

Geriatric Clerkship Syllabus

Academic Year 2026-2027

Department of Medicine
MEDMD 434
April 2026

Clerkship Director: Leah Taffel, MD
Assistant Clerkship Director: Megan Young, MD
Clerkship Coordinator: Megan Rose, MPH





Table of Contents

Medical Education Program Objectives	5
Fourth Year Learning Objectives	7
Clerkship Learning Objective	7
Session Learning Objectives and Notes.....	8
Contact Information	12
Clerkship Description	13
Focus of clerkship.....	13
Pre-requisite knowledge and skills	13
Clerkship Changes Made Based on Feedback.....	13
Diversity, Equity, and Inclusion Initiatives	13
Other Recent Changes to the Clerkship.....	13
Clerkship Sites.....	14
Geriatric Home Care Program	14
Skilled Nursing Facility (SNF)	14
Bostonian Nursing Care & Rehabilitation Center	14
Laurel Ridge Rehabilitation & Skilled Care Center	14
Saint Joseph Rehabilitation & Skilled Nursing Center	15
Sherrill House	15
Geriatrics Ambulatory Clinic.....	15
Program for All-Inclusive Care of the Elderly (PACE)	16
Clerkship Schedules	16
Schedules	16
Holidays.....	16
Didactic Schedule	16
Clinical Experiences	17
Assessment and Grading in the Clerkships	17

Formative Assessments.....	17
Formative Assessment and Feedback Policy	17
Mid-Clerkship Review.....	17
Final Summative Assessments.....	17
Grading	18
Individual/Group CSEFs Narratives	18
Final Grade Form	18
Clerkship Grading.....	19
Assignments	22
FOCuS Forms	22
Social Determinants of Health (SDOH) Worksheet:	22
Independent Learning Modules.....	23
Patient Encounter Log	23
<i>Alternative Patient Encounters</i>	24
OSCE	24
End of Life Project Presentations.....	25
Final Exam	25
Clerkship Administration Roles and Responsibilities.....	26
School's Clerkship Director & Assistant Clerkship Director	26
Overall Clerkship Coordinator	27
Clerkship Site Director.....	27
Clerkship Site Coordinator.....	28
Primary Clinical Educators.....	29
Supervision Policy	29
Supervision and Delegating Increasing Levels of Responsibility	29
Informed Consent Policy for Invasive Procedures, Important Tasks related to a Surgery, and Intimate Examinations.....	30
Boston Medical Center's Chaperone Guidelines for Sensitive Exams.....	30
Physical Exam Demonstrations	30
Fourth Year Clerkship.....	31
Professional Comportment	31
Attendance Policies.....	31

Ethical Behavior for Examinations and Mandatory Sessions	32
Student Evaluation of the Sub-I.....	32
Blackboard	32
Learning Environment Expectations	32
Cultivating Attention to Foster Community	33
Appropriate Treatment in Medicine.....	33
Student Support Services.....	33
Academic Enhancement Office	33
Tutoring.....	34
Disability & Access Services.....	34
General Student Policies	34
Policies and Procedures for Evaluation, Grading and Promotion of Students	34
Early Identification and Feed Forward Policy	34
Medical Student Disciplinary Code of Academic and Professional Conduct.....	34
Scrubs Policy	35
Needle Sticks and Exposure Procedure	35
Boston University Sexual Misconduct/Title IX Policy.....	35
Boston University Social Media Guidelines	35
Using Generative AI in Coursework Guidelines	35
School of Medicine Policies.....	35
Instructional Tools	35
Recommended Texts.....	35
MedHub	35
Echo360/Technology.....	35

Copyright © Trustees of Boston University. Do not copy for distribution.

Any unauthorized copies of these materials is a violation of the Student Disciplinary Code of Academic and Professional Conduct and may be a violation of federal copyright.

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 common cognitive 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	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.

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

Fourth Year Learning Objectives

During the Fourth-year sub internships, students will

- Demonstrate a hypothesis driven approach to gathering the history of present illness probing for subtle pertinent details when gathering data necessary for differential diagnosis prioritization (CSDR.1)
- Demonstrate a focused, efficient and systematic physical exam on all relevant systems and perform specific physical exam maneuvers to increase or decrease the likelihood of diagnoses. (CSDR.2)
- Communicate clinical reasoning effectively in oral presentations, including a concise, well-organized synthesis statement with a leading diagnosis, a prioritized differential diagnosis with justification, and a clear management plan for common and less common conditions (CSDR.5)
- Provide an appropriate rationale and counsels patients for the management of common and less common conditions using the best available evidence-based data and offers changes to plan, based on patient specific factors, acuity, current response to treatment and new data (CSDR.4, PPD.4, C.2)
- Communicate about diagnostic testing and how results will influence diagnosis, further evaluation and future plans of care (C.2, C.3)
- Counsel and educate patients and families using patient-centered care language that addresses patient concerns and clearly communicates plans of care while integrating evidence-based resources into explanations of care plans (C.1, C.2, PCC.1, PCC.3, PPD.4)
- Demonstrate an ability to identify “sick” vs “not sick” patients and act with appropriate urgency (CSDR.3)
- Articulate an appropriate consult question prior to initiating a consult when applicable (C.3)
- Coordinate with interdisciplinary team members (e.g., consultants, referrals, PT, social work, VNA) to improve patient care (HS.1)
- Present a structured sign-out to the next provider of care using IPASS format (C.3)
- Display self-awareness of knowledge, skills, and emotional limitations by engaging in appropriate help-seeking behaviors (PPD.2)

Clerkship Learning Objective

(Linked to Medical Education Program Objectives in parentheses)

By the end of the fourth year Geriatrics clerkship, the fourth-year medical students will be able to:

- Gather a hypothesis driven history and physical exam, generate a differential diagnosis, and develop a treatment plan for common geriatric disease and syndromes such as cognitive impairment, delirium, depression, urinary incontinence, falls, fractures, immobility, pressure ulcers, sensory impairment and elder mistreatment (CSDR.1, CSDR.2, CSDR.3, CSDR.4)
- Evaluate and incorporate cognitive, psychosocial, and functional status into the overall assessment of the older patient (CSDR.3)
- Describe strategies for optimizing medication regimens, and de-prescribing those medications which are potentially inappropriate, high-risk, or lack a current indication when evaluating an older patient’s medication list (CSDR.4, HS.2)
- For older patients, particularly those with cognitive, sensory, or functional impairment, use communication techniques to demonstrate cultural sensitivity and respect, including appropriate body language and thoughtful seating arrangements (C.1, C.2, PCC.1)
- Apply a patient-centered framework to sharing difficult news, exploring pain and symptom burden, assessing prognostic awareness, discussing resuscitation preferences and describing care at end of life (C.2, PCC.3)

