

# **LEADS**

## **Learn, Experience, Advocate, Discover, Serve Year 2 Course Information**

**AY 2025-2026  
MS 237**





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## Medical Education Program Objectives

A Chobanian & Avedisian School of Medicine graduate will be able to:		
INSTITUTIONAL LEARNING OBJECTIVES	MEDICAL EDUCATION PROGRAM OBJECTIVES	
Establish and maintain medical knowledge necessary for the care of patients (MK)	MK.1	Describe the normal development, structure, and function of the human body.
	MK.2	Recognize that a health condition may exist by differentiating normal physiology from pathophysiologic processes.
	MK.3	Describe the risk factors, structural and functional changes, and consequences of biopsychosocial pathology.
	MK.4	Select, justify, and interpret diagnostic tests and imaging.
	MK.5	Develop a management plan, incorporating risks and benefits, based on the mechanistic understanding of disease pathogenesis.
	MK.6	Articulate the pathophysiologic and pharmacologic rationales for the chosen therapy and expected outcomes.
	MK.7	Apply established and emerging principles of science to care for patients and promote health across populations.
	MK.8	Demonstrate knowledge of the biological, psychological, sociological, and behavioral changes in patients that are caused by or secondary to health inequities.
Demonstrate clinical skills and diagnostic reasoning needed for patient care (CSDR)	CSDR. 1	Gather complete and hypothesis driven histories from patients, families, and electronic health records in an organized manner.
	CSDR. 2	Conduct complete and hypothesis-driven physical exams interpreting abnormalities while maintaining patient comfort.
	CSDR. 3	Develop and justify the differential diagnosis for clinical presentations by using disease and/or condition prevalence, pathophysiology, and pertinent positive and negative clinical findings.
	CSDR. 4	Develop a management plan and provide an appropriate rationale.
	CSDR. 5	Deliver an organized, clear and focused oral presentation.
	CSDR. 6	Document patient encounters accurately, efficiently, and promptly including independent authorship for reporting of information, assessment, and plan.
	CSDR. 7	Perform common procedures safely and correctly, including participating in informed consent, following universal precautions and sterile technique while attending to patient comfort.
	CSDR. 8	Utilize electronic decision support tools and point-of-care resources to use the best available evidence to support and justify clinical reasoning.
	CSDR. 9	Recognize explicit and implicit biases that can lead to diagnostic error and use mitigation strategies to reduce the impact of cognitive biases on decision making.
Effectively communicate with patients, families, colleagues and interprofessional team members (C)	C.1	Demonstrate the use of effective communication skills, patient-centered frameworks, and behavioral change techniques to achieve preventative, diagnostic, and therapeutic goals with patients.
	C.2	Clearly articulate the assessment, diagnostic rationale, and plan to patients and their caregivers.
	C.3	Effectively counsel and educate patients and their families.
	C.4	Communicate effectively with colleagues within one's profession and team, consultants, and other health professionals.
	C.5	Communicate one's role and responsibilities clearly to other health professionals.

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	C.6	Demonstrate appropriate use of digital technology, including the EMR and telehealth, to effectively communicate and optimize decision making and treatment with patients, families and health care systems.
	C.7	Practice inclusive and culturally responsive spoken and written communication that helps patients, families, and health care teams ensure equitable patient care.
	C.8	Communicate information with patients, families, community members, and health team members with attention to health literacy, avoiding medical jargon and discipline-specific terminology.
	C.9	Communicate effectively with peers and in small groups demonstrating effective teaching and listening skills.
Practice relationship centered care to build therapeutic alliances with patients and caregivers (PCC)	PCC.1	Demonstrate sensitivity, honesty, compassion, and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.
	PCC.2	Demonstrate humanism, compassion, empathy, integrity, and respect for patients and caregivers.
	PCC.3	Demonstrate a commitment to ethical principles pertaining to autonomy, confidentiality, justice, equity, and informed consent.
	PCC.4	Show responsiveness and accountability to patient needs that supersedes self-interest.
	PCC.5	Explore patient and family understanding of well-being, illness, concerns, values, and goals in order to develop goal-concordant treatment plans across settings of care.
Exhibit skills necessary for personal and professional development needed for the practice of medicine (PPD)	PPD.1	Recognize the need for additional help or supervision and seek it accordingly.
	PPD.2	Demonstrate trustworthiness that makes colleagues feel secure when responsible for the care of patients.
	PPD.3	Demonstrate awareness of one's own emotions, attitudes, and resilience/wellness strategies for managing stressors and uncertainty inherent to the practice of medicine.
Exhibit commitment and aptitude for life-long learning and continuing improvement (LL)	LL.1	Identify strengths, deficiencies, and limits in one's knowledge and expertise.
	LL.2	Develop goals and strategies to improve performance.
	LL.3	Develop and answer questions based on personal learning needs.
	LL.4	Actively seek feedback and opportunities to improve one's knowledge and skills.
	LL.5	Locate, appraise, and assimilate evidence from scientific studies related to patients' health.
	LL.6	Actively identify, analyze, and implement new knowledge, guidelines, standards, technologies, or services that have been demonstrated to improve patient outcomes.
Demonstrate knowledge of health care delivery and systems needed to provide optimal care to	HS.1	Identify the many factors that influence health including structural and social determinants, disease prevention, and disability in the population.
	HS.2	Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations.

