Clinical Supervision of Medical Students:
Promoting Patient and Student Safety

Faculty Guidelines
AY 2022-2023

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/
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## BUSM Medical Education Program Objectives

A BUSM graduate will be able to:

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

| Demonstrate clinical skills and diagnostic reasoning needed for patient care (CSDR) | CSDR.1 | Gather complete and hypothesis driven histories from patients, families, and electronic health records in an organized manner. |
| CSDR.2 | Conduct complete and hypothesis-driven physical exams interpreting abnormalities while maintaining patient comfort. |
| CSDR.3 | Develop and justify the differential diagnosis for clinical presentations by using disease and/or condition prevalence, pathophysiology, and pertinent positive and negative clinical findings. |
| CSDR.4 | Develop a management plan and provide an appropriate rationale. |
| CSDR.5 | Deliver an organized, clear and focused oral presentation. |
| CSDR.6 | Document patient encounters accurately, efficiently, and promptly including independent authorship for reporting of information, assessment, and plan. |
| CSDR.7 | Perform common procedures safely and correctly, including participating in informed consent, following universal precautions and sterile technique while attending to patient comfort. |
| CSDR.8 | Utilize electronic decision support tools and point-of-care resources to use the best available evidence to support and justify clinical reasoning. |
| CSDR.9 | 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. |

| Effectively communicate with patients, families, colleagues and interprofessional team members (C) | 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. |
| 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. |

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A BUSM graduate will be able to:

<table>
<thead>
<tr>
<th>Practice relationship centered care to build therapeutic alliances with patients and caregivers (PCC)</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PCC.2 Demonstrate humanism, compassion, empathy, integrity, and respect for patients and caregivers.</td>
</tr>
<tr>
<td></td>
<td>PCC.3 Demonstrate a commitment to ethical principles pertaining to autonomy, confidentiality, justice, equity, and informed consent.</td>
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<tr>
<td></td>
<td>PCC.4 Show responsiveness and accountability to patient needs that supersedes self-interest.</td>
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<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td>Exhibit skills necessary for personal and professional development needed for the practice of medicine (PPD)</td>
<td>PPD.1 Recognize the need for additional help or supervision and seek it accordingly.</td>
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<td></td>
<td>PPD.2 Demonstrate trustworthiness that makes colleagues feel secure when responsible for the care of patients.</td>
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<td></td>
<td>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.</td>
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<tr>
<td>Exhibit commitment and aptitude for lifelong learning and continuing improvement (LL)</td>
<td>LL.1 Identify strengths, deficiencies, and limits in one’s knowledge and expertise.</td>
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<td></td>
<td>LL.2 Develop goals and strategies to improve performance.</td>
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<tr>
<td></td>
<td>LL.3 Develop and answer questions based on personal learning needs.</td>
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<td></td>
<td>LL.4 Actively seek feedback and opportunities to improve one's knowledge and skills.</td>
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<td></td>
<td>LL.5 Locate, appraise, and assimilate evidence from scientific studies related to patients’ health.</td>
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<td></td>
<td>LL.6 Actively identify, analyze, and implement new knowledge, guidelines, standards, technologies, or services that have been demonstrated to improve patient outcomes.</td>
</tr>
<tr>
<td>Demonstrate knowledge of health care delivery and systems needed to provide optimal care to patients and populations (HS)</td>
<td>HS.1 Identify the many factors that influence health including structural and social determinants, disease prevention, and disability in the population.</td>
</tr>
<tr>
<td></td>
<td>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.</td>
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<tr>
<td></td>
<td>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.</td>
</tr>
</tbody>
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A BUSM graduate will be able to:

