# Doctoring 1
# Course Information
# Year 1

## AY 2025-2026
## MS 121

BOSTON UNIVERSITY

# Table of Contents

## 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 fsimulateds, 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. |

## Course Description & Goals

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

**DOCTORING DOMAINS**

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

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

## Module Learning Objectives

| Doctoring 1 | | |
|---|---|---|
| **Doctoring Domain** | **Goal** | **Learning Objective** |
| I. Interview Technique/ Communication Skills | 1. Effectively open clinical encounter | 1. Inform patient of full name and role as student<br>2. Establish personal connection through good eye contact, a hand shake and/or a smile<br>3. Start the interview with an open-ended question (e.g., "What brings you in today?") |
| | 2. Demonstrate the use of effective communication skills to achieve therapeutic and diagnostic goals | 1. Use open-ended questions to understand patient's chief concerns and close-ended questions to obtain additional clarity on chief concerns<br>2. Demonstrate active listening using verbal and non-verbal techniques (reflective statements, summary statements, open body language, nodding, eye contact, etc.)<br>3. Explore, the patient's verbal and non-verbal cues (e.g., "I notice that you are upset. Can you tell me why?")<br>4. Effectively use transitional statements to shift between the parts of the interview (e.g. now I'd like to ask you about your family history)<br>5. Encourage patient to tell the story of their chief concern (s) and other relevant biopsychosocial information without interruption<br>6. Use effective facilitation skills (echoing, reflection, clarification, encouragement) to elicit the patient's full narrative<br>7. Summarize information at the end of the HPI and check for accuracy<br>8. Demonstrate empathy through acknowledging statements (e.g., "That must be difficult) and through non-verbal communication (e.g., facial expressions expressing concern)<br>9. Identify indications for when a medical interpreter should be used |
| | 3.Provide closure for clinical encounter | 1. Summarize the visit and elicit patient feedback about accuracy of information<br>2. Express gratitude for patient's time<br>3. Encourage questions from the patient and their family members |
| | 4. Share information effectively with patient | 1. Use language patient can understand (avoid medical jargon, choose words appropriate to health literacy level, etc.)<br>2. Counsel patient on preventative health measures (exercise, nutrition, sleep, etc.) as appropriate |
| II. Relational Competence | 1. Demonstrate ability to establish therapeutic alliance | 1. Use non-verbal techniques (e.g., sitting in a chair at eye level with patient, using open body language, minimize note writing etc.) to improve patient comfort during the medical encounter<br>2. Use verbal techniques, such as non-judgmental language, interruption avoidance, and empathetic statements (e.g., "that must be difficult for you"), that allow patients to feel safe to honestly express themselves<br>3. Discuss patient's values, goals for care, and perspective on their experience with the healthcare system |

