>
<th>colleagues and interprofessional team members (C)</th>
<th>C.2</th>
<th>Clearly articulate the assessment, diagnostic rationale, and plan to patients and their caregivers.</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>C.3</td>
<td>Effectively counsel and educate patients and their families.</td>
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<td></td>
<td>C.4</td>
<td>Communicate effectively with colleagues within one’s profession and team, consultants, and other health professionals.</td>
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<td></td>
<td>C.5</td>
<td>Communicate one’s role and responsibilities clearly to other health professionals.</td>
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<td></td>
<td>C.6</td>
<td>Demonstrate appropriate use of digital technology, including the EMR and telehealth, to effectively communicate and optimize decision making and treatment with patients, families and health care systems.</td>
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<td></td>
<td>C.7</td>
<td>Practice inclusive and culturally responsive spoken and written communication that helps patients, families, and health care teams ensure equitable patient care.</td>
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<td></td>
<td>C.8</td>
<td>Communicate information with patients, families, community members, and health team members with attention to health literacy, avoiding medical jargon and discipline-specific terminology.</td>
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<tr>
<td></td>
<td>C.9</td>
<td>Communicate effectively with peers and in small groups demonstrating effective teaching and listening skills.</td>
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Practice relationship centered care to build therapeutic alliances with patients and caregivers (PCC)

| PCC.1 | Demonstrate sensitivity, honesty, compassion, and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation. |
| PCC.2 | Demonstrate humanism, compassion, empathy, integrity, and respect for patients and caregivers. |
| PCC.3 | Demonstrate a commitment to ethical principles pertaining to autonomy, confidentiality, justice, equity, and informed consent. |
| PCC.4 | Show responsiveness and accountability to patient needs that supersedes self-interest. |
| PCC.5 | Explore patient and family understanding of well-being, illness, concerns, values, and goals in order to develop goal-concordant treatment plans across settings of care. |

Exhibit skills necessary for personal and professional development needed for the practice of medicine (PPD)

| PPD.1 | Recognize the need for additional help or supervision and seek it accordingly. |
| PPD.2 | Demonstrate trustworthiness that makes colleagues feel secure when responsible for the care of patients. |
| PPD.3 | Demonstrate awareness of one’s own emotions, attitudes, and resilience/wellness strategies for managing stressors and uncertainty inherent to the practice of medicine. |

Exhibit commitment and aptitude for life-long learning and

| LL.1 | Identify strengths, deficiencies, and limits in one’s knowledge and expertise. |
| LL.2 | Develop goals and strategies to improve performance. |
| LL.3 | Develop and answer questions based on personal learning needs. |
A BUSM graduate will be able to:

<table>
<thead>
<tr>
<th>continuing improvement (LL)</th>
<th>LL.4</th>
<th>Actively seek feedback and opportunities to improve one’s knowledge and skills.</th>
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<tbody>
<tr>
<td></td>
<td>LL.5</td>
<td>Locate, appraise, and assimilate evidence from scientific studies related to patients' health.</td>
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<td></td>
<td>LL.6</td>
<td>Actively identify, analyze, and implement new knowledge, guidelines, standards, technologies, or services that have been demonstrated to improve patient outcomes.</td>
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<table>
<thead>
<tr>
<th>Demonstrate knowledge of health care delivery and systems needed to provide optimal care to patients and populations (HS)</th>
<th>HS.1</th>
<th>Identify the many factors that influence health including structural and social determinants, disease prevention, and disability in the population.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HS.2</td>
<td>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.</td>
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<tr>
<td></td>
<td>HS.3</td>
<td>Demonstrate respect for the unique cultures, values, roles/responsibilities, and expertise of the interprofessional team and the impact these factors can have on health outcomes.</td>
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<tr>
<td></td>
<td>HS.4</td>
<td>Work with the interprofessional team to coordinate patient care across healthcare systems and address the needs of patients.</td>
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<td></td>
<td>HS.5</td>
<td>Participate in continuous improvement in a clinical setting, utilizing a systematic and team-oriented approach to improve the quality and value of care for patients and populations.</td>
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<td></td>
<td>HS.6</td>
<td>Initiate safety interventions aimed at reducing patient harm.</td>
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<td></td>
<td>HS.7</td>
<td>Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care.</td>
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<tr>
<td></td>
<td>HS.8</td>
<td>Integrate preventive interventions into the comprehensive health care of individuals.</td>
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<tr>
<td></td>
<td>HS.9</td>
<td>Explain how different health care systems, programs and community organizations affect the health of neighborhoods and communities.</td>
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</table>

