

**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/>

Table of Contents

Medical Education Program Objectives.....	4
Clerkship Learning Objectives.....	6
Clerkship Learning Objectives.....	7
Contact Information.....	9
Clerkship Specific Information	1
Block Schedule	1
Didactic Schedule	1
Daily Schedule.....	1
Call Schedule.....	1
Holidays.....	2
Formative Assessments	2
Blackboard	2
Assignments	2
Patient Encounters/Case Logs	3
General Responsibilities of the Clinical Faculty	6
Goals of the Clinical Clerkship.....	6
Clerkship Structure	6
Overall Responsibilities.....	6
School’s Clerkship Director & Assistant Clerkship Director	6
Overall Clerkship Coordinator.....	7
Clerkship Site Director	7
Clerkship Site Coordinator	8
Primary Clinical Faculty/Preceptors/Trainees	9
Orientation of the Student to the Clinical Setting.....	9
Setting Expectations for the Student.....	9
Supervising the Student.....	10
Intimate Exam Policy.....	10
Physical Exam Demonstrations.....	10
Supervision and Delegating Increasing Levels of Responsibility	11
Student Assessment.....	11
Feedback	13

Early Recognition of Learning Problems	13
Mid Rotation Meeting.....	14
Final Grade and Narrative Comments	14
Home Visit.....	15
Home visit safety.....	15
Important Clerkship Policies	15
Attendance Policies.....	15
Appropriate Treatment in Medicine.....	16
Boston University Sexual Misconduct/Title IX Policy	16
Needle Sticks and Exposure Procedure	17
Appendix A.....	18
Appendix B.....	19
Appendix C.....	22

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.

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

Clerkship Learning Objectives

(Linked to Medical Education Program Objectives in parentheses)

- Communication Skills:
 - Develop compassionate and respectful communication skills adapted to the clinical setting (e.g. ED, wards, ambulatory, nursery) that facilitate an age-appropriate and culturally sensitive therapeutic alliance with children, adolescents and their families (C.1-C.3, C.7, C.8, PCC.1, PCC.2)
- History & Interview:
 - Demonstrate an ability to obtain information in an age-appropriate and sensitive manner from a child and or the accompanying adult in domains uniquely pertinent to pediatric care, including: neonatal/newborn history, immunizations, growth & development, home environment & safety, adolescent health (CDSR.1, PCC.3)
 - Understand basic developmental screening of children, gain comfort in interacting with children and the families of children with intellectual and/or developmental disabilities, and begin to recognize signs for referral for developmental consultation and intervention (HS.8)
- Physical Exam
 - Demonstrate competency in the physical examination of infants, children & adolescents and understand the diagnostic correlation of physical exam findings (CDSR.2)
- Data Synthesis
 - Show improving clinical problem-solving and critical thinking skills through development of a reasonable differential diagnosis, appropriate assessment, interpretation of results (labs & imaging) and logical plan of care using evidence (MK.4, MK.5, MK.6, CDSR.3, CDSR.4, LL.5, LL.6)
- Oral Presentations
 - Perform effective **oral** presentations that communicate key clinical to other health care providers and reflect an accurate history and physical exam of a pediatric patient (CDSR.5)
- Patient Education
 - Discuss strategies for health promotion as well as disease and injury prevention (e.g. screening tests, assessing and counseling on immunization status during a health care visit, inquiring about and counseling adolescents on topics of sex/sexuality, drug use, depression; and providing anticipatory guidance for parents about nutrition, development and safety from birth through adolescence) (HS.6, HS.8)
- Written Documentation
 - Demonstrate skills of **written** documentation that communicate key clinical to other health care providers and reflect an accurate history and physical exam of a pediatric patient (CDSR.6)
- Medical Knowledge
 - Acquire the knowledge for the diagnosis and initial management of common pediatric acute and chronic illness from newborns through adolescence including respiratory illness, asthma, abdominal pain/vomiting and/or diarrhea, febrile children, feeding concerns, jaundice, hypoglycemia (MK.2, MK.3)
 - Apply basic knowledge of growth and development (physical, physiologic and psychosocial) to the care of patients from birth through adolescence (including attention to the pediatric

developmental milestones and impact of illness and psycho-social factors on growth and development) (MK.1, MK.3, MK.8, HE.2)