<table>
<thead>
<tr>
<th>HS.4</th>
<th>Work with the interprofessional team to coordinate patient care across healthcare systems and address the needs of patients.</th>
</tr>
</thead>
<tbody>
<tr>
<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>
</tr>
<tr>
<td>HS.6</td>
<td>Initiate safety interventions aimed at reducing patient harm.</td>
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<tr>
<td>HS.7</td>
<td>Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care.</td>
</tr>
<tr>
<td>HS.8</td>
<td>Integrate preventive interventions into the comprehensive health care of individuals.</td>
</tr>
<tr>
<td>HS.9</td>
<td>Explain how different health care systems, programs and community organizations affect the health of neighborhoods and communities.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<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>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>
</tr>
<tr>
<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>
</tr>
<tr>
<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>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>
</tr>
</tbody>
</table>

**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
**Pediatric Clerkship Learning Objectives (note correlation to Third-Year Learning Objectives and C-SEF)**

- **Communication Skills:**
  - Develop compassionate and respectful communication skills adapted to the clinical setting (e.g. ED, wards, ambulatory, nursery) that facilitate an age-appropriate and culturally sensitive therapeutic alliance with children, adolescents and their families

- **History & Interview:**
  - Demonstrate an ability to obtain information in an age-appropriate and sensitive manner from a child and or the accompanying adult in domains uniquely pertinent to pediatric care, including: neonatal/newborn history, immunizations, growth & development, home environment & safety, adolescent health
  - Understand basic developmental screening of children, gain comfort in interacting with children and the families of children with intellectual and/or developmental disabilities, and begin to recognize signs for referral for developmental consultation and intervention

- **Physical Exam**
  - Demonstrate competency in the physical examination of infants, children & adolescents and understand the diagnostic correlation of physical exam findings

- **Data Synthesis**
  - Show improving clinical problem-solving and critical thinking skills through development of a reasonable differential diagnosis, appropriate assessment, interpretation of results (labs & imaging) and logical plan of care using evidence

- **Oral Presentations**
  - Perform effective oral presentations that communicate key clinical to other health care providers and reflect an accurate history and physical exam of a pediatric patient

- **Patient Education**
  - Discuss strategies for health promotion as well as disease and injury prevention (e.g., screening tests, assessing and counseling on immunization status during a health care visit, inquiring about and counseling adolescents on topics of sex/sexuality, drug use, depression; and providing anticipatory guidance for parents about nutrition, development and safety from birth through adolescence)

- **Written Documentation**
  - Demonstrate skills of written documentation that communicate key clinical to other health care providers and reflect an accurate history and physical exam of a pediatric patient

- **Medical Knowledge**
  - Acquire the knowledge for the diagnosis and initial management of common pediatric acute and chronic illness from newborns through adolescence including respiratory illness, asthma, abdominal pain/vomiting and/or diarrhea, febrile children, feeding concerns, jaundice, hypoglycemia
  - Apply basic knowledge of growth and development (physical, physiologic and psychosocial) to the care of patients from birth through adolescence (including attention to the pediatric developmental milestones and impact of illness and psycho-social factors on growth and development)

- **Self-Directed Learning**
  - Exhibit the attitudes and professional behaviors appropriate for clinical practice including maturity in soliciting, accepting and modifying practice in response to feedback

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• Professional Responsibility
  o Exhibit the attitudes and professional behaviors appropriate for clinical practice including showing a positive attitude and regard for education, universal attendance, punctuality, intellectual curiosity, honesty, responsibility

• Teamwork
  o Develop an understanding of and then practice the collaborative approach of pediatricians to the health care of children and adolescents in the outpatient, inpatient and emergency department settings

Contact Information

Clerkship Director
Rachel Thompson MD
Director of Medical Student Education in Pediatrics
Director of Pediatric Clerkship
Telephone: (617) 414-2569
Email: rachel.thompson@bmc.org
Pager: 617-638-5795 Beeper #8147
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Associate Clerkship Director
TBD

Clerkship Coordinator
Jordan Puskas-Sullivan
Telephone: (617) 414-5177
Email: jpsulli@bu.edu
Office: 801 Albany Street
Clerkship Specific Information

