Radiology Selective Syllabus

Academic Year 2026-2027

Radiology
MED MD 530
April 2026

Clerkship Director: Ari Damla, MD
Clerkship Coordinator: Mariama Bah

BOSTON UNIVERSITY

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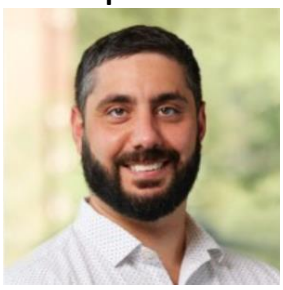

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Clerkship Description

Focus of clerkship

Third-year radiology clerkship focuses on providing students with a basic understanding of radiological imaging and intervention, while also offering hands-on learning through observing radiologists, participating in multidisciplinary conferences, and using virtual PACS and simulation centers. The curriculum blends lectures and independent study, equipping students with basic essential radiology knowledge and skills for their future careers in various medical specialties.

The purpose of the third-year clerkship in Radiology is to provide the fundamentals of radiological imaging and intervention. This Clerkship aims to immerse the student in Radiology and prepare them for encounters of radiological imaging or intervention in their future career in any chosen specialty. The clerkship will teach the basics of acquiring and interpreting common imaging modalities, such as X-rays, CT scans, MRI, and ultrasound, with the goal of identifying the basic relevant findings and their clinical implications. It will also teach how to integrate information from clinical history and imaging in order to produce a differential diagnosis and guide appropriate management.

During the clerkship, students will be exposed to the inpatient and outpatient imaging. They will learn about the radiologic diagnosis of common conditions using various diagnostic and interventional radiology techniques. Students will also learn about the American College of Radiology (ACR) Appropriateness Criteria, which guides the selection of the most appropriate imaging examinations for specific clinical conditions. The curriculum features a blend of onsite lectures and independent study, with engaging opportunities for hands-on learning through interactive sessions using virtual PACS and simulation sessions. Students will also spend time in the reading rooms, observing radiologists and residents at work, experiencing the consultative nature of radiology with other specialties, and observing radiologists' roles in multi-disciplinary conferences.

In addition, the clerkship offers support to those considering Radiology as a future career. Radiology is an evolving field with continuous advancements in imaging technology and breakthroughs in therapeutics, including artificial intelligence-assisted diagnostics, minimally invasive image-guided interventions, and molecular imaging for personalized medicine, to name a few. This clerkship aims to provide a strong foundation in radiological knowledge and skills, fostering a deeper understanding of the field's impact on patient care across various medical specialties in the inpatient setting.

Clerkship Changes Made Based on Feedback

Revised the first two Medical Knowledge (MK.1) objectives to include action verbs ("apply an understanding") and added a specific list of expected findings (e.g., consolidation, free air, fractures).

Created two new, customized radiology objectives for oral presentations (CSDR.5) and written documentation (CSDR.6) based on our existing case reviews and written finding exercises.
Added new objectives for informed consent (PCC.2), radiation/MRI safety (HS.2), and health equity/disparities (HE.1).

Filled in the blank assessment column, mapping every single LO to our actual clerkship workflow (Written OSCEs, written imaging finding exercises, direct clinical observation, and discussing feedback together after the review process is complete).

Diversity, Equity, and Inclusion Initiatives

We will continue to strive for excellence in this arena. We will dedicate a portion of time during orientation and the Imaging Bootcamp lectures to learning more about diversity, equity and inclusion in the field of radiology.

Other Recent Changes to the Clerkship

We are incorporating virtual PACS simulation into the selective, so students have the opportunity to simulate the work of a radiologist by navigating a PACS and make basic findings.

Additional assessment reviews have been added to the schedule on a regular basis to ensure students receive feedback on their quizzes and OSCEs on a timelier basis.

We have converted to an on-site rotation so students can have more face-to-face time with faculty and residents.

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 with patients and caregivers (PCC)	PCC.1	Demonstrate humanism, integrity, respect, honesty, compassion, accountability, cultural humility, and responsiveness
	PCC.2	Demonstrate a commitment to ethical principles pertaining to autonomy, confidentiality, justice, equity, and informed consent.
	PCC.3	Explore patient and family understanding of well-being, illness, concerns, values, and goals in order to develop goal-concordant treatment plans across settings of care.