- Self-Directed Learning
 - Exhibit the attitudes and professional behaviors appropriate for clinical practice including maturity in soliciting, accepting and modifying practice in response to feedback (LL.1-LL.4, PPD.1)
- Professional Responsibility
 - Exhibit the attitudes and professional behaviors appropriate for clinical practice including showing a positive attitude and regard for education, universal attendance, punctuality, intellectual curiosity, honesty, responsibility (C.9, PCC.4, PPD.1-PPD.3)
- Teamwork
 - Develop an understanding of and then practice the collaborative approach of pediatricians to the health care of children and adolescents in the outpatient, inpatient and emergency department settings (C.4, C.5, HS.3, HS.4, HE.3)

Contact Information

Clerkship Director



Julia Aquino, MD

Director of Medical Student Education in Pediatrics

Telephone: (617) 414-3567

Email: Julia.aquino@bmc.org

Office: 801 Albany Street, Rm # 1304

Associate Clerkship Director



Rachel Thompson, MD

Director of 4th Year Medical Student Education

Telephone: (617) 414-2569

Email: Rachel.thompson@bmc.org

Pager: 8147

Office: 801 Albany Street, 4th floor



Clerkship Coordinator

Jordan Puskas-Sullivan

Telephone: (617) 414-5177

Email: jpsulli@bu.edu

Office: 801 Albany Street, 3rd floor

Clerkship Schedules

Block Schedule

Block schedule dates for all clerkships can be located on the Medical Education website:
<http://www.bumc.bu.edu/busm/education/medical-education/academic-calendars/>

Didactic Schedule

CORE EDUCATIONAL CURRICULUM:

The core curriculum will be delivered to students on a weekly didactic day in weeks 1-5 of the clerkship. The didactic day will be Monday with a few exceptions for holidays. Sessions will typically run between 8am-3pm and students will not return to clinical rotations that day. Each didactic day will have 2-3 case based, faculty precepted sessions that are grounded in common pediatric presentations and diagnoses. An emphasis is placed on generation of informed differential diagnoses and clinical reasoning. The cases cover the majority of the required clinical encounters for the pediatric clerkship. Students will have time allocated on each didactic day for faculty designated pre-reading/pre-work, creating a knowledge base that will facilitate engagement during the session. Kaiser students will participate via zoom.

Students are strongly encouraged to virtually or in-person (if offered) attend Case of the Week and Grand Rounds at BMC. Attendance is required for BMC site students (except of on night shifts).

- Pediatric Grand Rounds: Thursdays 8am-9am (on hold July through Labor Day)
- Case of the Week: Fridays 8am-9am, (moved to Thursdays 8-9am during July-Labor Day). C.O.W is an interactive case-based educational session led by a resident.
- Zoom links can be found on the Peds Clerkship Google calendar on Black Board

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

Daily Schedule

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

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

Call Schedule

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

Holidays

Juneteenth: Monday, June 19, 2023

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

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

Other holidays that occur during specific blocks will be communicated by the clerkship director.

Holidays by Clerkship can be viewed on the Medical Education website at:

<http://www.bumc.bu.edu/busm/education/medical-education/academic-calendars/#clerkhols>

Formative Assessments

The purpose of formative assessment is to improve student learning by providing feedback on how well they are learning skills and content during the clerkship. Formative assessments are not included in the calculations of students' final grades. Each clerkship has required **FOCuS (Feedback based on Observation of Clinical UME Student)** forms which must be completed by the mid/end of the clerkship. These forms will provide formative assessment through direct observation of CSEF behaviors. **Each student is required to complete one interviewing technique and one physical exam FOCuS form on each clerkship.**

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

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

FOCuS forms and midrotation forms are additionally available from the [Faculty Resources Web page](#) from the section on Clerkship Related Information.