Pediatric Clerkship Content Areas: covered in modules and case-based learning

General & Subspecialty Pediatrics:
- Adolescent Medicine
- Respiratory Illnesses
- Caring for LGBTQ Youth
- Child Abuse
- Developmental & Behavioral Pediatrics
- Failure to Thrive
- Fever in the pediatric patient
- Jaundice in the newborn
- Pediatric Neurology
- Pediatric Cardiology
- Pediatric Fluid, Electrolytes, and Nutrition
- Pediatric Shock
- Pediatric Rheumatology
- Pediatric Gastroenterology
- Pediatric Hematology
- Pediatric Endocrinology
- Genetics

Additional Educational Experiences:
- Operation House Call – workshop on caring for families and children with intellectual/developmental disabilities run by the ARC of MA followed by a virtual home visit
- Social Determinants of Health and Interprofessional Collaboration (Virtual Reality Pilot)
- Simulation Day

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
Student didactics in AY 2022-2023 will be delivered in a format that mixes individual self-directed learning, case-based learning completed independently, and precepted small group learning sessions.
All students will have ~5 clinical weeks and ~1 week (4-5 days) of non-clinical time blocked for didactic learning with a preceptor and in special learning activities.
The curriculum will cover the core required patient encounters and delivered in cases or modules completed each week by students. All students will be grouped into learning communities based on the timing of their
assigned “non clinical week.” On the first Monday of the block, students will have a “Foundations” day where the following content will be covered:
1. Orientation to Pediatrics
2. Oral presentations in Pediatrics
3. Fluids and Electrolytes – calculations and concepts for peds
4. Fever in the Pediatric Patient
5. Operation House Call Panel Discussion with our colleagues from ARC of Massachusetts

FORMAT:
- Students will have 2 cases/modules to complete during each clinical week in collaboration with their learning community.
- During their one non-clinical week, there will be 8 cases/modules to complete: 4 in precepted small group sessions and 4 independently or in scheduled learning community meetings. We estimate this will be ~ one half day of case-based or module work per day.
- Each learning community will schedule a virtual home visit with a family from Operation House Call

Students are strongly encouraged to virtually or in-person (if offered) attend Case of the Week and Grand Rounds at BMC. Attendance is required for BMC site students (except of on night shifts).
- Pediatric Grand Rounds: Thursdays 8am-9am (on hold July through Labor Day)
- Case of the Week: Fridays 8am-9am, (moved to Thursdays 8-9am during July-Labor Day). C.O.W is an interactive case-based educational session led by a resident.
- Zoom links can be found on the BUSM Peds Clerkship Google calendar on Black Board

Students may be required to attend additional site-specific didactic sessions or have other didactic opportunities made available to them at their site. Details on site specific didactic sessions will be discussed with students during site specific orientation.

Daily Schedule
Each pediatric clerkship site maintains their own individual schedules. Students will be provided with their specific schedules by their site directors at the start of the pediatrics clerkship and at their site-specific orientation. Please see the attendance and personal day policies for information for BUSM-wide information about allowed/permitted requests for schedule changes as defined by the school policy.

Irrespective of site, students should not work more than 80 hours per week when averaged over a two-week period. Please keep careful record of your work hours and notify the clerkship team if you are approaching/at risk of exceeding duty hour restrictions.

Call Schedule
Students do not have call (in hospital shifts >24 hr) during the Pediatric Clerkship.

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

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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

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.

Pediatric Specific FOCuS assignments and other required observations are listed below.

FOCuS forms and exam competency forms are available on Blackboard for download or printing.

FOCuS forms and midrotation forms are additionally available from the BUSM Faculty Resources Web page from the section on Clerkship Related Information.

