

**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/>

Table of Contents

Medical Education Program Objectives.....	4
Clerkship Learning Objectives.....	5
General Responsibilities of the Clinical Faculty	6
Goals of the Clinical Clerkship.....	6
Clerkship Structure	6
Overall Responsibilities.....	6
School's Clerkship Director & Assistant Clerkship Director	6
Overall Clerkship Coordinator.....	7
Clerkship Site Director	7
Clerkship Site Coordinator	8
Primary Clinical Educators	9
Orientation of the Student to the Clinical Setting	9
Setting Expectations for the Student.....	10
Supervising the Student.....	10
Informed Consent Policy for Invasive Procedures, Important Tasks related to a Surgery, and Intimate Examinations.....	11
Boston Medical Center's Chaperone Guidelines for Sensitive Exams.....	11
Physical Exam Demonstrations.....	12
Supervision and Delegating Increasing Levels of Responsibility	12
Student Assessment.....	12
Feedback	13
Early Recognition of Learning Problems	13
Mid Rotation Meeting.....	14
Final Grade and Narrative Comments	14
Home Visit.....	15
Home visit safety.....	15
Important Clerkship Policies	16
Attendance Policies.....	16
Learning Environment Expectations	16
Appropriate Treatment in Medicine.....	16
Boston University Sexual Misconduct/Title IX Policy	16
Needle Sticks and Exposure Procedure	17
Appendix A: Mid-Clerkship Evaluation Form	19

Appendix B: Clerkship Specific Guidelines	21
Clerkship Learning Objectives	21
Contact Information	22
Clerkship Description	1
Focus of clerkship	1
Assignments	1
Core Curriculum Sessions and Learning Objectives	3

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.
Exhibit skills necessary for personal and	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.

A Chobanian & Avedisian School of Medicine graduate will be able to:		
INSTITUTIONAL LEARNING OBJECTIVES	MEDICAL EDUCATION PROGRAM OBJECTIVES	
professional development needed for the practice of medicine (PPD)	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 3rd 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 **O**bservation of **C**linical **S**tudent) forms required for each clerkship provide formative assessment through direct observation of CSEF behaviors. **FOCuS** forms required for that clerkship must be completed for each student by the end of the rotation. 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)
- 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

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)

Pediatric Clerkship

Academic Year 2025-2026

Clerkship Learning Objectives

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

developmental milestones and impact of illness and psycho-social factors on growth and development)

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

Contact Information

Clerkship Director



Julia Aquino, MD

Director of Medical Student Education in Pediatrics

Telephone: (617) 414-3567

Email: Julia.aquino@bmc.org

Pager: 5020

Office: 801 Albany Street, Rm # 1304

Assistant/Associate Clerkship Director



Ruby Bartolome, DO

Assistant Professor

Telephone: (617) 414-5519

Email: ruby.bartolome@bmc.org

Office: 801 Albany, 2nd Floor

Clerkship Coordinator



Carly Werner

Medical Education Coordinator

Email: carly.werner@bmc.org

Office: 801 Albany Street, 3rd floor

Office Hours: 8:30am-5:00pm

Clerkship Description

Focus of clerkship

The goal of the pediatric clerkship is to develop your ability to care for patients aged birth to 22, increasing your competence addressing the unique needs of young patients using developmentally appropriate, family centered and biopsychosocial frameworks. Pediatrics is a complex and exciting field of medicine where you will be pushed to integrate knowledge from across the first two years of medical school into the care of your patients. Some days you will need to recall genetics and embryology while others you may be caring for adolescents with more “adult” pathology. Pediatrics is also a clerkship where you will be pushed to hone your clinical and communication skills, with an emphasis on relationship building with your patients & their families and adapting both physical exam techniques and communication to age-appropriate and knowledge appropriate levels. If you bring to this clerkship an attitude of enthusiasm, creativity, professionalism and resourcefulness, you are already well on your way to success.

