

Family Medicine

Department of Family Medicine
MS 315 2023-2024

Clerkship Director: Leda Wlasiuk, MD, MPH
Associate Clerkship Director: Julia Bartolomeo, MD
Clerkship Coordinator: Chenille Hogan





Family Medicine Syllabus

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Medical Education Program Objectives

A Boston University Chobanian & Avedisian School of Medicine graduate will be able to:

INSTITUTIONAL LEARNING OBJECTIVES	MEDICAL EDUCATION PROGRAM OBJECTIVES	
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.
	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.

A Boston University Chobanian & Avedisian School of Medicine graduate will be able to:		
INSTITUTIONAL LEARNING OBJECTIVES	MEDICAL EDUCATION PROGRAM OBJECTIVES	
	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 life-long 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.
	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.

A Boston University Chobanian & Avedisian School of Medicine graduate will be able to:		
INSTITUTIONAL LEARNING OBJECTIVES	MEDICAL EDUCATION PROGRAM OBJECTIVES	
	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 influences 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

Family Medicine Clerkship Learning Objectives

At the end of the family medicine clerkship, each student should be able to:

- Discuss the principles of family medicine care including comprehensive and contextual care, continuity of care, coordination/complexity of care, and the biopsychosocial approach to care
- Gather information, formulate differential diagnoses, and propose plans for the initial evaluation and management of patients with common presentations in family medicine
- Manage follow-up visits with patients having one or more common chronic diseases
- Develop evidence-based health promotion/disease prevention plans for patients of any age or gender

- Discuss the impact of psychosocial and cultural influences on health, disease, care-seeking, care compliance, and barriers to and attitudes toward care
- Utilize advanced, patient-centered communication techniques to discuss unanticipated or “bad” news, assist patients in making health behavior changes, and to provide patient-centered education and counseling
- Discuss the critical role of family physicians within any health care system
- Utilize point-of-care resources to find and integrate the best available evidence into clinical decision making
- Consistently demonstrate professional behavior consistent with the values of the medical profession
- Demonstrate the ability to productively participate in group situations
- Display skills of lifelong learning including generating clinical questions or identifying one’s own learning needs, using appropriate resources to answer questions or close learning gaps, engaging in self-assessment and goal setting and demonstrating growth in response to feedback

Contact Information



Clerkship Director

Leda Wlasiuk, MD, MPH

She/her/hers

Telephone: (617) 414-6208

Email: lidyaw@bu.edu

Office: Dowling 5 South – Room 5511

Please email for an appointment



Associate Clerkship Director

Julia Bartolomeo, MD

She/her/hers

Associate Clerkship Director

Telephone: (617) 414- 6243

Email: jbarto@bu.edu

Pager: 0333

Office: Dowling 5 South – Room 5511

Please email for an appointment



Clerkship Coordinator

Chenille R. Hogan

She/her/hers

Telephone: (617) 414-6237

Email: chenille@bu.edu

Office: Dowling 5 South - Room 5414

Please email for an appointment

Clerkship Description

Focus of clerkship

Family Medicine Clerkship Goals

The purpose of the third-year clerkship in Family Medicine is to provide instruction in the knowledge, attitudes and skills of Family Medicine. This foundation in the basic tenets of Family Medicine will prepare the student for their future role as a physician, in any specialty the student pursues. The clerkship will demonstrate the importance of the family physician in providing continuous, comprehensive care to the patient, and will teach the importance of the doctor-patient relationship, interviewing skills, appropriate physical exam, and clinical problem-solving in caring for patients. Additionally, the clerkship will provide exposure to Family Medicine as a specialty choice for third year students and support those students considering Family Medicine as a career.

You are entering the field of medicine - where the body of information is growing and changing every minute. Regardless of specialty, you will need to be continually asking questions, learning, finding new information, and incorporating that into your patient care. For this reason, developing skills of lifelong learning are critical to your training, and is a focus of this clerkship.

You will see elements of this throughout the Family Medicine Clerkship. After completing a self-assessment, you will be asked to create personal learning goals for yourself – which you will use in addition to the clerkship’s learning objectives. Creating learning goals will help you identify what you want to learn and how you plan to learn it. Accurately self-assessing your level of skill and your knowledge gaps are critical to your growth and development and will inform your learning trajectory. During the didactic day, you will have the opportunity to discuss and debrief your interactions with standardized patients. You will be encouraged to reflect, and provide your own self-assessment, and then you will receive feedback from your peers and faculty.

Finally, there is a major emphasis on Information Mastery (and not just EBM) in this clerkship, which underscores the importance of, and provides you with tools and skills for lifelong learning.

Introduction to Family Medicine

What is Family Medicine? Family Medicine is the primary care medical specialty concerned with the total health care of the individual and the family. It is a generalist specialty that integrates the biological, clinical and behavioral sciences. In Family Medicine you will take care of all patients – regardless of their age, sex, organ system, or disease. You will learn to care for complex patients, manage chronic diseases and acute presentations, as well as provide evidence-based health care maintenance to all types of patients. The doctor-patient relationship is at the core of effective medical care, and you will see and learn its importance during this rotation.

When was Family Medicine created? What is a General Practitioner (GP)?

