

**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.
	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.

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

Clerkship Learning Objectives

During the third-year clerkships, students will

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

Medicine Clerkship Learning Objectives

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

- I. Demonstrate **professional and humanistic behavior in clinical and clerkship related responsibilities:**
 - Be present and punctual

- Proactively clarify your role and responsibilities, and reliably respond to patient care needs
 - Appropriately identify your position as “Student” or “Student Doctor”
 - Maintain confidentiality
 - Be forthright and accept responsibility for errors
 - Ask for help appropriately
 - Build a therapeutic relationship through a **respectful, empathic** approach that gains the **trust** of the patient
 - Dress and behave in a way that promotes patient and team comfort, trust and confidence in you
 - Demonstrate that the interests of the patient guide your behavior by:
 - Working to meet the patient’s needs – at times this means accepting personal inconvenience
 - Advocating for patient’s needs – e.g. getting a test, consult or follow-up appointment
- II. Develop productive, collaborative working relationships with other members of the health care **team** and system, effectively contribute to the provision of quality patient care, and work toward the **improvement of the systems of care.**
- III. Use proper technique to perform an accurate, appropriately detailed and organized **history and physical examination** in an efficient and sensitive manner, with a special emphasis on the intermediate and advanced physical diagnosis skills involved in volume assessment, the cardiovascular exam and the chest/pulmonary exam.
- IV. Communicate clinical information accurately and demonstrate your understanding of the patient’s problems, through concise, convincing, well-organized **patient presentations, admission write-ups, progress notes, and handoffs** that are appropriately focused for the audience, purpose and time available for the communication.
- V. **Identify and prioritize your patients’ problems, formulate an appropriate differential diagnosis** and outline an approach to diagnosis and management that is supported by clinical data and sound reasoning.
- VI. **Educate patients** about their conditions and partner with them to develop and implement a treatment plan.
- VII. Perform the designated **procedures** with appropriate technical proficiency while demonstrating attention to the patient’s needs and concerns, and describing a clear understanding of benefits/risks, indications/contraindications.
- VIII. Demonstrate a core foundation of **knowledge** (scientific, ethical, socio-cultural) guided by the course objectives that is necessary both to provide high quality patient care and to understand advances in medicine.

- IX. **Identify and address your learning needs** (by asking questions and critically incorporating information from appropriate resources into the decision-making process) and effectively share this information with colleagues.

- X. Solicit and probe for useful **feedback**, and respond with **improved performance**.

Contact Information



Clerkship Director

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Office Hours: Students may email to set up an appointment



Associate Clerkship Director

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Clerkship Coordinator

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Clerkship Specific Information

Third Year Student

The 3rd year student:

- Learns through meaningful involvement in patient care and learning with graduated decision-making responsibility
- Is available to help the team but “Learning comes first”
- Is a proactive, self-directed learner

Learns through meaningful involvement in patient care and learning/teaching with graduated decision-making responsibility.

- Sees patients independently
- Pre-rounds and initiates discussion with assigned patients on work rounds
- Formally presents assigned patients each day on work rounds
- Enters patient orders under the supervision of physicians
- Follows-up on labs, imaging, consults
- Updates intern, team and patient (CHECK-IN with team members, see above) as new information emerges
- Speaks with consultants
- Provides initial write-up & daily progress notes
- **Admits at least 1-3 new patients per week** (ideally new admissions and not transfers from ICU), of which **at least 1 patient/week is “truly new”** (i.e., admitted from the ED or office/clinic; transfer patients and patients initially admitted by night float do not count as “truly new”)
- Provides brief, targeted topic presentations to the team on a regular (at least weekly) basis
- Learns from own patients first but also from all patients on the team
- Participates in discharge planning on patients you directly follow but **do not do discharge summaries!**

The 3rd year student is available to help the team but learning comes first.

- Learning from direct patient care is complemented by:
 - Attending conferences and small group learning sessions
 - Observing procedures
 - Reading (at night and during slow periods on some days).