| Doctoring 1 | | |
|---|---|---|
| **Doctoring Domain** | **Goal** | **Learning Objective** |
| | 2. Discuss the patient's perspective | 1. Elucidate patient perspective on health and disease through clarifying questions (e.g., "What is the hardest part of having a disease like lupus?")<br>2. Elicit patient concerns about their health and illness<br>3. Assess the impact of illness on patient and caregiver |
| | 3. Perform a patient-centered physical exam | 1. Demonstrate the use of proper draping techniques to ensure patient comfort<br>2. Demonstrate concern for the patient's comfort during exam (modify exam for patient with limited mobility or patient in pain)<br>3. Briefly orient patient to each examination element ("I will now listen to your lungs")<br>4. Utilize respectful communication during physical exam |
| III. Data Gathering | 1. Demonstrate knowledge of basic medical interview skills and components of medical history | 1. List the key components of a complete adult medical history<br>2. List 7 cardinal features of symptoms |
| | 2. Use effective strategies to elicit and gather data to compose systematic medical history | 1. Elicit the patient's chief concern (s)<br>2. Elicit a systematic history of present illness (HPI)<br>3. Gather 7 cardinal features for symptoms when appropriate<br>4. Clarify pertinent information<br>5. Elicit PMH, PShx, FHx, Soc Hx, Allergies, and Meds and Review of Systems (ROS)<br>6. Identify pivotal interview questions that will categorize the patient's chief concern(s)<br>7. Ask questions that are most valuable in increasing or decreasing the likelihood of diseases on the differential diagnosis for a given chief concern |
| IV. Physical Exam Skills | 1. Perform a systematic physical exam | 1. Describe the components of the "head to toe" physical exam and what they are testing<br>2. Perform individual components of the physical exam using proper technique<br>3. Perform a systematic "head to toe" physical exam using proper technique<br>4. Use diagnostic hypotheses to perform physical examination maneuvers that significantly increase or decrease the likelihood of diseases<br>5. Demonstrate a GYN, GU, rectal and breast exam on a simulator |
| V. Oral Presentations | 1. Demonstrate an ability to present an organized patient presentation | 1. Present a patient case using the structural organization of the medical history and physical exam components<br>2. Provide an opening statement that outlines the patient's age, pertinent past history, and chief concern.<br>3. Summarize the patient's HPI including pertinent positives and negatives at the end of the history.<br>4. Present the pertinent physical exam findings and diagnostic studies.<br>5. Develop a brief assessment statement ("one-liner") including relevant demographic and epidemiologic data, and symptoms and signs, to summarize the case |

| Doctoring 1 | | |
|---|---|---|
| **Doctoring Domain** | **Goal** | **Learning Objective** |
| | 2. Demonstrate an ability to present research findings | 1. Present a research topic that adds to both your and your colleagues' understanding of that topic and furthers your shared understanding of a previous patient case discussion<br>2. Demonstrate the ability to deliver a presentation that is engaging, relevant, appropriate to the audience, logical, and succinct.<br>3. Demonstrate the ability to identify appropriate resources for the research question using the Finding Information Framework |
| VI. Written Documentation | 1.Accurately document a patient encounter using a full H&P format | 1. Write a patient note organized by the components of the medical history and physical exam with information placed in the appropriate category<br>2. Write an opening statement that outlines the patient's age, pertinent past history, and chief concern.<br>3. Write a patient's HPI including the patient's narrative and pertinent positives and negatives.<br>4. Write the pertinent physical exam findings and diagnostic studies.<br>5. Write a brief assessment statement ("one-liner") including relevant demographic and epidemiologic data, symptoms and signs, to summarize the case and offer potential diagnoses |
| VII. Clinical Reasoning | 1.Demonstrate an understanding of the principles of clinical reasoning and apply them to patient encounters | 1. Define the processes of inductive and deductive reasoning and how each is used in clinical reasoning.<br>2. Identify biases in diagnostic reasoning and list the ways in which a physician can mitigate bias's effects on decision making.<br>3. Demonstrate an ability to systematically develop a differential diagnosis<br>4. Demonstrate an ability to rank or prioritize the differential diagnosis based on historical and physical exam findings<br>5. Utilize principles from foundational medical sciences to support and justify clinical reasoning. |
| VIII. Health Equity and Disparities | 1. Demonstrate an understanding of the impact of social factors on health | 1. Identify social determinants that can impact a patient's health through a targeted individual social history relevant to the patient's concern (ex. environmental hx for asthma) coupled with identification of determinants impacting their broader family and community (work, home, identify groups, etc.)<br>2. Recognize the impact structural inequities, both past and present, may have on health and on mistrust in the doctor-patient relationship<br>3. Recognize the impact of violence, low health literacy, addiction, food insecurity, and poverty on the health of patients and their communities.<br>4. Identify community resources that improve the health of populations. |
| IX. Personal and Professional Development | 1. Recognize how one's own beliefs, feelings, biases and preconceptions can impact one's role as a medical professional and the care of the patient | 1.Recognize how one's own cultural backgrounds, beliefs, and biases impact the care of patients<br>2. Observe and reflect upon one's own experience of medical encounters to enhance self-awareness, clinical effectiveness and self-care |

