

# **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:*

<https://www.bumc.bu.edu/camed/education/medical-education/faculty-resources/>

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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	Demonstrate knowledge of basic, clinical, pathophysiologic, biopsychosocial, health systems sciences, and humanities, needed for clinical practice.
	MK.2	Apply foundational knowledge for clinical problem-solving, diagnostic reasoning, and decision-making to clinical scenarios.
	MK.3	Demonstrate knowledge of research design, interpretation, and application of research outcomes to clinical questions.
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	Identify one's explicit and implicit biases and implement mitigation strategies to reduce the impact of cognitive biases on decision making and patient care.
Effectively communicate with patients, families, colleagues and interprofessional team members (C)	C.1	Demonstrate the use of effective communication skills and patient-centered frameworks in history taking and physical examination
	C.2	Explain common diagnostic and therapeutic interventions, assessment, plan, and underlying rationale to patients, families and caregivers and provides counseling and education with attention to patient centered language and health literacy.
	C.3	Communicate clearly and effectively with colleagues within one's profession and team, consultants, and other members of the interprofessional team.
	C.4	Communicate effectively using digital technology, including EMR and telehealth, to optimize decision making and treatment of individuals and across the health care system.
Practice relationship centered care to build therapeutic alliances with patients and caregivers (PCC)	PCC.1	Demonstrate humanism, integrity, respect, honesty, compassion, accountability, cultural humility, and responsiveness
	PCC.2	Demonstrate a commitment to ethical principles pertaining to autonomy, confidentiality, justice, equity, and informed consent.
	PCC.3	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.

A Chobanian & Avedisian School of Medicine graduate will be able to:		
INSTITUTIONAL LEARNING OBJECTIVES	MEDICAL EDUCATION PROGRAM OBJECTIVES	
Exhibit skills necessary for personal and professional development needed for the practice of medicine (PPD)	PPD.1	Demonstrate trustworthiness and responsible behavior needed for the care of patients, including completing duties and tasks in a timely, thorough, and reliable way.
	PPD.2	Demonstrate awareness of one's own limitations, seek additional help when needed, display professionalism and flexibility needed to manage the uncertainty inherent to the practice of medicine.
	PPD.3	Identify opportunities for growth in one's performance through informed self-assessment and reflective practice, goal setting and actively seeking and incorporating feedback to improve.
	PPD.4	Locate, critically appraise, and synthesize information to support evidence-informed, patient-centered clinical decisions while implementing new knowledge, guidelines, and technologies 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	Work with the interprofessional team, demonstrating respect for the unique cultures, values, roles/responsibilities, and expertise of team members to address the needs of patients and coordinate patient care across healthcare systems.
	HS.2	Describe patient safety interventions and continuous quality improvement methods that enhance care for patients and populations
	HS.3	Explain how the healthcare system, health policy, economic factors, prevention efforts, health programs, and community organizations influence the health of individuals and communities.
Exhibit commitment to promoting and advancing health equity for all patients (HE)	HE.1	Demonstrate understanding of the historical and current drivers of structural inequities, their impact on healthcare, research, medical decision making and disparities in health outcomes.
	HE.2	Explain how one's own identity, lived experiences, privileges, and biases influence their perspectives of colleagues, patients, and clinical decision making.
	HE.3	Identify and explain potential strategies to reduce health disparities in patients and communities at the individual, local, community, and systems-based levels.

## Clerkship Learning Objectives

A third-year clerkship student will:

- Apply discipline specific knowledge within the context of clinical care
- Gather an organized and hypothesis driven clinical history while being attentive to the patient's needs
- Perform a pertinent and accurate physical examination, accurately identifying any common abnormalities while demonstrating sensitivity to the patient.
- Analyze clinical data to formulate an assessment including a prioritized differential diagnosis supported by disease prevalence, pathophysiology, and relevant positive and negative clinical findings.
- Formulate an evidence based management plan that shows comprehension of the underlying disease process

- Deliver an accurate, well-structured, and synthesized oral presentations appropriate for the clinical setting.
- Document in the medical record in an accurate, organized and timely manner
- Communicate effectively with the interprofessional healthcare team
- Demonstrate an ability to perform common procedures safely and correctly, including participating in informed consent, following universal precautions and sterile technique while attending to patient comfort.
- Counsel and educate patients and families using patient-centered language that addresses patient concerns and clearly communicates plans of care.
- Elicit feedback, communicate learning needs, demonstrate self-directed learning, and take opportunities to improve knowledge and skill gaps.
- Treat all patients and team members with compassion, respect and empathy
- Display trustworthiness and an understanding of the responsibilities of a clinical student
- Apply an understanding of the social and structural determinants of health to clinical care and initiate steps towards addressing the individual needs of patients
- Use electronic decision support tools and point-of-care resources to apply the best available evidence in supporting and justifying clinical reasoning.
- Practice inclusive and culturally responsive spoken and written communication that ensure equitable patient care

## 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 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 educators (e.g., faculty, residents) 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 (e.g., 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
- Evaluates and grades 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
- Addresses 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 Educators

- 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 (e.g., 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 the person responsible for seeing and examining the patient.