The 3rd year student is a proactive, self-directed learner who:

- Elicits and clarifies expectations from your interns, resident, and attendings
- Addresses questions, concerns, confusion with the team or with your CD ASAP
- Identifies your learning needs and acts upon them
- Solicits feedback from your teachers
- Contacts your Clerkship Director with questions, comments or concerns early

- Adapts to team transitions and realities

Required Diagnoses

Each student is expected to “see” **≥15 patients** where you serve as the primary student actively caring for the patient, writing notes... (under the guidance of faculty and house staff). Included among the patients **you must see are patients with each of the following “Big 10” active problems:**

- **Fever**
- **Low Blood Pressure**
- **The hospitalized patient with Chest Pain**
- **Shortness of breath**
- **Lab abnormalities (glucose, acid-base, creatinine, sodium, potassium, calcium, hemoglobin)**
- **Palpitations**
- **Extremity Pain/Swelling**
- **The hospitalized patient with CKD (chronic kidney disease)**
- **The hospitalized patient with CHF (congestive heart failure)**
- **The hospitalized patient with COPD/emphysema**

These 10 diagnoses also serve as the topics covered on the OCRA final assessments.

See “Patient Encounters Log” section for details on documenting required patient encounters.

Strongly Recommended Experiences

In addition to the requirements described above, it is strongly recommended that you care for patients with the attributes or conditions described below, and address the recommendations regarding patient education/counseling, prevention, systems and patient safety and procedures.

Socio-demographics

- Elderly patient- > 75 years of age
- A patient who does not speak English
- A patient with limited access to care
- A patient from a culture not your own

Patient Education/Counseling – Perform the following patient education/counseling interactions as clinically indicated on patients you follow.

- Provide discharge instructions
- Promote behavioral change (e.g. tobacco, alcohol, other substance use, diet, weight loss, exercise)
- Facilitate medication adherence

End of Life and Advance Directives Discussions. Join your attending, resident or the Palliative Care Service to observe and participate in these crucial and powerful discussions with the patient and family in which, through

partnership, decisions are made that integrate patient prognosis with patient values, priorities and wishes, to guide care in very ill patients who are near the end of their lives.

Prevention (primary, secondary or tertiary)/**health promotion** as a major focus of the interaction. Address an issue of prevention with the patients you follow. Prevention interventions may overlap with the patient education/counseling described above.

Systems and Patient Safety

- Identify instances where systems problems or strengths may have impacted on the quality of care your patients received
- Propose ways to improve the microsystems of care with which you interact
- Educate your patient on their major condition and the key medications you are asking them to take

Procedures you may observe:

- **Observe the following procedures** listed below, **describe the experience from the patient's perspective**, and **interpret and apply the results** to the patient.
 - Thoracentesis
 - Paracentesis
 - Lumbar puncture
 - Cardiac stress test
 - Echocardiogram
 - Cardiac catheterization
 - GI endoscopy
 - Bronchoscopy
 - Wound Care
- In addition, for each of the procedures listed above you should aim to **describe**:
 - The information it can provide
 - Benefits and risks
 - Indications/Contraindications
 - Potential complications and how to reduce the risk of the complications

Other Clerkship Requirements

1. FOCUS Cards and Internal Medicine Structured Observations of Clinical Skills (SOCS): These exercises are designed to assist the student in obtaining ongoing, real-time feedback after being directly observed performing a variety of skills (interviewing a patient, performing physical exam skills, delivering an oral presentation, documenting a clinical encounter). These exercises will be student-initiated (students are encouraged to provide observers the cards PRIOR to performing the skills) and completed on the wards by residents and attendings.

These are strongly recommended to complete as practice for your Directly Observed H&P (3% of your final grade).

The Internal Medicine SOCS cards will be also reviewed at mid-clerkship feedback and turned in at the end of the rotation as part of the passport.

Both the formative assessment exercises of FOCUS cards and Medicine SOCS cards are not included in the calculations of students' final grades.

