

# **Doctoring 1**

## **Course Information**

**AY 2023-2024**  
**MS 121**





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## Medical Education Program Objectives

A 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 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 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.

## Course Description & Goals

The primary purpose of this course is to advance students' skills in the ten doctoring domains. Through the multiple components of the course, students will learn and practice medical interviewing, physical examination skills and clinical reasoning. We will explore relational competence in both direct patient care and in the small group role plays. Data gathering during a medical encounter will be explained including a structured approach to chronological history taking for the History of Present Illness and details of the additional components (ex. past medical history, past surgical history, family history, social history, allergies, medications, review of systems). Physical examination techniques are learned and practiced in small groups and in clinical encounters. These skills culminate in a systematic approach to the head-to-toe physical examination. Communication of the components of the medical encounter in standard oral and written format are developed. Additionally, oral presentation skills of research topics will be taught and evaluated in small groups. As the course progresses, clinical reasoning aka "how doctor's think" will be utilized in evaluating symptom presentations. In all aspects of the course, health equity and disparities will be a lens we use to reflect on our own backgrounds, on the lived experiences of our patients, and on our role as developing clinicians. The course relies on student preparation and teamwork and the highest levels of professionalism are expected in all interactions with patients, inter-professional team members, students, and faculty. Doctoring 1 will challenge your knowledge, your inter-personal skills, and your clinical acumen in the service of beginning your journey towards clinical excellence.

## **DOCTORING DOMAINS**

1. Interview Technique
2. Relational Competence
3. Data Gathering
4. Physical Exam Skills
5. Oral Presentations
6. Written Documentation
7. Clinical Reasoning
8. Health Equity and Disparities
9. Personal and Professional Development
10. Self-directed Learning

By the end of this course, students should be prepared to succeed on the Doctoring 1 Module 3 Assessment (D1M3A) and enter the Doctoring 2 course.

### **Module Learning Objectives**

See Doctoring 1 Course Information folder on Doctoring 1 Blackboard site.

## Course Contact Information

### Course Directors



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**Name: Christine Phillips, MD**

Assistant Professor, Department of Medicine

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### Program Administrator and Actor Program



**Signature Noel**

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**Course Manager**



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Office: Medical Education Office, A-308

**Blackboard Website:** <https://learn.bu.edu> > Med Doctoring 1 (2023-2024)

### Academy Medical Educators

- See Blackboard site to find your AME and their contact information



## Course Improvement and Feedback

### Recent Changes to the Course

Doctoring 1 has undergone significant changes over the past several years thanks to valuable feedback from our students. We have re-structured the timing of our application sessions to better support skills development in note writing and oral presentations. Each year we add additional infographics to better communicate the skills development timeframes expected throughout the course. Based on feedback from the last 2 years, students are increasingly confident in their physical examination skills at the end of Doctoring 1. In response to student performance and feedback on the Doctoring 1 Module 3 Assessment (D1M3A) created in AY 2022-2023, we are adding additional teaching about pulmonary cluster physical exam skills to Module 2 and practice opportunities for prioritized problem lists and clinical reasoning justifications to Modules 2 and 3 this year.

### Curricular Committee Representatives

The Medical Education Committee (MEC), Preclerkship Curriculum Subcommittee (PCS), Clerkship Curriculum Subcommittee (CCS), and Electives Curriculum Subcommittee (ECS) each include two student representatives from each academic year, one voting member, and one alternative member, for a total of eight student representatives on each committee. Information about current membership is available on the website at: <https://www.bumc.bu.edu/busm/education/medical-education/medical-education-committees/>

### Student Advisory Committee (SAC)

In order to respond to medical students' concerns in a timely fashion and to allow for student-faculty dialogue about the course, a Student Advisory Committee for Doctoring 1 will be convened. We expect students and faculty to demonstrate openness to each other's ideas and to have a solutions-oriented focus. The committee will meet once monthly throughout the year and the Course Manager will manage the SAC membership. Details will be posted on Blackboard. All students are encouraged to bring any concerns (whether about the course, lectures, online materials, or interview exercises) to one of their SAC representatives or curriculum committee representatives.

