

**Clinical Supervision of Medical Students:
Promoting Patient and Student Safety**

Faculty Guidelines

Boston University Chobanian & Avedisian 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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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.

A Boston University Chobanian & Avedisian School of Medicine graduate will be able to:		
INSTITUTIONAL LEARNING OBJECTIVES	MEDICAL EDUCATION PROGRAM OBJECTIVES	
	C.6	Demonstrate appropriate use of digital technology, including the EMR and telehealth, to effectively communicate and optimize decision making and treatment with patients, families and health care systems.
	C.7	Practice inclusive and culturally responsive spoken and written communication that helps patients, families, and health care teams ensure equitable patient care.
	C.8	Communicate information with patients, families, community members, and health team members with attention to health literacy, avoiding medical jargon and discipline-specific terminology.
	C.9	Communicate effectively with peers and in small groups demonstrating effective teaching and listening skills.
Practice relationship centered care to build therapeutic alliances with patients and caregivers (PCC)	PCC.1	Demonstrate sensitivity, honesty, compassion, and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.
	PCC.2	Demonstrate humanism, compassion, empathy, integrity, and respect for patients and caregivers.
	PCC.3	Demonstrate a commitment to ethical principles pertaining to autonomy, confidentiality, justice, equity, and informed consent.
	PCC.4	Show responsiveness and accountability to patient needs that supersedes self-interest.
	PCC.5	Explore patient and family understanding of well-being, illness, concerns, values, and goals in order to develop goal-concordant treatment plans across settings of care.
Exhibit skills necessary for personal and professional development needed for the practice of medicine (PPD)	PPD.1	Recognize the need for additional help or supervision and seek it accordingly.
	PPD.2	Demonstrate trustworthiness that makes colleagues feel secure when responsible for the care of patients.
	PPD.3	Demonstrate awareness of one's own emotions, attitudes, and resilience/wellness strategies for managing stressors and uncertainty inherent to the practice of medicine.
Exhibit commitment and aptitude for 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.

A Boston University Chobanian & Avedisian School of Medicine graduate will be able to:		
INSTITUTIONAL LEARNING OBJECTIVES	MEDICAL EDUCATION PROGRAM OBJECTIVES	
	HS.4	Work with the interprofessional team to coordinate patient care across healthcare systems and address the needs of patients.
	HS.5	Participate in continuous improvement in a clinical setting, utilizing a systematic and team-oriented approach to improve the quality and value of care for patients and populations.
	HS.6	Initiate safety interventions aimed at reducing patient harm.
	HS.7	Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care.
	HS.8	Integrate preventive interventions into the comprehensive health care of individuals.
	HS.9	Explain how different health care systems, programs and community organizations affect the health of neighborhoods and communities.
Exhibit commitment to promoting and advancing health equity for all patients (HE)	HE.1	Define health equity and describe the individual and population level differences in health outcomes and disease burden due to inequities in health care.
	HE.2	Comprehend the historical and current drivers of structural vulnerability, racism, sexism, oppression, and historical marginalization and how they create health inequity.
	HE.3	Explain how one's own identity, lived experiences, privileges, and biases 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.

Fourth Year Learning Objectives

During the fourth year rotations, students will:

- Demonstrate a hypothesis driven approach to gathering the history of present illness probing for subtle pertinent details when gathering data necessary for differential diagnosis prioritization
- Demonstrate a focused, efficient and systematic physical exam on all relevant systems and perform specific physical exam maneuvers to increase or decrease the likelihood of diagnoses.
- Communicate clinical reasoning effectively in oral presentations, including a concise, well-organized synthesis statement with a leading diagnosis, a prioritized differential diagnosis with justification, and a clear management plan for common and less common conditions
- Provide an appropriate rationale for the management of common and less common conditions using the best available evidence-based data and offers changes to plan, based on patient specific factors, acuity, current response to treatment and new data.
- Communicate about diagnostic testing and how results will influence diagnosis, further evaluation and future plans of care
- Provide patient-centered education/resources to patients when applicable
- Demonstrate an ability to identify “sick” vs “not sick” patients and act with appropriate urgency
- Articulate an appropriate consult question prior to initiating a consult when applicable
- Coordinate with interdisciplinary team members (e.g., consults, referrals, PT, social work, VNA) to improve patient care
- Present a structured signout to the next provider of care using IPASS format.