As you engage in your pediatric medicine training, we hope you will embrace opportunities to be a self-directed learner and an educator: recognizing areas where you need and want new knowledge and sharing that information back with your peers, residents and faculty. There are many formal and informal opportunities for engaged learning during the clerkship:

- The residents and pediatric faculty are wonderful resources for questions you may have and can also direct you to online and printed resources.
 - Please see the syllabus “Learning Strategies and Tools” section for commonly referenced pediatric resources
 - References to commonly used point of care websites are linked from the Pediatric Clerkship Blackboard homepage and organized by the clinical settings where you will work
- Opportunities for interprofessional experiences will occur throughout the clerkship and are an important component of pediatric care. During the clerkship, you will likely work with nursing students, nursing staff, nurse practitioners, child life specialists, social workers, respiratory therapists, and many other disciplines. Please capitalize on these experiences by asking questions to learn about their role and unique skills sets that are key in the care of pediatric patients.
- The Department of Pediatrics along with Boston Medical Center (BMC) and Boston University Chobanian & Avedisian School of Medicine are committed to equity, diversity and inclusion across the tripartite mission of patient care, research and education. We strive to maintain and advance a work community and learning environment that supports our core principles of respect, empathy and a commitment to health equity. We hope students join us in this mission, we aim to be inclusive in our education, and we invite feedback for areas where we can continue to improve toward meeting this goal.
- Current curriculum changes for this year include diversifying the instructional methods in the core clerkship curriculum to include team-based learning, simulation and gamified shelf review that will hone your clinical reasoning skills while exposing you to the differential diagnoses and management of common issues in pediatric medicine (please see the syllabus “Core Educational Curriculum” for details)

Assignments

An electronic version of the assignments list for the clerkship is located on Blackboard under “Assignments” tab. This is also where students will turn in all forms. All assignments are due the last day of the rotation prior to the

start of the NBME Shelf Exam. Failure to return the required assignments on time may result in the loss of professionalism points on your final grade.

1. **Newborn Exam Competency:** a supervised newborn exam that can be when you are on the Inpatient Service, in the Ambulatory (Primary Care, specialty, ED or urgent care) area, or in the Nursery/Birthplace. It is your responsibility to request this experience from a faculty person or resident, to review the physical exam with them and request feedback. If you have not met minimal competency on your first attempt at the exam, request feedback and re-attempt the exam with a new patient. Ideally, the physician observer is attending level; however, residents or NPs in the nursery are acceptable alternatives. The observer will be responsible for grading and signing off on the Newborn Exam Competency Form. Prior to completing this competency you must review the newborn exam module (slides and brief video) on Blackboard.
2. **HEENT Exam Competency: complete modules for each section of the exam online and then complete an observed HEENT exam and have the competency signed off.**
 - a. The exam does not need to be completed all on one patient – but can be observed in a piecemeal fashion as appropriate for the clinical need of the patient.
 - b. In the event that you do not see a patient who “needs” a given portion of the HEENT exam, please ask permission from a patient to do that portion of the exam so that you can be observed and given feedback.
3. **FOCuS forms: (1) Interview and (2) Physical** - Perform at least one history and one physical exam observed by a supervisor (ideally an attending or fellow, but you can also do this with a supervising resident.) You can request this of an attending while on any part of your pediatrics rotation, but please be conscious of the time this requires. You can have the history and physical observed on different patients if this is easier.