- Demonstrate effective approaches to exploring and responding to strong emotions in patients and families facing serious illness (C.1)
- Demonstrate an ability to clearly and respectfully communicate with team members (C.3)
- Describe the roles and responsibilities of other interprofessional team members (nursing, case management, social work, physical therapy) and resources available through community agencies such as visiting nurses, home health aides, home care agency case managers, home delivered meals, and adult day health (HS.1, HS.3)
- Define and explain the philosophy and role of palliative care, and differentiate hospice from palliative care (MK.1, HS.3)
- Identify health inequities in Boston neighborhoods and the impact of social determinants on the health of older adults in the community (HE.1)
- Identify how structural and social determinants of health impact health outcomes and healthcare access for older adults and those who care for them (HE.1, HRE.3)
- Demonstrate awareness of one's own emotions, attitudes, and coping strategies for managing stress and uncertainty when caring for seriously ill patients (PPD.2)
- Reflect on one's own power and privilege as a health care provider and explain how it affects the care of older adults and their families (HE.2)

Session Learning Objectives and Notes

(Linked to Clerkship Learning Objectives in parentheses)

Age-Friendly Care for Older Adults who use Substances

Vassiliki Pravodelov, MD

By the end of Age-Friendly Care for Older Adults who use Substances, students will be able to:

- Explain the prevalence and trends of substance use in older adults and apply appropriate screening methods, evaluating and adapting current techniques to address age-related social, physiological, and cognitive changes. (LO.1, LO.2)
- Describe common barriers to effective care for older adults with substance use disorders, including age-related physiological, cognitive, and social changes, stigma, ageism, and healthcare system challenges. (LO.10, LO.11)
- Explain harm reduction principles (e.g., safer use, naloxone distribution, community resources) and expound on how they can be tailored to meet individual goals and needs for older adults. (LO.3)
- Compare commonly used medications for opioid use disorder (MOUD, e.g., methadone, buprenorphine, naltrexone) and alcohol use disorder (e.g., naltrexone, acamprosate) (LO.3).
- Analyze how pharmacokinetic changes, polypharmacy risks, and practical considerations--especially in the context of pain management--influence clinical reasoning and shared decision-making in older adult care. (LO.3)

Barriers to Equality in the Care of Older Adults

Brent Schell, MD

By the end of Barriers to Equality in the Care of Older Adults, students will be able to:

- Recognize how attitudes towards aging affect the health of older adults (LO.12, LO.14)
- Identify the role of healthcare professionals in reinforcing age related stereotypes (LO.12, LO.14)
- Describe interventions used to improve attitudes towards older adults (LO.12)

Delirium

Julia Burns, MD

By the end of Delirium, students will be able to:

- Recognize the clinical presentations of delirium (LO.1)
- Distinguish between clinical presentations of delirium and dementia (LO.1)
- Formulate a differential diagnosis and implement an initial evaluation in a patient who exhibits delirium (LO.1)
- Initiate a diagnostic workup to determine the etiologies of an older patient's delirium (LO.1, LO.2)
- Develop a nonpharmacologic management plan for agitated delirious patients (LO.1)
- Utilize low-dose antipsychotic medications for the treatment of agitated delirium patients only when clinically appropriate (LO.1, LO.3)

Dementia

Anna Liang, MD

By the end of Dementia, students will be able to:

1. Recognize the clinical presentation of dementia, including distinguishing between dementia and cognitive changes associated with normal aging. Distinguish among the clinical presentations of minimal cognitive impairment (MCI), dementia, and depression. (LO.1)
2. Interpret a cognitive assessment in an older patient for whom there are concerns regarding memory or function. (LO.2)
3. Describe the cognitive and functional decline associated with worsening Alzheimer's Disease (i.e. describe the clinical differences between mild vs. moderate vs. severe vs. terminal stages). (LO.1)
4. Develop a nonpharmacologic management plan for patients with advancing dementia, including recommendation of community resources as appropriate. (LO.1)
5. Choose appropriate pharmacologic therapy for patients with Alzheimer's Disease. (LO.3)

Falls

Linda Paniszyn, MD

By the end of Falls, students will be able to:

- Define a fall (LO.1)
- Describe the components of a falls assessment and tools to assess fall risk (LO.1, LO.2)
- Evaluate a patient to determine if they had a fall and if so, the extent of the injury (LO.1, LO.2)
- Identify interventions that reduce the occurrence of falls in community dwelling elders (LO.1)

Frailty

Megan Cheslock, MD

By the end of Frailty, students will be able to:

- Define frailty and identify patients who are at risk (LO.1)
- Diagnose frailty in older adults (LO.1)
- Recognize the negative health consequences associated with frailty (LO.1)

Hard to Swallow (Dysphagia), Dementia, and Pressure Injuries

Nicole Mushero, MD, PhD, Anna Liang, MD, and Rossana Lau-Ng, MD, MBA

By the end of Hard to Swallow, Dementia, and Pressure Injuries students will be able to:

Understand who dysphagia affects (LO.1)

- Appropriately evaluate patients for dysphagia (LO.1, LO.2)
- Describe the tests used to diagnose dysphagia (LO.1, LO.2)
- Identify the lack of evidence and risks of dietary modifications in patients with dementia and dysphagia (LO.1)
- Recognize the clinical presentation of dementia, including distinguishing between dementia and cognitive changes associated with normal aging. Distinguish among the clinical presentations of minimal cognitive impairment (MCI), dementia, and depression. (LO.1)
- Interpret a cognitive assessment in an older patient for whom there are concerns regarding memory or function. (LO.2)
- Describe the cognitive and functional decline associated with worsening Alzheimer's Disease (i.e. describe the clinical differences between mild vs. moderate vs. severe vs. terminal stages). (LO.1)
- Develop a nonpharmacologic management plan for patients with advancing dementia, including recommendation of community resources as appropriate. (LO.1)
- Choose appropriate pharmacologic therapy for patients with Alzheimer's Disease. (LO.3)
- Identify risk factors for pressure injuries (LO.1)
- Recognize and compare pressure injury stages (LO.1)
- Understand and name management of pressure injuries targeting risk factors and triggers (LO.1)

Health Equity Theory and Practice (Social Determinants of Health)

Leah Taffel, MD

By the end of Health Equity Theory and Practice, students will be able to:

- Use the liberation health approach to identify how institutional factors, personal factors, and cultural ideology affect people's health (LO.11, LO.12)
- Begin the process of thinking about one's own privilege and power as a health care provider (LO.14)
- Feel confident using THRIVE directory to make referrals to resources in the community (LO.9)

Oral Health and the Older Adult:

Laura Kaufman, DMD

By the end of Oral Health and the Older Adult, students will be able to:

- Define oral health terminology and 3 major oral diseases (LO.1)
- Discuss geriatric-related risk factors that may impact oral health (LO.1)
- Identify strategies to help older adults maintain lifelong good oral health (LO.1)

Patient/Doctor Relationships:

Ryan Chippendale, MD and Omar Siddiqi, MD

By the end of Patient/Doctor relationships, students will be able to:

- Identify a framework for breaking bad news to patients in the ambulatory setting and practice the language that allows one to do so skillfully (LO.4, LO.5, LO.7)
- Identify provider barriers to demonstrating compassion to patients in highly emotional situations (LO.7, LO.13)
- Build a framework for goal-setting discussions with patients (LO.6)
- Discuss limitations of survival data and Kaplan-Meier curves when discussing prognosis with patients (LO.5)

Polypharmacy

Heidi Auerbach, MD

By the end of Polypharmacy, students will be able to:

- Define polypharmacy and inappropriate prescribing (LO.3)
- List causes and complications of polypharmacy (LO.3)
- Provide strategies of how to deprescribe (LO.3)

The Good Death

Leah Taffel, MD

By the end of The Good Death, students will be able to:

- Identify factors influencing a patient's/family's decisions at the end of life (LO.5, LO.6, LO.7)
- Develop an approach to goals of care discussions with patients with advanced illnesses (LO.5)
- Discuss indication for referring palliative care or hospice (LO.10)
- Describe common signs of end of life in terminally ill patients (LO.1)

Contact Information



Clerkship Director

Leah Taffel, MD

Assistant Professor of Medicine

Telephone: (617) 414-1681

Email: leah.taffel@bmc.org

Pager: 0376

Office: 801 Albany St. Rm 1033

Office Hours: Email directly to schedule an appointment.