| Doctoring 1 | | |
|---|---|---|
| **Doctoring Domain** | **Goal** | **Learning Objective** |
| | 2. Demonstrate professional behavior and demeanor in all settings | 1. Demonstrate behavior in accordance with highest ethical behavior (e.g. altruism, beneficence, non-maleficence, confidentiality, humility)<br>2. Display professionalism including integrity, commitment, honesty, empathy and accountability in all interactions and conduct with patients, faculty, staff and peers |
| | 3. Demonstrate ability to work successfully on a team | 1. Engage in active listening and seek to understand perspectives of group members<br>2. Effectively observe and offer constructive, behaviorally-based feedback to group members<br>3. Describe the benefits of an interprofessional team in the care of patients<br>4. Incorporate feedback from group members and faculty to improve performance |
| | 4. Engage in the process of professional identity formation as a physician in training | 1. Identify conflicts between one's personal needs and one's professional role<br>2. Demonstrate ability to be self-reflective about one's own performance<br>3. Demonstrate an ability to reflect on observed clinical interactions between physicians, staff, patients and learners |
| X. Self-directed learning | 1. Demonstrate an ability to identify and successfully meet one's own learning needs | 1. Identify, analyze, and synthesize information relevant to their learning needs<br>2. Actively seek opportunities to improve one's knowledge and skills.<br>3. Develop goals and strategies to improve performance<br>4. Demonstrate an ability to develop questions based on personal learning needs, research, critically appraise including assessing the credibility of information sources, and apply information<br>5. Demonstrate an ability to quickly answer brief learning questions while working through a case<br>6. Share relevant information with their peers and supervisors<br>7. Incorporate feedback on their information-seeking skills |

## Contact Information

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Blackboard Website: https://learn.bu.edu > Med Doctoring 1 (2025-2026)

Academy Medical Educators

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

## Course Improvement and Feedback

### Recent Changes to the Course

Doctoring 1 continues to evolve due to valuable feedback from students and faculty and an analysis of student skill development. The opening of the Rod Hochman Family Clinical Skills and Simulation Center provides a dedicated space for small group sessions and patient exam rooms that foster Doctoring skill building.

Physical Examination

- Last year we added simulated patients to the practice session for the Doctoring 1 Module 2 Assessment (D1M2A) based on student feedback. Based on positive feedback, this will be continued.

- This year we will continue to expand 4th year student collaboration with faculty to support physical exam skills development in every session.

Written Documentation

- Rubrics were provided to 4th year students reviewing 1st year student notes to emphasize skill-building progression, improve feedback, and highlight written note expectations for the assessments.

Clinical reasoning

- Additional focus on hypothesis-driven history taking and physical diagnosis better prepares students for the Doctoring 1 Module 3 Assessment (D1M3A) and clinical care
- Additional time for documentation in the Doctoring 1 Module 3 Assessment (D1M3A) supports clinical reasoning by providing more time for synthesis of the case.

## Curricular Committee Representatives

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

## Student Advisory Committee (SAC)

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

## Diversity, Equity, and Inclusion Initiatives

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

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

## Course Schedule

The Academic Calendar is located on the Medical Education Office's website at:
https://www.bumc.bu.edu/camed/education/md/curriculum-overview/academic-calendars/

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

The most important resource for knowing your schedule is the Doctoring 1 Blackboard "Week at a glance"and the Consolidated Schedule for each Module.

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

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

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

## Instructional Design

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

### AME Small Group

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

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

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

### Clinical Experiences

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

### Simulated patient communication sessions (November-April)

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

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

Additionally, students will have sessions using heart sound simulators in November/December during the PISCEs Cardiovascular module. All students are introduced to the genitourinary and gynecologic physical exams using skills trainers in April during the PISCEs Repro/Endo module.