### Diversity, Equity, and Inclusion Initiatives

Diversity, Equity and Inclusion is of utmost importance at Chobanian & Avedisian School of Medicine. Below are the multiple initiatives and groups we have at the school. Our pre-clerkship faculty and students created the following website last year and continue to work on faculty development related to inclusive language.

- Education Resources and Initiatives for Inclusivity: <https://www.bumc.bu.edu/dei-classroom-resources/>
- Racism in Medicine Vertical Integration Group: <https://www.bumc.bu.edu/busm/education/medical-education/medical-education-committees/working-groups/#rimvig>
- Gender & Sexual Diversity Vertical Integration Group: <https://www.bumc.bu.edu/busm/education/medical-education/medical-education-committees/working-groups/#gsd>
- For Doctoring 1 specifically, we incorporate Gender & Sexual Diversity Vertical Integration Group recommendations in our pronouns curriculum, approach to sexual history-taking, and the varied identities represented in our patient cases. We incorporate Racism in Medicine Vertical Integration Group recommendations in discussion of guidelines that utilize race for hypertension medication management and patient case-based discussion of bias.

## Course Schedule

The Academic Calendar is located on the Medical Education Office's website at:

<https://www.bumc.bu.edu/busm/education/medical-education/academic-calendars/>

Doctoring 1 has a complicated schedule so please pay close attention to the Blackboard Week at a Glance schedule and the google calendar for the list of important dates for the course.

**The most important resource for knowing your schedule is the Doctoring 1 Blackboard "Week at a glance".**

- This will give you an overview of the activities for the week, including your Doctoring small group, 4<sup>th</sup> year clinical preceptorship, actor communication sessions, special clinical skills sessions (ex. Heart sounds, GU/GYN skills), longitudinal preceptorship, assignments, and assessments. All schedules are linked in the week at a glance grid.
- The blackboard site will list required pre-work and the assignments that must be completed each week.

**However, make sure you also look at your specific schedule on Blackboard, which will tell you when Doctoring 1 activities are occurring for you.**

- Your classmates do not necessarily have the same schedule as you so do not rely on them to tell you what you are doing and where you should be on a given day.

## Instructional Design

Students will be assigned to yearlong afternoon sessions with the Academy of Medical Educators (AME) and additional clinical experiences. These afternoons are comprised primarily of small group sessions taught by your AME.

### AME Small Group

Throughout the year you will meet weekly with your AME faculty member and group of 6-8 students. Most sessions are structured around working together through a patient case that is tied to the CORE chief concern topics ex. Cough, fever in a kid, abdominal pain. Role plays are used to obtain the patient history from your AME acting as the patient or with actors as the patient in certain weeks. After creating a problem representation from the history, the group proceeds to refine the differential diagnosis for the patient's chief concern and decide on indicated physical exam techniques. The differential diagnosis is further refined as the physical exam is reviewed and any laboratory studies, EKG, imaging data is incorporated. At the end of indicated case discussions, self-directed learning topics are selected and case-focused research presentations are given in subsequent sessions. Students will gain experience collaborating with colleagues respectfully, preparing them for similar experiences in clinical practice.

**Physical exam skills** learning is introduced in case-based AME sessions with additional practice and feedback during sessions in the Clinical Skills Simulation Center (CSSC). There are required readings and selected videos to prepare for each session and a detailed Doctoring 1 checklist including trauma-Informed techniques outlining what exam skills students will be expected to perform. Upon completion of these sessions, students should be acquainted with the key parts of the physical examination and should begin to be able to conduct an examination on their own. We realize that learning the physical exam while examining a co-student may be challenging for some students, so we have asked students to identify a partner before the start of the course

to work with in pairs for the physical examination skills. Students will be instructed on the appropriate attire for these sessions and privacy will be maintained in the Clinical Skills and Simulation Center (CSSC) or with privacy dividers. Please see the course Peer Physical Examination Information Sheet and Course Policy for additional information. Dr. Elizabeth Ferrenz, Dr. Christine Phillips and your AME are available for discussion of any student concerns regarding the peer physical examination curriculum.