- Display self-awareness of knowledge, skills, and emotional limitations by engaging in appropriate help-seeking behaviors

Geriatrics Clerkship Learning Objectives

By the end of the fourth year Geriatrics clerkship, the M4 student will be able to:

1. Demonstrate an understanding of the diagnosis and treatment of common geriatric disease and syndromes such as cognitive impairment, delirium, depression, urinary incontinence, falls, fractures, immobility, pressure ulcers, sensory impairment and elder mistreatment
2. Distinguish the roles and responsibilities of other team members (nursing, case management, social work, physical therapy)
3. Describe the roles and responsibilities of resources available through community agencies such as visiting nurses, home health aides, home care agency case managers, home delivered meals, and adult day health
4. Evaluate and incorporate cognitive, psychosocial and functional status into the overall assessment of the older patient
5. When evaluating an older patient's medication list, describe strategies for optimizing medication regimens, and deprescribing those medications which are potentially inappropriate, high risk, or lack a current indication
6. For older patients, particularly for those with cognitive, sensory, or functional impairment, use communication techniques to demonstrate cultural sensitivity and respect, including appropriate body language and thoughtful seating arrangements
7. Demonstrates awareness of one's own emotions and attitudes, and coping strategies for managing stress and uncertainty when caring for seriously ill patients
8. Define and explain the philosophy and role of palliative care, and differentiates hospice from palliative care
9. Elicit what matters most to an older adult, and work with the patient and team to honor these priorities
10. Identify health inequities in Boston neighborhoods and the impact of social determinants on the health of older adults in the community
11. Identify how structural and social determinants of health impact health outcomes and healthcare access for older adults and those who care for them

Contact Information

Clerkship Director



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Clerkship Coordinator



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Clerkship Specific Information

General Clerkship Structure

This four-week clerkship provides students with the basic knowledge and skills to participate in the care of older adults. Students will learn about common geriatric syndromes, understand, and use functional assessment in the evaluation of older adults, work with an interdisciplinary team to develop care plans, learn about home care and what is possible to provide medically for older patients living in the community. Students will participate in clinic, nursing home visits and home visits with clinicians to provide medical care for older patients. In addition, students will complete on-line assignments, attend lectures, prepare a narrative focused on My Life My Story (MLMS), complete a Social Determinants of Health (SDOH) worksheet, create an end of life (EOL) project, and prepare an evidence-based medicine (EBM) assignment.

Home Visits (HV) Protocol and Student Expectations

Home visits provide a valuable experience to help student to appreciate the patient's values, supports, and environmental factors. The following are student expectations during HVs:

- **Be on time.** Students are expected arrive at the time the preceptor has emailed them.
- **Safety is important!** Watch the *"Safety in the Field"* on Echo360 and familiarize yourself with the handout on Blackboard Learn.
- **Be prepared.** Check with the preceptor to ensure you have all the materials that may be needed for the visit (e.g.N95 masks). Please notify the preceptor if you have allergies to pets, as you might encounter cats or dogs on visits.
- **Be conscious of infection control while on home visits.** Use antiseptic hand wash before *and* after examining the patient. (Hand wash will be in preceptor's equipment bags). Be sure to bring your fit-tested mask.
- **In the case of accidents** (such as a needle stick), notify the Clerkship Coordinator at 617.638.6155 immediately. Upon return to BMC, you should directly report to the Occupational Health located in Shapiro (4th Fl) - Suite 4B.
- **Clinical expectations during home visits:** During home visits, medical students assume the role of primary care provider and are expected to:
 - Attend to the patient's acute and chronic medical and psychosocial problems. For acute problems, the focus will be on one problem with attention to associated chronic problems as necessary. Judicious and efficient use of time will be necessary to cover the patient's new and pertinent chronic problems and ensure their appropriate management until the next visit.
 - Review the patient's medications and document them on the medication list which the preceptor will have with them. Assess compliance, inquire about side-effects and consider the possibility of drug interactions. Note any refills needed and discuss with the attending.
 - During routine follow-up visits, if time permits, a health maintenance examination should be performed as indicated.
- **Documenting Notes:** Following each home visit, students are expected to complete a student note on each assigned patient via Word Document. Notes should be completed within 24-48 hours following the home visit and emailed using BMC email to the preceptor.
- **Alternative Schedules to Home Care:** If a student cannot participate in home visits for medical or personal reasons please contact the clerkship coordinator for alternative clinical experiences.