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patients and populations (HS)	HS.3	Demonstrate respect for the unique cultures, values, roles/responsibilities, and expertise of the interprofessional team and the impact these factors can have on health outcomes.
	HS.4	Work with the interprofessional team to coordinate patient care across healthcare systems and address the needs of patients.
	HS.5	Participate in continuous improvement in a clinical setting, utilizing a systematic and team-oriented approach to improve the quality and value of care for patients and populations.
	HS.6	Initiate safety interventions aimed at reducing patient harm.
	HS.7	Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care.
	HS.8	Integrate preventive interventions into the comprehensive health care of individuals.
	HS.9	Explain how different health care systems, programs and community organizations affect the health of neighborhoods and communities.
Exhibit commitment to promoting and advancing health equity for all patients (HE)	HE.1	Define health equity and describe the individual and population level differences in health outcomes and disease burden due to inequities in health care.
	HE.2	Comprehend the historical and current drivers of structural vulnerability, racism, sexism, oppression, and historical marginalization and how they create health inequity.
	HE.3	Explain how one's own identity, lived experiences, privileges, and biases influences their perspectives of colleagues, patients and clinical decision making.
	HE.4	Comprehend and identify the impact of health care inequities through medical decision-making tools, interpreting medical literature and reviewing scientific research.
	HE.5	Identify factors needed to advocate for a more diverse and equitable healthcare environment at a local, community, and systems-based level.
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	HE.4	Comprehend and identify the impact of health care inequities through medical decision making tools, interpreting medical literature and reviewing scientific research.
	HE.5	Identify factors needed to advocate for a more diverse and equitable healthcare environment at a local, community, and systems based level.

## Course Description & Goals

The Learn, Experience, Advocate, Discover, Serve (LEADS) course is centered on health equity—the concept that all should have the opportunity to achieve their optimal health. Through LEADS, we will consider the factors that influence the health of individuals at personal and social levels as well as the structures and systems that have resulted in health inequities both historically and in current times. We will examine our roles as advocates for justice in service to others as physicians and practice skills to enable the advancement of health equity.

In this second year of LEADS, we will start with a focus on health care systems including how health care is delivered and financed at the local level and more widely. We will discuss how health systems and access to care impact health and how the design of a system promotes or impedes health equity. In subsequent weeks, there is increased track-based time to explore your track area in more depth. Those working in LEADS content tracks will work in small groups to investigate a pressing issue related to health and propose an evidence-based project to address the issue utilizing the tools of quality improvement, education or community interventions. Every group will have the opportunity to present their work both in track (orally) and at our year-end culminating LEADS Symposium (poster).

## Course Learning Objectives

By the end of the course, the student will be able to:

1. Define health equity and terms related to personal, social, political, and other structural factors that impact health.
2. Reflect on how the intersection of personal identities, biases, and lived experiences influence perspectives, interaction with others, clinical decision making, and health outcomes while applying the principles of cultural and structural humility.