### **Clinical Experiences**

4<sup>th</sup> year preceptorship (August-October) weekly for 10 weeks. During these sessions you discuss the topic of the week and interview patients who are hospitalized at Boston Medical Center. You construct written notes based on the patient story your 1<sup>st</sup> year partner interviewed in weeks 1-5 and then the patient story you obtained in weeks 6-10. You will receive feedback on your interviewing skills from your 1<sup>st</sup> year partner and your 4<sup>th</sup> year preceptor. You will receive feedback on your note writing skills from your 4<sup>th</sup> year preceptor.

#### **Actor communication sessions (November-April)**

Standardized interactions with trained actors provide the opportunity for each student to practice interviewing skills including dietary recall, food insecurity screening, substance use screening, and focused history-taking. Students receive feedback utilizing a communication rubric from their 1<sup>st</sup> year partner and experiential feedback from the actor.

Longitudinal preceptorship (January-May) is an ambulatory clinical experience with faculty or resident clinicians for 8-10 sessions (total of 30 hours). Many placements are with primary care doctors (family medicine, internal medicine, pediatrics) and Emergency Medicine, but some students will be working with other specialists and health care providers.

Additionally, students will have sessions using heart sound simulators in November/December during the PISCEs Cardiovascular module. All students are taught the genitourinary and gynecologic physical exam by standardized patients in March/April during the PISCEs Repro/Endo module.

### **Guided Self-Learning**

Educational materials (self-learning guides, lectures, videos etc.) that give students the foundational knowledge needed for AME sessions or application sessions. These materials are given to students on Blackboard in advance of the application sessions (AME small group or Large group application exercises); knowledge self-assessment questions will be given to students to check their understanding of the content provided. Due dates for these are posted on Blackboard and are before the application sessions. These will be posted no later than 1-week before any application sessions relevant for that content.

### **Large Group Applied Learning**

An **application session** when the whole class works in Doctoring groups to apply concepts learned in guided self-learning. Examples are faculty facilitated large group case-based learning that included pauses for students to work through topics, develop note writing skills, hone oral presentations. Slides with cases or case handouts for students are posted to Blackboard. These sessions are recorded for student review.

## Equipment Needed

The equipment required for this course is:

- Doctor's bag (backpack is fine)
- Diagnostic kit = Oto-ophthalmoscope (make sure to charge it before required sessions)
- Sphygmomanometer
- Stethoscope
- Flexible ruler, transparent, plastic, pocket size
- Reflex hammer
- Tuning forks with dampeners--128 cps and 512 cps
- Several tongue depressors (available in classrooms and CSSC)
- Cotton-tipped applicators (for sensory testing, available in classrooms and CSSC)
- White coat, name tag, appropriate dress for clinical settings – business casual

## Assessment and Grading

### Course Blocks

There are 3 modules in Doctoring 1. Doctoring 1 course is pass/fail and you will have one grade recorded on your transcript for the year. Each module will also have an associated assessment table describing the assessment components of the module and the weight of each component.

Doctoring Year 1	Start Date	End Date	Weeks	Module weight towards course grade
Module 1	8/7/23	12/15/23	17	50%
Module 2	1/8/24	3/1/24	8	25%
Module 3	3/18/24	5/10/24	7	25%

### Course Grading Policy

Doctoring **module grades** are based on the following assessment components and the weight of each of those components is listed in the Doctoring 1 Course Information folder module on the Blackboard page. See example below, for Module 1.

	Assessment of Learning			Assessment for Learning				Assessment of Professionalism			
	OSCE - 75% Interviewing and 25% Written Note	Written Note to AME Core Educator	Clinical Experience, Written Note Completion on Time	KSA Completion on Time	Research Presentations Completed on Time	Reflections Completed on Time	Written Note to AME Core Educator On Time	Oral Presentation AME Core Educator	Peer Assessments	Course Evaluations	Attendance
Week 1											
Week 2			2	1		2					
Week 3			2	1							
Week 4			2	1							
Week 5			2	1	4						
Week 6			2	1							
Week 7			2	1	4		3				
Week 8			2	2							
Week 9			2	1			3				
Week 10			2	1							
Week 11		5	2	1							
Week 12				1							
Week 13				1		2					
Week 14				2	4	2		3			
Week 15				1		2					
Week 16	25										
Week 17						5					
Total	25	5	20	16	12	13	6	3	80% completion by end of Module 1	80% completion by end of Module 1	100% of sessions

Total: 30 points Total: 70 Points  
**PASS: 72% - 21 points** **PASS: 80% - 56 points**

Students are assessed in three ways in each course: assessment of learning, assessment for learning and professionalism expectations.