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

2. **Large Group Applied Learning**
    a. **application session** when the whole class works in Doctoring groups to apply concepts learned in guided self-learning. Examples are faculty facilitated large group case-based learning that included pauses for students to work through cases and solve problems.

## Equipment Needed

The equipment required for this course is:

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

## Assessment and Grading

### Course Blocks

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

| Doctoring Year 1 | Start Date | End Date | Weeks | Module Weight |
|---|---|---|---|---|
| Module 1 | 8/11/25 | 12/19/25 | 17 | 50% |
| Module 2 | 1/12/26 | 3/6/26 | 8 | 25% |
| Module 3 | 3/23/26 | 5/15/26 | 7 | 25% |

## Course Grading Policy

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

### Module 1

| | Assessment of Learning | | Assessment for Learning | | | | | | | Assessment of Professionalism | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | OSCE - 75% Interviewing and 25% Written Note | Written Note to AME Core Educator | Clinical Experience, Written Note Completion on Time | KSA Completion on Time | Research Presentations Completed on Time | Reflections Completed on Time | Written Note to AME Core Educator On Time | Oral Presentation AME Core Educator | Physical Exam Skills - cardio-pulm Completed with AME | Peer Assessments | Course Evaluations | Attendance |
| Module 1 | | | | | | | | | | | | |
| Week 1 | | | | | | | | | | | | |
| Week 2 | | | 2 | 1 | | 2 | | | | | | |
| Week 3 | | | 2 | 1 | | | | | | | | |
| Week 4 | | | 2 | 1 | | | | | | | | |
| Week 5 | | | 2 | 1 | 4 | | | | | | | |
| Week 6 | | | 2 | 1 | 4 | | | | | | | |
| Week 7 | | | 2 | 1 | | | 3 | | | | | |
| Week 8 | | | 2 | 2 | | | | | | | | |
| Week 9 | | | | 1 | | | 3 | | | | | |
| Week 10 | | | 2 | 1 | | | | | | | | |
| Week 11 | | 5 | 2 | 1 | 4 | | | | | | | |
| Week 12 | | | 2 | 1 | | | | | | | | |
| Week 13 | | | | 1 | | 2 | | | | | | |
| Week 14 | | | | 2 | | 2 | | | 5 | | | |
| Week 15 | | | | 1 | | 2 | | 3 | | | | |
| Week 16 | 25 | | | | | | | | | | | |
| Week 17 | | | | | | 3 | | | | | | |
| Total | 25 | 5 | 20 | 16 | 12 | 11 | 6 | 3 | 5 | 80% completion by end of Module 1 | 80% completion by end of Module 1 | 100% of sessions |
| | Total: 30 points<br>PASS: 75% - 22.5 points | | Total: 20 points<br>PASS: 80% - 16 points | Total 53 points<br>PASS: 80% - 42.4 points | | | | | | | | |

**Module 2 & 3**

| | Assessment of Learning | | Assessment for Learning | | | | | Assessment of Professionalism | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | OSCE - D1M2A Head to Toe Physical Exam, D1M3A 3 stations | Written Note or Oral Presentation AME Core Educator | Clinical Experience, 30 hours, Written Note and IPE in clinical practice Uploaded on Time | KSA Completion on Time | Self-Directed Learning Research Completed on time | Reflections Completed on Time | Written Note or Oral Presentation AME Core Educator | Peer Assessments | Course Evaluations | Attendance |
| Module 2 | | | | | | | | | | |
| Week 1 | | | | 1 | | | | | | |
| Week 2 | | | | 1 | | | | | | |
| Week 3 | | | | 1 | | | 3 | | | |
| Week 4 | | | 2 | 1 | | 2 | | | | |
| Week 5 | | 5 | 2 | 1 | | | | | | |
| Week 6 | | | 2 | 1 | | | | | | |
| Week 7 | 25 | | 2 | | | | | | | |
| Week 8 | | | 2 | 1 | 4 | 3 | | | | |
| Module 3 | | | | | | | | | | |
| Week 1 | | | 2 | 1 | | | | | | |
| Week 2 | | | 2 | 1 | | | 3 | | | |
| Week 3 | | 5 | 2 | 1 | | | | | | |
| Week 4 | | | 2 | 1 | | | | | | |
| Week 5 | | | 2 | | | | | | | |
| Week 6 | | | | | | | | | | |
| Week 7 | 25 | | 4 | | 4 | 3 | | | | |
| Total | 50 | 10 | 24 | 11 | 8 | 8 | 6 | 80% completion by end of Module 3 | 80% completion by end of Module 3 | 100% of sessions |
| | Total: 60 points | | Total: 24 points | Total: 33 Points | | | | | | |
| | PASS: 75% - 45 points | | Pass: 80% - 19.2 points | PASS: 80% - 26.4 points | | | | | | |