While Family Medicine follows the general practice tradition, it has major differences from general practice. In the late 1960’s, Family Medicine residencies were developed in response to a need felt by the American public, the medical profession, and the government for well-trained generalists. In addition to receiving broad hospital training, Family Medicine residents receive extensive training in comprehensive and continuous outpatient medicine for persons of all ages. As a specialty, Family Medicine has stringent requirements for 11 continuing medical education, board certification and board recertification every ten years. Family Medicine was the first medical specialty to require recertification.

What is the scope of Family Medicine?

Family physicians may choose to focus the scope of their practice or to provide the full breadth of Family Medicine care, which ranges from obstetric/nursery care to nursing home care and everything in between. The scope of Family Medicine covers a wide spectrum. At one end are family physicians who may be the only local source of health care for their community. They have an office practice, perform surgery, care for ICU patients, handle major trauma cases, stabilize patients for transport, staff a hospital, and deliver babies, including performing cesarean sections. These types of family physicians are common in rural areas. At the other end of the spectrum are family physicians who have an office practice and coordinate comprehensive care for their patients in a multi-specialty group.

Most family physicians have a type of practice that fits somewhere between these two models. For example, providing low-risk obstetric care and assisting with cesarean sections, caring for their hospitalized patients, and performing numerous office procedures. These family physicians are found in all locations. In one day, a family physician can deliver hospital care, home care, office care, emergency room care, and deliver a baby. Many family physicians develop an area of special expertise or focus, such as sports medicine, geriatrics, preventive medicine, international health, women’s and maternal-child health, adolescent health or research.

Fellowships after residency are available to assist with the development of such expertise but are not required.

What to Expect During the Family Medicine Clerkship

You will work in high volume ambulatory practices of family physicians and residency programs. During the clerkship, you will learn:

- To understand and promote a patient-centered model of care
- To understand Family Medicine approaches to seeing patients and families with undifferentiated problems, and the clinical reasoning which guides the definition and diagnosis of these problems
- Skill in the evidence-based diagnosis and management of frequently occurring acute and chronic ambulatory problems
- To understand the patient as part of a family and community
- To understand and use a comprehensive and continuous approach to care
- To understand and use techniques of evidence based preventive medicine and health promotion
- To understand the appropriate use of telehealth for both acute and chronic disease management

Strategies for success

- Immerse yourself in your practice
- Consider yourself part of the clinical team (you are!)
- Read about the diagnoses your patients have IN REAL TIME (use the syllabus' references)
- Do practice questions throughout the clerkship
- Fully participate in the core curriculum
- Be professional

Tips for writing patient notes and patient presentations

Your visits on Family Medicine should be focused around patient concerns, health care maintenance, and chronic diseases. You will take a focused history, including pertinent positives and negatives, pertinent family and social history, review of systems, etc. Your physical exam will also be focused to the pertinent exam maneuvers relevant to the patient's visit. The approach to use in order to do this effectively is to think about your differential diagnosis for the patient's presenting symptom. Ask questions and perform the relevant physical exam components to help you rule in or out potential diagnoses. The history and physical exam portions of your notes and patient presentations will reflect this focused type of visit. As you will see in telehealth encounters, where the physical exam is limited to what we can see, focused questions are extremely important to helping you make a diagnosis and formulate a treatment plan.

On Family Medicine, your assessment and plans will be organized in a problem-based fashion. You will begin with a "one-liner," which will summarize the important information about your patient for this visit. This will be followed by a prioritized problem-based assessment and plan for that visit. Healthcare maintenance should usually be on every A/P. The A/P is always concluded with a follow up plan that may include reasons to call or return to clinic sooner than the next scheduled visit.

During your Family Medicine Clerkship, you will be encouraged to come up with differential diagnoses, assessments and plans. As the rotation proceeds, you will work on developing specific plans (including specific medications and dosages) and discussing plans with your patients. You will also be expected to provide patient education.

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

- Dedicated HTN/DM pharmacology talk
- Updated dermatology module and small group case
- Continued streamlining of small group sessions to focus on high yield Family Medicine topics
- Including oral presentation practice into the small group setting
- Increased focus on skill set needed for telehealth

Diversity, Equity, and Inclusion Initiatives

- Continue to include a discussion on race-based medicine
- Updated dermatology module with broader range of skin types and colors for common rashes

Other Recent Changes to the Clerkship

- We have eliminated the Information Mastery session, as students receive this content in other parts of the medical school curriculum. We continue to emphasize information mastery principles throughout our didactic days.
- The final OSCE has been moved on the last Wednesday of the block (2 days prior to the Shelf), as to decompress the final exam day. We have lengthened the interview time for the final OSCE, from 15 minutes to 20 minutes. This will allow for increased time for patient education and counseling. This was based on student feedback that our final exam day was too full.
- We are using group OSCE as an additional assessment tool

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>.

Description of Clerkship Sites

Our sites are divided into three broad categories: Community Health Centers; Greater Boston Private/Group Practice; and Away Sites. During the registrar's lottery, you will have ranked the ten categories. We may not be able to offer placements at all sites listed below. You will receive broad Family Medicine clinical training at all sites. Some sites may have a sub-focus, such as sports medicine, women's health, geriatrics, etc. Patient population and practice structure will vary between sites. You will discuss and learn from that in the core curriculum.