**Assessment of Learning (highlighted in blue in figure):**

**Assessment of learning** is composed of two components Observed Standardized Clinical Encounters (OSCE), written notes and oral presentations to AME Core Educator.

OSCE scoring for Modules 1 & 3 are based on a statistical analysis of student performance on the tasks of interviewing (Module 1 &3), physical examination (Module 3), written documentation (Module 1 & 3), and clinical reasoning (Module 3). Students can fail 1 or more domains of the OSCE without failing the course. They will meet with the course director to review their performance and be referred for additional clinical skills coaching. Module 2 is a head-to-toe core physical exam assessment which requires 72% or more to pass.

Standardized written notes and oral presentations are submitted to the AME Core Educator throughout the course. After completing 2 formative assignments and receiving feedback, the 3<sup>rd</sup> assignment is summative.

To **pass** the course students need to get **72% of the points** in this category.

**Assessment for Learning (highlighted in green in figure):**

**Assessment for learning** are activities intended to help you to learn foundations needed for AME small groups and clinical experiences. The learning methods used are knowledge self-assessment (KSA) questions, research presentations, reflections, written notes and oral presentations.

To **pass** the course students need to get **80% of the points** in this category.

This category is a **done/not done**- If you complete ALL of your KSA questions on time for a week, you get 1-2 points, if not you get 0 points for that week. All course work must be completed by the deadlines provided in Blackboard.

If students receive **≤80 points**, they will need to complete any missing work plus additional course work in note writing and reflections. If the additional work is completed on time, the student will receive an F/P.

**Assessment for Learning Activities:**

**Knowledge Self-Assessment (KSA):** These are questions that are intended for learning. They are questions that help you check your understanding of the content you have studied in the self-learning guide and provide you with feedback. They have a deadline for completion (listed in BB) to ensure preparation for Doctoring sessions and so faculty can review class performance and review challenging content for students. Student performance on the KSA is not assessed nor is it part of the credit. Credit is based only on completing questions by the due date. No credit will be given for KSAs completed after the due date unless prior arrangements were made with the course directors for an excused absence. These questions are meant for learning, and students will learn from getting questions incorrect so are encouraged to not wait until they feel 100% comfortable with the material.

**Clinical Notes:** In each week of the 4<sup>th</sup> year preceptorship at Boston Medical Center (BMC) students are expected to generate a written note and post it to the Discussion board on Blackboard. Students will receive feedback on their notes from their 4<sup>th</sup> year preceptor each week.

**Research Presentations:** After identifying research questions at the end of selected AME cases, students use the Finding Information Framework to select their research source for self-directed learning. Students prepare a presentation to their AME and classmates that connects to the patient case and includes a visual representation of their findings. These presentations are expected to be 4 minutes or less in duration. The research presentation visuals are to be uploaded to the Blackboard site.

**Reflections:** Student reflections on AME case materials, actor communication sessions, and OSCE performance goal setting are to be uploaded to the Blackboard site.

**Written Notes to AME Core Educator:** Standardizes written notes based on patient interview videos, AME cases, or actor sessions are submitted to Blackboard. AMEs utilize a rubric to assess the note structure and content and provide feedback.

**Oral Presentations to AME Core Educator:** Oral presentations based on AME cases or actor sessions are presented to AMEs in person or recorded on video and uploaded to Blackboard. AMEs utilize a rubric to assess the oral presentation and provide feedback.

**Professional Responsibilities (yellow highlighted above):**

In addition to assessment of learning and assessment for learning, students need to complete their professional responsibilities and expectations. These include peer assessments, course evaluations, attendance and other assignments.