1. Interviewing Technique (FOCuS)
2. Physical Exam (FOCuS)
3. Newborn Exam
4. HEENT exam

Blackboard
Students will have access to a Blackboard site for the clerkship. The site is listed under “My Courses” as Pediatric Clerkship on the 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/

Assignments
Timely completion of all assignments is required to pass the course. Failure to return the required assignments will result in a grade of incomplete for the clerkship and be considered a lapse in professionalism. For full credit, students must complete their case-based learning on schedule and turn in all assignments on time.

1. **Newborn Competency examination**: Student must perform a supervised newborn exam while on the Inpatient Service, in the Ambulatory (Primary Care, specialty, ED or urgent care) area, or in the Nursery/Birthplace. It is the students’ responsibility to request this experience from a faculty person, to review the physical exam with them and request feedback. If the student does not meet minimal
competency on the first attempt at the exam, it may be repeated until all competencies are met. The student must upload their newborn exam competency card to BlackBoard. Additional copies can be downloaded from Blackboard. The observer (MD, DO, NP) will be responsible for grading and signing off on the Newborn Exam Competency Card

Prior to completing this competency, students must:

b. View the newborn examination video from MedEd portal, located on the Blackboard site passport section (in the folder on newborn competency)

2. **HEENT Exam** – Student must complete modules on Blackboard for each section of the exam online, and then complete an observed HEENT exam and have the competency signed off.

3. **FOCuS forms: (1) Interviewing Technique and (2) Physical** Student must perform at least one history and one physical exam observed by an attending physician. FOCuS forms for each of these observed encounters can be downloaded from Blackboard or the Faculty Resources Website. Students may have the history and physical observed on different patients if that is easier. Students should plan to take NO MORE THAN 15 MINUTES for your history & PE as this is the time they will be allotted on the end of third year assessment (EOTYA) in April.

4. **Required Patient Encounter CASES**: Students must complete all assigned case-based or module learning for the clerkship according to their schedule with their learning community. Assignments, as noted with the case, should be uploaded to Blackboard.

5. **Required Patient Encounters**: There are twelve required clinical experiences/patient encounters in pediatrics. Please see the “Required Patient Encounters” section of the syllabus and on Blackboard. These encounters and the clinical reasoning for how to approach these presentations will all be covered in your case-based learning.

**Late assignments and make-ups**

All assignments are due the last day of the rotation prior to sitting for the NBME Shelf Exam. Any student who is missing assignments on the last day will receive an INCOMPLETE grade until all assignments have been completed and lose points from their final grade. Assignments are worth 3% of your final grade.

**Patient Encounters/Case Logs**

Across the third-year students are responsible for electronically recording when they have cared for a patient meeting one of the required patient encounters and procedures. To log the patient encounter, students must have participated in the history, physical exam, assessment and plan development of the patient. That a student has come close to meeting these patient requirements should be reviewed at mid-rotation.

**Required Patient Encounters**

[http://www.bumc.bu.edu/busm/education/medical-education/faculty-resources/](http://www.bumc.bu.edu/busm/education/medical-education/faculty-resources/)

In the Pediatrics clerkship students are required to see log the following clinical conditions: Jaundice in a newborn, fever in a pediatric patient, well child visit, weight changes in a pediatric patient, upper respiratory

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illness, eye pain or redness, shortness of breath, vomiting, constipation, diarrhea, extremity pain, patient with developmental delay or disability. The level of student responsibility required to document the clinical encounter in the case log in eValue is listed in the table below.