Assistant/Associate Clerkship Director

Megan Young, MD

Clinical Associate Professor of Medicine

Telephone: (617) 638-8940

Cellphone: (617) 780-9535

Email: meyoung@bu.edu

Pager: 7131

Office: 801 Albany St. Rm 1051

Office Hours: Email directly to schedule an appointment.

Clerkship Coordinator



Clerkship Coordinator

Megan Rose, MPH

Educational Clerkship Coordinator

Email: megrose@bu.edu

Office: 801 Albany St. Room 1021A

Office Hours: E-mail directly to schedule an appointment.

Clerkship Description

Focus of clerkship

This four-week clerkship provides students with the basic knowledge and skills to participate in the care of older adults. Students will learn about common geriatric syndromes, understand, and use functional assessment in the evaluation of older adults, work with an interdisciplinary team to develop care plans, learn about home care and what is possible to provide medically for older patients living in the community.

Students will participate in clinic, nursing home visits, home visits, program of all-inclusive care for the elderly (PACE), and on the geriatrics consult service with clinicians to provide medical care for older patients. In addition, students will complete on-line learning modules, attend lectures, complete a Social Determinants of Health (SDOH) worksheet, and create an end-of-life (EOL) project.

Pre-requisite knowledge and skills

Students must have completed their third-year clerkships and have taken the Step 1 exam prior to entering the core clerkship phase of the curriculum.

Clerkship Changes Made Based on Feedback

- Updated didactic structure to be more engaging for students
- Provide tour of 801 Albany St (new Geriatric Section Offices) to show students workspace and where they can store their belongings while on Home Visits
- Added exposure to Geriatric Consult Service
- Updated exam questions to be more relevant to covered didactic and learning module material

Diversity, Equity, and Inclusion Initiatives

- Barriers to Equality didactic that discusses Ageism
- Social Determinants of Health didactic discusses power and privilege
- Social Determinants of Health assignment requires reflection of one's power and privilege

Other Recent Changes to the Clerkship

- Added Advanced Communication Skills OSCE
- Ongoing updates to didactic structure, including the creation of SLGs for students to reference prior to didactic sessions
- Ongoing shifting of online learning modules from SoftChalk platform to Blackboard Ultra
- Shifted Independent Learning Module on Frailty to a didactic

Clerkship Sites

Geriatric Home Care Program

Site Director: Won Lee, MD, (617) 638-6100, Won.Lee@bmc.org

Comprised of several primary care teams (physicians, nurse practitioners, nurse care managers) who work together to care for homebound patients over the age of 70 living in Boston.

Students will coordinate with their partner and the preceptor to coordinate daily logistics: where/when to meet, how to get there, patients to review. Students may be asked to complete a note for the preceptor to review – this is determined by the preceptor.

Skilled Nursing Facility (SNF)

Our Geriatricians and Nurse Practitioners see patients at the following skilled nursing facilities. All of them provide services to long-term care, short-term rehabilitation, respite care, and hospice. Some will have a certified dementia or memory care unit. Therapy services available include physical therapy, occupational therapy and speech, and language pathology. Typically, patients are admitted to a SNF for subacute rehabilitation under their Medicare benefit. Long-term care is available under their Medicaid (or Masshealth) benefit. In addition to nursing and therapy support, other disciplines available include social work, activities, and dietary/nutrition.

Bostonian Nursing Care & Rehabilitation Center

337 Neponset Ave.

Dorchester, MA 02122

Site Director: Rossana Lau-Ng, MD, (617) 265-2350

The Bostonian is a skilled nursing and rehabilitation center in Dorchester with 121 certified beds, located close to Route 93. There are 4 floors including the basement floor. The subacute rehabilitation unit is on the 2nd floor. Each floor has a nursing station, unit manager, and floor nurses. The facility has a parking lot and street parking available.

Students will see patients who are there for short term rehabilitation, as well as those patients who are long term care residents. There is wi-fi available for students to use. The student is expected to write a note to be reviewed by the preceptor - details to be determined by the preceptor.

Laurel Ridge Rehabilitation & Skilled Care Center

174 Forest Hills St.

Jamaica Plain, MA 02130

Site Director: Irina Vovnoboy, MD, (617) 731-2400, Irina.Vovnoboy@bmc.org

Laurel Ridge is a skilled nursing facility with 120 certified beds located in Jamaica Plain. There are 4 floors including the ground floor. The subacute rehabilitation unit is on the 1st floor. Each floor has a nursing station, unit manager, and floor nurses. There is a certified memory care unit. It advertises a program to meet the needs of Spanish speaking patients in the community. There is parking available in the back and adjacent to the building in the parking lot next door.

Students will see patients who are there for short term rehabilitation, as well as those patients who are long

term care residents. There is wi-fi available for students to use. The student is expected to write a note to be reviewed by the preceptor - details to be determined by the preceptor.

Saint Joseph Rehabilitation & Skilled Nursing Center

321 Centre St.

Dorchester, MA 02122

Site Director: Site Director: Rossana Lau-Ng, MD, (617) 265-2350

Saint Joseph is a rehabilitation and nursing center with 123 certified beds located in Dorchester. The facility was previously a Catholic nursing home but is now privately owned. While it serves all residents in Dorchester, it also has one unit that specifically meets the needs of Vietnamese speaking patients in the community. It has 4 floors including the ground floor. The subacute unit is on the 2nd floor, where the therapy staff are also located. There is a parking lot on the premises and some street parking spaces.

Students will see patients who are there for short term rehabilitation, as well as those patients who are long term care residents. The student is expected to write a note to be reviewed by the preceptor - details to be determined by the preceptor.

Sherrill House

135 South Huntington Ave.

Jamaica Plain, MA

Site Director: Irina Vovnoboy, MD, (617) 731-2400, Irina.Vovnoboy@bmc.org

Sherrill House is an independent skilled nursing and rehabilitation center with 196 certified beds right off of South Huntington Ave and across from the Jamaica Plain/Boston VA. It has 6 floors including the ground floor and basement.

The first floor of the facility is a certified dementia care unit. The 4th floor is a sub-acute rehabilitation unit.

There is parking available at the side of the building and in the small garage.

Students will see patients who are there for short term rehabilitation, as well as those patients who are long term care residents. There is wi-fi available for students to use. The student is expected to write a note to be reviewed by the preceptor - details to be determined by the preceptor.