<table>
<thead>
<tr>
<th>Exhibit commitment to promoting and advancing health equity for all patients (HE)</th>
<th>HE.1</th>
<th>Define health equity and describe the individual and population level differences in health outcomes and disease burden due to inequities in health care.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HE.2</td>
<td>Comprehend the historical and current drivers of structural vulnerability, racism, sexism, oppression, and historical marginalization and how they create health inequity.</td>
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<tr>
<td></td>
<td>HE.3</td>
<td>Explain how one’s own identity, lived experiences, privileges, and biases influences their perspectives of colleagues, patients and clinical decision making.</td>
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<tr>
<td></td>
<td>HE.4</td>
<td>Comprehend and identify the impact of health care inequities through medical decision making tools, interpreting medical literature and reviewing scientific research.</td>
</tr>
<tr>
<td></td>
<td>HE.5</td>
<td>Identify factors needed to advocate for a more diverse and equitable healthcare environment at a local, community, and systems based level.</td>
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BUSM Clerkship Learning Objectives

During the third-year clerkships, students will

- Demonstrate use of patient-centered interviewing and communication techniques
- Take a clinical history that demonstrates both organization and clinical reasoning
- Perform accurate and relevant physical exam techniques
- Demonstrate an ability to synthesize clinical information and generate a differential diagnosis, assessment and plan
- Demonstrate a compassionate and patient-sensitive approach to history taking and physical examinations
- Communicate well organized, accurate and synthesized oral presentations
- Counsel and educate patients and families
- Demonstrate timely, comprehensive and organized documentation
- Demonstrate a fund of knowledge in the clinical discipline and apply this to patient care
- Demonstrate an awareness of one’s own learning needs and work to address these gaps
- Show respect and empathy for others
- Demonstrate accountability to the responsibilities of the student’s role and expectations of a clinical clerk
- Communicate effectively with the interprofessional team

Emergency Medicine Clerkship Learning Objectives

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
   b. Perform the history and physical exam in a manner that is caring, compassionate and sensitive toward patients of all cultures and backgrounds
   c. Recognize the impact of social determinants of health on emergency department care

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
   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
   a. 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
   b. Discriminate which patients likely suffer from a life- or limb-threatening disease process and which patients likely do not [Note that 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.”]

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Updated 3/2022, Medical Education Office
3. Employ point-of-care ultrasound to evaluate emergency department patients

4. Describe the role of prehospital care in the evaluation and treatment of emergency department patients

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

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. 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
Contact Information

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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.

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.

General Responsibilities of the Clinical Faculty

Goals of the Clinical Clerkship
During the clinical clerkships at BUSM we aim to create a learning climate where students have the opportunity to learn high quality clinical skills by:

· Creating a culture that challenges and supports the students
· Providing opportunities for meaningful involvement in patient care with appropriate supervision
· Role modeling by exemplary physicians
· Coaching students by setting clear expectations, providing frequent observations of core clinical skills, asking questions to assess knowledge and reasoning, explicitly modeling and providing timely, specific feedback

Clerkship Structure
Each clerkship is run by a clerkship director. Each clerkship clinical site is run by a clerkship site director who ensures that students are appropriately supervised. In addition, clerkships usually have multiple clinical faculty that have varying degrees of exposure to the student.

Overall Responsibilities
Each clerkship is directed by the BUSM Clerkship Director who oversees all clerkship sites. Each clinical site is directed by a clerkship site director who ensures that students are appropriately supervised and faculty and residents are prepared to teach at their site. Clerkships also have multiple clinical faculty that have varying degrees of exposure to students. The responsibilities of the directors and coordinators are described below more specifically. Clerkship directors are assisted by assistant clerkship directors, clerkship site directors, and clerkship coordinators.