### **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.

### **Informed Consent Policy for Invasive Procedures, Important Tasks related to a Surgery, and Intimate Examinations**

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.

Students who will be performing important tasks related to surgery, intimate examinations, or invasive procedures for educational and training purposes with a patient must have a supervisor obtain informed consent from the patient.

Intimate examinations may include but are not limited to, breast, pelvic, prostate, and rectal examinations and consent must be obtained irrespective of the patient or student's gender.

Permission to participate, informed consent, to do any of the above must be obtained by the supervisor from the patient in advance of the surgery, examination, procedure itself. The patient has the right to decline student attendance at any examination or procedure.

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

### Boston Medical Center's Chaperone Guidelines for Sensitive Exams

These guidelines provide the expectations of BMC clinicians in the use of chaperones during sensitive examinations/procedures (including but not limited to genital, rectum, pelvis, prostate, or breast examinations). Students and/or non-clinical staff should not be used as chaperones, even if they are present and/or participating in the examination/procedure.

### 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.

### 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. This will vary slightly by clerkship.** 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 a **behaviorally based** evaluation tool for its clinical evaluations. Each clerkship has

identified the competencies its students should be evaluated on. **You will grade your clerk based on their knowledge/skills/attitudes, rather than how they compare to other students.**

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 3<sup>rd</sup> year competency criteria: These are students who are exceeding the behaviors described.

The competent and reach behaviors and CSEF for each clerkship can be found at:

<https://www.bumc.bu.edu/camed/education/medical-education/faculty-resources/#clerks>

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:

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

## Feedback

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

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

*FOCuS forms for each clerkship are available at: <https://www.bumc.bu.edu/camed/education/medical-education/faculty-resources/#clerks>*

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 whenever 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, and Personal Days Policy.

- **Attendance, Time Off, and Personal Days Policy:** <https://www.bumc.bu.edu/camed/education/medical-education/policies/attendance-time-off-policy/>
- **Work Hours:** <https://www.bumc.bu.edu/camed/education/medical-education/policies/work-hours/>
- **Jury Service:** <http://www.bu.edu/dos/policies/lifebook/jury-service/>
- **Religious Observance:** <https://www.bu.edu/academics/policies/absence-for-religious-reasons/>
- **Weather Policy:** <https://www.bumc.bu.edu/camed/education/medical-education/policies/weather-policy/>



## 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

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. Vincent Smith, MD, directly by email ([vincent.smith@bmc.org](mailto:vincent.smith@bmc.org))
- Submit an online Incident Report Form through the online reporting system  
<https://www.bumc.bu.edu/camed/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: <https://www.bumc.bu.edu/camed/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

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

### **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](mailto: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



Boston University School of Medicine

**MID-CLERKSHIP EVALUATION FORM**

A

Student Name: \_\_\_\_\_

Faculty Reviewer: \_\_\_\_\_

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

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

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

**PATIENT LOG (REQUIRED DIAGNOSES and PROCEDURES)**

Required patient encounters remaining:

Plan and timeline for completion or alternative experiences:

**FOCuS FORMS**    Review complete:    Yes ☐    No ☐

Direct Observation and Feedback Forms Remaining:

Plan and timeline for completion:

**DUTY HOUR LOG**    Review complete:    Yes ☐    No ☐

**Step 3:** Written feedback

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

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

**Please provide feedback on professionalism:**

#### **Step 4: Action Plan**

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

1.

2.

3.

---

Student signature \_\_\_\_\_

Faculty signature \_\_\_\_\_

Clerkship director signature \_\_\_\_\_  
(if not the same as above)