Geriatrics Ambulatory Clinic

725 Albany St.

Shapiro Center 7th Floor

Boston, MA 02118

Site Director: Lisa Caruso, MD, (617-) 638-6100, lisa.caruso@bmc.org

This primary care clinic in Shapiro Building at Boston Medical Center (BMC) serves ambulatory patients living in the Boston area. Specialized care includes chronic heart or lung disease, chronic pain, dementia and memory loss, depression, diabetes, falls, frailty, multiple medications and urinary incontinence.

Students will see patients who have scheduled appointments. The student is expected to arrive at the time specified by their preceptor and prepare by reviewing specified patient charts. Students may or may not be expected to write a note – details are determined by the preceptor.

Program for All-Inclusive Care of the Elderly (PACE)

125 Armory St.

Boston, MA 02119

Site Director: Sarah Phillips, MD, (617) 638-8000, Scphilli@bu.edu

Program for All-Inclusive Care for the Elderly (PACE) – Interdisciplinary team works in partnership with patients and families. This model of care helps nursing home eligible adults remain independent and supported in the community.

The student is expected to contact their preceptor to determine details surrounding the day's activities.

Clerkship Schedules

Schedules

Block schedule dates for all clerkships can be located on the Medical Education website:

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

Holidays

- Memorial Day: Monday, May 25, 2026
- Juneteenth: Thursday, June 19, 2026
- Labor Day: Monday, September 7, 2026
- Indigenous Peoples' Day: Monday, October 12, 2026
- Veteran's Day: Wednesday, November 11, 2026
- Thanksgiving: Wednesday, November 25, 2026 at 12PM – Sunday, November 29, 2026
- Intersession: Monday, December 21, 2026 – Sunday, January 3, 2027
- Martin Luther King Jr. Day: Monday, January 18, 2027
- President's Day: Monday, February 15, 2027
- Patriot's Day: Monday, April 19, 2027

Holidays by Clerkship can be viewed on the Medical Education website at:

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

Didactic Schedule

Didactics will be held 4 times throughout the clerkship. Each Friday will consist of virtual didactics, via Zoom. The third Monday of the block will consist of mandatory, in-person didactics. The location varies and will be updated for each block.

If the third Monday of the block falls on a holiday, the in-person didactics will be held on the second Monday of the block.

Clinical Experiences

Clinical activities occur Monday-Thursday between 8:00am and 3:00pm (approximately)

Note: The clerkship schedule is subject to change. For changes that occur in less than 24 hours, you can expect an email and/or phone call from the Clerkship Coordinator. All other reminders are courtesies. Students are responsible for checking their BU e-mail daily for schedule changes.

Assessment and Grading in the Clerkships

All core clerkships and selectives use the below grading structure. ***See the clerkship specific materials for each clerkship's graded components.***

Formative Assessments

The purpose of formative assessment is to improve student learning by providing feedback on how well they are learning skills and content during the clerkship. Formative assessments are not included in the calculations of students' final grades. Each clerkship has required **FOCuS** (Feedback based on **O**bservation of **C**linical **U**ME **S**tudent) forms which must be completed by the mid/end of the clerkship. These forms will provide formative assessment through direct observation of CSEF behaviors. Each student is required to complete one interviewing technique and one physical exam FOCuS form on each clerkship.

In the Medicine Clerkship the FOCuS forms will be replaced by SOC's and a Directly Observed H&P.

Formative Assessment and Feedback Policy

Boston University Chobanian & Avedisian School of Medicine ensures that each medical student is provided with formative assessment early enough during each required course or clerkship to allow sufficient time for remediation. Formative assessment occurs at least at the midpoint of each required course or clerkship four or more weeks in length.

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

Mid-Clerkship Review

You and your clerkship director, site director or primary faculty/preceptor will complete the Mid-clerkship Evaluation form at the mid clerkship point.

The purpose of this evaluation is to give the student a chance to understand both their strengths as well as opportunities to improve. The feedback received at the mid-clerkship review is intended to allow the student to improve their clinical skills in real time.

Final Summative Assessments

The final summative assessment will be based on the clerkship grading policy and include a final narrative describing your overall grade, clinical grade, based on the CSEF (Clinical Student Evaluation Form), and other assessments, depending on the clerkship. The summative narrative must include a final summative statement regarding your professionalism on the clerkship (meet expectations or did not meet expectations) per the

AAMC MSPE requirements. The final grade form summative narrative appears in your MSPE and is based on aggregate comments from your individual CSEFs and is written by a site director/clerkship director and is reviewed by the clerkship director before submission.

Grading

- Your clinical grade is based on all submitted Individual CSEFs.
 - Faculty/residents complete Individual/Group CSEFs each clerkship, providing numeric scores and narrative comments for observed domains. The clerkship director/associate director completes the Final Grade Form. The overall grade (H/HP/P/F) is calculated from CSEFs, shelf, and other graded elements and should be supported by narratives.
- The clerkship director/associate director completes the Final Grade Form.
- The overall grade (H/HP/P/F) is calculated from CSEFs, shelf, and other graded elements and should be supported by narratives.

Individual/Group CSEFs Narratives

Narrative comments are expected to include:

1. **Summative comments** of your learning:
 - a. Overall performance comments based on the evaluator's direct observations of the student, forming the primary input for the final summative narrative.
2. **Formative comments** which are for your learning
 - a. Typically not included in the final grade/Dean's Letter
 - b. Rarely, select comments may be used in the summative narrative to support the final grade.
3. **Professionalism comments** which are also for your learning
 - a. Makes clear the clinical and administrative behaviors expected in the profession
 - b. Generally, will not end up on your Dean's letter
 - c. Rarely, select comments may be used in the summative narrative to support the final grade.

Final Grade Form

- **Summative Comments**
 - Comments that describe the most representative performance, not simply the "best" or "worst" comment
 - Provide support/evidence for final grade- Therefore, may include comments from summative, formative and professionalism comments of individual/group evaluations
 - Explains your growth and strength areas
 - *e.g. This student grew in their oral presentation skills, demonstrating positive response to feedback.*
 - *This student earned clinical honors, and after incorporating the shelf exam (or other component), the overall final grade is HP."*
- **Formative and Professionalism Comments**
 - Compiled from individual evaluations
 - Both boxes will not end up on the Deans letter unless there are chronic trends, i.e. patterns of behavior, across multiple clerkships