BUSM Clerkship Director & Assistant Clerkship Director

- Oversees the clerkship curriculum’s design, implementation, and administration
- Defines clerkship specific learning objectives and requirements
- Creates and maintains an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Ensures student and faculty access to appropriate resources for medical student education
- Orient students to the overall clerkship, including defining the levels of student responsibility requirements (i.e., required diagnoses and procedures, direct observations, forms, feedback) grading structure and student schedule
- Oversees teaching methods (e.g., lectures, small groups, workshops, clinical skills sessions, and distance learning) to meet clerkship objectives
• Develops faculty involved in the clerkship and provide faculty development across sites specific to clerkship needs
• Evaluate and grade students
  o Develops and monitors assessment materials
  o Uses required methods for evaluation and grading
  o Assures timely mid-clerkship meetings at all sites with students
  o Ensures students receive timely and specific feedback on their performance
  o Submits final grade form for students via BUSM evaluation system
• Evaluates clerkship, faculty, and programs via peer review and annual data from the Medical Education Office (MEO) and national organizations (AAMC, NBME, etc.)
• Supports each student’s academic success and professional growth and development, including identifying students experiencing difficulties and providing timely feedback and resources
• Address any mistreatment and professionalism concerns in real time and communicate with MEO
• Participates in the BUSM clerkship Educational Quality Improvement and peer review processes with completion of action items
• Ensures LCME accreditation preparation and adherence
• Adheres to the AAMC-developed guidelines regarding Teacher-Learner Expectations

Overall Clerkship Coordinator
• Supports the clerkship director in their responsibilities above
• Creates and maintains an appropriate learning environment, modeling respectful and professional behaviors for and toward students
• Responds within one business day to student emails and questions
• Maintains student rosters and clinical schedules
• Coordinates orientations and didactic sessions
• Liaises with site directors and administrators to coordinate student experiences across all sites and timely collection of evaluations
• Verifies completion of clerkship requirements, including midpoint and final evaluations for each student, required diagnoses, and FOCuS forms
• Monitors students’ reported work hours and report any work hours violations to the clerkship director
• Coordinates and proctors clerkship exams

Clerkship Site Director
• Oversees the clerkship curriculum and administration at the site
• Creates and maintains an appropriate learning environment, modeling respectful and professional behaviors for and toward students
• Is available and responsive to students’ questions and concerns
• Ensures all faculty and residents teaching students are oriented to students’ expectations, responsibilities, learning objectives, requirements, and assessments used in the clerkship
• Ensures student and faculty access to appropriate resources for medical student education
• Orient students to the clinical site when new students arrive at the site
• Reviews clerkship requirements and student expectations at site
- Provides site specific information including, but not limited to, lockers, library, call rooms as applicable and required by LCME
- Reviews site-specific schedule, discusses student role and responsibilities at site, supervision at site, and who to contact with questions and concerns

- Supervises students and ensures clerkship specific required observations are completed
- Meets with the student for the Mid-clerkship review
- Meets with the student for the final exit meeting
- Ensures timely and specific formative feedback based on direct observations
- Works with faculty and residents to delegate increasing levels of responsibility to students based on clerkship requirements
- Provides site didactics when applicable
- Recognizes students with academic or professionalism difficulties and communicates to Clerkship Director in a timely fashion
- Completes and ensures the accuracy of student evaluation forms, including formative and summative narratives for students at the site
  - Ensures collection of feedback and evaluation data from all physicians who work with each student by the end of the clerkship block to meet BUSM grading deadlines
  - Ensures that narrative data are consistent with and support numerical data
  - Evaluates students fairly, objectively, and consistently following medical school and clerkship rubrics and guidelines
- Addresses any student mistreatment concerns immediately and notifies the Clerkship Director
- Adheres to the AAMC Teacher-Learner Expectations guidelines
- Reviews site specific evaluations at mid-year and end of year and facilitates improvements based on data
- Works with BUSM to provide faculty development for faculty and residents
- Answers Clerkship Director’s questions or concerns regarding site evaluation or student concerns
- Participates in educational programming and meetings as requested by Clerkship Director or Assistant Dean for Affiliated Sites
- Adheres to LCME guidelines