# Medicine Clerkship

## Academic Year 2025-2026

### Clerkship Learning Objectives

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

- I. Demonstrate **professional and humanistic behavior in clinical and clerkship related responsibilities**:
  - Be present and punctual
  - Proactively clarify your role and responsibilities, and reliably respond to patient care needs
  - Appropriately identify your position as “Student” or “Student Doctor”
  - Maintain confidentiality
  - Be forthright and accept responsibility for errors
  - Ask for help appropriately
  - Build a therapeutic relationship through a respectful, empathic approach that **gains the trust of the patient**
    - Dress and behave in a way that promotes patient and team comfort, trust and confidence in you
  - Demonstrate that the interests of the patient guide your behavior by:
    - Working to meet the patient’s needs – at times this means accepting personal inconvenience
    - Advocating for patient’s needs – e.g., getting a test, consult or follow-up appointment
- II. Develop productive, collaborative working relationships with other members of the health care **team** and system, effectively contribute to the provision of quality patient care, and work toward the **improvement of the systems of care**.
- III. Use proper technique to perform an accurate, appropriately detailed and organized **history and physical examination** in an efficient and sensitive manner, with a special emphasis on the intermediate and advanced physical diagnosis skills involved in volume assessment, the cardiovascular exam and the chest/pulmonary exam.
- IV. Communicate clinical information accurately and demonstrate your understanding of the patient’s problems, through concise, convincing, well-organized **patient presentations, admission write-ups, progress notes, and handoffs** that are appropriately focused for the audience, purpose and time available for the communication.
- V. **Identify and prioritize your patients’ problems, formulate an appropriate differential diagnosis** and outline an approach to diagnosis and management that is supported by clinical data and sound reasoning.

- VI. **Educate patients** about their conditions and partner with them to develop and implement a treatment plan.
- VII. Perform the designated **procedures** with appropriate technical proficiency while demonstrating attention to the patient's needs and concerns, and describing a clear understanding of benefits/risks, indications/contraindications.
- VIII. Demonstrate a core foundation of **knowledge** (scientific, ethical, socio-cultural) guided by the course objectives that is necessary both to provide high quality patient care and to understand advances in medicine.
- IX. **Identify and address your learning needs** (by asking questions and critically incorporating information from appropriate resources into the decision-making process) and effectively share this information with colleagues.
- X. Solicit and probe for useful **feedback** and respond with **improved performance**

## Contact Information

### Clerkship Director



**Sonia Ananthakrishnan**

Telephone: (617) 358 - 3523

Email: [Sonia.Ananthakrishnan@bmc.org](mailto:Sonia.Ananthakrishnan@bmc.org)

Pager: 4435

Office: Evans 122

Office Hours: Students may email to set up an appointment

### Associate Clerkship Directors



**Radha Govindraj, MD**

Telephone: Please email to reach out

Email: [Radha.Govindraj@bmc.org](mailto:Radha.Govindraj@bmc.org)

Pager: 1808

Office: Crosstown 2111

Office Hours: Students may email to set up an appointment



**Ricardo Cruz, MD**

Telephone: Please email to reach out

Email: [Ricardo.Cruz@bmc.org](mailto:Ricardo.Cruz@bmc.org)

Pager: 0338

Office: Crosstown, 2<sup>nd</sup> Floor

Office Hours: Students may email to set up an appointment



**Katy Bockstall, MD**

Telephone: Please email to reach out

Email: [Katy.Bockstall@bmc.org](mailto:Katy.Bockstall@bmc.org)

Pager: 2744

Office: Collamore Building, 703K

Office Hours: Students may email to set up an appointment

**Clerkship Coordinator**



**Aasman Singh Lama**

Program Coordinator

Telephone: (617) 358-3523

Email: [aasmansl@bu.edu](mailto:aasmansl@bu.edu)

Office: Evans 122

Office Hours: Mon to Fri, 9 AM – 5 PM

**Other Clerkship Specific Information**

**Clerkship Description**

**Focus of Clerkship**

The Medicine Clerkship is an 8-week experience designed to develop the student's ability to function as a caring, increasingly independent clinician while supervised on a multi-professional team.

During the Clerkship, the students will learn clinical medicine while working with teams of residents and/or faculty providing care to a cohort of inpatients.

The direct patient care experience is complemented by a unique small-group enrichment with a clerkship director. It hones essential clinical skills (including intermediate-level communication skills, physical diagnosis, and clinical reasoning).

Student's education is supplemented with conferences that focus on core topics. The Clerkship is divided into two mini-blocks of 4 weeks each, and most students spend time at 1 or 2 of our clinical sites.

The Clerkship aims to develop someone we would want to care for our family members: a professional, highly caring clinician who is increasingly independent and knowledgeable and a strong team member.



## **The Medicine Clerkship aims to: -**

- Introduce you to the world of internal medicine
- Develop your skills as a clinician
- Enable you to become a contributing, collaborating team member
- Support your skills as a self-directed learner

## **Clerkship Changes Made Based on Feedback**

Several significant changes were made to enhance the educational experience for this academic year. Didactics were updated and integrated into the Core Curriculum for the 2024-2025 year, featuring a completely new full-day schedule with only one exception due to holidays. We anticipate continuing full day didactics in 2025-2026.

Thru this past year, we have continued updates to the didactic content to improve instructional quality, incorporating team-based learning with case discussions and creating static small groups, known as learning communities, to facilitate small group discussions within the clerkship. We have also aimed to cover most OCRA topics in our core curriculum.