TIPS: In the ambulatory clinic, it is best to ask your attending for the first patient of the day (best if it's urgent care), or while in the emergency department during a lower volume time. While on the wards, it may be best to “schedule” this with your attending in advance. You should plan to take **NO MORE THAN 15 MINUTES** for your history & PE as this is the time you will be allotted when you complete your end of third year assessment (EOTYA).
4. **Required Patient Encounters:** There are twelve required clinical experiences in pediatrics. Please see the “Required Patient Encounters” section of the syllabus. The majority of these encountered are covered in case based didactic day sessions which “count” as RPE and can be logged. Any exceptions will have a designated alternate clinical experience/module available upon request to the Clerkship Director.
5. **Oral Clinical Reasoning Assessment:** In week 5 or 6 of the block, students will be assigned a time slot in which to complete an oral clinical reasoning assessment or OCRA. The case scenarios used in the OCRA are drawn from among the required patient encounters that are core to the clerkship. The exam is designed to assess elements as outlined in the clinical student evaluation form, specifically students will be asked to demonstrate the:
 - Ability to develop a differential diagnosis for the chief concern
 - Ability to obtain a focused history which results in a prioritization of the differential diagnosis
 - Understanding of how to gather data from a physical exam that further elucidates pertinent positive and negative findings that allow for a prioritized differential diagnosis

- Clinical reasoning to synthesize data into an assessment of the patient and a problem list
- Knowledge of an appropriate initial management for the common presentation
- Ability to capably answer some general medical knowledge questions about the chief concern and how their assessment might evolve under different clinical scenarios.

Additional details about the OCRA can be found on Blackboard. It is a breach of the professionalism policy of the clerkship for students to discuss any aspect of their OCRA with other students at any time.

Core Curriculum Sessions and Learning Objectives

Vaccine Hesitancy Workshop

Ruby Bartolome, MD

By the end of the Vaccine Hesitancy Workshop, students will be able to:

- Explain the concept of vaccine hesitancy and distinguish it from anti-vaccination ideology.
- Describe the "5C" model of vaccine hesitancy and its components.
- Identify and describe key factors that influence vaccine hesitancy.
- Define principles of family-centered care and communication around vaccine hesitancy.
- Demonstrate the recommended strategies for communicating with vaccine-hesitant parents, the principles of motivational interviewing, and considerations if parents continue to refuse vaccination.
- Recognize common misconceptions about vaccines and articulate evidence-based responses.
- Develop strategies for engaging with families who remain hesitant after initial discussions while maintaining a respectful, non-judgmental dialogue to encourage ongoing communication.
- Describe potential anticipatory guidance and return precautions for unvaccinated children, ensuring their safety and implications on public health.

Pediatric Chest Pain

Elizabeth Yellen, MD

By the end of the Pediatric Chest Pain lecture, students will be able to:

- Create a differential diagnosis and initial care of pediatric chest pain
- Practice working through a pediatric case in the OCRA format
- Engage in shelf exam preparation for topics in pediatric cardiology

Common Respiratory Illness in Pediatrics

Julia Aquino, MD

By the end of the Common Respiratory Illness lecture, students will be able to:

- Create a differential for pediatric respiratory distress based on anatomy (upper vs. lower respiratory tract) and airway sounds
- Develop illness scripts and utilize clinical pathways to manage 3 common pediatric respiratory illnesses
- Recognize signs of respiratory distress and impending respiratory failure

Patient & Family Centered Rounding

Julia Aquino, MD

By the end of the Patient & Family Centered Rounding lecture, students will be able to:

- Practice bedside rounding that focuses on creating a shared mental model between patients, families and caregivers
- Learn how to activate and engage family in care and decision making

Emergency Medicine Case – Vomiting

Genevieve Preer, MD Taneequa Fields, SW Elizabeth Egan, SW

- Create an age-based differential for vomiting in the pediatric patient
- Engage in interprofessional collaboration in the care of pediatric patients
- (remainder of learning objectives to be revealed in the case)

Fever 101 Workshop

Rachel Thompson, MD

By the end of the Fever 101 Workshop, students will be able to:

- Define fever and create a broad differential of fever in the pediatric patient
- Identify important predisposing factors that increase risk of serious bacterial illness (SBI)
- Identify most common infectious organisms that cause febrile illness in: Neonates (0 28 days); Young infants (28 90 days); Young children (3 months 2 years)
- Compare and contrast diagnostic work up of fever for: Neonates (0 28 days); Young infants (28 90 days); Young children (3 months 24 months)

Pediatric Fever & Rash

Rachel Thompson, MD

By the end of the Fever & Rash lecture, students will be able to:

