Emergency Medicine
Selective

Emergency Medicine
Course Number EM 403
2022-2023

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Clerkship Coordinator: Lisa Stapleton
Interim Clerkship Coordinator: Nephna Gustave
# Table of Contents

Medical Education Program Objectives ........................................................................................................... 4
Contact Information .................................................................................................................................................. 9
Clerkship Description ............................................................................................................................................ 10
  Clerkship Changes Made Based on Feedback ................................................................................................. 10
  Diversity, Equity, and Inclusion Initiatives ....................................................................................................... 10
  Other Recent Changes to the Clerkship .............................................................................................................. 10
Site Information .................................................................................................................................................... 10
Clerkship Schedules ............................................................................................................................................... 11
  Block Schedule .................................................................................................................................................. 11
  Didactic Schedule ........................................................................................................................................... 11
  Holidays ............................................................................................................................................................ 11
Assessment and Grading ....................................................................................................................................... 12
  Clerkship Grading Policy ................................................................................................................................... 12
  AME/Kaiser Core Faculty Direct Observation ................................................................................................. 13
  Formative Assessments .................................................................................................................................... 13
  Final Summative Assessments .......................................................................................................................... 14
Roles and Responsibilities .................................................................................................................................... 15
  BUSM Clerkship Director & Assistant Clerkship Director ............................................................................... 15
  Overall Clerkship Coordinator ........................................................................................................................ 16
  Clerkship Site Director ...................................................................................................................................... 16
  Clerkship Site Coordinator ............................................................................................................................... 17
  Primary Clinical Faculty/Preceptors/Trainees ................................................................................................. 18
    Supervision ...................................................................................................................................................... 18
    Supervision and Delegating Increasing Levels of Responsibility .................................................................. 18
    Intimate Exam Policy ...................................................................................................................................... 19
<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Exam Demonstrations</td>
<td>19</td>
</tr>
<tr>
<td>Third Year Student</td>
<td>19</td>
</tr>
<tr>
<td>Professional Comportment</td>
<td>19</td>
</tr>
<tr>
<td>Ethical Behavior for Examinations and Mandatory Sessions</td>
<td>20</td>
</tr>
<tr>
<td>Student Evaluation of the Clerkship</td>
<td>20</td>
</tr>
<tr>
<td>Blackboard</td>
<td>21</td>
</tr>
<tr>
<td>Patient Encounters/Case Logs</td>
<td>21</td>
</tr>
<tr>
<td>Policies and Procedures for Evaluation, Grading and Promotion of Boston University School of Medicine MD Students</td>
<td>21</td>
</tr>
<tr>
<td>Collaborative Student Assessment System</td>
<td>21</td>
</tr>
<tr>
<td>Student Disciplinary Code of Academic and Professional Conduct</td>
<td>21</td>
</tr>
<tr>
<td>Attendance Policies</td>
<td>21</td>
</tr>
<tr>
<td>Personal Day Policies</td>
<td>22</td>
</tr>
<tr>
<td>Scrubs Policy</td>
<td>22</td>
</tr>
<tr>
<td>BUSM Policies</td>
<td>22</td>
</tr>
<tr>
<td>BU Policies and Student Support Services</td>
<td>22</td>
</tr>
<tr>
<td>Appropriate Treatment in Medicine</td>
<td>22</td>
</tr>
<tr>
<td>Needle Sticks and Exposure Procedure</td>
<td>23</td>
</tr>
<tr>
<td>Boston University Sexual Misconduct/Title IX Policy</td>
<td>23</td>
</tr>
<tr>
<td>Boston University Social Media Guidelines</td>
<td>23</td>
</tr>
<tr>
<td>Learning Strategies and Tools</td>
<td>23</td>
</tr>
<tr>
<td>Recommended Texts</td>
<td>23</td>
</tr>
<tr>
<td>eValue Student Resources</td>
<td>23</td>
</tr>
<tr>
<td>Echo360/Technology</td>
<td>23</td>
</tr>
<tr>
<td>Tutoring</td>
<td>24</td>
</tr>
<tr>
<td>Disability &amp; Access Services</td>
<td>24</td>
</tr>
</tbody>
</table>