**Peer Assessment of Teams:** Since students are working in the same teams every week in their AME small groups, students will be assessing each other's teamwork and contributions by the assigned deadline. An 80% completion rate is required. The peer score does not impact the grade. We will have students review the comments and scores with their AME's over the course of the year to help set growth goals.

**Course/Module/Faculty Evaluations:** Your feedback is extremely important to improving the courses. The school and faculty take these very seriously. An 80% completion rate is required.

**Attendance:**

In addition, **attendance** at all Doctoring sessions is required. The instructional design of the sessions requires in-person attendance for all components. Please contact the Module Director and Course Manager regarding any absences.

**Course Final Grade**

Students will receive a Pass (P) or Fail (F) for this course. Students who fail the course will be required to retake the course.

**Monitoring your performance as a student**

Students are expected to monitor their performance throughout the course. **Students should recognize that they are at risk of failing a course if their average on any one of the three major assessment categories is below the target.** Students can use the student calculator to calculate their course grades on an ongoing basis. This will be provided by the MEO in blackboard.

## Remediation

There are three main reasons for required remediation in doctoring:

- Failure of any domain on the D1M1A, D1M2A, or D1M3A
- AME recommends remediation.
- Severe professionalism issues that are not addressed despite repeated requests from AME and/or course directors

Required remediation does not mean failure of the course. If you obtain the required percentages in all three areas of assessment of learning, assessment for learning and professionalism you will pass the course, but you will still need to remediate the domains in which you did not demonstrate competence.

**Note:** Even if you fail a domain on one of the assessments (D1M1A, D1M2A, or D1M3A), it will not go on your transcript.

## Grade Appeals

According to section 2.2 in the [General Policies Governing Student Evaluation, Grading, and Promotion](#), a student who chooses to appeal a regular (i.e., not remediated) grade must follow these procedures:

- Submit a written grade appeal to the Module, Course, Clerkship, or Rotation Director no more than 15 business days after the date on which the grade is officially recorded in the Registrar's office.
- The Module, Course, Clerkship, or Rotation Director must provide a written decision to the appealing student within 30 calendar days of receipt of the appeal.

## Reporting Grades

Numerical grades for medical students are reported to the Student Affairs Office and the Medical Education Office for tracking purposes. Any student who does not pass an assessment will have this information shared with their advisor to provide academic support.

## Expectations

1. Refrain from any conversation with your peers while in the CSSC or L-11 testing space, including within the vending room and elevator waiting area, until you are on the elevator
2. Don't seek or receive copies of assessments
3. Signing in classmates for sessions is considered cheating and violations will be referred to Medical Student Disciplinary Committee
4. If you are aware of any violations of the ethical standards listed above, within the Student Disciplinary Code of Academic and Professional Conduct, or otherwise, report it to the Course Director



## Course Roles and Responsibilities:

The Doctoring Course Directors, Faculty, and Course Managers are committed to the success of every student in the class.

### Co-Course Directors

- Ensure delivery of Doctoring course/module objectives
- Oversee curriculum content throughout the course and ensure deliberate spiraling and interleaving. Meet with module directors and ensure adherence to MEO policies, instructional design expectations, and MEC recommendations.
- Review EQI data with each module director and provide feedback and suggestions for improvement.
- Work with the SAC and review student feedback on an ongoing basis and suggest improvements.
- Meet with students who are having academic difficulty.
- Work with the Academic Enhancement Office to recruit and schedule group tutoring/coaching for the modules.
- **Will respond to email from students within 24 hours on weekdays and 48 hours on weekends unless student writes URGENT in subject line which is reserved for students experiencing a personal emergency.**

### Course Manager

The Course Manager is responsible for the administrative and organizational support of Doctoring.

- Assist course directors (CD) with:
  - creating class schedules
  - recruiting, contacting, and coordinating personnel (lecturers, tutors, teaching assistants/facilitators, proctors).
- Prepare self-learning guides, content and knowledge self-assessments for Blackboard
- Provide knowledge self-assessment data to module directors in real time.
- Proctor assessments
- Manage all grade and evaluation data for the course
- Act as a liaison between faculty and students, field questions and concerns.
- Will respond to email from students within 24 hours on weekdays and 48 hours on weekends.