3. Define disparities in health and health care at the population level and recognize the multiple roots of those inequities including the impact of racism and biases as well as potential solutions.
4. Describe how historical and current social, political, and structural factors impact health and propagate inequity for marginalized populations at all levels from the individual to the planetary.
5. Recognize how adversity and trauma affect human health and development, including factors that promote resilience and well-being both personally and professionally.
6. Define factors that promote health and apply a strength-based approach at the level of the individual across the lifespan and at the family and community levels.
7. Identify health inequities in Boston neighborhoods, the impact of social drivers on health in our communities, and how physicians can work with local organizations to improve the health of patients, including through participating in service-learning.
8. Define the goals and methods of public health and describe how the field of public health relates to the practice of medicine.
9. Recognize the impact of language and communication on interprofessional relationships, health care delivery, the patient experience and health outcomes particularly in diverse, multicultural populations.
10. Describe the structure and financing of health care systems including their inclusivity, methods of health promotion, and health outcomes from the local to international levels.
11. Define and apply the processes of quality improvement and patient safety as tools to improve patient care and promote health equity.
12. Apply the four major ethical principles (beneficence, non-maleficence, autonomy, justice) when considering the design of interventions and the distribution of resources to promote health.
13. Recognize the role of the legal system in health care and its potential impact on patients, families, communities, and physicians.
14. Apply the principles of critical appraisal, including consideration of the use of sociopolitical categorizations, to evaluate medical literature to foster self-directed learning and advance health equity.
15. Define the process of research, including ethical considerations and factors that contribute to the trust or mistrust of the health care system.
16. Engage in reflection on the richness of human experience in health and illness through the reading and discussion of narrative media.
17. Demonstrate how physicians can function as advocates for patients and for the health of communities by producing compelling oral, written or graphical advocacy content.
18. Define methods to advance health equity and propose an intervention guided by existing evidence that utilizes one of the methods to promote health and social justice.

19. Demonstrate effective communication skills to explore complex health-related topics with diverse audiences.

## Course Contact Information



### Course Director

**Cheryl McSweeney, MD, MPH**

Assistant Professor, Family Medicine

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### Director of LEADS Tracks

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## Course Coordinator Year 2

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## LEADS Content Track Directors

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Homeless Health	Geren Stone, MD	<a href="mailto:gsstone@bu.edu">gsstone@bu.edu</a>
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Racism in Medicine	Nuha Alshabani, PhD	<a href="mailto:Nuha.Alsahabani@bmc.org">Nuha.Alsahabani@bmc.org</a>
Social and Structural Drivers of Health	Sascha Murillo, MD	<a href="mailto:Sascha.Murillo@bmc.org">Sascha.Murillo@bmc.org</a>

## Course Improvement and Feedback

### Recent Changes to the Course

LEADS was a new course in the 2022-23 academic year designed with the intention to address the needs of our students to build upon their previous experiences and future interests in the areas of social justice, advocacy, community service, teaching and research. The course has evolved to include specific skill-based projects focused on advocacy in the first year and a group scholarly project proposal during the second year. This year, we are continuing to work to source the issues that are the seeds of the project proposals from real-life problems that impact health at the local level and to increase experiential learning in all tracks through connecting with our hospital system, community and governmental organizations.

### 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 each LEADS week will be convened.

Interested students will be invited to join the SAC at the start of the school year and continue throughout the year. We encourage students from all tracks (including the research track) to participate in the SAC so we can hear from a variety of perspectives. We expect students and faculty to demonstrate openness to each other's ideas and to have a solutions-oriented focus.

Dates of the meetings and the names, email addresses, and photos of the student volunteers will be posted on the Blackboard site to better facilitate communication. The SAC will meet for one hour the week after each week of LEADS (or the week of LEADS if the following week school is not in session).

All students are encouraged to bring any concerns (whether about the course, sessions or online materials) to one of their SAC representatives or curriculum committee representatives.

You can also always reach out to the course director with any immediate concerns, [cmcswee@bu.edu](mailto:cmcswee@bu.edu).

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

Diversity, Equity and Inclusion are of utmost importance at Chobanian & Avedisian School of Medicine. This course is centered on addressing competencies related to equity and promoting knowledge, skills and attitudes to support diverse and inclusive learning and clinical environments. Below are some of the multiple initiatives and groups we have at the medical school. Our pre-clerkship faculty and students created the first website listed 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/>
- Disability and Identity Vertical Integration Group: <https://www.bumc.bu.edu/camed/education/md/medical-education-committees/working-groups/#divig>
- 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>

### **Course Schedule**

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

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

Students need to add the LEADS google calendar to your personal calendar through the link provided there. This is your best source of up to date information on class timing and locations.