<table>
<thead>
<tr>
<th>Patient Type</th>
<th>Clinical Condition</th>
<th>Procedures/Skills</th>
<th>Clinical Setting</th>
<th>Level of Student Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn (&lt; 1mo)</td>
<td>Jaundice</td>
<td>Level of student responsibility</td>
<td>Patient evaluation</td>
<td></td>
</tr>
<tr>
<td>Encouraged to see/understand care of range of ages, ie. neonate through Child/Adolescent</td>
<td>Fever</td>
<td>Patient evaluation with developmental assessment, anticipatory guidance</td>
<td>Any clerkship setting: ED, Ambulatory, inpatient, nursery</td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td>Well child visit</td>
<td>Patient evaluation</td>
<td>Any clerkship setting: ED, Ambulatory, inpatient, nursery</td>
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</tr>
<tr>
<td>Child</td>
<td>Abdominal pain in a child</td>
<td>Patient evaluation</td>
<td>Any clerkship setting: ED, Ambulatory, inpatient, nursery</td>
<td></td>
</tr>
<tr>
<td>Infant/child/adolescent</td>
<td>Weight changes in a pediatric patient (including Failure to Thrive)</td>
<td>Patient evaluation</td>
<td>Any clerkship setting or operation house call</td>
<td>OP, written documentation or OHC blog post.</td>
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<tr>
<td></td>
<td>Upper respiratory illness</td>
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<tr>
<td></td>
<td>Eye pain/redness</td>
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<td></td>
<td>Shortness of breath</td>
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<td></td>
<td>Vomiting in a pediatric patient</td>
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<td></td>
<td>Diarrhea in a pediatric patient</td>
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<td></td>
<td>Extremity pain (e.g. sprains, fracture, abuse, infectious)</td>
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<td></td>
<td>Patient with developmental delay and/or disability</td>
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</table>

**PEDIATRICS**

**ALL facets of patient evaluation:**
Take a history, conduct a PE, provide an assessment & treatment plan inclusive of anticipatory guidance and counseling where appropriate.

**Alternative Experience:**
Participate in a clerkship approved case-based session or online module.

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**Alternative Patient Encounters**

If a student has not been able to experience all patient encounters required for the clerkship, students must address any gaps in their patient encounters through an alternative experience. In this clerkship, the alternative experiences are provided through core content cases and learning modules which the students will complete with their learning communities.

**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 E value 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.
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
- Orients 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
  - Develops and monitors assessment materials
  - Uses required methods for evaluation and grading

Adapted from the Family Medicine’s Preceptor Manual, written by Miriam Hoffman, MD and Molly Osher-Cohen, MD
Updated 3/2022, Medical Education Office
• 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
• Orient students to the clinical site when new students arrive at the site
• Reviews clerkship requirements and student expectations at site
  o Provides site specific information including, but not limited to, lockers, library, call rooms as applicable and required by LCME
  o Reviews site-specific schedule, discusses student role and responsibilities at site, supervision at site, and who to contact with questions and concerns

Adapted from the Family Medicine’s Preceptor Manual, written by Miriam Hoffman, MD and Molly Osher-Cohen, MD
Updated 3/2022, Medical Education Office
• 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
  o 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
  o Ensures that narrative data are consistent with and support numerical data
  o 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

Adapted from the Family Medicine's Preceptor Manual, written by Miriam Hoffman, MD and Molly Osher-Cohen, MD
Updated 3/2022, Medical Education Office
• 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 – under your supervision in accordance with CMS policy if you will be using their documentation for billing. In the outpatient setting, the student should initially perform 4-5 focused visits per day, increasing to 6-8 if capable. In the inpatient setting, the student should initially follow 1-2 patients and increased if census allows. 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/Diagnostic 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

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:
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 FOCuS (Feedback based on Observation of Clinical Student) forms required for each clerkship provide formative assessment through direct observation of CSEF behaviors. FOCuS forms required for that clerkship must be completed for each student by the end of the rotation (See Appendix A for an example). Each clerkship will require one interviewing technique and one physical exam FOCuS form to be completed. 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. Considering the domains on the grading form, the preceptor can provide students with a sense of where they are performing and areas for improvement using examples from their time on service. This provides the student with detailed feedback about how they are performing which can then be reviewed by the site director at the mid-rotation meeting. Feedback for the student, including strengths and areas that need improvement should be reviewed (See Appendix B).

