Doctoring 2
Course Information
Year 2

AY 2026-2027
MS 227

Co Course Directors:
Christine Phillips MD
Joe Rencic MD

BU Chobanian & Avedisian School of Medicine

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Medical Education Program Objectives

A Chobanian & Avedisian School of Medicine graduate will be able to:		
Institutional Learning Objectives	MEDICAL EDUCATION PROGRAM OBJECTIVES	
Establish and maintain **medical knowledge** necessary for the care of patients (MK)	MK.1	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.

A Chobanian & Avedisian School of Medicine graduate will be able to:		
Institutional Learning Objectives	MEDICAL EDUCATION PROGRAM OBJECTIVES	
Practice relationship centered care to build therapeutic alliances with patients and caregivers (PCC)	PCC.1	Demonstrate humanism, integrity, respect, honesty, compassion, accountability, cultural humility, and responsiveness
	PCC.2	Demonstrate a commitment to ethical principles pertaining to autonomy, confidentiality, justice, equity, and informed consent.
	PCC.3	Explore patient and family understanding of well-being, illness, concerns, values, and goals in order to develop goal-concordant treatment plans across settings of care.
Exhibit skills necessary for **personal and 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**	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.

A Chobanian & Avedisian School of Medicine graduate will be able to:		
Institutional Learning Objectives	MEDICAL EDUCATION PROGRAM OBJECTIVES	
equity for all patients (HE)	HE.3	Identify and explain potential strategies to reduce health disparities in patients and communities at the individual, local, community, and systems-based levels.

Course Learning Objectives

1. Effectively open clinical encounter with a patient by setting the stage and establishing rapport with appropriate introduction and use of open ended questions and setting an agenda. (C.1)
2. Demonstrate the use of effective communication skills including active listening skills with verbal and non-verbal techniques, (summarizing, nodding, etc.), transitional statements, facilitation skills (echoing, reflection), lack of interruption, use of empathic statements, trauma-informed communication, and summarizing at the end of the HPI. (C.1, PCC.1)
3. Demonstrate the use of effective communication skills through the initial use of open-ended questions and then shifting to close ended questions for clarification of chief concerns (C.1)
4. Perform advanced communication skills such as the basic elements of the OARS framework in motivational interviewing, the PEARLSS framework for communicating with patients who are upset, the SPIKES framework for breaking bad news, provide allyship to colleagues who've experienced microaggressions, brief intervention framework for risky substance use, teach back, and agenda setting. (CSDR.1, C.1, C.2, PCC.3, HE.1, HE.3)
5. Provide closure for clinical encounters with the use of summarization, a description of the student's thought process for potential diagnoses and next steps for the patient, and encouragement of questions from the patient. (C.2)
6. Share information effectively with patient through utilizing language patients can understand (C.2)
7. Counsel patients on preventative health measures (e.g., use of alcohol, tobacco, marijuana, illicit drugs, nutrition, and exercise, etc.) (C.2)
8. Demonstrate an ability to establish a therapeutic alliance using verbal (e.g., non-judgmental language, empathetic statements, etc.) and nonverbal techniques (e.g., open body language) and maintaining rapport with patient while documenting. (C.1, C.4, PCC.1)
9. Explore the patient's verbal and non-verbal cues (e.g., "I notice that you are upset. Can you tell me why?") (C.1, PCC.3)
10. Discuss the patient's perspective through eliciting their concerns about their health and illness and their impact on their lives. (PCC.3)
11. Effectively use self-awareness strategies to manage implicit bias in medical encounter (HE.2, HE.3)
12. Identify, reflect on, and address (when appropriate) microaggressions in educational and clinical settings (HE.1, HE.3)
13. Demonstrate the skills of basic medical interview skills and components of medical history - including chief concern, 8 cardinal features of a symptom, PMH, PShx, FHx, Soc Hx, Allergies, and Meds and Review of Systems (CSDR.1, C.1)
14. Demonstrate an ability to gather a hypothesis driven history focused on questions that increase or decrease the likelihood of diseases on the differential diagnosis (CSDR.1, C.1)
15. Demonstrate a patient-centered physical exam using trauma informed care techniques such as using proper draping, showing concern for patient comfort, orienting patient to each exam element, using respectful communication, staying within the patient's eyesight, respecting personal space and asking permission to touch the patient (CSDR.2, PCC.1)
16. Perform a focused physical exam using proper technique. (CSDR.2)
17. Perform a basic hypothesis driven physical exam utilizing maneuvers that increase or decrease the likelihood of the disease, with a focus on cardiopulmonary exam. (CSDR.2)
18. Demonstrate an ability to perform a GU, rectal, GYN/pelvic and breast exam. (CSDR.2)