### Module Faculty

#### AME Core Advisors/Doctoring 1 Group Facilitators

- Module faculty are responsible for covering the learning objectives in their educational materials and sessions in a way that is focused and consistent with the instructional design of the course.
- AMEs facilitate group discussions, student participation, and team function.
- Answer questions in, or outside of, class via e-mail or face-to-face.
- Demonstrates inclusive curricular design and language
- Assess and provide feedback on communication, interview skills, physical exam, and clinical reasoning skills

### **AME Core Educators (Future Doctoring 2 Group Facilitators)**

- Provide timely and thorough feedback on written notes and oral presentations through Blackboard tools and in-person discussions
- Oversee D1M1A and D1M3A evaluation performance and facilitate video review and feedback for D1M1A
- Provide formal written evaluation of students through MedHub

### **4<sup>th</sup> Year Student Preceptors**

Preceptors are responsible for the following:

- Acting as a role model for patient interactions and interactions with inter-professional team members
- Assessing and giving feedback on communication and interview skills
- Guiding and critiquing oral presentation skills
- Critiquing write-ups in a timely fashion and at a thorough level through Blackboard Discussion board

### **Longitudinal Clinical Preceptors**

Preceptors are responsible for the following:

- Demonstrating interview and physical examination techniques
- Assessing and giving feedback on communication, interview skills, and physical exam skills
- Critiquing write-ups in a timely fashion and at a thorough level
- Acting as a role model for patient interactions and interactions with inter-professional team members
- Providing formal written evaluation of students through MedHub

### **Students**

As adult learners, students are expected to:

- Use all provided resources to meet the learning objectives of the module
- Complete all assignments
- Come prepared to participate in all active learning sessions (AME small group, application sessions, preceptorships)
- Participate actively in all sessions: answer questions posed in class and ask questions when information is unclear or more information is needed
- Optimize learning strategies by trying the suggested study tips and other suggestions provided by course leadership
- Recognize gaps in understanding and knowledge, and proactively seek help from the course director and tutor coordinator when needed
- Notify the course director and coordinator as soon as possible if illness or an emergency prevents attendance at any assessments or required sessions.
- Provide constructive and collegial feedback regarding the course in MedHub and to faculty and peers in person
- Adhere to all BU and Chobanian & Avedisian School of Medicine policies outlined in the General Student Policies section.
- Adhere to team charter and team expectations

## Instructional Tools

### Blackboard

Doctoring has a Blackboard Ultra site, located at <http://learn.bu.edu>. We will post module specific schedules, learning materials, assignments, along with module specific information on grading.

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

### Piazza

Piazza is a platform to efficiently manage class Q&A about material and content being taught in the course. Students can post questions and collaborate to edit responses to these questions. We expect students to answer each other's questions before faculty answer questions. Faculty will answer within 24 hours and correct any incorrect responses but will encourage peer learning. **Piazza is not intended for general questions about the course or questions specifically intended for course directors or administration.** General questions should be emailed to the course director(s). Responses to the entire class will be made through blackboard for general questions when appropriate.

### MedHub

MedHub provides Chobanian & Avedisian School of Medicine students with the ability to evaluate and provide feedback on all courses within the School of Medicine, monitor their own learning progress and achievement of objectives, and view and update their student portfolio.

<https://bu.medhub.com/>

Instructional guides for MedHub can be found at: <https://www.bumc.bu.edu/MedHub/medhub-resources/>.

Additional help resources are also available within MedHub, under the "Help" tab.

Please see the [Student Evaluation Completion Policy](#) section below for expectations around student-submitted course and faculty evaluations.

### Note Taking and Studying Tools

The Alumni Medical Library has compiled some recommended tools for students looking to take notes and study digitally, including resources to help reduce eye strain or fatigue.