- **Early departures:** Students who need to leave early from home visits should notify the clerkship coordinator 72 hours before the visit and obtain approval (for interviews, mandatory meetings, teaching doctoring, medical appointments etc.). The student must then notify the preceptor 48 hours before the visit and review expectations for note and follow up before.

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.

Nursing Home (NH) Visit Protocol and Student Expectations

Students will be visiting patients in nursing homes under the supervision of nurse practitioners or attending physicians.

A. Arrival

Students are expected to report directly to all nursing homes and skilled nursing facilities (SNFs). **Check the arrival/departure grid** to find each preceptor's specific arrival times for each nursing home. The grid is available on Blackboard Learn.

B. Nursing Home Addresses & Directions

Addresses to specific NH locations can be found under "Site Information" on page 9-11. Additional directions to certain NH may also be found on Blackboard Learn >Site Information. Students traveling by public transportation may want to use <http://mbta.com/> for planning their trips. Do not Google or use any other web browser search for nursing home addresses as many have multiple locations – make sure to report only to the address in the syllabus or on the arrival/departure grid.

C. Be Prepared

All students should bring their white coat, ID badge, and medical equipment (see below) to the nursing home. **Be prepared to bring your computer.** In some cases, you will be asked not to wear your white coat and only wear your ID. The medical equipment to bring includes:

- Stethoscope
- Reflex Hammer
- Tuning Forks
- Flashlight or Penlight
- Oto-ophthalmoscope

D. What to Expect during the Visit

The attending physician or nurse practitioner will orient students to the facility and the activities for the day, which will be either independent patient visits or joint visits with the preceptor. Students will be expected to obtain a complete history from multiple sources including the patient, the chart,

nurses, nursing assistants, physical and occupational therapy, flow sheets, bowel and weight books and present this in a concise fashion to the preceptor. The student should discuss any clinical issues raised or discuss pending lab work with the preceptor regarding assessment and plan and collaborate as necessary.

There will be onsite screening at every facility prior to entry. Always wash your hands upon entry into the nursing facility. Identify yourself as a medical student working with your preceptor. Wear your mask upon entry into the facility. You will be screened for COVID-19 symptoms. You may be asked to provide a recent COVID test or be prepared to be tested onsite and bring a copy of their vaccination card (if available) to show when asked. Students should ask about any COVID precautions with your preceptor in the beginning of the day. When inside the nursing facility, there will be clear signage at the patient door/unit/floor of which PPE to use, but please feel free to ask your preceptor to double check.

E. Documenting Patient Notes

Notes should be written to reflect the student's participation in the visit, and to document the student's impression and clinical management suggestions. *Students are expected to complete notes in Word Document and email the notes to the preceptor by 5 pm after the visit*

Ambulatory Clinic Visit Protocol and Student Expectations

The Geriatrics Ambulatory practice is located on Shapiro 9A. The attending will meet you at the clinic and orient you to your activities for the day.

Expectations:

- Be on time. Students are expected arrive at the time the preceptor has emailed them.
- Bring your ID and stethoscope.
- All patient charts are on Epic.
- Complete notes in Word Document and email the preceptor(s) within 24-48 hours.

PACE Visit Protocol and Student Expectations

Students will be meeting with patients at one of two affiliated PACE programs under the supervision of a PACE provider.

Expectations:

- Be on time. Students are expected arrive at the time the preceptor has emailed them.
- Bring your ID and stethoscope.
- May attend interdisciplinary team meeting (Wednesday or Thursday sessions)

Required Diagnoses

Students are expected to log their patient encounters in eValue (www.e-value.net). Patient logs help the clerkship ensure that each student is seeing a diagnostically diverse patient population, an adequate number of patients, and performing a sufficient number of required procedures and diagnoses. The student may see more than one diagnosis in a patient and is encouraged to document multiple diagnoses.

The directions on how to log patient encounters can be found on the eValue help page <http://www.bumc.bu.edu/evalue/students/>. Students must bring a printed copy of their patient encounter and procedure log to their mid rotation feedback meeting.

The required patient diagnoses to be documented in the logs are:

- a. Congestive Heart Failure
- b. Chronic Kidney Disease
- c. COPD/Emphysema
- d. Depression/Anxiety
- e. Difficulty swallowing
- f. Disability
- g. Fall/Gait Disorder
- h. Hearing changes
- i. Incontinence
- j. Memory Difficulties
- k. The Dying Patient
- l. Weight Loss
- m. Vision changes

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 found below and on *Blackboard Learn* ▯ *Final Day Deliverables*.