1. Community Health Centers/Underserved (multiple sites)
2. Greater Boston Private/Group Practice (multiple sites)
3. Rehoboth/Seekonk Medical Center
4. Great Barrington (Berkshires), MA
5. Kaiser Permanente, San Jose, CA
6. Stanley Street Stanley Street Treatment and Resources – SSTAR, Fall River, MA

Site Director and Clerkship site contact information

Your site director (primary preceptor)'s name and contact information, as well as other important information about your site will be forwarded to you 4 weeks before the start of the clerkship via email. If you did not receive this important site placement email, please contact the Clerkship Coordinator as soon as possible.

For more information about each site please see our website:

- Community Health Centers/Underserved: <https://www.bu.edu/familymed/medical-student-ed/thirdyear/community-health-centersunderserved/>
- Greater Boston Private/Group Practice: <https://www.bu.edu/familymed/greater-boston-privatepractice/>
- Family Medicine Away Sites: <https://www.bu.edu/familymed/fm-clerkship-away-sites/>

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

During the clerkship, you will spend five days at BUMC and/or on Zoom: 4 didactic days and one final exam day. Generally, the didactic days are 1st and 2nd working days of week one, the 1st and 2nd working days of week four. The final OSCE will be on the Wednesday of Week 6 (two days prior to the Shelf exam). The Family Medicine Shelf exam will be on the final day of the clerkship. Please expect to be at the medical school and/or on Zoom for full days on all didactic days. If possible, we finish earlier than 5pm, but plan to be here until 5pm each of those days.

Orientation/Session 1 (In-person)

- 9 – 10 Orientation
- 10 – 11 Overview of Family Medicine
- 11 - 12 Large group case discussion
- 12 – 1 Lunch
- 1 – 3 Small group case discussion #1
- 3 – 4:30 Acute Respiratory Infections Workshop

Session 2 (In-person)

- 9 – 11 Small group case discussion #2
- 11- 12 HTN/DM Pharmacology Talk
- 12 – 1 Grand Rounds (Optional, via Zoom)/Lunch
- 1:15 – 5:15 Concurrent sessions (In-person):
 - Interview of McQ and Rivera family members (standardized patients)
 - Musculoskeletal Exam Workshops

Session 3 (In-person)

- 9 – 11 Small group case discussion #3
- 11 – 11:30 Small group prep for Group OSCE
- 11:30 – 12 Site Review with clerkship directors

12 – 1 Lunch

1:00 – 4:30 Concurrent sessions (In-person):

Acute Presentations Workshop

Interview of McQ and Rivera family members (standardized patients)

Session 4 (In-person)

9 – 12 Group OSCE

12:00 – 12:30 Family Medicine Interest Group snack with clerkship directors (optional)

1 – 1:30 Learning Environment session (students only)

1:30 - 5:00 Concurrent sessions (In-person):

Interview of McQ and Rivera family members (standardized patients)

Musculoskeletal Workshop

Mid-Clerkship individual meetings with clerkship directors

Final Exam Days

1 – 4:30 [Wednesday Week 6]

OSCE and OSCE write-up (Virtual)

8-12 [Friday Week 6]

Shelf Exam (In Person)

Optional learning opportunities:

- Family Medicine Grand Rounds: every Tuesday from 12:00-1:00pm, via Zoom. Invitation can be found in weekly clerkship emails.

Call Schedule

There is no call for this rotation.

Holidays

Juneteenth: Monday, June 19, 2023

Thanksgiving: Wednesday, November 22, 2023 at 12PM – Sunday, November 26, 2023

Intersession: Sunday, December 24, 2023 – Monday, January 1, 2024

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

HOW MUCH EACH PART OF YOUR GRADE IS WORTH:	
Clinical Grade Percentage	60%
Shelf/Exam Percentage	25%
“Other” Components Percentage	15%
HOW YOUR FINAL WORD GRADE IS CALCULATED:	
Honors	88-100
High Pass	80-87.9
Pass	70-70.9 or between 1.5-2.49 in any domain on the final CSEF
Fail	<70 or <1.5 on any domain on the final CSEF or < 2 averaged on the final CSEF (Clinical Fail)

HOW YOUR CLINICAL GRADE IS CALCULATED WITH THE CSEF:	
Clinical Honors	>4.45
Clinical High Pass	3.45-4.44
Clinical Pass	2.00-3.44
Clinical Fail	<2.00
SHELF/EXAM GRADING	
Exam minimum passing (percentile/2 digit score)	5%ile (first quartile stats)/62
What is "Other" and what percentage is it worth?	
Group OSCE (4% Group Grade, 1% Progress Note)	5%
Individual OSCE Interview	8%
Individual OSCE Information Mastery Assignment	2%
Other components that need to be completed in order to pass the clerkship	
Patient log	
2 FOCuS Forms – 1 Interview Technique, 1 Physical Exam	
Standard Clerkship Clinical Grade Procedures/Policies	
<ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> <2.00 = Clinical fail which will = a fail for the clerkship 2.00-3.44 = Clinical pass 3.45-4.44= Clinical high pass >4.45=Clinical honors The clinical grade will be reported in the CSEF final narrative Primary preceptors at sites with multiple preceptors will collect evaluation data from the other clinicians with whom the student works. The primary preceptor will collate this data and submit the final clinical evaluation. 	
Clerkship Specific Clinical Grade Procedures/Policies	
<ul style="list-style-type: none"> The clinical grade will be worth 60% 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. 	

- 15% of the final grade will be from other components as stated above. Please see individual grading details for the Information Mastery assignment and OSCE in the final summative assessments portion of the syllabus

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 comporment 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.