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

Third Year Learning Objectives

(Linked to relevant Medical Education Program Objectives in parentheses)

A third-year clerkship student will:

- Apply discipline specific knowledge within the context of clinical care (MK.2)
- Gather an organized and hypothesis driven clinical history while being attentive to the patient's needs (CSDR.1, C.1, PCC.1)
- Perform a pertinent and accurate physical examination, accurately identifying any common abnormalities while demonstrating sensitivity to the patient (CSDR.2, C.1, PCC.1)

- Analyze clinical data to formulate an assessment including a prioritized differential diagnosis supported by disease prevalence, pathophysiology, and relevant positive and negative clinical findings using strategies to minimize cognitive bias (CSDR.3, CSDR.8)
- Formulate an evidence based management plan that shows comprehension of the underlying disease process (CSDR.4)
- Deliver an accurate, well-structured, and synthesized oral presentations appropriate for the clinical setting (CSDR.5)
- Document in the medical record in an accurate, organized and timely manner (CSDR.6)
- Communicate effectively with the interprofessional healthcare team (C.3, HS.1)
- Demonstrate an ability to perform common procedures safely and correctly, including participating in informed consent, following universal precautions and sterile technique while attending to patient comfort (CSDR.7)
- Counsel and educate patients and families using patient-centered language that addresses patient concerns and clearly communicates plans of care (C.2, PCC.3)
- Elicit feedback, communicate learning needs, demonstrate self-directed learning, and take opportunities to improve knowledge and skill gaps (PPD.2, PPD.3)
- Treat all patients and team members with compassion, respect, and empathy (PCC.1)
- Display trustworthiness and an understanding of the responsibilities of a clinical student (PPD.1)
- Apply an understanding of the social and structural determinants of health to clinical care and initiate steps towards addressing the individual needs of patients (HE.1, HE.3)
- Use electronic decision support tools and point-of-care resources to apply the best available evidence in supporting and justifying clinical reasoning (PPD.4, HS.2)
- Practice inclusive and culturally responsive spoken and written communication that ensure equitable patient care (PCC.1, C.3)

Pre-requisite knowledge and skills

Students must have completed the preclerkship curriculum and the Transitional Clerkship and have taken the Step 1 exam prior to entering the core clerkship phase of the curriculum.

Clerkship Learning Objectives

(Linked to Medical Education Program Objectives in parentheses)

1. Describe and apply an understanding of the basic principles, strengths, and limitations of various imaging modalities to select the most appropriate test. (MK.1, MK.2)
2. Apply knowledge of anatomy to recognize and interpret common radiological findings in key clinical presentations (e.g., consolidation, free air, fractures, mass effect) (MK.2)
3. Describe and apply American College of Radiology Appropriateness Criteria in clinical scenarios. (MK.1, MK.2)
4. Integrate pertinent clinical history and imaging findings into the development of a differential diagnosis and management plan. (CSDR. 1, CSDR.3)
5. Deliver an organized, clear, and focused oral presentation of imaging findings and diagnostic reasoning. (CSDR.5)
6. Accurately document imaging findings and generate appropriate differential diagnoses in written formats. (CSDR. 3, CSDR.6)
7. Communicate the pertinent information to include (e.g., relevant clinical history) when requesting diagnostic imaging. (C.3, C.4)
8. Demonstrate the ability to utilize virtual PACS and explain the benefits of technology in imaging. (MK.1, C.4)

9. Recognize the ethical principles and key components of informed consent through the observation of image-guided procedures. (CSDR. 7, PCC.2)
10. Consistently demonstrate professional behavior consistent with the values of the medical profession. (PPD.1)
11. Display skills of lifelong learning including generating clinical questions, using appropriate resources, and demonstrating growth in response to feedback. (PPD.2, PPD.3)
12. Describe the role of the radiologist in the health care system and the importance of interprofessional work and team-based management. (HS.1, HS.3)
13. Describe patient safety interventions specific to radiology, including MRI safety screening protocols, radiation safety principles (e.g., ALARA), and the recognition and management of contrast reactions. (HS.2)
14. Demonstrate an understanding of how structural inequities impact healthcare by identifying disparities in patient access to imaging and radiologic screening programs. (HE.1)
15. Identify common cognitive biases in radiology (e.g., satisfaction of search, anchoring bias, premature closure) and implement systematic search strategies to mitigate their impact on diagnostic reasoning. (CSDR.8)