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

## Course Final Grade

### Monitoring your performance as a student

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

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

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

OSCE scoring for Modules 1 & 3 are based on a statistical analysis of student performance on the tasks of interviewing (Module 1 &3), physical examination (Module 3), written documentation (Module 1 & 3), and clinical reasoning (Module 3). Students can fail 1 or more domains of the OSCE without failing the course. They will meet with the course director to review their performance and be referred for additional clinical skills coaching. Module 2 is a head-to-toe core physical exam assessment which requires 85% or more to pass.

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

To **pass** the course, students need to get **75% of the points** in this category.

Assessment for Learning (highlighted in green in figure):

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

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

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

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

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

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

**Research Presentations**: After identifying research questions at the end of selected AME cases, students use the Finding Information Framework to select their research source for self-directed learning. In Module 1, students prepare a presentation to their AME and classmates that connects to the patient case and includes a visual representation of their findings. These presentations are expected to be 4 minutes or less in duration. The research presentation visuals are to be uploaded to the Blackboard site. In Module 2 and 3, students identify their question based on clinical care in their longitudinal preceptorship and submit their findings for AME feedback.

**Reflections:** Student reflections on AME case discussions, simulated patient communication sessions, inter-professional clinical interactions and OSCE performance goal setting are to be uploaded to the Blackboard site.

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

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

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

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

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

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

**Attendance:** In addition, **attendance** at all Doctoring sessions is required. The instructional design of the sessions requires in-person attendance for all components. Please complete the absentee form and contact the Module Director and Course Manager regarding making up any absences. Since the AME sessions are scheduled on three afternoons during the week, it is often possible to make up a session by attending a different AME group. If that is not possible, the Module Director will provide an alternative learning experience. If you have 3 absences or assignment extension requests, you will meet with Module Director and the Associate Dean for Medical Education will be notified.

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

### Remediation

There are three main reasons for required remediation in doctoring:

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

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

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

### Grade Appeals

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

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

### Reporting Grades

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

### Expectations

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

## Course Roles and Responsibilities:

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

## Co-Course Directors

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

## Course Manager

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

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

## AME Core Advisors/Doctoring 1 Group Facilitators

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

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

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

## 4th Year Student Preceptors

Preceptors are responsible for the following:

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

### Longitudinal Clinical Preceptors

Preceptors are responsible for the following:

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

### 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

Except in the Doctoring course, the demonstration of the physical examination on students should not be done by any supervisor of a student 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.

The Doctoring course instructional design utilizes physical examination (PE) demonstration upon students in the following manner.

Doctoring framing sessions will

- Share the rationale for PE demonstration just prior to student peer PE skills practice
- Advise students that they can volunteer for PE skills to be demonstrated upon them
- Any demonstrations will be done in a manner to maximize student comfort and modesty
- Advise students that no student will be required to permit PE skills to be demonstrated upon them

AMEs will

- Include discussions of PE skills demonstrations in group orientation
- Identify student volunteers the week prior to a PE skills session
- Notify course directors in advance if there is not a student volunteer for a given PE skills demonstration

Course directors will

- Assign a 4$^{th}$ year comfortable having PE demonstrated upon them or alternative method if there are no student volunteers in a given AME group.