A list of their recommendations can be found on their website:

<http://www.bumc.bu.edu/medlib/portals/busm/pdfutilities/>

### Saving a Blackboard Ultra Document as a PDF:

[https://learn.bu.edu/ultra/courses/87881\\_1/outline/file/10882091\\_1](https://learn.bu.edu/ultra/courses/87881_1/outline/file/10882091_1)

### Echo360/Technology

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

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

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

## Student Support Services

### Academic Enhancement Office

The Academic Enhancement Office (AEO) supports the academic and personal success of all medical students. Recognizing that individual students have different needs in order to be successful in medical school, various programs and services are available to all current BUMC medical students. Programs are designed to help students adjust to the rigors of medical school and strive to learn balance, with more effective study habits that promote and sustain lifelong learning. Through small group sessions and individual meetings, we work with students to leverage the necessary skills to balance academic and personal growth.

<https://www.bumc.bu.edu/busm/student-affairs/office-of-academic-enhancement/>

### Tutoring

Peer tutors may be requested via the Academic Enhancement Office's Peer Tutoring Program at:

<http://www.bumc.bu.edu/busm/student-affairs/office-of-academic-enhancement/academic-enhancement/peer-tutoring-program/>

### Disability & Access Services

Students who wish to request accommodations for learning at Chobanian & Avedisian School of Medicine can do so through Disability & Access Services. Information about the process is available on the Academic Enhancement Office's page: <https://www.bumc.bu.edu/busm/student-affairs/office-of-academic-enhancement/accommodations-for-learning/>.

Disability & Access Services' goal is to provide services and support to ensure that students are able to access and participate in the opportunities available at Boston University. In keeping with this objective, students are

expected and encouraged to utilize the resources of Disability & Access Services to the degree they determine necessary. Although a significant degree of independence is expected of students, Disability & Access Services is available to assist should the need arise.

<https://www.bu.edu/disability/accommodations/>

## General Student Policies

### Attendance & Time off Policy

This policy addresses the expectations for student attendance and the procedures for requesting time off.

The attendance & time off policy is located at: <http://www.bumc.bu.edu/busm/education/medical-education/policies/attendance-time-off-policy/>

### Work Hours Policy

Chobanian and Avedisian School of Medicine and its curriculum committees have developed and implemented policies regarding the amount of time students spend in required activities during the first two years of medical school and the total required hours spent in clinical and educational activities during clinical clerkships. <https://www.bumc.bu.edu/camed/education/medical-education/policies/work-hours/>

### Medical Student Disciplinary Code of Academic and Professional Conduct

The School of Medicine expects all students to adhere to the high standards of behavior expected of physicians during all professional and patient care activities at the school and all of its academic affiliates. All students must uphold the standards of the medical profession. This includes, but is not limited to, being respectful of patients, staff, members of the faculty, their peers, and the community, being aware of the ways in which their conduct may affect others, and conducting themselves with honesty and integrity in all interactions.

Students are also required to adhere to the highest standards of academic honesty and professional conduct in relation to their coursework.

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

### Policies and Procedures for Evaluation, Grading and Promotion of Students

This is a school-wide policy and can be located at: <http://www.bumc.bu.edu/busm/faculty/evaluation-grading-and-promotion-of-students/>

### Doctoring Assessment Terminology

A student who is unable to take a scheduled assessment due to medical or family emergency must immediately notify the course manager, course director(s) and the Associate Dean of Medical Education at [prgarg@bu.edu](mailto:prgarg@bu.edu). Students should arrange directly with the course manager and course director to take make-up Doctoring assessments. Student Affairs will be notified if student needs additional support.

- LPAs or exams/OSCEs are not to be postponed or taken early, unless for a compelling reason, e.g., personal illness or family emergency, or if approved by the Associate Dean of Medical Education
- Students must meet with the Associate Dean of Medical Education for any late or missed LPAs or exams that were not previously excused.