Clerkship Sites

Site Maps

Site maps indicating the availability of student resources at our affiliate hospitals can be found under the Clinical Sites section of the Medical Education Office's Student Resources page at: https://www.bumc.bu.edu/camed/current-students/#clinicalsites

Boston Medical Center

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Site Administrator: Mariama Bah, (617) 414-4914, mariama.bah@bmc.org

Kaiser Permanent Santa Clara

700 Lawrence Expressway Santa Clara, CA 95051
Site Director: Dr. Lina Nayak, lina.nayak@kp.org

Clerkship Schedules

This is an example of the basic schedule. Further details will be provided.

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00	Orientation	Quiz 1 Imaging Modalities	Quiz 2 Chest Cases	Quiz 3 Chest Cases	Abdomen 3
8:30		Quiz 1 Review	Quiz 2 Review	Quiz 3 Review	
9:00	Imaging Modalities 1	Chest 1	Chest 3	Abdomen 1	OSCE 1
9:30					OSCE 1
10:00	Visiting X-Ray				
10:30	Visiting CT	Chest Shadowing	Chest Shadowing	Body Shadowing	Body Shadowing
11:00	Visiting Ultrasound				
11:30	Visiting MRI				
12:00	Noon Conference				
12:30					
13:00	Imaging Modalities 2	Chest 2	Chest 4	Abdomen 2	Self Directed
13:30					
14:00	Orientation to Simulation	Simulation	Simulation	Simulation	Simulation
14:30					
15:00	Self Directed Resources	Self Directed Resources	Self Directed Resources	Self Directed Resources	Self Directed Resources
15:30					
16:00					

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00	Quiz 4 Body Cases	Quiz 5 GU	Quiz 6 Neuro	Quiz 7 Neuro	MSK 3
8:30	Quiz 4 Review	Quiz 5 Review	Quiz 6 Review	Quiz 7 Review	
9:00	GU 1	Neuro 1	Neuro 3	MSK 1	OSCE 2
9:30					OSCE 2
10:00					
10:30	Body Shadowing	Neuro Shadowing	Neuro Shadowing	MSK Shadowing	MSK Shadowing
11:00					
11:30					
12:00	Noon Conference				
12:30					
13:00	GU 2	Neuro 2	Neuro 4	MSK 2	Self Directed
13:30					
14:00	Simulation	Simulation	Simulation	Simulation	Simulation
14:30					
15:00	Self Directed Resources	Self Directed Resources	Self Directed Resources	Self Directed Resources	Self Directed Resources
15:30					
16:00					

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00	Quiz 8 MSK	Quiz 9 Nuclear	Quiz 10 IR	Quiz 11 IR	Breast 3
8:30	Quiz 8 Review	Quiz 9 Review	Quiz 10 Review	Quiz 11 Review	
9:00	Nuclear 1	IR 1	IR 3	Breast 1	OSCE 3
9:30					OSCE 3
10:00					
10:30	Nuclear Shadowing	IR Shadowing	IR Shadowing	Breast Shadowing	Breast Shadowing
11:00					
11:30					
12:00	Noon Conference				
12:30					
13:00	Nuclear 2	IR 2	PEDS	Breast 2	Self Directed
13:30					
14:00	Simulation	Simulation	Simulation	Simulation	Simulation
14:30					
15:00	Self Directed Resources	Self Directed Resources	Self Directed Resources	Self Directed Resources	Self Directed Resources
15:30					

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

- Juneteenth: Thursday, June 19, 2026
- Thanksgiving: Wednesday, November 25, 2026 at 12PM – Sunday, November 29, 2026
- Intersession: Monday, December 21, 2026 – Sunday, January 3, 2027

Other holidays that occur during specific blocks will be communicated by the clerkship director.