### Students

As adult learners, students are expected to:

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

## Instructional Tools

### Blackboard

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

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

### MedHub

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

Instructional guides for MedHub can be found at: https://www.bumc.bu.edu/edtech/medhub-resources/
Additional help resources are also available within MedHub, under the “Help” tab.

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

### Note Taking and Studying Tools

The Alumni Medical Library has compiled some recommended tools for students looking to take notes and study digitally, including resources to help reduce eye strain or fatigue.
A list of their recommendations can be found on their website:https://www.bumc.bu.edu/medlib/portals/camed/pdfutilities/

### Echo360/Technology

Echo 360 recordings need time to be downloaded, edited, and compiled. As a general principle, recordings will be available 24 hours after the learning activity. For Consolidations days, Education Media will make every effort to have recordings available by 6 pm.

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

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

- **Echo360 Related Issues:** Create a ticket on the Ed Media site (http://www.bumc.bu.edu/bumc-emc/instructional-services/echo360/): sign in and provide pertinent information that will enable an effective response. Have a link to the problematic video ready to copy/paste into this form.

- **Educational Technology Related Issues:** For assistance with technology supported by BUMC's Educational Media (e.g. ExamSoft), tickets can be created via their website at: https://www.bumc.bu.edu/bumc-emc/instructional-services/

- **Other Technology Related Issues:** For assistance with BU-wide technology, such as Blackboard, email an example (e.g. picture or very brief phone video) to ithelp@bu.edu with a descriptive subject line and give as many details as possible on the what, where, how you are using the service and what type of computer, browser, etc. along with type of student (i.e. M3). Always include link(s) to or screen shots of where the issue is occurring.

- **Policy on Classroom Recordings**: https://www.bumc.bu.edu/camed/education/medical-education/policies/classroom-recordings/

## Student Support Services

### Academic Enhancement Office

The Academic Enhancement Office (AEO) supports the academic and personal success of all medical students. Recognizing that individual students have different needs in order to be successful in medical school, various programs and services are available to all current Chobanian & Avedisian School of Medicine medical students. Programs are designed to help students adjust to the rigors of medical school and strive to learn balance, with more effective study habits that promote and sustain lifelong learning. Through small group sessions and individual meetings, we work with students to leverage the necessary skills to balance academic and personal growth.
https://www.bumc.bu.edu/camed/student-affairs/office-of-academic-enhancement/

### Tutoring

Peer tutors may be requested via the Academic Enhancement Office's Peer Tutoring Program at: https://www.bumc.bu.edu/camed/student-affairs/office-of-academic-enhancement/academic-enhancement/peer-tutoring-program/

### Disability & Access Services

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

Disability & Access Services' goal is to provide services and support to ensure that students are able to access and participate in the opportunities available at Boston University. In keeping with this objective, students are expected and encouraged to utilize the resources of Disability & Access Services to the degree they determine necessary. Although a significant degree of independence is expected of students, Disability & Access Services is available to assist should the need arise.
https://www.bu.edu/disability/accommodations/

## General Student Policies

### Artificial Intelligence Use Policy

We believe that developing expertise as a physician is a developmental process that requires deep and meaningful learning. The journey to becoming a competent and compassionate physician involves not only the acquisition of knowledge but also the cultivation of critical thinking, ethical reasoning, and interpersonal skills. As advancements in technology, especially artificial intelligence (AI), reshape medical education and practice, it is vital for students to understand how and when to responsibly integrate these tools into their learning processes. As physicians, you will need to clinically reason in a time sensitive manner to respond to both routine and emergent clinical scenarios. Learning to navigate patient questions, concerns/questions and those of team members in real time is essential as a physician.