Multiple ongoing sessions with faculty and residents at all sites related to 3 main components: 1) setting expectations, 2) providing feedback 3) completing assessment. This past summer, clerkship worked in concert with Sub-I leadership to tackle inpatient assessment of clerks and Sub - Is.

Site Directors and Associate Clerkship Directors also received focused development in key areas, including bedside teaching, presentation skills (both written and oral), clinical reasoning (OCRA), assessment and grading, and sharing best practices and challenges across sites.

These changes aimed to refine the clerkship experience, improve educational delivery, and ensure alignment with the program's goals and objectives.

## **Diversity, Equity, and Inclusion Initiatives**

**Didactics on Patients with Incarcerated Status by Ricardo Cruz has been well-received.**

Didactics on Substance use disorder: individual perceptions on role of health, awareness of health care disparities, importance of meeting healthcare needs of underserved populations; awareness of gender/cultural biases.

## **Other Recent Changes to the Clerkship**

- Cardiac physical exam session that has been well-received to be continued
- NEW palpitations simulation for 25-26
- NEW POCUS core curriculum focusing on cardiac POCUS for 25-26
- NEW COPD core curriculum for 25-26
- New inclusion of pre-reading for some core curriculum sessions
- Expand SHELF session

- Shortening didactics days
- Addition of self-study periods during didactics days

## Clerkship Schedules

### Didactic Schedule

Sample Didactics schedule demonstrating a mix of full and half-day sessions. This sample applies to Block A only

BLOCK A Didactics Schedule				
Session Time	Day 1 Wed, April 23	Day 2 Wed, April 30	Day 3 Mon, May 5	Day 4 Mon, May 19
8:00 AM	<b>Cardiology Based Station</b> Cardiac Pex Simulation by Dr. Ananthakrishnan - EB 50	<b>Antibiotics &amp; Fever</b> by Dr. Serrao - INS 211		
9:00 AM				
10:00 AM	Chest Pain by Dr. Govindraj - INS 209	<b>Heart Failure Management</b> by Dr. Bockstall - INS 211		<b>Inpatient Withdrawal Management</b> by Dr. Peterkin - INS 109 AB
11:00 AM	Systematic ECG Interpretation by Dr. Bockstall - INS 214	<b>STUDENT REPORT</b> Group A by Dr. Ananthakrishnan - INS 211 Group B by Dr. Bockstall- INS 213	<b>SHELF Update</b> by Dr. Ananthakrishnan - HOU R107	<b>STUDENT REPORT</b> Group A by Dr. Ananthakrishnan - INS 109 AB Group B by Dr. Lowe - HOU R107
12:00 PM				
1:00 PM	<b>STUDENT REPORT</b> Group A by Dr. Ananthakrishnan - INS 209 Group B by Dr. Govindraj - INS 214		<b>IPASS</b> by Dr. Govindraj - HOU R107	<b>Approach to Abnormal Liver Enzymes</b> by Dr. Lowe - INS 109 AB
2:00 PM	<b>STUDENT Chief Session - INS 209</b>	<b>Diabetes: In Patient &amp; Out Patient</b> by Dr. Ananthakrishnan - INS 211		<b>Learning Environment Session</b> - INS 109 AB
3:00 PM	<b>OCRA Introduction</b> by Dr. Ananthakrishnan - INS 209		<b>Palpitation Case Simulation</b> by Dr. Ananthakrishnan & Dr. Cruz - EB 50	<b>Care of Patient with Incarceration Status</b> by Dr. Cruz - INS 109 AB
4:00 PM			<b>Student Report</b> by Dr. Govindraj - HOU R107	
5:00 PM				

Didactics will take place at Boston Medical Center. There will be one full Didactic Day from 8 AM to 5 PM, varying times depending on the sessions for the day, as well as one to two Half Days. Med 1 Student Report will occur during didactics at BMC.

All conferences are available on ZOOM. Thus, students at sites other than BMC who cannot come to Boston will have access to this education due to far-off sites. All students within reasonable distance are expected to be in-person for these Didactic sessions and are to be excused from clinical duties on those days (for half days starting at 1 pm, students are to be excused by 11 - 11:30 AM to allow for travel time) to allow time for travel. Zoom conferencing is available, and it encourages access to didactics in real-time.

Videos of many BMC-based didactics will be made available to students at all sites on Blackboard to complement didactic sessions at all other sites.

### The IM Clerkship follows the 8 Week Schedule below:

**\*\*Please note that the four<sup>th</sup> Friday will usually be a Didactic Session from 8 AM to 12 PM. If no didactics are scheduled, students are expected to round in the morning as usual before their Wellness Afternoon. Any**

changes in the schedule will be communicated through the Medicine Clerkship's weekly email, the TWIM ("This Week in Medicine").