**Clerkship Site Coordinator**
- Supports the clerkship site director in their responsibilities above
- Creates and maintains an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Responds within one business day to student emails and questions
- Sends out welcome email informing students where and when to arrive at least 72 hours before student start date
- Provides students with their contact information and remains available for questions and concerns during working days and hours
- Ensures students are oriented to clinics and hospital
• Obtains, tracks, and manages student rosters
• Obtains and maintains student information required by the site, as applicable
• Creates and distributes:
  o Student schedules to students, faculty, and staff before clerkship start date
  o Didactics/Presentation schedules, if applicable
• Schedules mid-clerkship evaluations; tracks and keeps record of completion and provides to overall Clerkship Coordinator
• Informs faculty and overall Clerkship Coordinator of student absences
• Arranges and schedules educational resources as applicable (e.g., SIM lab, EMR & Scrub training) and helps students troubleshoot
• Provides students with necessary documents and resources needed to be oriented to site
• Monitors and processes evaluations for distribution to faculty and residents
• Collects timely feedback from faculty for mid and end of clerkship evaluations to meet BUSM deadlines
• Collects feedback and evaluation data from all physicians who work with each student by end of clerkship block to meet BUSM grading deadlines
• Understands evaluation system and all site requirements
• Communicates site information changes (e.g., faculty, rotation details) to BUSM’s Clerkship Director and Clerkship Coordinator
• Maintains communication with Clerkship coordinator centrally and response within one business day
• Coordinates site specific meetings and faculty development with BUSM

Primary Clinical Faculty/Preceptors/Trainees
• Sets and clearly communicates expectations to students
• Observes students’ history taking and physical exam skills, and documents it on the FOCuS form
• Delegates increasing levels of responsibility to students based on clerkship requirements
• Maintains appropriate levels of supervision for students at site
• Creates and maintains an appropriate learning environment, modeling respectful and professional behaviors for and toward students
• Recognizes students with academic or professionalism difficulties and communicates to Clerkship Director in a timely fashion
• Gives students timely and specific formative feedback based on direct observations
• Assesses students objectively using BUSM’s evaluation system
• Adheres to the AAMC Teacher-Learner Expectations guidelines

Orientation of the Student to the Clinical Setting
This sets the tone for the rest of the experience and has a direct effect on the success of the rotation for both student and preceptor. It can also reduce student anxiety. You should:
• Orient the student to the clinical setting, the staff, and team at your site
• Review workflow
• Discuss student’s learning experiences to date
• Discuss student’s learning goals
Setting Expectations for the Student

It is important to be clear regarding your expectations for the student. On the first day, describe the expectations around their role, presentations, documentation, and participation. Consider reviewing the assessment form and the specific expectations described. A tool to help set expectations with the student is the One Minute Learner, which can be found at:
https://www.stfm.org/publicationsresearch/publications/educationcolumns/2013/march/

Supervising the Student

Initially, the primary clinical faculty members should designate time to observe the student performing: history taking, focused physical exam, clinical problem-solving and interaction with patients and patient education. Once the supervisor establishes the student’s level of confidence and competency, the student should be delegated increasing levels of responsibility in patient care, as appropriate. Although students may initiate a particular patient encounter on their own and without direct supervision, the faculty must at some point review the encounter with the student and inform the patient in-person that the student’s assessment and management plan has been reviewed and approved by the faculty. The faculty is ultimately responsible for the evaluation, treatment, management, and documentation of patient care.

Under no circumstances should the following occur:

- Patient leaves the office/hospital with never having had a direct face-to-face encounter with clinical faculty.
- Primary faculty gives “prior approval” for student to perform intervention (order labs, prescribe meds) without satisfactory review.
- Patient leaves office/hospital without being informed that assessment/management plan has been directly reviewed and approved by the faculty.
- Learning in which a student is expected to perform an intervention or encounter without the prerequisite training and/or adequate supervision.
- Student note provides the only record of the visit. Although all faculty see all patients, faculty must document that they were actually the person responsible for seeing and examining the patient.

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.

Federal Guidelines for documentation

CMS Guidelines from February 2, 2018, state:

“The Centers for Medicare & Medicaid Services (CMS) is revising the Medicare Claims Processing Manual, Chapter 12, Section 100.1.1, to update policy on Evaluation and Management (E/M) documentation to allow the teaching physician to verify in the medical record any student documentation of components of E/M services, rather than re-documenting the work. Students may document services in the medical record. However, the teaching physician must verify in the medical record all student documentation or findings, including history, physical exam and/or medical decision making. The teaching physician must personally perform (or re-perform) the physical exam and medical decision making activities of the E/M service being billed, but may verify any student documentation of them in the medical record, rather than re-documenting this work.”