We believe that AI can be used as an adjunct to help foster deep and meaningful learning, assisting students in their ability to develop critical thinking and clinical reasoning skills. However, it is not a tool intended to simplify or accelerate the learning process at the expense of these essential competencies. Furthermore, AI should not impede the development of collaborative skills that are vital for effective teamwork in future medical practice. We encourage students to engage thoughtfully with AI, ensuring it supports their educational journey rather than detracting from the rigorous, reflective learning experiences necessary for their growth as physicians.

Additionally, we would like to acknowledge the environmental impact of AI, particularly in terms of resource consumption and energy usage associated with its development and deployment. Moreover, while AI holds the potential to improve healthcare outcomes, it can also perpetuate existing health inequities if not applied thoughtfully. Issues such as algorithmic bias and accessibility to technology may disproportionately affect marginalized communities, further widening the gap in healthcare equity. Therefore, as we embrace AI as a tool for learning and practice, we must remain vigilant in addressing these ethical concerns and strive to use AI in a manner that promotes equity and sustainability in healthcare.

For suggested Health Profession Student Uses for AI and when Medical Students Should Avoid AI see the full policy located at: https://www.bumc.bu.edu/camed/offices-services/md-program-offices/medical-education/policies/artificial-intelligence-use-policy-for-the-md-program/

### Attendance & Time off Policy

This policy addresses the expectations for student attendance and the procedures for requesting time off. The attendance & time off policy is located at: https://www.bumc.bu.edu/camed/education/medical-education/policies/attendance-time-off-policy/ .
All students who will be absent from a mandatory session, must complete the excused absence form, linked in blackboard, in advance of the session they will be missing. Any student who is out for more than 3 days will need to discuss this with the Associate Dean of Medical Education.

### Work Hours Policy

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

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

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

Students are also required to adhere to the highest standards of academic honesty and professional conduct in relation to their coursework.
https://www.bumc.bu.edu/camed/student-affairs/md/student-resources/medical-student-disciplinary-code/

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

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

### Doctoring Assessment Policies

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

- LPAs or exams/OSCEs are not to be postponed or taken early, unless for a compelling reason, e.g., personal illness or family emergency, or if approved by the Associate Dean of Medical Education
- Students must meet with the Associate Dean of Medical Education for any late or missed LPAs or exams/OSCEs that were not previously excused.
- Students who arrive late may take the LPA or exam/OSCE with remaining time, at the discretion of the course director(s)
- Students who miss an LPA or exam/OSCE, unexcused, will receive a zero for that LPA or exam/OSCE

The full policies can be found here:

- LPA or exam Policies for Medical Students: https://www.bumc.bu.edu/camed/education/medical-education/policies/exam-policies-for-medical-students/
- L-11 Testing Center Policies: https://www.bumc.bu.edu/camed/education/medical-education/policies/l-11-testing-center/

### Student Evaluation Completion Policy

The school considers the completion of course and clerkship evaluation to be part of a student's professional responsibilities and essential feedback for the ongoing monitoring of the learning environment. To obtain adequate feedback, all students must complete at least 80% of the evaluations assigned to them in each academic year. This includes all types of evaluations including course, module, clerkship, site, individual faculty, and peer.

**Process**

All evaluations are sent to students in the MedHub evaluation system. Students will be oriented to MedHub at multiple points during the four years.

**Preclerkship Phase**

The Medical Education Office will randomly **assign each student into a cohort of approximately 1/3 of the class at the beginning of the year.** Each cohort will only be assigned a subset of total evaluations for the course and faculty evaluations in all courses where there are greater than 20 students participating.

Evaluations will be **assigned to students at the beginning of a module** so students have access to all evaluations and can complete them on time. Individual faculty evaluations are best done directly after a session and saved for submission at the end of the module to incorporate feedback from all sessions that faculty participated in. Module evaluations should be completed after an LPA before the next module starts.

In order to obtain actionable feedback, evaluations must be submitted via MedHub within 9 calendar days of the completion of the module/course (usually the following Sunday).

Deadlines are posted on Blackboard for all students. Evaluations not completed within the assigned time frame will expire and are no longer available for completion by the student.