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
Week 1	Team 1: Site or BMC	Team 1: Site or BMC	Team 1: Site or BMC	Team 1: Site or BMC	Team 1: Site or BMC	ON
Week 2	Team 1: Site or BMC	Team 1: Site or BMC	Team 1: Site or BMC	Team 1: Site or BMC	Team 1: Site or BMC	OFF
Week 3	Team 1: Site or BMC	Team 1: Site or BMC	Team 1: Site or BMC	Team 1: Site or BMC	Team 1: Site or BMC	ON
Week 4	Team 1: Site or BMC	Team 1: Site or BMC	Team 1: Site or BMC	Team 1: Site or BMC	Team 1: Site or BMC Round in AM Wellness Afternoon	OFF
Week 5	Team 2: Site or BMC	Team 2: Site or BMC	Team 2: Site or BMC	Team 2: Site or BMC	Team 2: Site or BMC	ON
Week 6	Team 2: Site or BMC	Team 2: Site or BMC	Team 2: Site or BMC	Team 2: Site or BMC	Team 2: Site or BMC	OFF
Week 7	Team 2: Site or BMC	Team 2: Site or BMC	Team 2: Site or BMC	Team 2: Site or BMC	Team 2: Site or BMC	OFF
Week 8	Team 2: Site or BMC	Team 2: Site or BMC	Unofficial Reading Day -Written OCRA 10 AM -Final Assessments (TBD)	Reading Day	MED SHELF	OFF

## Daily Schedule

Monday	Tuesday	Wednesday	Thursday	Friday
<b>Pre-rounds 6:45-7:45</b>	Pre-rounds 6:45-7:45	Pre-rounds 6:45-7:45	Pre-rounds 6:45-7:45	Pre-rounds 6:45-7:45
<b>Work Rounds 7:45-11:00am</b>	Work Rounds 7:45-11:00am	Work Rounds 7:45-11:00am	Work Rounds 7:45-11:00am	Work Rounds 7:45-11:00am
<b>Wellness Hour 12-1pm</b>	Wellness Hour 12-1pm	CREx/M&M Conference 12-1pm (Optional)	Wellness Hour 12-1pm	Department of Medicine Grand Rounds 12-1pm (Optional)
<b>Patient Care and/or Small Group Learning with your CD 1-5:30pm (2 x/week)</b>	Patient Care and/or Small Group Learning with your CD 1-5:30pm (2 x/week)	Patient Care and/or Small Group Learning with your CD 2-5:30pm (2 x/week)	Patient Care and/or Small Group Learning with your CD 1-5:30pm (2 x/week)	Patient Care and/or Small Group Learning with your CD 1-5:30pm (2 x/week)

- The actual times vary slightly by team, but the above schedule gives you a general idea
- On Weekends 1, 3, and 5: You will round with your team on either Saturday or Sunday (see Blackboard for general BMC team “rules” for which weekend day you may work, subject to change); expect to have 1 weekend day off on those weeks. They will be excused by 12pm or after rounds on the 4<sup>th</sup> Friday for a Wellness Afternoon. Students observe the same weekdays on and off as the Internal Medicine residents in order to maintain the integrity of the Medicine ward team, and for students to gain experience functioning on an inter-professional team. Thus, students will work many Monday Holidays.
- Students will generally have 2 (TWO) 4-week blocks on this clerkship (with exceptions around holiday seasons). The students have a wellness afternoon the 4<sup>th</sup> Friday afternoon starting at noon (or after rounds/didactics).
- Finally, students will complete their clinical responsibilities and be excused by 5 pm on the day prior to their reading days in week ~8 of the Medicine clerkship.

## Clerkship Grading

ASSESSMENT OF LEARNING	
Clinical Grade Percentage	60%
Shelf/Exam Percentage	25%
“Other” Components Percentage	15%
CLINICAL GRADE	
Clinical Honors	>4.45
Clinical High Pass	3.45-4.44
Clinical Pass	2.00-3.44
Clinical Fail	<2.00
SHELF EXAM	
Minimum score to pass	58
OTHER	
OCRA: 1 Oral OCRA, 2 written OCRAs, 4% each	12%
Directly Observed FOCUSED H and P	3%
FINAL GRADE	
Honors	≥ 90 Total Points (this includes CSEF, shelf, additional assessments,) AND average of ≥ 3 in all CSEF domains
High Pass	≥ 80 to <90 Total Points, AND average of ≥ 2.5 in all CSEF domains
Pass	≥ 75 to <80 Total Points or between 1.50-2.49 in any domain on the final CSEF
Fail	<75 Total Points or <1.50 on any domain on the final CSEF or < 2.00 averaged on the final CSEF (Clinical Fail)
ASSESSMENT FOR LEARNING	These items must be done by the deadlines provided at orientation to be eligible to receive final grade of honors. Students will receive one standard all-clerkship email reminder. Email sample shown below.
Completing patient encounter logs by the last Sunday of the clerkship block.	
Completing all SOCS forms by the last Sunday of the clerkship block.	