Shelf Exam Failure & Remediation

If a student fails their shelf exam, they will receive an Incomplete for the clerkship and retake the exam at the end of the year. Students:

- will not receive a Fail on their transcript if they pass the reexamination.
- will not be eligible for a final grade of honors - if the final grade calculation would earn the student honors, they will receive high pass as a final grade. Students would still be eligible to receive a clinical honors.
- If a student fails the reexamination, they will have Fail on their transcript, and have to remediate the clerkship.

Clerkship Failure & Remediation

If a student fails a third- or fourth-year clerkship, the student will receive a Fail grade and will be required to repeat the clerkship. The grade for the repeated clerkship will be calculated based on the grading criteria outlined in the syllabus for Pass, High Pass, or Honors independent of the prior Fail. The original Fail grade will remain on the transcript. The original summative evaluation narrative will be included in the MSPE, in addition to the summative evaluation from the repeated clerkship.

If a student fails the remediated clerkship again and the SEPC allows for another remediation, the grade for the repeat clerkship will still be calculated based on the grading criteria outlined in the course syllabus for (Pass, High Pass, or Honors). The original two failures will remain on the transcript. The repeated course will be listed again, and the word (Repeat) will appear next to both course names.

Grade Review Policy

The School's Grade Reconsideration Policy is located in the Policies and Procedures for Evaluation, Grading and Promotion of Chobanian & Avedisian School of Medicine MD 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 Chobanian & Avedisian School of Medicine 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.

Full Policy: <http://www.bumc.bu.edu/busm/education/medical-education/policies/formative-assessment-and-feedback/>

Mid-Clerkship Review

You and your clerkship director, site director or primary faculty/preceptor will complete the 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.

The CSEF will be completed by the preceptor at the end of the clerkship. You should review your preceptor's assessment of you during your final evaluation meeting with them if possible. Please see the Mid-Clerkship Review tab in the syllabus binder or blackboard for a copy of the Boston University Clinical Student Evaluation Form (CSEF). A CSEF will be completed at the Mid-Clerkship Review meeting as well. We do not ask you to schedule final evaluations with your preceptors in eValue as we will schedule them for you.

At sites where you work with more than one preceptor, the primary preceptor will collect feedback and evaluation data from the other preceptors with whom you work. The primary preceptor will collate this data into your final clinical evaluation.

All students will receive and will be required to read and sign the Family Medicine Clerkship Evaluation and Grading Policy form shown above.

Group OSCE

All students will participate in a graded Group OSCE on didactic day 4. Students will work in their assigned small groups. On Didactic Day 3, students will have 30 minutes to review the instructions for the group OSCE,

assign roles, and brainstorm strategies for success. During the Group OSCE, students will work through 2 patient cases as a group, using the same format as prior small groups. A faculty member will play the role of a patient and students will be responsible for gathering a focused history from the patient in 15 minutes. Students will then have 30 minutes to formulate a problem list, assessment, and plan for each problem. There will be a 15-minute break between cases. Students will be graded on use of point-of-care resources, teamwork, and content of assessment and plan. All members of the group will receive the same Group OSCE grade.

Students will be required to individually document one of the patient encounters (Mary McQ). Students will have 30 minutes after the completion of the Group OSCE to document the encounter. This documentation should be typed and submitted to their Group OSCE faculty member at the end of the 30-minute time period. This documentation will be reviewed by the faculty member and formative comments will be provided. Students will receive a grade for this progress note.

[Individual OSCE](#)

The OSCE will take place on the final Wednesday afternoon of the clerkship. The final OSCE will be virtual. The OSCE interview is worth 8% of your final grade, and the OSCE information mastery assignment is worth 2% of your final grade. The patient encounter will be graded by faculty and standardized patients. The information mastery assignment will be graded by the medical librarian.

OSCE Exam Instructions and Preparation

Please read and review these materials prior to the OSCE exam:

- The OSCE exam will be held virtually on Zoom. You will receive a Zoom invite from your faculty member in the days prior to the OSCE.
- Your OSCE exam will be with a McQ or Rivera family member.
- You will have 20 minutes to conduct an interview and discuss your management and follow-up plan with the patient. You should also provide relevant patient education.
- You are expected to address relevant continuity issues and healthcare maintenance tasks during this time.
- Due to the virtual environment/telemed encounter, no physical examination of the patient will be performed.

Interview format: see “OSCE Format,” on the following page

- The interview will be observed on Zoom by a faculty member and graded in real time.

Information Mastery

- After your 20-minute encounter with the standardized patient, there will be a 5 minute break.
- After the 5 minute break, you will re-enter the exam room to receive 5 minutes of feedback from the faculty observer and standardized patient.
- Finally, you will formulate a PICO question, use a point-of-care resource to research this question, and complete a brief write-up on your findings. This will be done on Blackboard and you have 20 minutes to complete this assignment. The information mastery assignment will be graded by the medical librarian.

OSCE Format

Resources available:

Students will have a copy of the McQ or Rivera patient chart during the interview and progress note times. During the Information Mastery period, students may access point-of-care resources via the internet.