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## 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>
</tr>
</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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<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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<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>

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<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>
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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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<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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<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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<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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<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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</table>

| 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. |
A BUSM graduate will be able to:

| colleagues and interprofessional team members (C) | C.2 | Clearly articulate the assessment, diagnostic rationale, and plan to patients and their caregivers. |
| | C.3 | Effectively counsel and educate patients and their families. |
| | C.4 | Communicate effectively with colleagues within one's profession and team, consultants, and other health professionals. |
| | C.5 | Communicate one's role and responsibilities clearly to other health professionals. |
| | C.6 | 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. |
| | C.7 | Practice inclusive and culturally responsive spoken and written communication that helps patients, families, and health care teams ensure equitable patient care. |
| | C.8 | Communicate information with patients, families, community members, and health team members with attention to health literacy, avoiding medical jargon and discipline-specific terminology. |
| | C.9 | Communicate effectively with peers and in small groups demonstrating effective teaching and listening skills. |

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 lifelong learning and continuing improvement (LL)

| 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. |
| LL.4 | Actively seek feedback and opportunities to improve one’s knowledge and skills. |
**A BUSM graduate will be able to:**

| LL.5 | Locate, appraise, and assimilate evidence from scientific studies related to patients' health. |
| LL.6 | Actively identify, analyze, and implement new knowledge, guidelines, standards, technologies, or services that have been demonstrated to improve patient outcomes. |

**Demonstrate knowledge of health care delivery and systems needed to provide optimal care to patients and populations (HS)**

| HS.1 | Identify the many factors that influence health including structural and social determinants, disease prevention, and disability in the population. |
| HS.2 | 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. |
| HS.3 | 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. |
| HS.4 | Work with the interprofessional team to coordinate patient care across healthcare systems and address the needs of patients. |
| HS.5 | 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. |
| HS.6 | Initiate safety interventions aimed at reducing patient harm. |
| HS.7 | Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care. |
| HS.8 | Integrate preventive interventions into the comprehensive health care of individuals. |
| HS.9 | Explain how different health care systems, programs and community organizations affect the health of neighborhoods and communities. |

**Exhibit commitment to promoting and advancing health equity for all patients (HE)**

| HE.1 | Define health equity and describe the individual and population level differences in health outcomes and disease burden due to inequities in health care. |
| HE.2 | Comprehend the historical and current drivers of structural vulnerability, racism, sexism, oppression, and historical marginalization and how they create health inequity. |
| HE.3 | Explain how one’s own identity, lived experiences, privileges, and biases influence their perspectives of colleagues, patients and clinical decision making. |
| HE.4 | Comprehend and identify the impact of health care inequities through medical decision making tools, interpreting medical literature and reviewing scientific research. |
| HE.5 | Identify factors needed to advocate for a more diverse and equitable healthcare environment at a local, community, and systems based level. |
Third Year 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
   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
   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
   c. 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.”]
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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Director of Undergraduate Medical Student Education
Assistant Dean of Student Affairs
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Office: 1st floor BCD building, Rm 1010
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 physicians 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 healthcare system.

Pre-requisite knowledge and skills
Students must have completed their second-year curriculum and the Transitional Clerkship, and have taken the Step-I exam prior to taking this clerkship.

Clerkship Changes Made Based on Feedback
Didactics are now delivered solely by our Emergency Medicine Faculty and not Residents. Only one student is assigned per ED pod to allow more optimal on-shift teaching. There is storage space available in the BCD building for medical students.

Diversity, Equity, and Inclusion Initiatives
We have included the SBIRT session and Narrative Medicine session. Working on Social Determinants of Health session as well.

Other Recent Changes to the Clerkship
Added a Climate Change didactics session.