The site director/clerkship director and the student are required to complete the remaining portions of the BUSM Mid-clerkship Evaluation form for the mid rotation meeting. Learning goals for the latter half of the clerkship should be discussed and recorded by the student. A review of the student’s ongoing assignments should then be done to make sure the student is on target to complete everything by the close of the clerkship. This includes:

- The student’s patient log of required clinical encounters, 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.)
- Review duty hour log and patient log to ensure < 80 hours/week
- FOCuS forms should be completed & uploaded to eValue. The content of these forms should be reviewed (Appendix A).
- Students should have completed cases according to their schedule
- Completion of the newborn exam (if they have had their newborn rotation)
- Completion of portions of the HEENT exam

Final Grade and Narrative Comments
The site director is encouraged to meet with student at the end of the block to discuss the clerkship. Students often have valuable feedback on experiences they had, or concerns that should be discussed. We strongly suggest using this as an opportunity to find out which preceptors the student feels most strongly about receiving final feedback from for the final evaluation. If there are any concerns about evaluations that have been completed, this is an ideal time to address them.

Summative Comments
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 can be incorporated into the final grade narrative for students’ Dean’s letters (the Medical Student Performance Evaluation, or MSPE) that go 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. If you are completing a summative evaluation including feedback from your colleagues, we encourage you to include direct quotes from faculty as supportive detail.

The typical format roughly follows the **PRIME** mnemonic – with comments covering **P**rofessionalism, **R**eporter vs. **I**nterpreter vs. **M**anager of patient data/care. And whether they have taken opportunities to be an **E**ducator of the team and their patients. All of these narratives are reviewed and edited for consistency by the clerkship director at BUSM.

**Formative Comments**

The second box (formative) is for **areas for improvement**. These are comments that are not included in the Dean’s letter/MSPE. 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. A way to approach this is to use the C-SEF as a model, i.e. if a student got a score of 3 what are the skills/domains that they would need to reach for in order to move up to the next level. How close are they?

**Professionalism Comments**

These comments do not directly go into the Dean’s letter, but rather are formative comments that will be tracked during the academic year. If a student has repeated concerns mentioned in the professionalism box across clerkship, the Student Affairs and Medical Education office deans will integrate this information from formative into summative comments for the dean’s letter.

**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 and seek opportunities to use his new**

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Updated 3/2022, Medical Education Office
knowledge to education patients and his team. 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."

Home Visit
Certain clerkships have home visits. Primary faculty need to provide complete instructions regarding the home visit and expectations for the student.

**Home visit safety**
Student and patient safety is a priority for home visits. **Students are required to go to their home visit with another student or clinician (MD, NP, RN, Resident, etc.).** At no time should a student participate in an experience where they are in danger or feel uncomfortable. Please assist the student in finding an appropriate patient for their home visit with respect to educational, patient care, logistical, and safety goals. Students are encouraged to talk with their preceptor or the clerkship director if they have questions or concerns at any point. The student should notify the primary preceptor or a designated staff member of the date and location of their home visit before they go to the patient’s home.

**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.

*Students are responsible for communicating with all the clerkship leadership (i.e., Drs. Yellen & Thompson and the clerkship coordinator) – in advance of or at the time of – any absences/sick days, time off during the work day or times when they anticipate being late to a scheduled activity. Students should also reach out to their site director and team with this information at the same time.*

- 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/)
**Personal Day Policies**

Students may request up to two “personal” days during the academic year. These are excused absences that must be requested at least 48 hours in advance of the planned day off, but ideally several weeks in advance when knowledge of the event is known. All students must submit the request for a personal day online so that they are centrally tracked. Student requests must be in alignment with the blackout days noted below.