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

There will be didactics in the morning and afternoon which will be mandatory attendance for BUMC students. Kaiser students may watch the recorded morning lectures and attend live for afternoon lectures.

Call Schedule

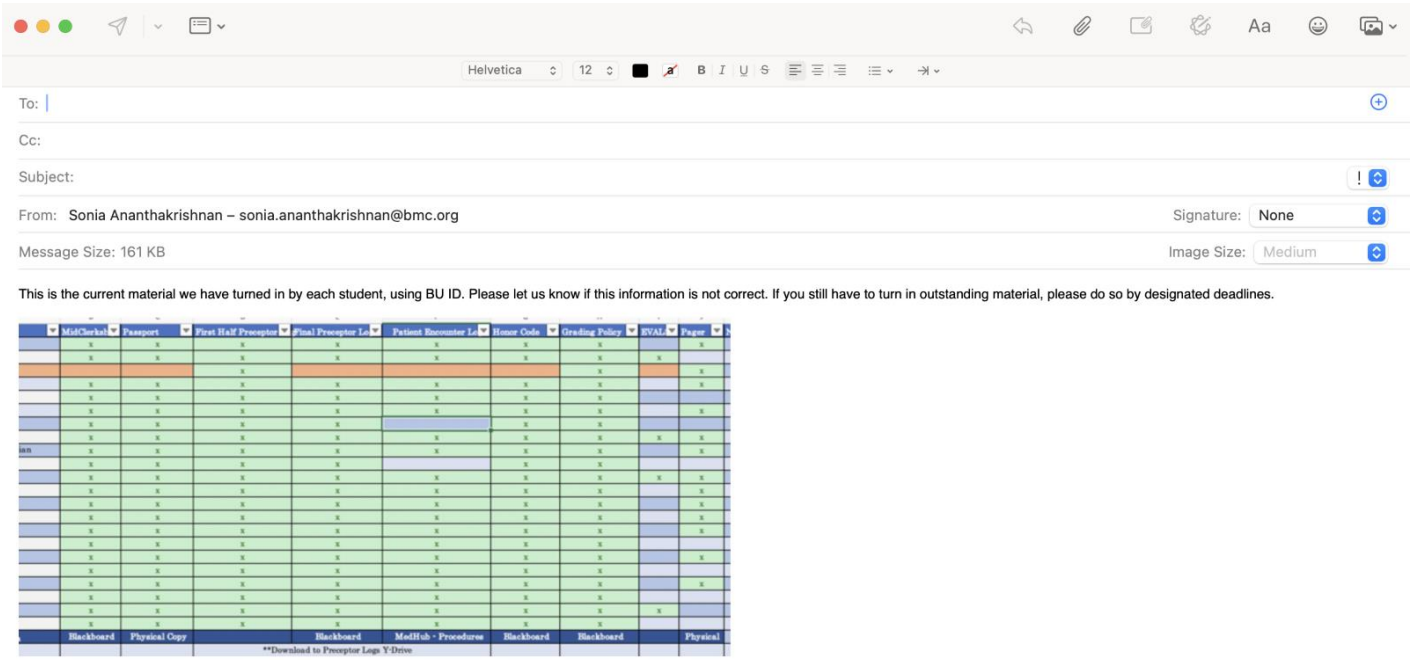
No call for this rotation.

Clerkship Grading

ASSESSMENT OF LEARNING	
Clinical Grade Percentage	33.33%
Shelf/Exam Percentage	33.33%
"Other" Components Percentage	33.33%
CLINICAL GRADE	
Clinical Pass	>2.5 averaged on the final CSEF
Clinical Fail	<1.50 on any domain on the final CSEF or <2.5 averaged on the final CSEF
SHELF EXAM	
Minimum score to pass	No minimum passing score
OTHER	
3 OSCEs	33.33%
FINAL GRADE	
Pass	>70% total on the OSCEs and Final Summative Exam >2.5 average score in all observed CSEF Domains
Fail	<70% total on the OSCEs and Final Summative Exam <2.5
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 and 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 pattern of behavior 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



Standard Clerkship Clinical Grade Procedures/Policies
Clinical Evaluation Procedures

Preceptors will provide clinical evaluations that contain the "raw data" on the student's clinical performance. You are encouraged to regularly ask for specific behaviorally-based feedback on your clinical skills from your preceptors. However, do not ask them what word grade you will get, as that is a multifactorial process of which the clinical evaluation is one component. Preceptors DO NOT determine the final "word" grade.