Clerkship Grading

ASSESSMENT OF LEARNING	
Clinical Grade Percentage	60%
Shelf/Exam Percentage	25%
"Other" Components Percentage	15%
CLINICAL GRADE	
Clinical Honors	>4.45
Clinical High Pass	3.45-4.44
Clinical Pass	2.00-3.44
Clinical Fail	<2.00
SHELF EXAM	
Minimum score to pass	70%
OTHER	
Social Determinants of Health Worksheet	10%
OSCE	5%
2 FOCuS Forms: Physical Exam & Interviewing Technique	<i>Must be completed and uploaded to Blackboard</i>
End of Life Project	<i>Must be completed and uploaded to Blackboard</i>
Independent Learning Modules	<i>Must be completed</i>
FINAL GRADE	
Honors	90-100 total points
High Pass	80-<90 total points
Pass	70-<80 total points
Fail	<70 total points; or <70 clinical grade; or professionalism issue
ASSESSMENT FOR LEARNING	These items must be done by the deadlines provided at orientation to be eligible to receive final grade of honors. Students will receive one standard all-clerkship email reminder. Email sample shown below.
Completing patient encounter logs by the last Sunday of the clerkship block.	
Completing all FOCuS/SOCS forms by the last Sunday of the clerkship block.	
Completing all clerkship assignments by due date last Sunday of the clerkship block.	
Completing mid-clerkship form in advance of the meeting at mid-clerkship, and submitting the form by the final Sunday of the clerkship block	
Requesting supervisor (faculty, resident, etc.) evaluations from all evaluators must be completed by the last Sunday of the clerkship block.	
ASSESSMENT OF PROFESSIONALISM	To meet professionalism expectations students must meet the following expectations listed below:
Complete onboarding paperwork for all clerkship sites in a timely fashion, by deadlines provided by site	
Arriving at clerkship obligations on time (e.g. clinical shifts, didactics, orientation, OSCEs, meetings etc)	
Requesting supervisor (CSEF of and by faculty, resident etc.) evaluations from all evaluators must be completed by clerkship specified deadlines	
Reviewing and responding to e-mail requests from clerkship administration within 2 business days	
Returning borrowed clerkship materials (e.g. pager) by the last business day of the clerkship block.	

Informing clerkship leadership and supervising faculty/residents of absences in advance of the absence (barring extenuating circumstances). Absences should be reported to course directors & coordinators, supervisors <u>and</u> in the absence portal.
The following are also expectations of the clerkship and repeated patterns of behavior (after feedback with faculty) will be factored into the professionalism conduct component of the clerkship performance:
Treating and communicating in a respectful manner with all members of the clerkship team, including clinical and administrative faculty and staff.
Engaging in the core curriculum and participating respectfully with peers and colleagues at all times.
80% of all assigned evaluations to students in MedHub must be completed by 2 weeks* after clerkship ends
Professional Conduct and Expectations
Evaluation of a medical student's performance while on a clinical clerkship includes all expectations outlined in the syllabus and clerkship orientation as well as the student's professional conduct, ethical behavior, academic integrity, and interpersonal relationships with medical colleagues, department administrators, patients, and patients' families. Student expectations include those listed above in professional comportment sections. If there are no professionalism concerns, students will receive the following statement in their summative statement: "This student MET the administrative and clinical professionalism expectations of the clerkship." A <u>pattern of behavior</u> as reflected (e.g. in more than one narrative comment) in faculty/resident CSEF (clinical professionalism) and/or events noted by clerkship faculty/administration (administrative professionalism) in one or multiple areas, after providing feedback to student, will result in one of the following statements in the final clerkship evaluation: 1. This student did not meet the administrative professionalism expectations (SPECIFICS PROVIDED FROM LIST OF ADMINISTRATIVE PROFESSIONALISM BEHAVIORS) and was/was not responsive to feedback. 2. This student did not meet the clinical professionalism expectations, (SPECIFICS PROVIDE FROM CSEF DOMAIN BEHAVIORS) and was/was not responsive to feedback. 3. This student did not meet the clinical and administrative professionalism expectations, (SPECIFICS PROVIDE FROM CSEF DOMAIN BEHAVIORS) and was/was not responsive to feedback. If there are professionalism concerns as detailed in the assessment of learning, assessment of professionalism, or in the CSEF, the student's final grade will be adjusted down to next grade level (e.g. a student who earns a High Pass will receive the final grade of Pass, or if a student earns a Pass, they will receive the final grade of Fail). In addition, a student with administrative and/or clinical professionalism concerns will not be eligible to receive final grade honors. An email exchange will be provided to document the professionalism concern and feedback exchanged before a summative statement is placed in the final grade. SAO dean will be cc'd to provide ongoing support.

Sample Email Example

3. Primary preceptors at sites with multiple preceptors will collect evaluation data from the other clinicians with whom the student works. The primary preceptor will collate this data and submit the final clinical evaluation.

Shelf Exam Failure & Remediation

If a student fails their shelf exam, they will receive an **Incomplete** for the clerkship and retake the exam at the end of the year during the remediation dates.

Students:

- Will not receive a Fail on their transcript if they pass the reexamination.
- Will not be eligible for a final grade of honors - if the final grade calculation would earn the student honors, they will receive high pass as a final grade.
- Will still be eligible to receive a clinical honors.
- Fails the reexamination, they will have Fail on their transcript and have to remediate the clerkship.

Clerkship Failure & Remediation

If a student fails a third- or fourth-year clerkship, the student will receive a Fail grade and will be required to repeat the clerkship. The grade for the repeated clerkship will be calculated based on the grading criteria outlined in the syllabus for Pass, High Pass, or Honors independent of the prior Fail. The original Fail grade will remain on the transcript. The original summative evaluation narrative will be included in the MSPE, in addition to the summative evaluation from the repeated clerkship.

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

Grade Review Policy

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

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

Assignments

FOCuS Forms

Students will be required to submit two FOCuS forms to blackboard prior to the end of the clerkship. Students should bring physical copies of the FOCuS form to a clinical session and request their preceptor to complete them during a visit. Completed FOCuS forms are then to be uploaded to blackboard.

Social Determinants of Health (SDOH) Worksheet:

The learning objective of this exercise is to identify and discuss the current patients' social risk factors and how those factors contribute to the patient's health. Students will complete a structured worksheet during and after one of their home visits which focuses on the home environment, neighborhood, and social context which the patient lives in. This worksheet is structured around the Geriatric 5Ms (Tinetti M, Huang A, Molnar F. The Geriatrics 5M's: A New Way of Communicating What We Do. J Am Geriatr Soc. 2017 Sep;65(9):2115. doi: 10.1111/jgs.14979. Epub 2017 Jun 6. PMID: 28586122.).

Students will be graded on the following:

Item	Points Possible	Rubric
------	-----------------	--------

Completed observation worksheet	2	2- Filled out worksheet completely 1- Incompletely filled out 0- Not filled out
Completed 5M's worksheet	2	2- Filled out worksheet completely 1- Incompletely filled out 0- Not filled out
List protective factors for patient	1	1- Offered protective factors/strengths for the patient 0- Not done
List 2 practical interventions	1	1- Offered 2 goal interventions/resources 0- only offered 1, or did not provide any goals
Patient Power & Privilege	2	2- Listed 2 areas of privilege and 2 areas of marginalization for self and patient 1- Incompletely answered question 0- Not done
Reflection	2	2- Discussed how SDOH contribute to overall health outcomes AND care received 1- Incompletely answered question 0- Not done
Self-Reflection of Personal Power and Privilege	2	2- Listed 2 areas of privilege and 2 areas of marginalization for self and patient 1- Incompletely answered question 0- Not done
Future changes	2	2- Provide 2 examples of how home visits/SDOH will affect how you will practice medicine in the future 1- Incompletely done 0- Not done

Independent Learning Modules

Students are required to complete the independent learning modules throughout the clerkship. The learning modules are not scored, rather graded on completion. The information covered in the learning modules is included on the final exam. The required independent learning modules are:

- Elder Mistreatment
- Geriatric Screening
- Mental Health & Aging
- Low Vision/OT
- Transitions of Care for Patients
- Urinary Incontinence
- Older Drivers

Patient Encounter Log

Throughout the Geriatrics Clerkship, there are required patient encounters and procedures that must be logged whenever they are seen. To log the patient encounter, students must have participated in the history, physical exam, assessment and plan development of the patient. Students should log every time they see a patient with a required patient encounter throughout the clerkship. Patient logs ensure that each student is seeing a diagnostically diverse patient population, an adequate number of patients, and performing a

sufficient number of required procedures and diagnoses. The student may see more than one diagnosis in a patient and is encouraged to document multiple diagnoses.