NOTE: personal days + other absences must comply with the school policy around maximum days off in a clerkship. Notably: “Total absences of more than 3 days in a 4 week third-year clerkship, 4 days in a 6 week third-year clerkship, or 5 days in an 8 week third-year clerkship will require notification to the Assistant Dean of Medical Education for Curriculum & Assessment, who in collaboration with the clerkship director and the Associate Dean of Medical Education determines if the clerkship needs to be repeated or if the missed time can be remediated. If there are concerns with multiple absences, the clerkship director will notify the Associate Dean of Student Affairs and Medical Education.”

**Clerkship Specific Blackout Dates**

The pediatrics clerkship is happy to offer students the opportunity to take personal days during the clerkship. However, the nature of the pediatric clerkship – organized at many sites as a series of small rotations ranging from a few days to a few weeks in length – means that there very specific guidelines and blackout dates for taking personal days. Without these guidelines the educational experience and assessment is compromised.

- Specific Blackout dates include:
- Clerkship/site orientations (day 1 of the clerkship and day 2 of the clerkship if that is your site orientation)
- NBME SHELF exam
- Anytime you have 3 days or less on a service such as wards or nursery (except for ED) – i.e. you must have a minimum of 3d on that service for assessment.
- BMC Ambulatory continuity clinic sessions. We do not have flexibility in rescheduling these clinics. Students may take a personal day if they have only a subspecialty session scheduled for that day.
- Any time during your non-clinical week when you are scheduled for a didactic session or any other didactic sessions on other weeks (e.g. simulation day)

Given these limitations – we strongly encourage students to reach out as far in advance as possible so that we can facilitate a personal day. If a student requests the personal day before schedules are released, we have much more flexibility in maximizing your schedule around the needed day off – in other words, asking as early as possible early is a much better way to get a desired day off! We can, for example, more easily rearrange ambulatory continuity clinics, but lose that flexibility once the clerkship has begun.

**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 to the Appropriate Treatment in Medicine Committee (ATM), Dr. Robert Vinci at Bob.vinci@bmc.org

Website: http://www.bumc.bu.edu/busm/student-life/student-life/atm/

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

**Needle Sticks and Exposure Procedure**
http://www.bumc.bu.edu/busm/student-life/student-life/health/needle-stickexposure/ (See Appendix C)
FOCUS: Feedback and Observation of Clinical (UME) Students

INTERVIEWING TECHNIQUE

Please observe the student performing a patient history and provide them with feedback based on the behaviors listed below

- Prior to observation:
  - Ask student about specific areas they want to work on or areas you should focus your feedback on

- After you observe:
  - Encourage student assessment
  - Describe specific behaviors- use CSEF language below as prompts
  - Give positive and constructive feedback: at least 2 positives and 2 areas for improvement and develop an action plan

Interviewing Technique

A 3rd year student who is competent in this domain:
- Introduces self to patient and attempts to develops rapport
- Takes a chronologic history of present illness without interruption
- Attempts to use the differential diagnosis to gather data
- Follows an organized interview framework
- Uses summarization of history back to patient or checks for accuracy
- Actively listens using verbal and non-verbal techniques (reflective statements, summary statements, open body language, nodding, eye contact, etc.)
- Completes within appropriate time frame

A 3rd year student who is achieving behavior beyond the 3rd year competency criteria:
- Demonstrates patient-centered interview skills (e.g. attends to patients' verbal/nonverbal cues, culture, social determinants, need for interpretive/adaptive services etc.)
- Probes for relevant, subtle details
- Integrates information from the patient and from other relevant resources (e.g. EMR, caregiver, witness, outside records)

Comments - specific examples of behaviors observed or missing from above:
(Note: It is okay to give your feedback verbally and have the student scribe - the important part is giving specific, timely, behaviorally based feedback)

Student Reflection - What would you change or do differently?

Next steps for student growth:
These should be developed based on feedback from the observation and the above behaviors - student should develop these with faculty and write them here:
1.
2.
3.