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

Blackboard

Students will have access to a Blackboard site for the clerkship. The site is listed under "My Courses" as Pediatric Clerkship on the Blackboard landing page.

Students who have questions about the Blackboard site or find that they do not have access to the site should contact the Clerkship Coordinator for assistance.

Blackboard Learn: <https://learn.bu.edu/>

Assignments

Timely completion of all assignments is required to pass the course. Failure to return the required assignments will result in a grade of incomplete for the clerkship and be considered a lapse in professionalism.

1. **Newborn Competency examination:** Student must perform a supervised newborn exam while on the Inpatient Service, in the Ambulatory (Primary Care, specialty, ED or urgent care) area, or in the Nursery/Birthplace. It is the students' responsibility to request this experience from a faculty person, to review the physical exam with them and request feedback. If the student does not meet minimal competency on the first attempt at the exam, it may be repeated until all competencies are met. The student must upload their newborn exam competency card to Blackboard. Additional copies can be downloaded from Blackboard. The observer (MD, DO, NP) will be responsible for grading and signing off on the Newborn Exam Competency Card
Prior to completing this competency, students must:
 - a. Review the newborn physical exam slide set from the Stanford School of Medicine: <http://newborns.stanford.edu/Residents/Exam.html>
 - b. View the newborn examination video from MedEd portal, located on the Blackboard site passport section (in the folder on newborn competency)
2. **HEENT Exam** – Student must complete modules on Blackboard for each section of the exam online, and then complete an observed HEENT exam and have the competency signed off.
3. **FOCuS forms: (1) Interviewing Technique and (2) Physical** Student must perform **at least** one history and one physical exam observed by an **attending physician**. FOCuS forms for each of these observed encounters can be downloaded from Blackboard or the [Faculty Resources Website](#). Students may have the history and physical observed on different patients if that is easier. Students should plan to take **NO MORE THAN 15 MINUTES** for your history & PE as this is the time they will be allotted on the end of third year assessment (EOTYA) in April.
4. **Required Patient Encounters:** There are twelve required clinical experiences/patient encounters in pediatrics. Please see the “Required Patient Encounters” section of the syllabus and on Blackboard. These encounters and the clinical reasoning for how to approach these presentations will all be covered in your case-based learning.

Late assignments and make-ups

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

Patient Encounters/Case Logs

Across the third year, there are required patient encounters and procedures that must be logged whenever they are seen. To log the patient encounter, students must have participated in the history, physical exam, assessment and plan development of the patient.

Required Patient Encounters (The Core)

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

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

In the Pediatrics clerkship, students are required to see log the following clinical conditions:

- jaundice in a newborn
- fever in a pediatric patient (note we encourage you to see infants though adolescents before feeling comfortable with this RPE)
- well child visit
- weight changes in a pediatric patient
- upper respiratory illness
- eye pain or redness
- shortness of breath
- vomiting in a pediatric patient
- abdominal pain in a child
- diarrhea in a pediatric patient
- extremity pain
- patient with developmental delay or disability

The level of student responsibility required to document the clinical encounter in the case log in MedHub is listed in the following table.

The Core & Required Diagnoses:				
PEDIATRICS				
Patient Type	Clinical Condition	Procedures/Skills	Clinical Setting	Level of Student Responsibility
Newborn (< 1mo)	Jaundice	Patient evaluation	Any clerkship setting: ED, Ambulatory, inpatient, nursery	ALL facets of patient evaluation: Take a history, conduct a PE, provide an assessment & treatment plan inclusive of anticipatory guidance and counseling where appropriate.
Encouraged to see/understand care of range of ages, ie. neonate through Child/Adolescent	Fever			
Child	Well child visit	Patient evaluation with developmental assessment, anticipatory guidance		
Child	Abdominal pain in a child	Patient evaluation		

infant/child/ adolescent	Weight changes in a pediatric patient (including Failure to Thrive)	Patient evaluation		required clerkship didactics or online module
	Upper respiratory illness			
	Eye pain/redness			
	Shortness of breath			
	Vomiting in a pediatric patient			
	Diarrhea in a pediatric patient			
	Extremity pain (e.g. sprains, fracture, abuse, infectious)			
	Patient with developmental delay and/or disability	Patient evaluation and/or observation (e.g. operation house call)	Any clerkship setting or Operation House Call	OP, written documentation or OHC blog post