EMR Documentation

● Students are allowed and encouraged to write complete notes in patient electronic charts as designated by the site and the site’s documentation policy.

Supervision and Delegating Increasing Levels of Responsibility

It is expected that the level of student responsibility and supervision will be commensurate with student’s competency and level of confidence. When the student arrives in your practice, you may wish to have them observe you or the resident for the first session. Thereafter, they should begin to see patients on their own. In the outpatient setting, the student should initially perform 4-5 focused visits per day in the first week, increasing to 6-12 thereafter. In the inpatient setting, the student should initially follow 1-2 patients and increased to 3-4 thereafter. When a student feels that 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.
Student Assessment

BUSM CLINICAL STUDENT EVALUATION FORM (CSEF): BUSM utilizes the same clinical evaluation form for all clinical rotations. It is a behaviorally based evaluation tool. This means that you will grade your clerk based on their knowledge/skills/attitudes, rather than how they compare to other students.

For example, under “Data Synthesis Skills”:

A 3rd year student who is competent in this domain:

- Identifies and attempts to prioritize patients’ major biopsychosocial problems and concerns, in the synthesis statement (i.e., “one-liner”)
- Prioritizes differential diagnosis accurately for majority of common clinical problems specific to the patient including “can’t miss” diagnoses
- Justifies differential diagnosis logically for common clinical problems by using relevant epidemiology (e.g., prevalence), pathophysiology, and pertinent positive and negative clinical findings
- Occasionally makes the correct diagnosis for typical presentations of common diseases

☐ Not observed or not enough information to make a judgment
☐ Needs intensive remediation in this domain
☐ Needs directed coaching in this domain
☐ Approaching competency in this domain
☐ Competent in this domain
☐ Achieving behaviors beyond the 3rd year competency criteria

Use the target behaviors described above to provide a narrative of the student’s data synthesis skills

There is a description of the behaviors for students who are competent in each domain. Following that are the six choices.

- Not observed or not enough information to make a judgment: If you feel you have not observed a student enough to make a judgment in a certain domain, you should check off this category. That said, if you are able to make a judgment please do so – your feedback is vitally important to the student and their learning.
- Needs intensive remediation in this domain: These are students who despite coaching are unable to succeed in this domain. This category is consistent with a student who would fail in this domain.
- Needs directed coaching in this domain: These are students for whom faculty/residents need to spend significant time coaching in order to perform in this domain.
- Approaching competency in this domain: These are students who are meeting some but not all of the competency behaviors listed for the domain.
• Competent in this domain: These are students who are displaying the behaviors described for the domain.
• Achieving behaviors beyond the 3rd year competency criteria: These are students who are exceeding the behaviors described. The reach behaviors can be found at http://www.bumc.bu.edu/busm/files/2020/08/Third-Year-Reach-Behaviors.pdf.

For each category, you should describe the student’s skills you have observed. This section is required when a student is performing in any of the domains except “Competent in this Domain”. Educator development videos with additional guidance are available on our website: http://www.bumc.bu.edu/busm/education/medical-education/faculty-resources/educator-development-videos/

For more detail, please refer to CSEF form at https://www.bumc.bu.edu/busm/files/2021/05/CSEF-3rd-Year.pdf.

Feedback
Feedback is vital for student learning and growth and should be given regularly. Feedback during a clerkship should be given multiple times which include: real-time feedback during patient care, recap feedback at the end of the session/day and summative feedback at the mid and end of the rotation. The BUSM Formative Assessment and Feedback Policy can be found here: http://www.bumc.bu.edu/busm/education/medical-education/policies/formative-assessment-and-feedback/

Best practices regarding feedback include:
• Start with getting the student’s perspective on how they performed or are performing.
• Feedback should be specific and actionable. What could the student do differently next time?
• Feedback should be based on direct observation. i.e., what you have seen.
• Feedback should be timely (in close proximity to when you observed a behavior).
• Feedback should be respectful and encourage future growth.

Early Recognition of Learning Problems
The clerkship director and the medical school are committed to providing additional educational support as required for the student’s successful completion of the program. The clerkship director should be notified as soon as possible if the preceptor and/or student identify significant deficiencies. This will allow for supportive interventions to be implemented prior to the end of the clerkship.