Students should refer to Blackboard for specific track schedules and assignments.

### **Instructional Design**

#### **INSTRUCTIONAL METHODS DEFINITIONS**

**Learning Block:** In LEADS, this is the one week period of each LEADS week.

## 1. Framing

- a. Definition: introduction to the Learning block where module directors provide a framework or context for the future learning that will happen in the block. A framing session describes what will be learned, how it will be learned, and how students will know if they have successfully learned it. It should be reviewed before any guided self-learning begins.
- b. Attendance: this will be recorded
- c. When this typically happens: Wednesday before the first day of a learning block.
- d. Materials: Slides, definitions, baseline information

## 2. Topic Kick-Off

- a. Definition: introduction to the Learning block topics; presentation of kick-off cases. This is a session when the module directors discuss how a module will run, review requirements, deadlines and faculty availability for the module. The module directors will highlight discipline specific clinical reasoning and provide information about their field/specialty.
- b. Attendance: Optional in person (this will be recorded)
- c. When this typically happens: Beginning of a learning block
- d. Materials: Slides, Schema, and one pager summarizing slides (if applicable)

## 3. Kick-Off Cases

- a. Definition: Representative patient cases for the learning block with big picture prompting questions (from the learning objectives) to help frame what students will be learning in guided self-learning and applying in the learning block. Students should try to answer these 8 questions while doing their guided self-learning throughout the learning block. There are 8 prompting questions for each kick-off case and one question will be assigned to each of the 8 students in the TBL group. That student will be responsible for serving as a content expert in that area for their peers during consolidation.

## 4. Guided Self-Learning

- a. Definition: Educational materials (self learning guides, lectures, videos etc.) that give students the foundational knowledge needed for 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.
- b. When this typically happens: Day 1 and 2 of a one- or two-week learning block and day 5 and 6 of a two-week learning block.
- c. Materials: Self-learning guide

## 5. Self-Study

- a. Definition: students direct their own studying outside the classroom; no specific materials or new content provided.
- b. When this typically happens: In the afternoons when students do not have doctoring small groups or patient care.

- c. Materials: None

## 6. Open Discussion

- a. Definition: time for faculty to review material from Guided Self-Learning Materials, highlight key, and challenging concepts, from SLG's and to do just-in-time teaching for topics that students need more clarity; opportunity for students to review material and ask questions of faculty on the week's topics or guided self-learning materials
- b. Attendance: Optional attendance, session is recorded
- c. When this typically happens: After guided self-learning
- d. Materials: None

## 7. Team-Based Learning (TBL)

- a. Definition: *"An active learning and small group instructional strategy that provides students with opportunities to apply conceptual knowledge through a sequence of activities that includes individual work, teamwork, and immediate feedback."* (1). Students come prepared to take a graded individual and team knowledge readiness assessment (IRAT and TRAT) where a shared understanding of material is established, and unclear concepts are clarified. In this application session, students apply the foundational material from SLG's and then apply that material in facilitated active learning cases with simultaneous response so student teams have to commit to their answers. Students are in teams of 8 for at least 1 semester and a peer evaluation of team members is completed.
- b. Attendance: Required
- c. When does this typically happen: After guided self-learning (day 3 or 4 of a one- or two-week learning block, and day 7 or 8 of a two-week learning block).
- d. Materials: 1 pager pre-TBL with LO's, required material to review

## 8. Small Group Applied Learning

- a. Definition: an application session in which students work in small groups (either with or without faculty facilitation) to apply concepts learned in guided self-learning. Examples are labs or case-based learning.
- b. Attendance: Required
- c. When does this typically happen: After guided self-learning (day 3 or 4 of a one- or two-week learning block, and day 7 or 8 of a two-week learning block).
- d. Materials: Case handouts for students (post to blackboard) and case answer key with thought process provided after session or lab materials

## 9. Large Group Applied Learning

- a. Definition: an application session when the whole class works together 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.
- b. Attendance: Required
- c. When does this typically happen: After guided self-learning (day 3 or 4 of a one- or two-week learning block, and day 7 or 8 of a two-week learning block).
- d. Materials: Slides with cases or case handouts for students (post to blackboard) and case answer key with thought process provided after session