**All students**, regardless of cohort assignments **will be required to complete evaluations for:**

- Groups or class is less than 30 students- Peer, faculty, and course evaluations with smaller groups (i.e., Doctoring groups and LEADS tracks)
- End of Year 1 and End of Year 2 overall experience evaluations
- Annual Learning Environment Surveys

If there are errors or concerns about MedHub, please submit a MedHub Support ticket via: https://www.bumc.bu.edu/bumc-emc/medhub-general-support/

**Completion Expectations**

The Medical Education Office monitors compliance rates multiple times a year and formally notifies students of their compliance rate twice a year. Students who have completed less than 80% of their assigned evaluations at the half year will receive a notification email from the Associate Dean of Medical Education. If the compliance rate is less than 80% at mid or end of year, students will be discussed at a Student Early

Intervention Committee meeting and may receive a professionalism warning letter if there are multiple concerns regarding lapses in professionalism.

Any student who received a warning letter at the end of year one and continues to have lapses in professionalism may be referred to the Student Evaluation & Promotions Committee.

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

### Copyright Policy on the Use of Course Materials

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

Course materials are protected by copyright and may not be uploaded or copied to other sites for any purpose, regardless of whether the materials are made accessible publicly or on a private account. When content is uploaded to a site, the user is representing and warranting that they have rights to distribute the content, which requires explicit permission from the author of the materials.

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

If you have any questions, contact the Course Director.

For additional information:

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

### Chobanian & Avedisian School of Medicine Policies

Policies are located at: https://www.bumc.bu.edu/camed/education/medical-education/policies/ Learning Environment Expectations

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/

## 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/md/learning-environment/

## Cultivating Attention to Foster Community

We believe that learning should take place in an environment that fosters collaboration and engagement, where students are encouraged to learn from the course content and from one another. We strive to intentionally design our classes to support sustained attention, where students can step away from the noise and distractions of the outside world and engage in meaningful, focused interaction. In any learning environment, sustained
attention to others—through listening, dialogue, and presence—builds trust and empathy. Thus, attention is a foundational act of community-building, countering the isolating effects of digital distraction and helping individuals feel anchored in a collective purpose.

Our expectations with technology use are that they should support learning and connection, not fragment attention. Devices are expected to be used purposefully—such as for note-taking, research, or collaboration—rather than for multitasking, shopping or entertainment during classroom sessions and shared activities. Students are encouraged to silence notifications and close unrelated apps to foster deeper engagement with your team and faculty. Students should use their peers as a resource for learning rather than digital tools.

We also expect our educators to model thoughtful technology use, demonstrating how digital tools can enhance rather than erode attention and community. We will be using digital and AI tools and will share how these tools are intended to complement learning, not supplement it.

## Appropriate Treatment in Medicine (ATM)

Chobanian & Avedisian School of Medicine is committed to providing a work and educational environment that is conducive to teaching and learning, research, the practice of medicine and patient care. This includes a shared commitment among all members of the community to respect each person's worth and dignity, and to contribute to a positive learning environment where medical students are enabled and encouraged to excel.

### Procedures for Reporting Mistreatment

Students who have experienced or witnessed mistreatment are encouraged to report it using one of the following methods:

- Contact the chair of the Appropriate Treatment in Medicine Committee (ATM), Dr. Vincent Smith, MD, directly by email (vincent.smith@bmc.org)

- Submit an online Incident Report Form through the online reporting system https://bostonu.qualtrics.com/jfe/form/SV_6ofDaE2NYsemv1b
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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/

Policy on the Appropriate Treatment in Medicine: Appropriate-Treatment-in-Medicine-ATM-Policy_11-29-2017-3.pdf

## Learning Environment Oversight (LEO)

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

## Boston University Sexual Misconduct/Title IX Policy

The BU Sexual Misconduct/Title IX Policy is located at: https://www.bu.edu/policies/sexual-misconduct-title-ix-hr/

## Boston University Social Media Guidelines

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