- Develop a differential diagnosis for acute pediatric rash and fever
- Practice for the oral clinical reasoning exam (OCRA) with a patient with fever and rash
- Recognize some common and “can’t miss” etiologies of fever and rash in the pediatric patients

Pediatric Fluid Management

Julia Aquino, MD

By the end of the Pediatric Fluid Management lecture, students will be able to:

- Understand the basics of fluid management why we care in pediatrics
- Learn how to assess hydration status in the pediatric patient
- Practice making fluid type, delivery route and rate calculation decisions

Newborn Medicine – Respiratory Distress

Ruby Bartolome, MD

By the end of the Newborn Medicine lecture, students will be able to:

- Develop a list of potential differential diagnosis for respiratory distress in term neonates
- Develop a list of potential differential diagnosis for respiratory distress in preterm neonates
- Examine the presentation and pathophysiology of the different causes of respiratory distress in neonates
- Formulate management strategies for respiratory distress including laboratory evaluation, diagnostic imaging, and therapeutic interventions
- Analyze pulmonary mechanics essential for effectively managing respiratory distress in preterm infants

- Explore the various respiratory support modalities for neonates

Pediatric Seizure

Patrick Mabray, MD

By the end of the Pediatric Seizure lecture, students will be able to:

- Recall the approach to fever in an infant
- List an age-appropriate differential diagnosis, and an initial diagnostic plan for pediatric patients presenting with a first episode of seizure.
- Categorize seizures as partial, generalized, simple febrile, or complex febrile according to typical clinical features
- List key features to include in the history and exam in determining the etiology of a new-onset seizure, including skin findings (café au lait macules, ash leaf spots, facial port wine stain) that may indicate phakomatoses.
- Summarize national practice guidelines for the evaluation of simple febrile seizures.
- Describe the initial emergency management of status epilepticus in pediatric patients
- Discuss options for anticipatory guidance to families in the aftermath of a febrile seizure
- Describe the clinical features of epilepsy and its effects as a chronic disease on the patient and family
- Assess developmental milestones when evaluating a patient
- Recognize findings of neurocutaneous disorders on different skin tones

Operation House Call

Stephanie Lowell, Arc of Massachusetts

By the end of the Operation House Call lecture, students will be able to:

- Raise awareness of barriers to health equity faced by people with IDD including autism
- Understand potential impact of implicit biases including the concept of diagnostic overshadowing
- Re-shape mindsets around treating individuals with disabilities through exposure to families.
- Enhance confidence in ability to engage effectively including recognizing behavior as a form of communication
- Increase sensitivity to family and sibling dynamics, and the impact of a disability on the whole family

Developmental & Behavioral Pediatrics Part 1: Observing Developmental Milestones

By the end of the DBP Part I lecture, students will be able to:

- Understand the spectrum of normal developmental milestone acquisition in 0- to 5-year-old children
- Practice observing language and motor developmental milestones
- Practice utilizing the CDC vaccine schedule to recommend age-appropriate vaccinations
- Describe age based nutritional guidance using Bright Futures

Developmental & Behavioral Pediatrics Part 2: ADHD & Autism

Rachel Vuolo, MD

By the end of the DBP Part II lecture, students will be able to:

- Review and understand the DSM-5 criteria for autism spectrum disorder
- Review and understand the DSM-5 criteria for attention deficit hyperactivity disorder
- Practice observing children's behaviors at various ages and assess normal vs abnormal milestones
- Develop differential diagnoses for children with developmental delays and challenging behaviors

- Discuss psychological trauma as common co-morbid condition

Adolescent Medicine

Katelin Blackburn, MD

By the end of the Adolescent Communication Skills workshop, students will be able to:

- Demonstrate effective communication techniques for building rapport and trust with adolescent patients including motivational interviewing and active listening
- Demonstrate understanding of confidentiality and consent for an adolescent patient under current Massachusetts law
- Practice obtaining a strength based adolescent risk assessment using the SSHADESS framework