<i>*These SOCS Cards and a Directly Observed H&amp;P replace the FOCUS forms</i>	
Completing all clerkship assignments by last Sunday of the clerkship block.	
Completing mid-clerkship form in advance of the meeting at mid-clerkship, and submitting the form by the final Sunday of the clerkship block	
Requesting supervisor (faculty, resident etc.) evaluations from all evaluators must be completed by the last Sunday of the clerkship block.	
<b>ASSESSMENT OF PROFESSIONALISM</b>	To meet professionalism expectations students must meet the following expectations listed below:
Arriving at clerkship didactic sessions on time.	
Evaluations are requested by the last Sunday of the clerkship block.	
Reviewing and responding to e-mail requests from clerkship administration within 2 business days	
Returning borrowed clerkship materials (e.g. pager) by the last business day of the clerkship block.	
Informing clerkship leadership and supervising faculty/residents of absences in advance of the absence (barring extenuating circumstances).	
The following are also expectations of the clerkship and repeated patterns of behavior (after feedback with faculty) will be factored into the professionalism conduct component of the clerkship performance:	
Treating and communicating in a respectful manner with all members of the clerkship team, including clinical and administrative faculty and staff.	
Engaging in the core curriculum and participating respectfully with peers and colleagues at all times.	
<b>Professional Conduct and Expectations</b>	
Evaluation of a medical student's performance while on a clinical clerkship includes all expectations outlined in the syllabus and clerkship orientation as well as the student's professional conduct, ethical behavior, academic integrity, and interpersonal relationships with medical colleagues, department administrators, patients, and patients' families. Student expectations include those listed above in <a href="#">professional comportment sections</a> .	
If there are no professionalism concerns, students will receive the following statement in their summative statement: "This student MET the administrative and clinical professionalism expectations of the clerkship."	
A <u>pattern of behavior</u> as reflected (e.g. in more than one narrative comment) in faculty/resident CSEF (clinical professionalism) and/or events noted by clerkship faculty/administration (administrative professionalism) in one or multiple areas, after providing feedback to student, will result in one of the following statements in the final clerkship evaluation:	
<ol style="list-style-type: none"> <li>1. This student did not meet the administrative professionalism expectations (SPECIFICS PROVIDED FROM LIST OF ADMINISTRATIVE PROFESSIONALISM BEHAVIORS) and was/was not responsive to feedback.</li> <li>2. This student did not meet the clinical professionalism expectations, (SPECIFICS PROVIDE FROM CSEF DOMAIN BEHAVIORS) and was/was not responsive to feedback.</li> <li>3. This student did not meet the clinical and administrative professionalism expectations, (SPECIFICS PROVIDE FROM CSEF DOMAIN BEHAVIORS) and was/was not responsive to feedback.</li> </ol>	
If there are professionalism concerns as detailed in the assessment of learning, assessment of professionalism, or in the CSEF, the student's final grade will be adjusted down to next grade level (e.g. a student who earns a High Pass will receive the final grade of Pass, or if a student earns a Pass, they will receive the final grade of Fail). In addition, a student with administrative and/or clinical professionalism concerns will not be eligible to receive final grade honors. An email exchange will be provided to document the professionalism concern and feedback exchanged before a summative statement is placed in the final grade. SAO dean will be cc'd to provide ongoing support.	