Interview:

Total time allowed: 20 minutes

Suggested breakdown of time:

1 Minute: Student reviews vital signs and chief complaint on OSCE opening scenario card.

10 Minutes: Initial History:

Rating Criteria:

- elicitation of detail for chief complaint
- identification of pertinent negatives
- identification of patient's concern(s)
- elicitation of relevant family, lifestyle, occupational issues
- review of previous medical problems and/or issues relevant to this patient and encounter

9 Minutes: Discussion of Assessment/Plan with Patient:

Rating Criteria:

- choice of working diagnosis
- investigations (may or may not be indicated)
- treatment
- counseling and lifestyle change
- patient education re: diagnosis, management plan/follow-up instructions
- addressing chief concern
- specifying follow-up
- addressing (briefly) past medical problems
- addressing relevant healthcare maintenance tasks

Information Mastery Write-up

In preparation for the OSCE write-up, you may wish to review the Information Mastery Workshop recorded session on Blackboard. Review Point of Care Resources in the Finding Information Framework (FIF) at <http://medlib.bu.edu/busm/fif/>

NBME Subject Examination

Students will take the Family 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. Shelf exam dates can be found in the [3rd year google calendar](#).

Remotely administered assessments

Students are responsible for ensuring that they meet any technical needs required for remotely administered assessments (e.g., NBME Shelf Exams, OCRAs). This includes, but is not limited to, ensuring:

- computer specifications meet requirements outlined on the Alumni Medical Library website: <https://www.bumc.bu.edu/medlib/computing/busmrequirements/>
- for NBME shelf exams, the student runs the laptop certification process noted below
- a consistent and stable internet connection
- a quiet testing space where the student will not be disturbed during assessment administration

Clerkships will reserve BUMC space as an onsite testing space for any remotely administered assessments. Students who do not have an appropriate testing space or prefer to test on campus should reach out to their clerkship coordinator at least two weeks prior to the assessment to make arrangements to test on campus.

Students with technical difficulties during a remotely administered assessment who do not take their assessment at a designated campus location will not be able to submit a grade reconsideration request solely for this reason.

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/>

If a student has technical difficulties during a shelf exam, they must report this to the clerkship coordinator. The clerkship coordinator must inform the Medical Education Office, and the student is required to have their laptop evaluated by BUMC IT before their next shelf exam.

<https://www.bumc.bu.edu/it/support/bumc-it/request/>

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-up 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 School's 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.

School's 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 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 School of Medicine's 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 school's 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 school's 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 School 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 School's deadlines
- Collects feedback and evaluation data from all physicians who work with each student by end of clerkship block to meet School's grading deadlines
- Understands evaluation system and all site requirements
- Communicates site information changes (e.g., faculty, rotation details) to School'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 School

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 School of Medicine'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 without 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

- Emails designated contact upon receiving site placement email
- Completes all tasks and paperwork assigned by site in order to start clinical duties on time
- Participates fully in all didactics and clinical responsibilities
- Learns through meaningful involvement in patient care with graduated decision-making responsibility
- Practices self-directed learning by using point of care resources to answer clinical questions
- Completes all FOCuS forms and uploads them to eValue
- Completes all required Patient Encounters

Professional Compartment

Students are expected to adhere to the AAMC-developed guidelines regarding Teacher-Learner Expectations, located on the Policies page, under “Academic Policies and Information”

(<http://www.bumc.bu.edu/busm/files/2015/05/AAMC-Teacher-Learner-Expectations.pdf>)

Students are expected to be aware of and follow the site expectations on professional compartment, 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 the School of Medicine's evaluation system, MedHub (<https://bu.medhub.com/>), 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 Family Medicine Clerkship 2023-2024 on your Blackboard learning page.

On the blackboard site you will see content related to:

- Advanced Communication Skills
- EBM/Information Mastery
- Musculoskeletal Examinations and Review Module
- Shelf Preparation
- Dermatology Module
- Small Group Content

Each week there will be short videos or articles to watch and/or read. Be sure to watch/read these materials by the deadline for the week they are assigned, as you will need to be familiar with that content during the didactic days.

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

- 1) Group OSCE - Individual progress note – due 30 minutes after group OSCE
- 2) OSCE – PICO question – due at time of OSCE
- 3) 2 FOCuS Forms – 1 Interview Technique, 1 Physical Exam – due 5pm of final day of clerkship
- 4) Case Log – due 5pm of final day of clerkship

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 (The Core)

<http://www.bumc.bu.edu/busm/education/medical-education/faculty-resources/>

Students should log every time they see any patient with the required patient encounter and continue to log throughout all clerkships.

The required patient encounters for family medicine are as follows:

1. Fatigue
2. Depressed/sad (outpatient)
3. High BP
4. The ambulatory patient with chest pain
5. Cough
6. Back Pain
7. The ambulatory patient with abdominal/pelvic pain
8. Sexual dysfunction
9. Skin lumps/lesions/rashes
10. The well adult
11. The well child
12. The patient with obesity
13. The patient with diabetes
14. The patient with chronic pain
15. The patient with a substance use disorder

The required **procedures** for family medicine are as follows:

1. Vaccine administration

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 Family Medicine, our 29 standardized families (the McQs and the Riveras) who we care for in our virtual clerkship small group cases and clinical advanced communication SP sessions can be logged as the alternative experience

Patient Encounter Log

Students are expected to log their patient encounters in **MedHub** (<https://bu.medhub.com/>). 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. 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 Chobanian & Avedisian School of Medicine MD Students

<http://www.bumc.bu.edu/busm/faculty/evaluation-grading-and-promotion-of-students/>

Collaborative Student Assessment System

<http://www.bumc.bu.edu/busm/education/medical-education/policies/collaborative-student-assessment-system/>

Student Disciplinary Code of Academic and Professional Conduct

<http://www.bumc.bu.edu/busm/faculty/medical-student-disciplinary-code/>

Attendance Policies

On-site hours must be limited to 80 hours per week, averaged over a two-week period. Violations should be reported directly to the clerkship director or to an Associate Dean (Medical Education or Student Affairs). As part of becoming a professional, medical students 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.