Patient Encounter	Make-Up
CHF	Didactic Session: The Good Death
CKD	Article
COPD	Article 1 ; Article 2 (Download the PDF)
Depressed/Anxiety	Independent Learning Module: Mental Health & Aging
Difficulty swallowing	Article Didactic Session: Hard to swallow
Disability	Didactic Session: Pressure Injuries, Orientation Session: Intro. To Home Care
Fall/Gait Disorder	Didactic Session: Falls & Hazard of Hospitalization, Polypharmacy Independent Learning Module: Frailty
Hearing Changes	Orientation Session: Intro. To Home Care
Incontinence	Independent Learning Module: Urinary Incontinence
Memory Difficulties	Didactic Session: Delirium Independent Learning Module: Alzheimer's Disease & Other Dementias
The Dying Patient	Didactic Session: The Good Death
Weight Loss	Independent Learning Module: Elder Mistreatment
Vision Changes	Independent Learning Module: Low Vision/OT

Other Clerkship Requirements

Exam

The final exam is based upon all the lectures (except Pt./Dr. Relationship, Letter to Self, LGBTQ+ Care of Older Adult articles & Hospice Virtual Tour) and independent learning modules. The final exam will be held virtually the morning of the final day of clerkship. Students will be given 90 minutes to complete this exam.

My Life, My Story

Students are expected to complete an extended social narrative (a free form written story of a person, usually about 1 page) on one patient during the rotation. This narrative helps us and other clinicians that are on various care teams obtain insight into the patient and what makes up the person we are caring for. Having this insight can improve the care that is provided to patients by allowing us to understand who they are from their previous experiences. This type of information gathering can also help us to learn about and understand the diverse cultures that are part of the mission and identity of Boston Medical Center. Understanding cultural cues and norms can aid us to provide culturally sensitive care and can help with challenging discussions.

Social Determinants of Health (SDOH) Worksheet:

The learning objective of this exercise is to identify and discuss the current patients' social risk factors and how those factors contribute to the patient's health. Students will complete a structured worksheet during and after one of their home visits which focuses on the home environment, neighborhood, and social context which the patient lives in. This worksheet is structured around the Geriatric 5Ms (Tinetti M, Huang A, Molnar F. The Geriatrics 5M's: A New Way of Communicating What We Do. J Am Geriatr Soc. 2017 Sep;65(9):2115. doi: 10.1111/jgs.14979. Epub 2017 Jun 6. PMID: 28586122.).

Grading Rubric (Total Points: 100):

You will be graded on the following areas:

Item	Points Possible	Rubric
Completed worksheet	2	2- Filled out worksheet completely 1- Incompletely filled out 0- Not filled out
Completed 5Ms worksheet	2	2- Filled out worksheet completely 1- Filled out worksheet incompletely 0- Not filled out
List protective factors for patient	1	1- Offered protective factors/strengths for the patient 0- Not filled out
List 3 practical interventions	1	1- Offered 2 goal interventions/resources 0- Only offered 1, or did not provide any goals
Reflection	2	2- Discussed how SDOH contribute to overall health outcomes AND reflected on how your personal experiences in the medical field affect care you give/receive

		1- Discussed only one of the above requirements 0- Not done
Future impact	2	2- Provide 2 examples of how home visits/SDOH will affect how you will practice medicine in the future. 1- Incompletely done 0- Not done

End of Life Project Presentations

On the final day of the block, you will email your small project focused on End of Life (EOL) to the clerkship coordinator. Before starting your EOL project, please read the article in Blackboard, Final Day Deliverables to help get you thinking about end of life.

Expectations:

- Demonstrate understanding of the objectives outlined in The Good Death Talk (bullets below).
 - Identify factors influencing a patients/family’s decisions at the end of life
 - Contrast a good from a bad death from a personal point of view
 - Develop an approach to setting goals of care for your patients
- Demonstrates awareness of one's own emotions and attitudes and coping strategies for managing stress and uncertainty when caring for seriously ill patients.
- Turn-in a product at the end of the session (see below for examples)
- Spend 1-2 hours in preparation for your presentation
- Students are encouraged to openly discuss patients and families, their own culture, medical culture, and to bring in creative elements. This is not graded but must be completed to pass the clerkship.