Students should:

- Complete, sign (along with your observer) and turn in (as part of passport) Medicine Clerkship Structured Observation of Clinical Skills Cards
 - JVP Exam
 - Cardiac Exam
 - Pulmonary Exam
- ****Optional but highly encouraged:** Complete, sign and upload (along with your observer and turn in (as part of passport) the following FOCuS forms: Interviewing and Data Gathering & Physical Exam

2. Observed Clinical Reasoning Assessments (OCRA): The objective of these final assessments for students include:

- For the clinical problem(s) addressed, obtain a focused history and physical, generate a patient-specific differential diagnosis, and develop initial steps to evaluate your differential
- Explain your reasoning and describe the most important and relevant pathophysiology for the condition(s)
- Identify the most useful diagnostic tests, describe the utility and limitations of these diagnostic tests, and interpret their results
- Recommend initial treatment

Process for the Observed Clinical Reasoning Assessment (OCRA)

- There is one oral OCRA (oral exam with 1 clerkship faculty, date and time TBA and will occur weeks 4-8) and 2 written OCRAs (administered via Blackboard on the final Wednesday of the Medicine rotation.
- A list of students and their assigned date of the oral OCRA will be disseminated in advance. Assigned dates will be in weeks 4-8 of the clerkship.
- This formal evaluation will be done by core clerkship faculty.
- This evaluation will take place during the 4-8th week of the clerkship, unless extenuating circumstances do not allow.
- **The student will complete the observed oral assessment (1) and written assessments (2) on the dates and times provided by the clerkship.**
- The oral and written OCRAs will each be scored from 0-100 (based on a grading rubric). Each OCRA component (1 oral and 2 written exams) is weighted at 4% of the final grade. Thus the OCRA's 3 components (1 oral and 2 written) will in total be 12% of the final grade.
- Students will be asked to sign an honor code confirming that they will not share any information about the oral and written assessments with any fellow students. This includes the problems, diagnoses, details of the cases, or the questions they are asked.

- Failure to meet the expectations outlined above will result in a reduction in the student's score, and possible failure of the OCRA component.

Fail Observed Clinical Reasoning Assessment - If the student fails only the OCRA, the student must repeat the OCRA. If the student fails a 2nd time, the student may fail the clerkship and have to retake the clerkship in its entirety.

To best prepare for the OCRA: The OCRAs are based on the Medicine BIG 10. For each of the BIG 10 diagnoses in the Medicine clerkship (see Required Patient Encounters), the student should be able to define/describe:

- Illness scripts (IS) of the Medicine Big 10 problems/diagnoses- one way that experts store information (as chunks) about medical conditions in long term memory that enables them to store and readily retrieve that information
 - An Illness Script includes:
 - Who gets the condition? What are predisposing factors
 - How does it present? Clinical manifestations- defining features
 - With regard to symptoms, signs, study results
 - Temporal aspects of the presentation- onset, course of the condition
 - Core pathophysiology
- Differential diagnosis of Medicine Big 10
- Evaluation/Diagnosis- which tests to order, when to order, how to interpret for disease related to the Medicine Big 10
- Initial management of Big 10 and related diagnoses
- Prognosis
- Prevention

Script to be provided to the student at the start of the Observed Clinical Reasoning Assessment:

You will be presented with a case vignette over the next 30 minutes.

We will give you a brief history to read. This is just to get you started. Feel free to take notes as you learn more about your patient.

We will ask you for an initial differential, and then ask you to refine the differential as you gather more history about the patient. TAKE NOTES ON YOUR PATIENT.

WRITE OUT YOUR DIFFERENTIAL- YOU WILL BE ASKED TO COME BACK TO IT REPEATEDLY.

After discussing your initial differential, you will then ask questions to gather more information about the HPI, PMH, Meds, SH, FH, PE, etc. Ask all the questions, then we will give you some available answers. We will give you any information you ask for but will not give you information that you do not ask for.

Ask specific questions (this applies for both the oral and written OCRAs): For example:

Ask specifically about “pain on urination?” or “dysuria?” rather than “any urinary symptoms”.
Do not ask “Any associated symptoms?”. This is not specific- patients would not understand what you mean, and in the OCRAs, you will miss out on points.
Ask specifically about “Any history of heart disease?” rather than “any PMH?”