The required patient diagnoses to be documented on medHub are:

- Congestive Heart Failure
- Chronic Kidney Disease
- COPD/Emphysema
- Depression/Anxiety
- Difficulty Swallowing
- Disability
- Gait abnormalities
- Hearing changes
- Urinary changes
- Memory difficulties
- The dying patient
- Weight changes
- Vision changes

Alternative Patient Encounters

If a student has not been able to experience all patient encounters required for the clerkship, students must address gaps in their patient encounters through an alternative experience. In this clerkship, the alternative experiences are:

Patient Encounter	Alternative Experience
Congestive Heart Failure (CHF)	Didactic Session: The Good Death
Chronic Kidney Disease (CKD)	Article
COPD	Article 1; Article 2
Depression/Anxiety	Independent Learning Module: Mental Health and Aging
Difficulty Swallowing	Article Didactic: Hard to Swallow
Disability	Didactic: Pressure Injuries & Orientation Session: Introduction to Home Care
Hearing Changes	Orientation Session: Introduction to Home care
Urinary Changes	Independent Learning Module: Urinary Incontinence
Memory Difficulties	Didactic: Delirium & Dementia
The Dying Patient	Didactic: The Good Death
Weight Changes	Independent Learning Module: Elder Mistreatment
Vision Changes	Independent Learning Module: Low Vision/OT

OSCE

This assessment is focused on advanced communication skills. You will be having a goals of care conversation with a patient's caregiver. You will not be performing a physical exam or be required to complete a note for the visit. You will have 15-minutes to conduct the goals of care conversation. Afterwards, you will receive feedback from both the standardized patient and either Dr. Taffel or Dr. Young

This is an assessment of and for learning. Currently there are elements of the clerkship that support this assessment (ex. The Good Death didactic). There are also elements that promote learning

Learning Objectives:

- Explore patient and family understanding of illness, concerns, values, and goals in order to develop a goal-concordant treatment plan across settings of care.
- Elicit what matters most to an older adult and work with the patient and team to honor these priorities.
- Demonstrate effective approaches to exploring and responding to strong emotions in patients and families facing serious illness.
- Define and explain the philosophy of hospice and the services it provides

End of Life Project Presentations

On the final day of the block, you will submit a small project focused on the End of Life (EOL) to blackboard. Before starting your EOL project, please read the article on Blackboard to help get you thinking about end of life.

Expectations:

- Demonstrate understanding of the objectives outlined in The Good Death didactic
 - Identify factors influencing a patient's/family's decisions at the end of life
 - contrast a good from a bad death from a personal point of view
 - Develop an approach to setting goals of care for your patients
- Demonstrates awareness of one's own emotions, attitudes, and coping strategies for managing stress and uncertainty when caring for seriously ill patients
- Turn-in a product on Blackboard
- Students are encouraged to openly discuss patients and families, their own culture, medical culture, and to bring in creative elements. This is not graded but must be completed to pass the clerkship.

Suggestions for Final Projects:

- First and foremost – Be Creative!!
- Feel free to draw from literature, poetry, movies, fine art, and other media. Role-plays are an excellent way to work as a team and can elicit very interesting discussion amongst your classmates. These can be used to display best-case and worst-case scenarios; and to open a discussion about the challenges presented in your scene.
- You can present a case discussion from this clerkship, other settings, or your own life experiences.

Final Exam

The final exam is based upon all the lectures (except Pt./Dr. Relationship & Letter to Self) and independent learning modules. The final exam will be held virtually on the morning of the final day of clerkship. Students will be given 90 minutes to complete this exam.

Study Day

Students will be given Thursday prior to the final exam as a study day to review all the lecture learning objectives, PowerPoints, and online modules for the exam. No clinical experiences will occur on this day unless required as a makeup day.

Exam Policies

<http://www.bumc.bu.edu/busm/education/medical-education/policies/exam-policies-for-medical-students/>

Testing Center Policies

<http://www.bumc.bu.edu/busm/education/medical-education/policies/l-11-testing-center/>

Make-Up Exams

Students needing to make up the exam or remediate only the exam portion of the clerkship must contact the Clerkship Coordinator to arrange for a make-up/remediation date.

Clerkship Administration Roles and Responsibilities

Each clerkship is directed by the School's Clerkship Director who oversees all clerkship sites. Each clinical site is directed by a clerkship site director who ensures that students are appropriately supervised and faculty and residents are prepared to teach at their site. Clerkships also have multiple clinical educators that have varying degrees of exposure to students. The responsibilities of the directors and coordinators are described below more specifically. Clerkship directors are assisted by assistant clerkship directors, clerkship site directors, and clerkship coordinators.

School's Clerkship Director & Assistant Clerkship Director

- Oversees the clerkship curriculum's design, implementation, and administration
- Defines clerkship specific learning objectives and requirements
- Creates and maintains an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Ensures student and faculty access to appropriate resources for medical student education
- Orients students to the overall clerkship, including defining the levels of student responsibility requirements (e.g., required diagnoses and procedures, direct observations, forms, feedback), grading structure and student schedule
- Oversees teaching methods (e.g., lectures, small groups, workshops, clinical skills sessions, and distance learning) to meet clerkship objectives
- Develops faculty involved in the clerkship and provides faculty development across sites specific to clerkship needs
- Evaluates and grades students
 - Develops and monitors assessment materials
 - Uses required methods for evaluation and grading
 - Assures timely mid-clerkship meetings at all sites with students
 - Ensures students receive timely and specific feedback on their performance
 - Submits final grade form for students via School of Medicine's evaluation system
- Evaluates clerkship, faculty, and programs via peer review and annual data from the Medical Education Office (MEO) and national organizations (AAMC, NBME, etc.)
- Supports each student's academic success and professional growth and development, including identifying students experiencing difficulties and providing timely feedback and resources
- Addresses any mistreatment and professionalism concerns in real time and communicate with MEO
- Participates in the school's clerkship Educational Quality Improvement and peer review processes with completion of action items

- Ensures LCME accreditation preparation and adherence
- Adheres to the AAMC-developed guidelines regarding Teacher-Learner Expectations

Overall Clerkship Coordinator

- Supports the clerkship director in their responsibilities above
- Creates and maintains an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Responds within one business day to student emails and questions
- Maintains student rosters and clinical schedules
- Coordinates orientations and didactic sessions
- Liaises with site directors and administrators to coordinate student experiences across all sites and timely collection of evaluations
- Verifies completion of clerkship requirements, including midpoint and final evaluations for each student, required diagnoses, and FOCuS forms
- Monitors students' reported work hours and report any work hours violations to the clerkship director
- Coordinates and proctors clerkship exams