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 majority of the RPE are covered in the core didactic curriculum. Any exceptions will be noted on Orientation Day. Current RPE that are not covered in the core didactic curriculum and would require alternative experiences on Blackboard if not seen clinically include:

- jaundice in a newborn: self-directed case available on Blackboard
- eye pain or redness: self-directed module with 2 review articles available on Blackboard
- abdominal pain in a child: self-directed power point case available on Blackboard

Patient Encounter Log

Students are expected to log their patient encounters in [MedHub \(https://bu.medhub.com/\)](https://bu.medhub.com/). Patient logs help the clerkship ensure that each student is seeing a diagnostically diverse patient population, an adequate number of patients, and performing a sufficient number of required procedures and diagnoses. Students must bring a printed copy of their patient encounter and procedure log to their mid rotation feedback meeting.

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 Observation of Clinical Student)** forms required for each clerkship provide formative assessment through direct observation of CSEF behaviors. **FOCuS** forms required for that clerkship must be completed for each student by the end of the rotation (See Appendix A for an example). Each clerkship will require one interviewing technique and one physical exam FOCuS form to be completed. The 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.

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

- **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
<p><u>A 3rd year student who is competent in this domain:</u></p> <ul style="list-style-type: none"> ·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 <p><u>A 3rd year student who is achieving behavior beyond the 3rd year competency criteria:</u></p> <ul style="list-style-type: none"> ·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:
<p><small>(Note: It is okay to give your feedback verbally and have the student scribe- the important part is giving specific, timely, behaviorally based feedback)</small></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>

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 _____

PEDIATRIC MID-CLERKSHIP EVALUATION FORM

Student Name: _____ Faculty Reviewer: _____

Students and supervising residents or faculty should meet mid-clerkship to complete, discuss, and sign this mid-clerkship review form. Mid-clerkship meetings should be done during week 3 of the pediatrics clerkship, but can take place earlier depending upon your schedule and continuity with preceptors.

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

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

- What was the feedback you received?

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

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

Step 2:

STUDENT: PRIOR to feedback meeting, please enter/update number of patient encounters, FOCUS forms and duty hours completed both below and in MedHub

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

1. PATIENT ENCOUNTER LOG

(please check the Required Patient Encounters you have completed and documented)

Required Patient Encounters:	
Fever in a pediatric patient	<input type="checkbox"/>
Weight changes in a pediatric patient	<input type="checkbox"/>
Upper Respiratory Symptoms	<input type="checkbox"/>
Eye Pain/Red Eye	<input type="checkbox"/>
Shortness of Breath (Peds).	<input type="checkbox"/>
Vomiting (Peds)	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Abdominal Pain in. a child	<input type="checkbox"/>
Jaundice	<input type="checkbox"/>
Extremity Pain/Swelling	<input type="checkbox"/>
Well Child Visit	<input type="checkbox"/>
Patient with Developmental Delay/Disability	<input type="checkbox"/>

○ Plan and timeline for completion: _____

2. FOCUS FORMS

(Completed forms are uploaded to MedHub. Please try to complete one of the required forms by mid-clerkship)

Interview Technique Physical Exam

○ If none of your FOCUS forms are complete, please document your plan and timeline for completion: _____

3. DUTY HOUR LOG (<80h/week)

Up to date Not updated

4. REQUIRED PE COMPETENCIES

Newborn Exam Form + module

HEENT Exam observation form + modules

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

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

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

Please provide feedback on professionalism:

Student signature _____

Date _____

Faculty/CD signature _____

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