Time off requests must comply with the Attendance & Time Off Policy.

- Attendance & Time Off Policy: <http://www.bumc.bu.edu/busm/education/medical-education/policies/attendance-time-off-policy/>
 - 3rd Year Excused Absence Form: <https://wwwapp.bumc.bu.edu/MedPersonalDays/home/Index>
- Work Hours: <http://www.bumc.bu.edu/busm/education/medical-education/policies/work-hours/>
- Jury Service: <http://www.bu.edu/dos/policies/lifebook/jury-service/>
- Religious Observance: <https://www.bu.edu/chapel/religion/religiouslifepolicies/>
- Weather Policy: <http://www.bumc.bu.edu/busm/education/medical-education/policies/weather-policy/>

Clerkship Specific Restricted Dates

- Clerkship Didactic Days (4 total)
- Final Day at Clinical Site
- Final Exam Days Day – OSCE and Shelf

Scrubs Policy

<http://www.bumc.bu.edu/busm/education/medical-education/policies/scrubs-policy/>

School of Medicine Policies

In addition to the expectations listed above, all students are expected to adhere to Chobanian & Avedisian School of Medicine 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 Chobanian & Avedisian School of Medicine 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 School's 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.

Chobanian & Avedisian SOM has a **ZERO** tolerance policy for medical student mistreatment.

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

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

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

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

Needle Sticks and Exposure Procedure

<http://www.bumc.bu.edu/busm/student-affairs/additional-student-resources/needle-stickexposure/>

Boston University Sexual Misconduct/Title IX Policy

<http://www.bu.edu/safety/sexual-misconduct/title-ix-bu-policies/sexual-misconducttitle-ix-policy/>

Boston University Social Media Guidelines

<http://www.bu.edu/policies/information-security-home/social-media-guidelines/>

Using Generative AI in Coursework Guidelines

With the increased use of Generative AI, Boston University's Faculty of Computing & Data Sciences has issued guidelines around use and attribution.

<https://www.bu.edu/cds-faculty/culture-community/conduct/gaia-policy/>

Learning Strategies and Tools

Recommended Texts

- Essentials of Family Medicine, 7th Edition, by Smith et al.
- The American Academy of Family Physicians (AAFP) review articles

We strongly recommend that students read about the diagnoses seen in clinic in real time – pick 1 or 2 topics that are seen in the office during the day to read about that same night. Recommended readings are listed below by case patient/session

MedHub

Chobanian & Avedisian School of Medicine uses MedHub for evaluation and assessment. MedHub uses Single-Sign-On with BU accounts, and contains tutorial and training resources under the “Help” tab once logged in.

Students with technical issues or in need of additional help beyond the resources provided should submit a support ticket via: <https://www.bumc.bu.edu/evaluate/medhub-support-tickets/>

Echo360/Technology

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

If you experience any technical problems, please report the issue in one of the following ways to generate an IT ticket:

- **Echo360 Related Issues:** Create a ticket on the Ed Media site (<http://www.bumc.bu.edu/bumc-emc/instructional-services/echo360/>): sign in and provide pertinent information that will enable an effective response. Have a link to the problematic video ready to copy/paste into this form.
- **Educational Technology Related Issues:** For assistance with technology supported by BUMC's Educational Media (e.g., ExamSoft), tickets can be created via their website at: <http://www.bumc.bu.edu/bumc-emc/instructional-services/report-an-educational-technology-issue/>
- **Other Technology Related Issues:** For assistance with BU-wide technology, such as Blackboard, email an example (e.g., picture or very brief phone video) to ithelp@bu.edu with a descriptive subject line and give as many details as possible on the what, where, how you are using the service and what type of computer, browser, etc. along with type of student (i.e. M3). Always include link(s) to or screen shots of where the issue is occurring.

School's Policy on Recordings: <https://www.bumc.bu.edu/busm/education/medical-education/policies/classroom-recordings/>

Tutoring

Peer tutors may be requested via the Office of Academic Enhancement's Peer Tutoring Program at: <http://www.bumc.bu.edu/busm/student-affairs/office-of-academic-enhancement/academic-enhancement/peer-tutoring-program/>

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/>

Session Learning Objectives and Notes

The family medicine clerkship core curriculum is centered around two standardized families – the Riveras and the McQs. Students met these two families during the Family Medicine Virtual Clerkship. They will again see members of these families during the Advanced Communication Skills sessions and the OSCE. Below are the members of the two families with the suggested readings and learning objectives linked to each visit.