Clerkship Site Director

- Oversees the clerkship curriculum and administration at the site
- Creates and maintains an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Is available and responsive to students' questions and concerns
- Ensures all faculty and residents teaching students are oriented to students' expectations, responsibilities, learning objectives, requirements, and assessments used in the clerkship
- Ensures student and faculty access to appropriate resources for medical student education
- Orients students to the clinical site when new students arrive at the site
- Reviews clerkship requirements and student expectations at site
 - Provides site specific information including, but not limited to, lockers, library, call rooms as applicable and required by LCME
 - Reviews site-specific schedule, discusses student role and responsibilities at site, supervision at site, and who to contact with questions and concerns
- Supervises students and ensures clerkship specific required observations are completed
- Meets with the student for the Mid-clerkship review
- Meets with the student for the final exit meeting
- Ensures timely and specific formative feedback based on direct observations
- Works with faculty and residents to delegate increasing levels of responsibility to students based on clerkship requirements
- Provides site didactics when applicable
- Recognizes students with academic or professionalism difficulties and communicates to Clerkship Director in a timely fashion
- Completes and ensures the accuracy of student evaluation forms, including formative and summative narratives for students at the site
 - Ensures collection of feedback and evaluation data from all physicians who work with each student by the end of the clerkship block to meet school's grading deadlines

- Ensures that narrative data are consistent with and support numerical data
 - Evaluates students fairly, objectively, and consistently following medical school and clerkship rubrics and guidelines
- Addresses any student mistreatment concerns immediately and notifies the Clerkship Director
- Adheres to the AAMC Teacher-Learner Expectations guidelines
- Reviews site specific evaluations at mid-year and end of year and facilitates improvements based on data
- Works with School to provide faculty development for faculty and residents
- Answers Clerkship Director's questions or concerns regarding site evaluation or student concerns
- Participates in educational programming and meetings as requested by Clerkship Director or Assistant Dean for Affiliated Sites
- Adheres to LCME guidelines

Clerkship Site Coordinator

- Supports the clerkship site director in their responsibilities above
- Creates and maintains an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Responds within one business day to student emails and questions
- Sends out welcome email informing students where and when to arrive at least 72 hours before student start date
- Provides students with their contact information and remains available for questions and concerns during working days and hours
- Ensures students are oriented to clinics and hospital
- Obtains, tracks, and manages student rosters
- Obtains and maintains student information required by the site, as applicable
- Creates and distributes:
 - Student schedules to students, faculty, and staff before clerkship start date
 - Didactics/Presentation schedules, if applicable
- Schedules mid-clerkship evaluations; tracks and keeps record of completion and provides to overall Clerkship Coordinator
- Informs faculty and overall Clerkship Coordinator of student absences
- Arranges and schedules educational resources as applicable (e.g., SIM lab, EMR & Scrub training) and helps students troubleshoot
- Provides students with necessary documents and resources needed to be oriented to site
- Monitors and processes evaluations for distribution to faculty and residents
- Collects timely feedback from faculty for mid and end of clerkship evaluations to meet School's deadlines
- Collects feedback and evaluation data from all physicians who work with each student by end of clerkship block to meet School's grading deadlines
- Understands evaluation system and all site requirements
- Communicates site information changes (e.g., faculty, rotation details) to School's Clerkship Director and Clerkship Coordinator
- Maintains communication with Clerkship coordinator centrally and response within one business day
- Coordinates site specific meetings and faculty development with School

Primary Clinical Educators

- Sets and clearly communicates expectations to students
- Observes students' history taking and physical exam skills, and documents it on the FOCuS form
- Delegates increasing levels of responsibility to students based on clerkship requirements
- Maintains appropriate levels of supervision for students at site
- Creates and maintains an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Recognizes students with academic or professionalism difficulties and communicates to Clerkship Director in a timely fashion
- Gives students timely and specific formative feedback based on direct observations
- Assesses students objectively using School of Medicine's evaluation system
- Adheres to the AAMC Teacher-Learner Expectations guidelines

Supervision Policy

Initially, the primary clinical faculty members should designate time to observe you performing: **history taking, focused physical exam, clinical problem-solving and interaction with patients and patient education.** Once the supervisor establishes the student's level of confidence and competency, the student should be delegated increasing levels of responsibility in patient care, as appropriate. Although students may initiate a particular patient encounter on their own and without direct supervision, the faculty must at some point review the encounter with the student and inform the patient in-person that the student's assessment and management plan has been reviewed and approved by the faculty. The faculty is ultimately responsible for the evaluation, treatment, management, and documentation of patient care. If students have concerns regarding their clinical supervision, the site director and clerkship director should be immediately notified. Any supervision concerns should also be immediately submitted through the ATM link or directly to the Associate Dean of Medical Education.

Supervision and Delegating Increasing Levels of Responsibility

It is expected that the level of student responsibility and supervision will be commensurate with student's competency and level of confidence. When the student arrives to a new setting, a faculty may wish to observe you for the first session. Thereafter, you should begin to see patients on your own. In the outpatient setting, **the student should initially perform 4-5 focused visits per day in the first week, increasing to 6-12 thereafter. In the inpatient setting, the student should initially follow 1-2 patients and increased to 3-4 thereafter. This will vary slightly by clerkship.** When a student feels that they are being asked to perform beyond their level of confidence or competency, it is the responsibility of the student to promptly inform the preceptor. It is then the preceptor's responsibility to constructively address the student's concerns and appropriately restructure the teaching encounter to address the student's learning needs.

Under no circumstances should the following occur:

- Patient leaves the office/hospital without having had a direct face-to-face encounter with clinical faculty/supervising resident.
- Primary faculty gives "prior approval" for student to perform intervention (order labs, prescribe meds) without satisfactory review.
- Patient leaves office/hospital without being informed that assessment/ management plan has been directly reviewed and approved by the faculty.

- Learning in which a student is expected to perform an intervention or encounter without the prerequisite training and/or adequate supervision.
- Student note provides the only record of the visit. Although all faculty see all patients, faculty must document that they were actually the person responsible for seeing and examining the patient.

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

Students participating in an intimate exam with a patient (which includes, pelvic, genitourinary and rectal exam) must have a chaperone with them, irrespective of the gender of the patient or the student. Permission to participate in an intimate exam must be obtained by the supervisor in advance of the examination itself. The patient has the right to decline student attendance at any examination. If a student is unable to perform any intimate exam due to patient preference, the student's evaluation will not be impacted and if necessary, the clerkship director will provide an alternative experience.

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

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

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

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

Boston Medical Center's Chaperone Guidelines for Sensitive Exams

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

Physical Exam Demonstrations

The demonstration of the physical examination on students should not be done by any supervisor of students including residents and attending faculty. Practicing the physical examination on students places them in a position where they may feel pressure to consent to something they may not feel comfortable with.

Fourth Year Clerkship

Professional Comportment

Students are expected to adhere to the AAMC-developed guidelines regarding Teacher-Learner Expectations, located on the Policies page, under “Academic Policies and Information”

(<https://www.bumc.bu.edu/camed/files/2025/02/AAMC-Teacher-Learner-Expectations.pdf>)

Students are expected to be aware of and follow the site expectations on professional comportment, including, but not limited to, dress code and the use of phones, pagers, and laptops. Students must arrive on time at their site and for any scheduled sessions. Any missed sessions and absences must adhere to the Attendance & Time Off Policy.