Standard Clerkship Clinical Grade Procedures/Policies	
Clinical Evaluation Procedures	
<p>Preceptors will provide clinical evaluations that contain the “raw data” on the student’s clinical performance. You are encouraged to regularly ask for specific, timely, behaviorally-based feedback on your clinical skills from your preceptors. However, do not ask them what word grade you will get, as that is a multifactorial process of which the clinical evaluation is one component. Preceptors DO NOT determine the final “word” grade.</p>	
1.	<p>The CSEF form will be used to numerically calculate your clinical grade: 1 to 5 points (depending on which box is checked) for each domain which will be averaged to give you a final score out of 5. Categories: Needs intensive remediation (1); Needs directed coaching (2); Approaching competency (3); Competent (4) or Achieving behaviors beyond the 3rd year competency criteria (5) to get a final number in each domain. This can be rounded to the nearest number using standard rounding for the CSEF domain and this is the box that should be checked (e.g., if an average of 2.4 then the student should have needs directed coaching (2) checked off). Each CSEF will be weighted based on how long the student worked with each evaluator.</p> <p>CSEF Clinical Grade Calculations should be made using the 0.01 decimal point in each domain (though the rounded number will be checked off on the final CSEF form) to give a final number.</p> <p>Any average of &lt;1.50 in any domain = an automatic fail for the clerkship</p> <p>Any average of &lt; 2.50 in any domain = an automatic pass for the clerkship and a meeting with the MEO for clinical coaching</p> <p>&gt;2.50 in all domains, standard rounding will be used</p> <p>&lt;2.00 = Clinical fail which will = a fail for the clerkship</p> <p>2.00-3.44 = Clinical pass</p> <p>3.45-4.44= Clinical high pass</p> <p>&gt;4.45=Clinical honors</p> <p>The clinical grade will be reported in the CSEF final narrative</p>
2.	<p>The CSEF clinical score is converted to a final 2-digit percentage that is counted towards the final grade. For example, the final CSEF clinical score average of 4.45 would get converted to 90%. The Final CSEF percentage is used towards the final grade calculation, weighted as indicated in the table above as “Clinical grade percentage” (varies by clerkship).</p>
3.	<p>Primary preceptors at sites with multiple preceptors will collect evaluation data from the other clinicians with whom the student works. The primary preceptor will collate this data and submit the final clinical evaluation.</p>
Shelf Exam Failure & Remediation	
<p>If a student fails their shelf exam, they will receive an <b>Incomplete</b> for the clerkship and retake the exam at the end of the year during the remediation dates.</p> <p>Students:</p> <ul style="list-style-type: none"> <li>• Will not receive a Fail on their transcript if they pass the reexamination.</li> <li>• Will not be eligible for a final grade of honors - if the final grade calculation would earn the student honors, they will receive high pass as a final grade.</li> <li>• Will still be eligible to receive a clinical honors.</li> <li>• Fails the reexamination, they will have Fail on their transcript and have to remediate the clerkship.</li> </ul>	
Clerkship Failure & Remediation	
<p>If a student fails a third- or fourth-year clerkship, the student will receive a Fail grade and will be required to repeat the clerkship. The grade for the repeated clerkship will be calculated based on the grading criteria outlined in the syllabus for Pass, High Pass, or Honors independent of the prior Fail. The original Fail grade will remain on the transcript. The</p>	



original summative evaluation narrative will be included in the MSPE, in addition to the summative evaluation from the repeated clerkship.

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

#### Grade Review Policy

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

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

## Required Diagnoses

**Big 10 Diagnoses**

<b>Fever</b>	<b>Low Blood Pressure/ Sepsis</b>	<b>Chest pain</b>
<b>Shortness of breath</b>	<b>Lab Abnormalities: glucose, acid-base, creatinine, sodium, potassium, calcium, hemoglobin</b>	<b>Palpitations</b>
<b>Extremity pain/swelling</b>	<b>Chronic kidney disease</b>	<b>CHF</b>
	<b>COPD/ emphysema</b>	

**Students Log these patients in MedHub: Patient longitudinal!**

### Formative Assessments (Medicine Clerkship Specific)

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. **On the Medicine clerkship, the Directly Observed Focused H and P counts towards this requirement.**

In addition, the Medicine clerkship has specific direct observation cards (SOCS) to be filed for review at mid/end of clerkship. Again, these forms are more opportunity for the student to obtain feedback from direct observation of skills that are specific to Internal Medicine.

**FOCUS Cards and Internal Medicine Structured Observations of Clinical Skills (SOCS):** These exercises are designed to assist the student in obtaining ongoing, real-time feedback after being directly observed

performing a variety of skills (interviewing a patient, performing physical exam skills including 1) JVP assessment, 3) Cardiac exam, 4) Pulmonary exam). These exercises will be student-initiated and completed on the wards by residents and attendings.

Two of these cards (SOCS) should be completed by the time of the mid-clerkship feedback sessions. The Internal Medicine SOCS cards will be turned in at the end of the rotation as part of the passport.

Neither the formative assessment exercises of FOCUS cards nor the Medicine SOCS cards are included in the numeric calculations of students' final grades. However, narrative comments or other observations from these direct observations may be included in the final grade.

### **Process for FOCUS and SOCS Forms**

(Typically, a 5-10 minute exercise)

1. The student initiates by speaking with observer (Resident, Attending, or Fellow)
2. MD or student can identify the patient
3. Hand observe the passport PRIOR to the patient encounter
4. Observation of encounter
5. Feedback on encounter
6. Observer and student sign card
7. Turn in the FOCUS card and SOCS forms as part of the passport at the end of the clerkship

**Clinical Problem Solving Cases** (see individual case learning objectives)

**Student Report** These group discussions about real patients provide exposure to clinical problems commonly encountered in medicine. These will provide a good opportunity to practice clinical reasoning and the OCRA style of thinking for commonly encountered medical problems seen on the inpatient wards.