Some of the history and physical you ask for may not be available. It should be factored into your clinical reasoning as “unavailable data”, **not** as “noncontributory”.

After you have given a differential diagnosis, and gathered a history and Pex, we will discuss your initial evaluation of the patient.

We will end with you telling us your leading diagnosis, what data you have that supports your leading diagnosis and discuss any initial management steps you want to take with your patients.

Throughout this assessment, be sure to tell us **WHY** you suggest whatever you suggest.

ORAL ONLY: At any time, you can always go back and ask for more information (history/PE) about the patient.

ORAL ONLY: Please go ahead and read the first page of the exam. We will start asking questions in 3 minutes.

Directly Observed FOCUSED H and P Assessment

Objectives linked to this assessment:

- 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 a compassionate and patient-sensitive approach to history-taking and physical examinations
- Demonstrate a fund of knowledge in the clinical discipline and apply this to patient care

Process for the Directly Observed Focused H and P Assessment

- Each student will be assigned a clerkship faculty who will contact them to set up a time to observe them take a brief, FOCUSED History and Physical Exam from a patient on the wards.
- This formal evaluation will be done by core clerkship faculty.
- This evaluation will take place during the 4-8th week of the clerkship, unless extenuating circumstances do not allow.
- The Focused H and P will be scored from 0-100 (based on a grading rubric) and will in total be 3% of the final grade.
- Failure to meet the expectations of this assessment will result in a reduction in the student’s score, and possible failure of the Focused H and P component.
- Assessment is based on CSEF/FOCUS form based rubric, available on Blackboard.

Fail Directly Observed Focused H and P Assessment -If the student fails only this component of the clerkship, the student must repeat the assessment. If the student fails a 2nd time, the student may have to retake the clerkship in its entirety

To best prepare for the Directly Observed Focused H and P Assessment: Observe residents and faculty and get observed by residents and faculty interviewing and examining patients during your Medicine clerkship.

3. Small group sessions with the Site Director. These sessions focus on refining core skills and building advanced skills in:

- Communication Skills: Write-up and Oral presentations (2 write-ups turned in/4 week block)
- Bedside Skills: Practice interview, exam skills with a particular focus on the CV exam, Chest/Pulmonary Exam, and Volume Assessment
- Clinical Reasoning Skills: practice in case-based discussions
- Expectations, Feedback and Assessment review, including Mid-Clerkship Feedback
- Integrating the medical literature into patient care
- Skills: ECG, Simulation
- Promoting reflection and professional identity development, reviewing feedback with 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 3rd year competency criteria:** These are students who are exceeding the behaviors described. The reach behaviors can be found at <http://www.bumc.bu.edu/busm/files/2020/08/Third-Year-Reach-Behaviors.pdf>.

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

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

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

Feedback

Feedback is vital for student learning and growth and should be given regularly. Feedback during a clerkship should be given multiple times which include: real-time feedback during patient care, recap feedback at the end of the session/day and summative feedback at the mid and end of the rotation. The **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."

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 3rd year student who is competent in this domain:

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

A 3rd year student who is achieving behavior beyond the 3rd year competency criteria:

- Demonstrates patient-centered interview skills (e.g. attends to patients' verbal/nonverbal cues, culture, social determinants, need for interpretive/adaptive services etc.)
- Probes for relevant, subtle details
- Integrates information from the patient and from other relevant resources (e.g. EMR, caregiver, witness, outside records)

Comments -specific examples of behaviors observed or missing from above:

(Note: It is okay to give your feedback verbally and have the student scribe- the important part is giving specific, timely, behaviorally based feedback)

Student Reflection-What would you change or do differently?

Next steps for student growth:

These should be developed based on feedback from the observation and the above behaviors- student should develop these with faculty and write them here):

1.

2.

3.

 I directly observed this student

 I provided verbal feedback to the student

Supervisor Signature _____



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).

Revised Jan 2018