MARY MCQ

55 year old female

Readings:

1. Chapter 7 – Overview of prevention and screening
2. Chapter 15 – Women's health
3. Chapter 12 Approach to Common Chronic Problems
4. Chapter 13 Weight Management and Nutrition
5. "Lending a Hand" to Patients with Type 2 Diabetes: A Simple Way to Communicate Treatment Goals Am Fam Physician. 2014 Feb 15;89(4):256-258. <http://www.aafp.org/afp/2014/0215/p256.html>
6. Approaches to Glycemic Treatment. Diabetes Care 38:S41-S48, 2015
http://care.diabetesjournals.org/content/38/Supplement_1/S41.full.pdf+html
7. Diabetes Self-Management: Facilitating Lifestyle Change <https://www.aafp.org/afp/2017/0915/p362.html>
8. Understanding and Communicating Risk; Measures of outcome and the magnitude of benefits and harms
<http://www.cfp.ca/content/cfp/64/3/181.full.pdf>

Learning objectives: By the end of the clerkship, the student will be able to:

Visit 1:

1. Identify the diabetes screening guidelines and diagnostic criteria
2. Discuss the work-up and initial treatment options for a patient newly diagnosed with diabetes
3. Identify the surveillance and treatment recommendations for the prevention of both co-morbidities and mortality for patients with type 2 DM
4. Discuss indications for starting insulin and how to discuss this with a patient
5. Identify and describe the challenges associated with caring for patients with chronic diseases
6. Discuss the role of mental health in the care of those with chronic disease
7. Describe how to counsel a patient about lifestyle modifications including nutrition and exercise counseling

Visit 2: Group OSCE

Visit 3: Standardized Patient Session

1. Explain the concepts of sensitivity, specificity, and predictive value as they relate to this patient.
2. Describe the different types of breast biopsies and their indications
3. Practice techniques to deliver bad news to patients in a compassionate way

MIKE MCQ

55 year old male

Readings:

1. JNC VIII <http://jama.jamanetwork.com/article.aspx?articleid=1791497#>
2. Chapter 7 – Overview of prevention and screening
3. Chapter 12 – Approach to Common Chronic Problems – Hypertension

4. ACC/AHA guideline for the treatment of cholesterol to reduce ASCV risk
<https://www.aafp.org/afp/2014/0815/p260.html>
5. Chapter 23 – Substance Use Disorder
6. How to Counsel Men about PSA Screening <https://www.aafp.org/afp/2018/1015/p478.html>
7. Chapter 18 – Sexuality and Relationship Issues

Learning objectives:

By the end of the clerkship, the student will be able to:

Visit 1:

1. Diagnose hypertension using criteria established by the eighth report of the Joint National Committee on detection, evaluation and treatment of high blood pressure
2. Describe lifestyle/environmental/nutritional factors involved in the non-pharmacologic treatment of hypertension
3. Differentiate the major classes of anti-hypertensive drugs and their appropriate use in the ambulatory management of hypertension
4. Recommend the initial work-up of the patient with the new diagnosis of hypertension, including the rationale behind any recommended testing
5. Describe and apply the ACC/AHA cardiovascular risk screening and cholesterol treatment guidelines
6. Discuss race-based medicine and the impact on management of chronic conditions such as hypertension

Visit 2: Group OSCE

Visit 3: Motivational Interviewing Workshop

1. Describe the usefulness of motivational interviewing in changing patient behavior
2. Explain the principles of motivational interviewing
3. Practice specific techniques to facilitate effective motivational interviewing
4. Incorporate motivational interviewing into routine patient interviews

TERESA RIVERA

45 year old female

Readings:

1. Chapter 7 – Overview of prevention and screening
2. Chapter 15 – Women's health
3. Chapter 21 – Family Violence
4. Chapter 22 – Common Psychosocial Problems

Learning objectives

By the end of the clerkship, the student will be able to:

Visit 1:

1. Identify and describe the appropriate screening tests and preventative interventions for adult women
2. Discuss cardiovascular risk stratification
3. Discuss common menopause symptoms and evidence-based treatments for these symptoms
4. Identify appropriate screening tests and preventive interventions for a patient who smokes tobacco

Visit 2:

1. Discuss best practices for telehealth encounters

2. Discuss the differential diagnosis of fatigue
3. Describe screening tests for depression
4. Discuss how to screen a patient for domestic violence
5. Discuss how psychosocial issues can impact a patient's health

CHRIS MCQ

58-year-old male

Readings:

1. Chapter 20 – Chronic Pain
2. Chapter 23 – Substance Use Disorder

Learning objectives:

By the end of the clerkship, the student will be able to:

1. List factors that would increase a person's risk for opioid misuse
2. Demonstrate how to determine the appropriateness of the continuation of opioid medication for pain management including risk factor assessment, controlled substance contracts, and goals of care discussion
3. Discuss how to monitor patients taking opioids for chronic pain management including controlled substance contracts, urine drug screening, pill counts, goals of care
4. Screen for substance use disorder versus misuse in patients using opioids for chronic pain
5. Describe and demonstrate strategies for addressing aberrant behavior while undergoing treatment with opioid medications

KAREN MCQ

18 year old female

Readings:

1. Chapter 8 Prenatal Care
2. Chapter 14 Contraception
3. Adolescent Health Screening and Counseling Am Fam Physician 2012
<https://www.aafp.org/afp/2012/1215/p1109.html> 36
4. Breastfeeding: Common Questions and Answers. Am Fam Physician 2018 Sep 15;98(6):368-376
<https://www.aafp.org/afp/2018/0915/p368.html>
5. Reproductive Health Access Project - <https://www.reproductiveaccess.org/contraception>

Learning Objectives:

By the end of the clerkship, the student will be able to:

Visit 1:

1. Discuss best practices for patient-centered options counseling
2. List the components and rationale of the history, physical exam, testing and patient education done in the first prenatal visit
3. Discuss psychosocial screening as it relates to the care of pregnant patients (for example, housing, violence, etc.).
4. Review screening recommendations for sexually transmitted infections
5. Outline the benefits and challenges of breastfeeding and how to appropriately counsel new parents

ROBERTO RIVERA

2 ½ year old male

Readings:

1. Chapter 12 -Approach to Common Chronic Problems- Asthma.
 2. NAEP Expert Panel Report. Guidelines for the Diagnosis and Management of Asthma –2007.
<https://www.nhlbi.nih.gov/files/docs/guidelines/asthsumm.pdf>
 3. Solutions for Asthma Disparities Pediatrics 2017
<http://pediatrics.aappublications.org/content/pediatrics/139/3/e20162546.full.pdf>
 4. Chapter 9 The Pediatric Well Child Check
 5. 2019 Recommendations for Preventative Pediatric Healthcare – Bright Futures/AAP
https://www.aap.org/en-us/documents/periodicity_schedule.pdf
 6. Speech and Language Delay and Disorders Screening in children < 5yo:
<http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryDraft/speech-andlanguage-delay-and-disorders-in-children-age-5-and-younger-screening?ds=1&s=spe>
- Screening for Autism Spectrum Disorder in Young Children:
<http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryDraft/autismspectrum-disorder-in-young-children-screening?ds=1&s=developmental>

Learning objectives:

By the end of the clerkship, the student will be able to:

Visit 1:

1. Identify and discuss differential diagnosis, classification, and diagnosis of wheezing and cough in a child
2. Discuss and outline the diagnosis and management of asthma in children, including medication, monitoring, and prevention
3. Assess growth in young children
4. Recognize disparities in asthma care and outcomes.
5. Identify and describe the components of a well-child check, including age-appropriate screening tests and preventative interventions
6. Discuss the utility of screening tools for developmental delay and autism spectrum disorders and appropriate follow up if the screen is positive
7. Discuss the importance of anticipatory guidance and tools to use to help facilitate this conversation

CASIMIRA RIVERA

65 year-old female

Readings:

1. Chapter 10 – Care for the Aging Patient Geriatric Assessment: An Office-Based Approach. Am Fam Physician. 2018 Jun 15;97(12):776-784 <https://www.aafp.org/afp/2018/0615/p776.html>
2. The Beers Criteria (available on Blackboard)
3. Optimizing Geriatric Care with the Geriatric 5Ms:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6347324/>

Learning objectives:

By the end of the clerkship, the student will be able to:

Visit 1:

1. Apply the Geriatric 5Ms to a home bound patient
2. Discuss the utility, benefits, and challenges of home visits

3. Discuss the effects of medical illness on function in the elderly patient
4. Discuss the concept of polypharmacy and review evidence-based tools for identifying potentially inappropriate medications
5. Discuss the experience of completing an advanced directive

MARTA RIVERA

21 year-old female

Learning objectives:

By the end of the clerkship, the student will be able to:

Visit 1:

1. Diagnose tinea infections based on common presenting characteristics (itch, typical shape of rash).
2. Develop a list of common dermatologic diseases to include on a differential for a presenting skin lesion.

Clerkship Didactic Sessions/Workshops

Acute Presentations Workshop

By the end of the clerkship, the student will be able to demonstrate the ability to:

1. Identify patients who are presenting with symptoms of distress in an outpatient office and describe initial management options
2. Describe the role that family doctors play in the management of acutely ill patients in an outpatient setting

Acute Respiratory Infections Workshop

By end the of the clerkship, the student will be able to demonstrate the ability to:

1. Identify the typical signs and symptoms, discuss the differential and work up, and identify evidence-based treatments for common acute respiratory infections.
2. Compare and contrast differences in common point of care resources for the same topic

Musculoskeletal Workshops

Readings:

1. Chapter 17: Musculoskeletal Problems

Learning objectives:

By the end of the clerkship, the student will be able to demonstrate the ability to:

1. Examine the shoulder appropriately including inspection, palpation, and range of motion, strength, and special testing.
2. Conduct an appropriate knee examination including inspection, palpation, and range of motion, strength, and special testing.
3. Perform an appropriate back examination including inspection, palpation, and range of motion, strength, and special testing.

Dermatology Module (on blackboard)

Readings:

1. Chapter 19 – Skin Problems

Learning objectives:

By the end of the clerkship, the student will be able to:

1. Describe skin lesions using appropriate terminology.
2. Identify 18 dermatologic conditions commonly seen in family medicine.
3. Explain basic treatment approaches for common dermatologic conditions.
4. Apply knowledge of common dermatologic conditions in the family medicine office setting.

Advance Directives Module (on blackboard)**Learning objectives:**

By the end of the clerkship, the student will be able to:

1. Demonstrate the components of advance care planning (ACP) in primary care
2. Identify resources for goals of care conversations
3. Complete an Advance Directives document on yourself or a friend or family member
4. Reflect on the experience of completing the AD document

HTN/DM Pharmacology Workup**Learning objectives:**

1. Define diagnosis and guidelines for management of HTN, highlighting differences between recommendations
2. Use the STEPS method to evaluate antihypertensive options
3. Describe pharmacologic management options for DM