If a primary faculty is concerned that the student may be at risk of receiving an unsatisfactory rating in ANY category, this information should be shared with the student face-to-face as soon as possible, and
certainly during the mid-clerkship evaluation. Once informed, the student may wish to obtain additional academic assistance from the clerkship director and support personnel. Identifying potential problems early on allows the student the opportunity to enhance performance prior to the end of the clerkship. Faculty should also feel free to contact the clerkship director if learning difficulties or related problems are identified at any time. However, in fairness to the student, the primary faculty should also inform the student of the problem at that time.

Mid Rotation Meeting
The clinical faculty/site director should sit privately with the student at the mid-point in the rotation to give feedback. It is highly recommended that the faculty working directly with the student complete a copy of the Clinical Student Evaluation Form (CSEF) before the meeting, and then directly address each item on the CSEF with the student to provide more detailed feedback about how they are performing. Feedback for the student, including strengths and areas that need improvement should be reviewed (See Appendix A).

The site director/clerkship director and the student are required to complete the BUSM Mid-clerkship Evaluation form for the mid rotation meeting. Learning goals for the latter half of the clerkship should be discussed. The student’s patient log should be reviewed and a plan should be made for remediation of any deficiencies (e.g. strategizing how the student could see a patient with that clinical condition, discussing opportunities to complete the requirement with an alternative experience, etc.) The student should update and review the summary statistics of their patient log before their meeting with you.

Final Grade and Narrative Comments
On the last day at the site, the site director and student are to meet for 15-30 minutes to review the final Clinical Student Evaluation Form. This session should allow for an important educational interchange between the clinical site director/faculty and the student. We strongly suggest that evaluations from other faculty and residents with whom the student has worked be collected, and that the evaluation form be completed by the site director PRIOR TO the meeting with the student if at all possible. This information is very important to students and is best reviewed with them directly. If you are unable to complete the evaluation form before the final interview, please submit it no later than one week after the end of the clerkship block. It should reflect as closely as possible the substance of your discussion with the student. The narrative portion of the form is especially important.

The comments sections of the CSEF are very important. The more specific you are, including examples, the more helpful the evaluation is to the student and the medical school. The summative comments get put in the students’ Dean’s letters that go out to residency programs- so having accurate, detailed information is very helpful. This box is where you should put what you observe about the student, trying to highlight
their strengths and specifics of their performance. The second box is for **areas for improvement**. These are comments that are not included in the Dean’s letter. These are the constructive comments for the student- areas to work on, ways they can grow. We encourage every preceptor to provide information to the student in this section so that the student can have direction in what they need to work on in the future.

*Example Narrative Comments:*

This is an example of the type of summative comments that the medical school is looking for from one of our sites: (the student’s name has been replaced to maintain their anonymity)

“**Rocco did an excellent job during his Family Medicine Clerkship. He is able to develop rapport with patients very quickly and meaningfully. He avoids medical jargon when speaking to patients. He is able to identify the patient’s major problems and reason through the most likely diagnosis. His physical exams skills are accurate. He should continue to think about his differential when completing his exam. He generates well thought out differential diagnoses and is able to routinely provide a rationale for his most likely diagnosis. By the end of the rotation, Rocco was able to discuss parts of the plan with the patient and do some brief patient education on nutrition and exercise. His progress notes were always appropriate, well organized, timely, and complete. His case presentations were organized, focused and complete. Rocco demonstrated a solid fund of knowledge right from the beginning and was able to answer questions. He should continue to explore the use of point of care resources in the clinical setting. He exhibited a very calm and professional manner when working with patients, putting them at ease and allowing for more effective and empathetic communication. He was active in the learning process. He routinely identified what he wanted to learn from the rotation and continued to work on those items up to the very last minute of the rotation. He exhibited a professional attitude towards the clinic staff and patients."**

**Important Clerkship Policies**

**Attendance Policies**

On-site hours must be limited to 80 hours per week, averaged over a two-week period. Violations should be reported directly to the clerkship director or to an Associate Dean (Medical Education or Student Affairs). Time off requests must comply with the Attendance & Time Off Policy.