Suggestions for Final Projects:

- First and foremost - Be Creative!
- Feel free to draw from literature, poetry, movies, fine art, and other media. Role-plays are an excellent way to work as a team and can elicit very interesting discussion amongst your classmates. These can be used to display best-case and worst-case scenarios; and to open a discussion about the challenges presented in your scene.
- You can present a case discussion from this clerkship, other settings, or your own life experience.

Independent Online Learning

There are 9 independent learning modules to complete. Please see Blackboard Learn for the following online modules:

1. Alzheimer’s Disease & Other Dementias
2. Elder Mistreatment
3. Frailty: What is it? And What can we do about it?
4. Geriatric Screening
5. Mental Health & Aging

6. Low Vision/OT
7. Transitions of Care for Patients
8. Urinary Incontinence

Clerkship Grading Policy

HOW MUCH EACH PART OF YOUR GRADE IS WORTH:	
Clinical Grade Percentage	65%
Shelf/Exam Percentage	25%
“Other” Components Percentage	10%
HOW YOUR FINAL WORD GRADE IS CALCULATED:	
Honors	90-100 total points
High Pass	80-<90 total points
Pass	70-<80total points
Fail	<70 total points; or <70 clinical grade; or professionalism issues
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)	70%
What is “Other” and what percentage is it worth?	
Social Determinants of Health (SDOH) Worksheet	
Percentage	10%
Other components that need to be completed in order to pass the clerkship	
Patient log (13 patient encounters)	
2 FOCuS Forms – 1 Interview Technique, 1 Physical Exam	
Duty Hour logs	
End of Life (EOL) Project	
Independent Learning Modules	
My Life My Story	
Social Determinants of Health (SDOH) Worksheet	
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
 <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

- The clinical grade will be worth 65% 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.

Standard Policies/Procedures:

If a student receives a score of 1-1.9 (averaged score across evaluators) in any CSEF domain, this may result in a failure.

Clerkship Specific Policies/Procedures:

Clinical Fail - If the student fails the clinical portion of the clerkship (earns <70 points for the CSEF grade), the student will be required to retake the clerkship in entirety.

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 compartment 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/>

General Responsibilities of the Clinical Faculty

Goals of the Clinical Clerkship

During the clinical clerkships at Boston University Chobanian & Avedisian School of Medicine, 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 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 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
 - 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

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 without having had a direct face-to-face encounter with clinical faculty.
- Primary faculty gives "prior approval" for student to perform intervention (order labs, prescribe meds) without satisfactory review.
- Patient leaves office/hospital without being informed that assessment/ management plan has been directly reviewed and approved by the faculty.
- Learning in which a student is expected to perform an intervention or encounter without the prerequisite training and/or adequate supervision.
- Student note provides the only record of the visit. Although all faculty see all patients, faculty must document that they were actually the person responsible for seeing and examining the patient.

Intimate Exam Policy

Students participating in an intimate exam with a patient (which includes, pelvic, genitourinary and rectal exam) must have a chaperone with them, irrespective of the gender of the patient or the student.

Permission to participate in an intimate exam must be obtained by the supervisor in advance of the examination itself. The patient has the right to decline student attendance at any examination.

If a student is unable to perform any intimate exam due to patient preference, the student's evaluation will not be impacted and if necessary, the clerkship director will provide an alternative experience.

Physical Exam Demonstrations

The demonstration of the physical examination on students should not be done by any supervisor of students including residents and attending faculty. Practicing the physical examination on students places them in a position where they may feel pressure to consent to something they may not feel comfortable with.

Federal Guidelines for documentation

CMS Guidelines from February 2, 2018, state:

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

EMR Documentation

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

Supervision and Delegating Increasing Levels of Responsibility

It is expected that the level of student responsibility and supervision will be commensurate with student’s competency and level of confidence. When the student arrives in your practice, you may wish to have them observe you or the resident for the first session. Thereafter, they should begin to see patients on their own. In the outpatient setting, **the student should initially perform 4-5 focused visits per day in the first week, increasing to 6-12 thereafter. In the inpatient setting, the student should initially follow 1-2 patients and increased to 3-4 thereafter.** When a student feels that they are being asked to perform beyond their level of confidence or competency, it is the responsibility of the student to promptly inform the preceptor. It is then the preceptor’s responsibility to constructively address the student’s concerns and appropriately restructure the teaching encounter to address the student’s learning needs.