1. The CSEF form will be used to numerically calculate your clinical grade: 1 to 5 points (depending on which box is checked) for each domain which will be averaged to give you a final score out of 5. Categories: Needs intensive remediation (1); Needs directed coaching (2); Approaching competency (3); Competent (4) or Achieving behaviors beyond the 3rd year competency criteria (5) to get a final number in each domain. This can be rounded to the nearest number using standard rounding for the CSEF domain and this is the box that should be checked (e.g., if an average of 2.4 then the student should have needs directed coaching (2) checked off). Each CSEF will be weighted based on how long the student worked with each evaluator.

CSEF Clinical Grade Calculations should be made using the 0.01 decimal point in each domain (though the rounded number will be checked off on the final CSEF form) to give a final number.

Any average of <1.50 in any domain = an automatic fail for the clerkship

Any average of < 2.50 in any domain = an automatic pass for the clerkship and a meeting with the MEO for clinical coaching

>2.50 in all domains, standard rounding will be used

<2.00 = Clinical fail which will = a fail for the clerkship

2.00-3.44 = Clinical pass

3.45-4.44= Clinical high pass

>4.45=Clinical honors

The clinical grade will be reported in the CSEF final narrative

2. The CSEF clinical score is converted to a final 2-digit percentage that is counted towards the final grade. For example, the final CSEF clinical score average of 4.45 would get converted to 90%. The Final CSEF percentage

is used towards the final grade calculation, weighted as indicated in the table above as "Clinical grade percentage" (varies by clerkship).

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/

Patient Encounters/Case Logs

Across the third year, 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.

Required Patient Encounters (The Core)

Each core clerkship has a list of patient encounters and procedures that students are required to see before the end of the rotation. Students should log every time they see any patient with the required patient encounter and continue to log throughout all clerkships.

The full list of encounters and the clerkship-specific lists are available at
https://www.bumc.bu.edu/camed/education/medical-education/faculty-resources/

Alternative Patient Encounters

If a student has not been able to experience all patient encounters required for the clerkship, students must address any gaps in their patient encounters through an alternative experience. Alternative experiences may be simulation, videos, etc., depending upon the clerkship requirement.

Patient Encounter Log

Students are expected to log their patient encounters in MedHub (https://bu.medhub.com/). Patient logs help the clerkship 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. Students must bring a printed copy of their patient encounter and procedure log to their mid rotation feedback meeting.

Recommended Texts

• Felson's Principles of Chest Roentgenology

• Squire's Fundamentals of Radiology Suggested chapters:

- o 1 – Basic Concepts
- o 2–The Imaging Techniques
- o 11–How to Study the Abdomen
- o 12 – Bowel Gas Patterns, Free Fluid, and Free Air o 13 – Contrast Study and CT of the Gastrointestinal Tract
- o 14 – The Abdominal Organs
- o 16 – Men, Women, and Children
- o 18 – The Central Nervous System 11
- o 19 - Interventional Radiology
- o 20 – The Latest in Diagnostic Imaging

• Squire's Fundamentals of Radiology Reference chapters – Please review the images and figures:

- o 4 – How to Study the Chest
- o 5 – The Lung
- o 6 – Lung Consolidations and Pulmonary Nodules
- o 7 – The Diaphragm, the Pleural Space and Pulmonary Embolism
- o 8 – Lung Overexpansion, Lung Collapse, and Mediastinal Shift o 9 – The Mediastinum
- o 10–The Heart

• Imaging Atlas of Human Anatomy, 4th edition, by Weir, Abrahams, Spratt, and Salkowski - Reference