☐ I directly observed this student
☐ I provided verbal feedback to the student

Supervisor Signature ______________________________
MID-CLERKSHIP EVALUATION FORM

Student Name: _______________________ Faculty Reviewer: _______________________

Students and supervising residents or faculty should meet mid-clerkship to complete, discuss, and sign the mid-clerkship review form (this paper). Mid-clerkship meetings should be done during week 3 of the pediatrics clerkship, but can take place earlier depending upon your schedule and continuity with preceptors. If you have a non-clinical week in week 3, please make sure to meet with your preceptor during a prior week.

Step 1: STUDENT: PRIOR to your feedback meeting, please complete these initial questions.

Have you (Student) received feedback in this rotation prior to this meeting?

What was the feedback you received?

List SPECIFIC strengths (behaviors, skills) where you have improved:

List SPECIFIC items to work on during the second half of the clerkship or throughout the 3rd year

Step 2: STUDENT: PRIOR to feedback meeting, please enter/update number of patient encounters, FOCUS forms and duty hours completed both below and in E*Value.

FACULTY: At feedback meeting, please review student’s required patient encounter log, their FOCUS forms, and duty hour log and discuss plan for completing missing requirements.

1. PATIENT ENCOUNTER LOG complete: Yes [ ] Partially [ ] None [ ]
By stating "yes" you attest you have updated the patient encounter log online and seen all patient types, "partially" indicates you have seen some and updated online, "none" implies you have either not seen any required patient or have not updated online.

Required patient encounters remaining:
Plan and timeline for completion or alternative experiences:

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<thead>
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<th>Required Patient Encounters:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever in a pediatric patient</td>
</tr>
<tr>
<td>Weight changes in a pediatric patient</td>
</tr>
<tr>
<td>Upper Respiratory Symptoms</td>
</tr>
<tr>
<td>Eye Pain/Red Eye</td>
</tr>
<tr>
<td>Shortness of Breath (Peds).</td>
</tr>
<tr>
<td>Vomiting (Peds)</td>
</tr>
<tr>
<td>Diarrhea</td>
</tr>
<tr>
<td>Abdominal Pain in a child</td>
</tr>
<tr>
<td>Jaundice</td>
</tr>
<tr>
<td>Extremity Pain/Swelling</td>
</tr>
<tr>
<td>Well Child Visit</td>
</tr>
<tr>
<td>Patient with Developmental Delay/Disability</td>
</tr>
</tbody>
</table>

2. **FOCUS FORMS** (completed forms are uploaded to E*Value) complete: Yes □ Partially □ None □

(please try to complete one of the required forms by mid-clerkship)

- [ ] Interview Technique
- [ ] Physical Exam

If one or none of your FOCUS forms is complete, please document your plan and timeline for completion:

3. **DUTY HOUR LOG** (<80h/week) complete: Yes □ Partially □ Not updated □

4. **REQUIRED PE COMPETENCIES** complete: Yes □ Partially □ None □

- [ ] Newborn Exam Form + module
- [ ] HEENT Exam observation form + modules
Step 3: FACULTY/SUPERVISING RESIDENT: Written feedback. Discuss and document learning goals AND action plan with student. Please review and provide feedback to students on areas where they are doing well and areas they need to focus on gaining skill. Students should be reminded that this is intended not to indicate their current grade, but to provide feedback about their performance behaviors and to establish a performance improvement plan.

NOTE – THE ATTACHED CSEF FORM DOES NOT NEED TO BE COMPLETED – IT IS SIMPLY PROVIDED FOR REFERENCE OF SKILLS THAT CAN BE REVIEWED AT THE MID-ROTATION MEETING

Please review 3 SPECIFIC strengths of student: (List specific behaviors, skills, etc.)

Please review 3 SPECIFIC items to work on during the second half of the clerkship or throughout the 3rd year (discuss and document learning goals AND action plan):

Please provide feedback on professionalism:

Student signature ___________________________ Date________________
Faculty/CD signature ___________________________
Appendix C

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

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