## 10. Small Group Application Pre-Session

- a. Definition: A large group session that immediately precedes a small group application session. Large group material will be directly applied in the small group session.
- b. Attendance: Required
- c. When does this typically happen: in courses with delivery of content that requires unique or multiple presenters' perspectives in one session, including but not limited to students, faculty, community members or patients. Often in LEADS.
- d. Materials: Slides for students (post to blackboard)

## 11. Large Group Lecture

- a. Definition: Core content delivered from one or many faculty members. These sessions are focused on content delivery. New material not previously delivered in guided self-learning are taught. There will be knowledge self-assessment questions required after these sessions. These sessions may include active student engagement through clicker questions, think pair share, muddiest point.
- b. Attendance: Not required, sessions will be recorded.
- c. When does this typically happen: Depends on the modules. Should be before application sessions for the material discussed.
- d. Materials: Slides for students (post to blackboard)

## 12. Problem-Based Learning

- a. Definition: Content delivery of new material through cases that contain content students are unfamiliar with and use resources to answer questions and learn material.
- b. Attendance: Required
- c. When does this typically happen: Advanced Integration weeks and faculty may choose to do this instead of content delivery through large group interactive lectures or guided self-learning
- d. Materials: Case handouts for students (post to blackboard) and case answer key with thought process provided after session

## 13. Live Patient Session

- a. Definition: A patient, group of patients come to the class to share their experiences with the class
- b. Attendance: Required
- c. When does this typically happen: Depends on the module
- d. Materials: none

## 14. Consolidation Session

- a. Definition: Application session at the end of the learning block to revisit the content learned. The kick-off cases will be the backbone of this session and students will revisit the patient cases and take a more specific look at the issues in the case (as opposed to the big picture questions asked during the beginning of the learning block). Some of the cases will unfold to provide more information to further students' understanding of the concepts



learned in the learning block. There will be opportunities for peer discussion and Q&A. Students groups should work through cases and then faculty review big picture concepts and questions in preparation for the LPA.

- b. Attendance: Required
- c. When does this typically happen: At the end of a learning block.
- d. Materials: Slides for kick-off case review and expansion. No other materials necessary.

#### 15. Integrated Case Session

- a. Definition: Specifically, designed patient cases to integrate content learned across systems. Faculty facilitated large group sessions with group work and discussions at tables. Patient cases that help apply information, integrate and consolidate content learned, and revisit content seen already.
- b. Attendance: Required (unless re-examination happening that week)
- c. When does this typically happen: During weeks when LEADS is also running (except the first week of each school year).

## Assessment and Grading

### Course Learning Blocks

The LEADS course is divided into two modules, one first year and one second year. This course document reviews the components of the second-year module. Each Learning Block week will have assessments that contribute to your final grade for module at the end of the year. LEADS is pass/fail and the grade for the module 2 will be recorded at the end of the year. Each Learning Block week will have an associated assessment/grading table posted to Blackboard describing the assessment components of the week and the weight of each component.

LEADS Year 2 (MS 237)	Start Date	End Date
Health Systems Week	7/14/25	7/18/25
LEADS Week 5	9/2/25	9/5/25
LEADS Week 6	11/17/25	11/21/25
LEADS Week 7	2/2/26	2/6/26

### Course Grading Policy

LEADS course grades are based on the following assessment components and the weight of each of those components is listed in the course information section on the Blackboard page.

Students are assessed in three ways in the course: assessment of learning (summative), assessment for learning (formative) and professionalism expectations.

## LEADS Year 2 2025 2026

Assessment of Learning (Summative)				Assessment for Learning (Formative)			Assessment of Professionalism	
Week #	LPA	Assignments	Reflection	KSA Completion on time	Assignments	UWorld Questions	Attendance	Service Learning reflection completion
Health Systems Week	20			20		10		
LEADS 5		20		10	10	10		
LEADS 6		20			20	10		
LEADS 7		30	10		10			
Total:	20	70	10	30	40	30	90% attendance for the year*	Completed by end of year

Total: 100 Points

PASS: 75 Points

Total: 100 Points

PASS: 80 Points

\*no more than 10% unexcused absences for mandatory sessions

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

Assessment of learning is the summative assessment of the learning in the course. The category is composed of three components and determines whether you pass a course: 1) Learning Progress Assessments (LPAs), 2) Assignments (project based), and 3) Reflection. Students need a total of 75 out of 100 points in this category to pass the course.