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 1:00 pm
  - 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
    - Skill Sessions: EKG interpretation in the ED, Point-of-care Ultrasound, Suturing
  - 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).
  - 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 23, 2022 at 12PM – Sunday, November 27, 2022
Intercession: Saturday, December 24, 2022 – Monday, January 2, 2023
Spring Break: Saturday, March 4, 2023 – Sunday, March 12, 2023

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><strong>How Much Each Part of Your Grade is Worth:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Grade Percentage</td>
</tr>
<tr>
<td>Shelf/Exam Percentage</td>
</tr>
<tr>
<td>&quot;Other&quot; Components Percentage</td>
</tr>
</tbody>
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<tr>
<th><strong>How Your Final Word Grade is Calculated:</strong></th>
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<tbody>
<tr>
<td>Honors</td>
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<tr>
<td>High Pass</td>
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<tr>
<td>Pass</td>
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<tr>
<td>Fail</td>
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<tr>
<th><strong>How Your Clinical Grade is Calculated With the CSEF:</strong></th>
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<tr>
<td>Clinical Honors</td>
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<tr>
<td>Clinical High Pass</td>
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<tr>
<td>Clinical Pass</td>
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<tr>
<td>Clinical Fail</td>
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<tr>
<th><strong>Shelf/Exam Grading</strong></th>
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<tr>
<td>Exam minimum passing (percentile/2 digit score)</td>
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**What is “Other” and what percentage is it worth?**

N/A

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<tr>
<th><strong>Other Components that Need to be Completed in Order to Pass the Clerkship</strong></th>
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**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 0.01 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
    - <2.00 = Clinical fail which will = a fail for the clerkship
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 prior to receiving their final grade for the clerkship if their professional conduct is of concern. Prior to receiving a final grade, 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.

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**

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 provides faculty development across sites specific to clerkship needs
- Evaluate and grade students
  - Develops and monitors assessment materials
  - Uses required methods for evaluation and grading
  - Assures timely mid-clerkship meetings at all sites with students
  - Ensures students receive timely and specific feedback on their performance
  - 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
- Orients 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:
  - Student schedules to students, faculty, and staff before clerkship start date
  - 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

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.
  o 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
  o 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. Additionally, students will be given feedback prior to receiving their final grade 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 BUSM’s evaluation system, 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/](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/](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](http://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/](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**

**Collaborative Student Assessment System**

**Student Disciplinary Code of Academic and Professional Conduct**

**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.

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/bstm/student-affairs/atm/

**Needle Sticks and Exposure Procedure**
http://www.bumc.bu.edu/bstm/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/

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**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

**eValue Student Resources**
http://www.bumc.bu.edu/evalue/students/

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

If you experience any technical problems, please report the issue in one of the following ways to generate an IT ticket:
• **Echo360 Related Issues:** Create a ticket on the Ed Media site ([http://www.bumc.bu.edu/bumc-emc/instructional-services/echo360/](http://www.bumc.bu.edu/bumc-emc/instructional-services/echo360/)): sign in and provide pertinent information that will enable an effective response. Have a link to the problematic video ready to copy/paste into this form.

• **Educational Technology Related Issues:** For assistance with technology supported by BUMC's Educational Media (e.g. ExamSoft), tickets can be created via their website at: [http://www.bumc.bu.edu/bumc-emc/instructional-services/report-an-educational-technology-issue/](http://www.bumc.bu.edu/bumc-emc/instructional-services/report-an-educational-technology-issue/)

• **Other Technology Related Issues:** For assistance with BU-wide technology, such as Blackboard, email an example (e.g. picture or very brief phone video) to ithelp@bu.edu with a descriptive subject line and give as many details as possible on the what, where, how you are using the service and what type of computer, browser, etc. along with type of student (i.e. BUSM III). Always include link(s) to or screen shots of where the issue is occurring.

BUSM Policy on Recordings: [https://www.bumc.bu.edu/busm/education/medical-education/policies/classroom-recordings/](https://www.bumc.bu.edu/busm/education/medical-education/policies/classroom-recordings/)

**Tutoring**


**Disability & Access Services**

Disability & Access Services’ goal is to provide services and support to ensure that students are able to access and participate in the opportunities available at Boston University. In keeping with this objective, students are expected and encouraged to utilize the resources of Disability & Access Services to the degree they determine necessary. Although a significant degree of independence is expected of students, Disability & Access Services is available to assist should the need arise.

[https://www.bu.edu/disability/accommodations/](https://www.bu.edu/disability/accommodations/)