Further, below are expectations for student professional conduct and behavior in the core clerkship curriculum. These include, but are not limited to:

- Communicating with and treating the clerkship team in a respectful manner.
- Engaging in the core curriculum and participating respectfully with peers and colleagues at all times.
- Arriving at clerkship didactic sessions on time and being present throughout sessions.
- Requesting faculty and resident evaluations in a timely manner.
- Reviewing and responding to e-mail requests in a timely manner.
- Returning borrowed clerkship materials on time.
- Handing in all assignments on time.
- Completing all logs and FOCuS forms by the sub-I specific deadline.
- Informing sub-I leadership and supervising faculty/residents of absences in advance of the absence.

Professional conduct will be reviewed at the mid-clerkship feedback session. Additionally, students will be given feedback prior to receiving their final grade when professionalism concerns are identified on the clerkship. If students are not meeting expectations for professional conduct and behavior in the clerkship or there are concerns, students will be made aware of the concerns noted by the clerkship directors, clerkship coordinator, faculty or residents.

Attendance Policies

On-site hours must be limited to 80 hours per week, averaged over a two-week period. Violations should be reported directly to the clerkship director or to an Associate Dean (Medical Education or Student Affairs). As part of becoming a professional, medical students should have the flexibility to address personal and professional needs at their discretion. In the clerkship year, as students transition to more of a professional work environment, they gain the responsibility of a working professional, yet do not have the agency to attend to their personal needs. As such, the Student Affairs Office and Medical Education Office have developed this personal day policy in conjunction with the clerkship directors for the core clerkship year. In addition to addressing issues of wellness and professional development, this policy will teach students the importance of time management and managing days off.

Time off requests must comply with the Attendance, Time Off, and Personal Days Policy.

- **Attendance, Time Off, and Personal Days Policy:**
<https://www.bumc.bu.edu/camed/education/medical-education/policies/attendance-time-off-policy/>

- **Excused Absences & Personal Days Requests:**

<https://wwwapp.bumc.bu.edu/MedPersonalDays/home/Index>

- **Work Hours:** <https://www.bumc.bu.edu/camed/education/medical-education/policies/work-hours/>
- **Jury Service:** <http://www.bu.edu/dos/policies/lifebook/jury-service/>
- **Religious Observance:** <https://www.bu.edu/academics/policies/absence-for-religious-reasons/>
- **Weather Policy:** <https://www.bumc.bu.edu/camed/education/medical-education/policies/weather-policy/>

Ethical Behavior for Examinations and Mandatory Sessions

- Refrain from any conversation with your peers during exams and as you leave the L-11 testing space (when applicable), including within the vending room and elevator waiting area, until you are on the elevator.
- Refrain from leaving your computer camera view at any point during the examination. Any time where a student cannot be viewed may result in failure of the examination.
- Don't seek or receive copies of the examinations
- Signing in classmates, or signing in yourself and not staying for mandatory sessions is considered cheating and violations will be referred to Medical Student Disciplinary Committee
- 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 Sub-I Director

Student Evaluation of the Sub-I

Student feedback is a highly valued, critical resource for helping us continually improve our curriculum. Evaluation of learning experiences is a requirement of the Liaison Committee on Medical Education. To ensure that we have a representative amount of data on our courses and clerkships, all students are expected to complete an evaluation via School of Medicine's evaluation system, MedHub (<https://bu.medhub.com/>), for each of the courses/modules and their instructors. All evaluations are anonymous and aggregate data is only released to clerkship directors after grades have been submitted for the blocks. Please comment freely and honestly about your experience.

Blackboard

Students may have access to a Blackboard site for the clerkship The site is listed under "My Courses" on your Blackboard landing page.

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

Blackboard Learn: <https://learn.bu.edu/>

Learning Environment Expectations

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

Learning more about the school's efforts to maintain and improve the learning environment at:
<https://www.bumc.bu.edu/camed/education/medical-education/learning-environment/>

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

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

- Contact the chair of the Appropriate Treatment in Medicine Committee (ATM), Dr. Vincent Smith, MD, directly by email (vincent.smith@bmc.org)
- Submit an online Incident Report Form through the online reporting system <https://www.bumc.bu.edu/camed/student-affairs/atm/report-an-incident-to-atm/>
- These reports are sent to the ATM chair directly. Complaints will be kept confidential and addressed quickly.
- Appropriate Treatment in Medicine website: <https://www.bumc.bu.edu/camed/student-affairs/atm/>

Monitoring the Learning Environment: How Your Feedback is Used

<https://www.bumc.bu.edu/camed/education/md/learning-environment/monitoring-the-learning-environment-how-your-feedback-is-used/>

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/busm/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

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/>

Early Identification and Feed Forward Policy

https://www.bumc.bu.edu/camed/education/medical-education/policies/early_identification_policy/

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/files/2023/06/Medical-Student-Code-of-Conduct-and-Disciplinary-Procedures-Final.pdf>

Scrubs Policy

<https://www.bumc.bu.edu/camed/education/medical-education/policies/scrubs-policy/>

Needle Sticks and Exposure Procedure

The needle sticks and exposure policy outlines the appropriate preventative measures and what to do in the case of unprotected exposure to body fluids.

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

Boston University Sexual Misconduct/Title IX Policy

This university-wide policy can be located at <https://www.bu.edu/policies/non-discrimination-policy/>

Boston University Social Media Guidelines

This university-wide policy can be located at: <http://www.bu.edu/policies/information-security-home/social-media-guidelines/>

Using Generative AI in Coursework Guidelines

With the increased use of Generative AI, Boston University's Faculty of Computing & Data Sciences has issued guidelines around use and attribution.

<https://www.bu.edu/cds-faculty/culture-community/conduct/gaia-policy/>

School of Medicine Policies

In addition to the expectations listed above, all students are expected to adhere to Chobanian & Avedisian School of Medicine and Boston University policies.

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

Instructional Tools

Recommended Texts

- Reuben DB, Herr KA, Pacala JT, et al., *Geriatrics at Your Fingertips: 2023, 25th Edition*. New York: the American Geriatrics Society; 2023

MedHub

Chobanian & Avedisian School of Medicine uses MedHub for evaluation and assessment. MedHub uses Single-Sign-On with BU accounts, and contains tutorial and training resources under the "Help" tab once logged in. Students with technical issues or in need of additional help beyond the resources provided should submit a support ticket via: <https://www.bumc.bu.edu/edtech/medhub-general-support/>

Echo360/Technology

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

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

- **Echo360 Related Issues:** Create a ticket on the Ed Media site (<http://www.bumc.bu.edu/bumc-emc/instructional-services/echo360/>): sign in and provide pertinent information that will enable an effective response. Have a link to the problematic video ready to copy/paste into this form.
- **Educational Technology Related Issues:** For assistance with technology supported by BUMC's Educational Media (e.g. ExamSoft), email 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 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. M4). Always include link(s) to or screen shots of where the issue is occurring.
- **School's Policy on Recordings:** <https://www.bumc.bu.edu/busm/education/medical-education/policies/classroom-recordings/>