#### 1. Learning Progress Assessment (LPA)

LPAs are the summative assessments (assessments of learning) that are taken after learning occurs in LEADS week, typically at the end of the week. They are made up of multiple-choice and/or open-ended questions focused on application of the material. They assess the module learning objectives and content from the application sessions and practice LPA questions. All questions are application of material you have learned. In LEADS Year 2, there is one LPA at the end of the Health Systems week.

#### LPA Grading Guidelines

- If student gets <70% on an LPA, they need to **re-examine**. (*attempt 1*) *Incomplete on transcript until reexamination*
- If they get >75% on the re-examination they pass. (*attempt 2*) *P on transcript*
- If they get < or equal to 75% on the re-examination, they need to **remediate that exam** at the end of the year (*attempt 3*) *FAIL on transcript and will change to PASS on transcript if >75% on end of year remediation exam*
- If they fail the remediation exam, they will need to **repeat the course (all Learning Blocks in course)**

The **LPA reexamination** will consist of a similar number of questions and a student must receive >75% correct.

**If a student receives a score of <65% on any LPA they must:**

1. Re-examine on the next reexamination date on the calendar unless delaying has been discussed with the course directors.
2. Students must email and are required to meet with the module director after receiving their LPA score of <65% to discuss their performance before they can sit for the reexamination.
3. Students are required to attend all remaining open discussions in that course.
4. Students should also strongly consider meeting with the staff in the Academic Enhancement Office, in the Student Affairs Office and arranging for a tutor if they require a reexamination.

*Other Notes:*

We round final **LPA** grades  $\geq 69.50$  up to 70 and module completion points from 74.50 to 75. No module grades or quiz grades are rounded up before the final grade calculation. If you score a 74.49 and below, you score will round down to 74.

## **2. Reflection**

In some Learning Blocks, students will be asked to complete a reflection of an activity or experience during the block.

## **3. Assignments (of learning, project based)**

During LEADS, students will complete a project proposal with their LEADS track topic groups (or a research in progress culminating report and presentation for the research track) by the end of the year. The assignments in LEADS weeks 5 and 6 are steps towards project proposal completion with a final project presentation in week 7.

## **Course Final Grade**

If at the end of a course, a student receives < 75 points total, from the assessments described above, they will **FAIL** the course (F on the transcript) and need to take a **comprehensive re-assessment**. A **comprehensive re-assessment** includes all of the content in the course.

On re-assessment if a student gets:

- **>75% on the comprehensive re-assessment, they pass the course = FAIL/PASS(F/P) on transcript**
- **≤75% on the comprehensive re-assessment, they fail the course** and have to take a remediation exam during a remediation date at the end of the year. *F/P on transcript if >75% on the comprehensive remediation exam*
- If they **fail the re-assessment** they will need to **repeat the course**.

### **Monitoring your performance as a student**

Students are expected to monitor their performance throughout the course. **Students should recognize that they are at risk of failing a course if their average on any one of the three major assessment categories is less than 75% ie LPA score, assignment score or reflection score.** 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 for Learning/Formative Assessment (highlighted in green in figure)**

**Assessment for learning** are formative activities intended to help you to learn foundations needed for application, practice questions needed to prepare for the LPA or boards and to revisit content you were previously exposed to. The learning methods used are knowledge self-assessment (KSA) questions, Assignments (for learning, cases), and UWorld questions.

To **pass** the course students need to get **80 points out of the 100** in this category.

This category is **done/not done**. If you complete your KSA questions **on time** for a week, you get 10 points per KSA. If not completed or not completed on time, you get 0 points for that week. All course work must be completed by the deadlines provided in Blackboard unless you are excused.

If students receive **<80 points**, they will need to complete any missing work plus additional learning as determined by the course director based on the content missed within 48 hours of notification by the course coordinator of the not passing. If the additional work is completed on time, the student will receive an F/P. If the make-up work is not done on time, the student will need to complete a comprehensive re-assessment at the end of the year and receive a score > 75% to receive a pass.

### **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 guides and provide you with feedback. They have a deadline for completion (listed in Blackboard) so faculty can review class performance and review challenging content for students during an open discussion or application. Student performance on the KSA (% correct) is not assessed nor is it part of the credit. Credit is based only on completing the 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 to take the KSA.