- Students who arrive late may take the LPA or exam with remaining time, at the discretion of the course director(s)
- Students who miss an LPA or exam, unexcused, will receive a zero for that LPA or exam

The full policies can be found here:

- LPA or exam Policies for Medical Students: [http://www.bumc.bu.edu/busm/education/medical-education/policies/LPA or exam-policies-for-medical-students/](http://www.bumc.bu.edu/busm/education/medical-education/policies/LPA%20or%20exam-policies-for-medical-students/)
- L-11 Testing Center Policies: <http://www.bumc.bu.edu/busm/education/medical-education/policies/l-11-testing-center/>

### **Student Evaluation Completion Policy**

The school considers the completion of course and clerkship evaluation to be part of a student's professional responsibilities and essential feedback for the ongoing monitoring of the learning environment. To obtain adequate feedback, all students must complete at least 80%, per academic year, of their assigned evaluations of courses, modules, faculty, clerkships, and clinical sites. In order to obtain actionable feedback, evaluations must be submitted via MedHub within 10 business days of the completion of the module/course. Students are highly encouraged to complete evaluations after the completion of LPA or exams. When possible, faculty will provide time after the LPA or exam to complete evaluations. Evaluations not completed within 10 business days will be automatically removed and no longer available for completion by the student.

The Medical Education Office monitors compliance rates multiple times a year and formally notifies students of their compliance rate twice a year. Students will be notified of delinquent evaluations 48 hours before they expire via an MedHub notification. Students who have completed less than 80% of course evaluations at the half year will receive a notification email from the Associate Dean of Medical Education. If the compliance rate is less than 80% at end of year, students will receive a professionalism warning letter. Any student who has received a warning letter at the end of year one and continues to have less than 80% of course evaluation at the end of the first year, will need to meet with the Associate Dean of Medical Education before the second year begins. Any student who received a warning letter at the end of year one and continues to be non-compliant at the half year point of 2nd year will receive an official letter documenting the reason that this student did not meet the professionalism expectations of the preclerkship curriculum (e.g., did not meet evaluation completion requirements). This letter will also go to the Associate Dean of Student Affairs to be included in the 4th year Dean's letter.

This policy is also available on the school's webpage: <http://www.bumc.bu.edu/busm/education/medical-education/policies/student-evaluation-of-courses-completion-policy/>

### **Copyright Policy on the Use of Course Materials**

The course's Blackboard site contains educational materials to be used only by students and faculty in conjunction with the course, or by non- course faculty and staff for other approved purposes. None of the posted materials are to be used or distributed without explicit permission from the author of the materials, e.g., lecture notes, PowerPoint presentations, practice LPA or exam questions, case-based exercises, problem sets, etc.

Course materials are protected by copyright and may not be uploaded or copied to other sites for any purpose, regardless of whether the materials are made accessible publicly or on a private account. When

content is uploaded to a site, the user is representing and warranting that they have rights to distribute the content, which requires explicit permission from the author of the materials.

Students who distribute materials without permission may be in violation of copyright laws, as well as required to go before the Medical Student Disciplinary Committee.

If you have any questions, contact the Course Director.

For additional information:

- Intellectual Property Protection: <https://www.bu.edu/academics/policies/intellectual-property-policy/>

### Chobanian & Avedisian School of Medicine Policies

Policies are located at: <http://www.bumc.bu.edu/busm/education/medical-education/policies/>

### Learning Environment Expectations

Chobanian & Avedisian School of Medicine has a **ZERO** tolerance policy for medical student mistreatment. We expect students to be aware of the policy for appropriate treatment in medicine, including procedures for reporting mistreatment.

Learning more about the school's efforts to maintain and improve the learning environment at:

<https://www.bumc.bu.edu/camed/education/medical-education/learning-environment/>

### Appropriate Treatment in Medicine (ATM)

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 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.

### Procedures for Reporting 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](mailto: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/>

Policy on the Appropriate Treatment in Medicine: <https://www.bumc.bu.edu/camed/policy-on-the-appropriate-treatment-in-medicine-atm/>

### **Learning Environment Oversight (LEO)**

The Learning Environment Oversight group was established in June 2022 and serves as a mechanism to monitor all aspects of the learning environment and report back to the school community on a regular basis. The group is comprised of representation from the Medical Education Office, Student Affairs Office, Appropriate Treatment in Medicine Committee, and students from all curricular years.

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

The BU Sexual Misconduct/Title IX Policy is located at: <http://www.bu.edu/safety/sexual-misconduct/title-ix-bu-policies/sexual-misconducttitle-ix-policy/>

### **Boston University Social Media Guidelines**

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