Student Assessment

CLINICAL STUDENT EVALUATION FORM (CSEF): Boston University Chobanian & Avedisian School of Medicine 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 4th year competency criteria: These are students who are exceeding the behaviors described. The reach behaviors can be found at <https://www.bumc.bu.edu/busm/education/medical-education/faculty-resources/#4th>.

For each category, you should describe the student’s skills you have observed. This section is required when a student is performing in any of the domains except “Competent in this Domain”. Educator development videos with additional guidance are available on our website:

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

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 **O**bservation of **C**linical **S**tudent) 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 School's Formative Assessment and Feedback Policy can be found here:

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

Best practices regarding feedback include:

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

Early Recognition of Learning Problems

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

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

Mid Rotation Meeting

The clinical faculty/site director should sit privately with the student at the mid-point in the rotation to give feedback. It is highly recommended that the faculty working directly with the student complete a copy of the Clinical Student Evaluation Form (CSEF) before the meeting, and then directly address each item on the CSEF with the student to provide more detailed feedback about how they are performing.

Feedback for the student, including strengths and areas that need improvement should be reviewed (See Appendix B).

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

Final Grade and Narrative Comments

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

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

Example Narrative Comments:

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

"Rocco did an excellent job during his Family Medicine Clerkship. He is able to develop rapport with patients very quickly and meaningfully. He avoids medical jargon when speaking to patients. He is able to identify the

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

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.

- **Attendance & Time Off Policy:** <http://www.bumc.bu.edu/busm/education/medical-education/policies/attendance-time-off-policy/>
- **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/>

- **Core Clerkship Personal Days Policy:** <http://www.bumc.bu.edu/busm/education/medical-education/policies/personal-days-policy/>

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/>

Boston University Sexual Misconduct/Title IX Policy

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

Needle Sticks and Exposure Procedure

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

(See Appendix C)

Student Name: _____

Date _____

Observer Name: _____

Clerkship: _____

Circle One: **Attending** **Fellow** **Resident**

Clerkship week #: _____

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 4th year student who is competent in this domain:

- Introduces self to patient and attempts to develop rapport
- Follows an organized interview framework and completes within an appropriate time frame
- 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.)
- Demonstrates patient-centered interview skills (e.g. attends to patients' verbal/nonverbal cues, culture, social determinants, need for interpretive/ adaptive services etc.)
- Attempts to obtain collateral information from caregiver if applicable
- Demonstrates a hypothesis driven approach to gathering the history of present illness
- Probes for subtle pertinent details when gathering data necessary for differential diagnosis prioritization

A 4th year student who is achieving behavior beyond the 4th year competency criteria:

- Able to communicate with patients who have sensory or cognitive impairment

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 _____



Boston University School of Medicine

MID-CLERKSHIP EVALUATION FORM

Student Name: _____

Faculty Reviewer: _____

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

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

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

PATIENT LOG (REQUIRED DIAGNOSES and PROCEDURES)

Required patient encounters remaining:

Plan and timeline for completion or alternative experiences:

FOCuS FORMS Review complete: Yes No

Direct Observation and Feedback Forms Remaining:

Plan and timeline for completion:

DUTY HOUR LOG Review complete: Yes No

Step 3: Written feedback

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

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

Please provide feedback on professionalism:

Step 4: Action Plan

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

1.

2.

3.

Student signature _____

Faculty signature _____

Clerkship director signature _____
(if not the same as above)

Boston University School of Medicine Needle Sticks and Exposure Procedure

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

Covered Parties: Medical students.

Procedure:

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

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

Standard Precautions include:

- Hand hygiene
- Eye and face protection
- Use of gowns and gloves
- Sharps management

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

In the event of a needle stick or any unprotected exposure to blood, bloody body fluids, or other potentially infectious material, either in a lab or a clinical setting you should:

- Wash the exposed area and perform basic first aid
- Notify your supervisor – resident or faculty – of the occurrence and that you are leaving to seek care immediately.
- Get evaluated immediately: it is extremely important to receive counseling regarding the risk of acquiring a communicable disease. If indicated, prophylaxis should be started right away, usually within one hour.

If you are at Boston Medical Center

BMC’s Occupational Health clinic during working hours or the BMC Emergency Department after hours and on weekends

Location

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

Telephone: 617-638-8400

Pager: 3580

Fax: 617- 638-8406

E-mail: workingwellclinic@bmc.org

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).

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