### **Assignments (for learning, cases)**

During LEADS, students will frequently participate in small group sessions where they apply knowledge from the large group sessions or guided self-learning to cases or assignments during the sessions which are then submitted for grading. Similarly, students may also receive an individual case or assignment to be completed during a LEADS week for credit.

### **UWorld® Board Review Questions**

In most weeks, students will be assigned UWorld Board review questions that cover LEADS-related topics (from LEADS weeks or covered in PISCEs or Doctoring) in preparation for your USMLE Step 1 exam. Students must complete the assigned UWorld questions by the deadline posted in Blackboard. Student performance on these questions will not determine the points given, they simply need to be completed.

### **Professional Responsibilities (highlighted yellow in figure)**

In addition to assessment of learning and assessment for learning, students need to complete their professional responsibilities and expectations for the course. These include completion of the service learning requirement including reflection and attendance.

### **Service Learning**

There is a 10 hour service learning requirement in the medical school which is tracked through LEADS. Students will contribute 10 hours of service as a volunteer responding to a community-identified need. This can be completed through school-based organizations or outside community organizations. There is a required reflection assignment posted on Blackboard that must be submitted by the end of the last week of LEADS to complete this requirement.

### **Attendance**

In addition, attendance at mandatory sessions (as identified in the LEADS google calendar) is a requirement and an expectation of all students enrolled in the curriculum. Sessions labeled as mandatory have been chosen because the instructional design requires active participation in-person with colleagues. If a student misses more than 10% of mandatory sessions classes in the year without notification of an excused absence, they will receive a professionalism notification.

**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 for the evaluations you are assigned. This is tracked through PISCEs. See below for more details.

### **Remediation**

If a student scores less than or equal to 75% on a re-assessment, they will receive a FAIL on their transcript and will be required to take a **remediation exam** at the end of Year 2 before promotion to Year 3. Three remediation dates are set at approximately 2-week intervals following the final PISCEs module end date; students may choose which of those dates they prefer for their remediation in discussion with the Office of Enhancement. We post the remediation exam dates and online registration for remediation in late spring. Students who need to take two or more PISCEs remediation exams must seek permission from the SEPC (Student Evaluation and Promotion Committee) to sit for remediation examinations. To pass a remediated course, students must earn a grade of > 75% for each of the remediated LPAs in that course

remediation assessment. Each remediated module grade is based solely on its remediation LPA and does not factor in previous LPAs in the block.

If they score >75% on the remediation exam, the transcript will change from F to P.

### **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 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

## **Roles and Responsibilities:**

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

### **Course Director**

- Ensure delivery of LEADS course objectives and intentional longitudinal progression of the content threads
- Oversee curriculum content throughout the course and ensure deliberate spiraling and interleaving
- Meet with content directors and ensure adherence to MEO policies, instructional design expectations, and MEC recommendations
- Review Educational Quality Improvement (EQI) data with each content director and provide feedback and suggestions for improvement

- Develop expertise in Team-Based Learning and other active learning techniques and attend sessions at regular intervals
- Lead the assessment subcommittee for the course, which reviews all assessment questions
- Meet with students who are having academic difficulty
- Work with the Academic Enhancement Office to recruit and schedule group tutoring/coaching for the modules
- Participate in required committees and MEO related activities

### Course Manager

The Course Manager is responsible for the administrative and logistical support of LEADS and all of the weeks.

- Assist Course Directors (CD) and Content Directors with:
  - o creating class schedules
  - o 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

### LEADS Content Directors

- Ensure that all faculty are teaching using the MEO instructional design expectations and requirements, i.e., creating self-learning guides, TBL and other large group active learning formats as applicable, with integration of equity principles
- Recruit lecturers, small group facilitators, and any other teaching personnel, and communicate with them regarding scheduled teaching time and deadlines for teaching materials
- Assist the course administrators with collecting and updating guided self-learning, practice exam questions, PowerPoint presentations and other materials to be posted on Blackboard by the specified deadlines
- Ensure that the course addresses Step 1 content, i.e., see First Aid for Step 1
- Prepare, review, and edit all assessment questions (formative and summative) in accordance with course and examination policies and guidelines (see separate document), including remediation exam questions, when needed
- Run or ensure that the correct faculty member runs the large and small group sessions throughout the course
- Meet with all students who fail an assessment requiring reexamination and be available to review questions
- Respond in a timely manner to students with questions or concerns regarding their content
- Respond in a timely manner to the MEO leadership and administrative team

### LEADS Faculty

- LEADS 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
- Answer questions in, or outside of, class via e-mail, face-to-face, open discussion sessions, and class discussion boards
- Create clear and fair exam questions that assess student learning and application of the course content based on the learning objectives
- Demonstrates inclusive curricular design and language

## 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 (small and large group applied learning, TBL, PBL, and consolidation sessions)
- 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

Students will have access to a Blackboard site for the course. The site is listed under “My Courses” as MS MD237 LEADS Year 2 (2025-2026) on your Blackboard landing page, located at <http://learn.bu.edu>.