**A mini-course on interpreting the ECG** –Apply a systematic approach to interpret the EKG.

**Small group sessions with your Clerkship Director.** These sessions focus on refining core skills and building advanced skills in:

- Write-up and oral presentations → ~2 writeups turned in/4 week block
- Bedside rounds → Practice interview, exam skills with a particular focus on the CV exam, Chest/Pulmonary Exam, and Volume Assessment
- Clinical reasoning practice in case-based discussions
- Integrating the medical literature into patient care
- Skills: ECG, Simulation

### ***Observed Clinical Reasoning Assessments***

Key domains of clinical reasoning include information gathering, hypotheses generating, problem representation, differential diagnosis, identifying a leading diagnosis, providing justification, and developing a management plan.



This specific assessment of clinical reasoning highlights the domains of information gathering, identifying a leading diagnosis, providing justification and developing a basic management plan.

**Objectives:**

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

These link to the following clerkship learning objectives:

- IV. Communicate clinical information accurately and demonstrate your understanding of the patient's problems, through concise, convincing, well-organized **patient presentations, admission write-ups, progress notes, and handoffs** that are appropriately focused for the audience, purpose and time available for the communication.
- V. **Identify and prioritize your patients' problems, formulate an appropriate differential diagnosis** and outline an approach to diagnosis and management that is supported by clinical data and sound reasoning.
- VI. Demonstrate a core foundation of **knowledge** (scientific, ethical, socio-cultural) guided by the course objectives that is necessary both to provide high quality patient care and to understand advances in medicine.

**Process for the Observed Clinical Reasoning Assessment (OCRA)**

- There is one oral OCRA (oral exam with 1 clerkship faculty, date and time TBA and will occur weeks 4-8) and 2 written OCRAs (30 minutes each, administered via Blackboard on the final Wednesday of the Medicine rotation).
- A list of students and their assigned date of the oral OCRA will be disseminated in advance. Assigned dates will be in weeks 4-8 of the clerkship.
- This formal evaluation will be done by core clerkship faculty.
- This evaluation will take place during the 4-8th week of the clerkship, unless extenuating circumstances do not allow.
- **The student will complete the observed oral assessment (1) and written assessments (2) on the dates and times provided by the clerkship.**
- The oral and written OCRAs will each be scored from 0-100 (based on a grading rubric). Each OCRA component (1 oral and 2 written exams) is weighted at 4% of the final grade. Thus the OCRA's 3 components (1 oral and 2 written) will in total be 12% of the final grade.

- Students will be asked to sign an honor code confirming that they will not share any information about the oral and written assessments with any fellow students. This includes the problems, diagnoses, details of the cases, or the questions they are asked.
- Failure to meet the expectations outlined above will result in a reduction in the student's score, and possible failure of the OCRA component.

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

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

- Illness scripts (IS) of the Medicine Big 10 problems/diagnoses- one way that experts store information (as chunks) about medical conditions in long term memory that enables them to store and readily retrieve that information
  - An Illness Script includes:
    - Who gets the condition? What are predisposing factors
    - How does it present? Clinical manifestations- defining features

- I. With regard to symptoms, signs, study results
- II. Temporal aspects of the presentation- onset, course of the condition
- III. Core pathophysiology

- Differential diagnosis of Medicine Big 10
- Evaluation/Diagnosis- which tests to order, when to order, how to interpret for disease related to the Medicine Big 10
- Initial management of Big 10 and related diagnoses
- Prognosis
- Prevention

Please see Blackboard for video providing specific instructions of Oral/Written OCRA (~7 mins in length).

### **Directly Observed FOCUSED H and P Assessment**

Objectives linked to this assessment:

- Demonstrate use of patient-centered interviewing and communication techniques
- Take a clinical history that demonstrates both organization and clinical reasoning
- Perform accurate and relevant physical exam techniques
- Demonstrate a compassionate and patient-sensitive approach to history-taking and physical examinations
- Demonstrate a fund of knowledge in the clinical discipline and apply this to patient care

These link to the following clerkship learning objectives:

- I. Use proper technique to perform an accurate, appropriately detailed and organized **history and physical examination** in an efficient and sensitive manner

#### **Process for the Directly Observed Focused H and P Assessment**

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

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

To best prepare for the Directly Observed Focused H and P Assessment: Observe residents and faculty and get observed by residents and faculty interviewing and examining patients (use the FOCUS forms) during your Medicine Clerkship.