- **Work Hours:** [http://www.bumc.bu.edu/busm/education/medical-education/policies/work-hours/](http://www.bumc.bu.edu/busm/education/medical-education/policies/work-hours/)
- **Religious Observance:** [https://www.bu.edu/chapel/religion/religiouslifepolicies/](https://www.bu.edu/chapel/religion/religiouslifepolicies/)

**Appropriate Treatment in Medicine**

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

BUSM has a ZERO tolerance policy for medical student mistreatment. Students who have experienced or witnessed mistreatment are encouraged to report it using one of the following methods:

• Contact the chair of the Appropriate Treatment in Medicine Committee (ATM), Dr. Robert Vinci, MD, directly by email (bob.vinci@bmc.org)

• Submit an online Incident Report Form through the online reporting system [https://www.bumc.bu.edu/busm/student-affairs/atm/report-an-incident-to-atm/](https://www.bumc.bu.edu/busm/student-affairs/atm/report-an-incident-to-atm/)

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


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


**Needle Sticks and Exposure Procedure**


(See Appendix B)
MID-CLERKSHIP EVALUATION FORM

Student Name: __________________________________
Faculty Reviewer: ____________________________

During the Mid-Clerkship Meeting, faculty and student should meet, complete, discuss, and sign the Mid-Clerkship Review form (this paper) by week 2 on a 4 week clerkship, week 3 on a 6 week clerkship and week 4 on an 8 week clerkship.

Step 1: Faculty please complete a Mid-Clerkship CSEF, review each domain with the student and provide feedback and/or review completed FOCuS Forms with the student.

Step 2: Please review student’s required patient encounter log, duty hour log and their FOCuS forms

PATIENT LOG (REQUIRED DIAGNOSES and PROCEDURES)
Required patient encounters remaining:
Plan and timeline for completion or alternative experiences:

FOCuS FORMS Review complete: Yes ☐ No ☐
Direct Observation and Feedback Forms Remaining:
Plan and timeline for completion:

DUTY HOUR LOG Review complete: Yes ☐ No ☐

Step 3: Written feedback

List AT LEAST 2 SPECIFIC student strengths and comments on their performance (List behaviors, skills, etc.)

List AT LEAST 2 SPECIFIC items to work on during the second half of the clerkship (discuss action plan with student):
Please provide feedback on professionalism:

Step 4: Action Plan

Students: Write 3 learning goals for the rest of the rotation based on the feedback you received and discuss them with your faculty reviewer

1.

2.

3.

Student signature ____________________________________

Faculty signature _____________________________________

Clerkship director signature____________________________
(if not the same as above)
Boston University School of Medicine Needle Sticks and Exposure Procedure

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

**Covered Parties:** Medical students.

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

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

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

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

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

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

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

**Telephone:** 617-638-8400
**Pager:** 3580
**Fax:** 617-638-8406
**E-mail:** [workingwellclinic@bmc.org](mailto:workingwellclinic@bmc.org)
**Hours:** Monday-Friday, 7:30a.m. - 4:00p.m.

- Tell the receptionist you have had an unprotected exposure (needle stick), and you will be fast-tracked into the clinic.
- A counselor will discuss post-exposure prophylaxis with you
- **DO NOT DELAY!**

BMC’s Occupational Health will notify the Office of Student Affairs of exposures occurring at BMC within 48 hours. These situations can be very stressful and we are here to help. To speak to a dean immediately about the incident, please page the dean on duty by calling (617) 638-5795 and sending a page to #4196 or sending a text page to pager #4196 through the pager directory.

**If you are at a non-Boston Medical Center site**

Immediately check with your supervising physician about the site-specific needle-stick protocol

- If the site has its own emergency room or occupational health you will be directed to go there
- If the site does not have its own emergency room or occupational health, you will go to the nearest emergency room
- **DO NOT DELAY!**

Coverage for provided services is included in the Aetna student health insurance plan offered by the University. In the event that you do not have Boston University School of Medicine health insurance (Aetna), you must contact your carrier and determine the level of services covered. Submit any billing received to your insurance company. The OSA will provide reimbursement for out-of-pocket co-pays. We strongly encourage you to keep your health insurance card in your wallet at all times.

For questions regarding this policy please contact Dr. Angela Jackson, Associate Dean of Student Affairs. Dr. Jackson can be reached in the Office of Student Affairs (617-358-7466).

Revised Jan 2018

*Adapted from the Family Medicine’s Preceptor Manual, written by Miriam Hoffman, MD and Molly Osher-Cohen, MD*
*Updated 3/2022, Medical Education Office*