General course information and contacts can be found on the Blackboard site.

The track-based content from last year has been copied over into this year’s LEADS Blackboard site for ease of access.

We will post specific schedules, learning materials, assignments along with specific information on grading for each week of LEADS. 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 Manager for assistance.



## MedHub

MedHub provides 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/>

## Ally

Ally is a tool within Blackboard that allows students to convert the provided content into other formats to assist with annotating. [https://help.blackboard.com/Ally/Ally\\_for\\_LMS/Student](https://help.blackboard.com/Ally/Ally_for_LMS/Student)

## Echo360/Technology

Echo360 may only be used for streaming captured lecture videos; the videos may not be downloaded. Taking smartphone or digital pictures or videos of any part of the lecture in class, or at home, is similar to downloading and is not allowed. There are several 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), email [edtechhelp@bu.edu](mailto:edtechhelp@bu.edu) to create a ticket.
- **Other Technology Related Issues:** For assistance with BU-wide technology, such as Blackboard, email an example (e.g. picture or very brief phone video) to [ithelp@bu.edu](mailto:ithelp@bu.edu) with a descriptive subject line and give as many details as possible on the what, where, how you are using the service and what type of computer, browser, etc. along with type of student (i.e. MS 2). Always include link(s) to or screen shots of where the issue is occurring.

## 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 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 BU 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

### 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/>

### Medical Student Disciplinary Code of Academics 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.

BU Chobanian & Avedisian School of Medicine students are also required to adhere to the highest standards of academic honesty and professional conduct in relation to their coursework.

The Student Disciplinary Code is located at: <https://www.bumc.bu.edu/camed/files/2025/05/Medical-Student-Code-of-Conduct-and-Disciplinary-Procedures-Final.pdf>

### **Policies and Procedures for Evaluation, Grading and Promotion of Boston University MD 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/>

### **Assessment Policies**

A student who is unable to take a scheduled LPA due to medical or family emergency must immediately notify the course manager and the Associate Dean of Medical Education at [prgarg@bu.edu](mailto:prgarg@bu.edu). The Associate Dean of Medical Education may ask students to provide supporting documentation for their absence. Students should arrange directly with the course manager and the Associate Dean of Medical Education to take a make-up LPA due to acute illness or emergency that can be made up within 3 days. If the LPA cannot be taken within 3 days of the original date, the student will meet with the Associate Dean of Medical Education. Student Affairs will be notified if student is in need of additional support.

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

The full policies can be found here:

- LPA or exam Policies for Medical Students: <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/offices-services/md-program-offices/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 exam questions, case-based exercises, problem sets, etc.

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

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

If you have any questions, contact the Course Director.

For additional information:

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

### **BU Chobanian & Avedisian School of Medicine Policies**

CAMed Policies are located at: <https://www.bumc.bu.edu/camed/education/medical-education/policies/>

## **Learning Environment Expectations**

**Chobanian & Avedisian School of Medicine has a ZERO tolerance policy for medical student mistreatment.**

We expect students to be aware of the policy for appropriate treatment in medicine, including procedures for reporting mistreatment.

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

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

### **Appropriate Treatment in Medicine (ATM)**

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

### **Procedures for Reporting Mistreatment**

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

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

- Submit an online Incident Report Form through the online reporting system [https://bostonu.qualtrics.com/jfe/form/SV\\_6ofDaE2NYsemv1b](https://bostonu.qualtrics.com/jfe/form/SV_6ofDaE2NYsemv1b)

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/md/student-resources/atm/>

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

The Learning Environment Oversight group was established in June 2022 and serves as an information sharing liaison to monitor the learning environment and report back to the CAMEd 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**

<https://www.bu.edu/prsocial/social-media-community-guidelines/>