19. Explain the use of POCUS to enhance physical diagnosis skills. (MK.1)
20. Identify basic pathological physical exam findings (CSDR.2)
21. Perform an organized, clear, and hypothesis-driven patient presentation including an opening statement, HPI, comprehensive additional history, PE findings, diagnostic studies, a problem representation including social determinants of health, and an assessment and plan. (CSDR.5, HE.1, HE.3)
22. Document an organized new patient encounter note with CC, HPI, PMH, PSH, Meds, allergies, FH, SH, PE, problem representation including social determinants of health, problem list, hypothesis driven differential diagnosis with justification/rationale from the history, physical exam or lab/study data. (CSDR.6, HE.1, HE.3)
23. Utilize the EMR to locate information including medical history, test results, reports, prior notes, and procedures and integrate this information to compose a written note. (CSDR.6, C.4)
24. Demonstrate an understanding of the principles of clinical reasoning including a systematic differential diagnosis, ability to prioritize the differential diagnosis, and synthesis to generate an appropriate problem representation and prioritized problem list (MK.1, CSDR.3)
25. Effectively use clinical reasoning skills while working through patient cases with a hypothesis driven approach as evident by the ability to develop a coherent problem representation including social determinants of health, a prioritized and justified differential diagnosis from the clinical findings, and a basic management plan (CSDR.3, CSDR.4, HE.1)
26. Utilize diagnostic reflection to mitigate the negative impacts of cognitive biases on clinical reasoning (CSDR.8)
27. Demonstrate an understanding of the impact of social determinants of health and an ability to investigate these factors through history data gathering with the goal of developing a holistic representation of the patient's health. (C.1, PCC.3, HE.1, HE.3)
28. Recognize how one’s own beliefs, feelings, prejudices, and preconceptions may influence the medical interview (HE.2)
29. Display professionalism including integrity, commitment, honesty, empathy, and accountability in all interactions and conduct with patients, faculty, staff, and peers (PCC.1, PPD.1, PPD.2)
30. Demonstrate ability to work successfully on a team including active listening and offering constructive behaviorally based feedback to colleagues (C.3, HS.1)
31. Demonstrate ability to be self-reflective about one’s own performance and incorporate feedback from colleagues and faculty to improve performance (PPD.3)
32. Demonstrate an ability to identify and successfully meet one’s own learning needs including identifying appropriate resources to both quickly answer brief learning questions that arise while working through a case or during patient care, delve into a selected topic based on a case discussion, and incorporate feedback on their information-seeking skills (PPD.3, PPD.4)

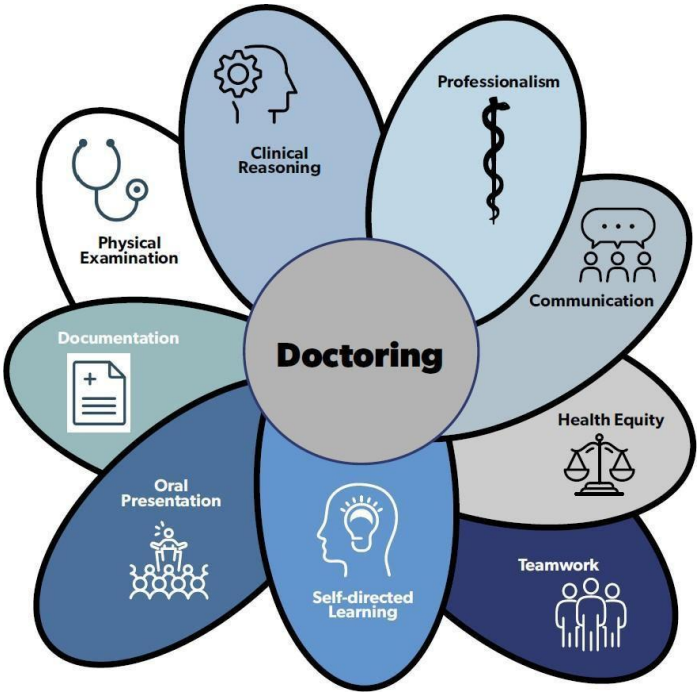
Course Description & Goals

A basic definition for doctoring is “caring for patients.” We believe the core “caring” activities of doctors are the following:

- Helping a person maximize their quality of life based on their goals
- Relieving biopsychosocial suffering
- Building relationships with your patients

Thus, the goal of this course is to help students develop knowledge, skills, and attitudes that will enable them to care effectively and compassionately for their patients. We would like you to think of doctoring as a “***relationship-centered***” practice. A relationship-centered approach has two benefits. First, doctors focus on the whole person, not just their diseases and second, strong relationships lead to trust, better adherence to care, and less provider burnout. Notice, these lead to better patient health outcomes and satisfaction, so these are not just “soft skills.” They really matter.

The schematic below highlights 9 knowledge, skill, and attitudinal domains (interviewing which includes history data gathering and communication, physical examination, clinical reasoning, presentation, documentation, health equity and disparities, personal and professional development which includes professionalism and teamwork, and self-directed learning) necessary for students to achieve the previously described goals.



Doctoring 2 is a year-long course in the second year where students build off their experience from Doctoring 1. The course runs from July through February.

As previously described, the course will help students build their knowledge, skills, and attitudes in 9 performance domains. Because these domains are so wide-ranging, we will use multiple educational experiences/strategies. The course is divided into "classroom" and clinical experiences.

The classroom portions consist of Academy of Medical Educator (AME)-led small group "Doctoring" sessions and advanced skills sessions. The AME-led Doctoring sessions are structured in case-based small groups which allow students to perform clinical interviews with a faculty member or standardized patients so they can learn and practice advanced communication skills and hypothesis-driven data gathering, including advanced physical examination maneuvers. There will be significant emphasis on clinical reasoning and identifying and mitigating cognitive biases. Students will refine and expand their case presentation and note writing skills and will be introduced to the electronic medical record. Cases will promote integration of foundational and social science topics and provide opportunities for self-directed learning. Students will also have a variety of additional simulation sessions and standardized patient interviews to further their skills.

In terms of clinical experiences, they will continue their clinical placements with a longitudinal preceptor in the fall and will return to the hospital during the winter to advance their clinical skills in preparation for their clinical clerkships. Students will further their teamwork skills, competence in building a therapeutic alliance with patients, and will reflect on topics surrounding professionalism, ethics, and professional identity formation.

All students are required to take the formative communication assessment and pass a standardized patient physical examination exercise, pass the clinical reasoning examination, complete all required quizzes and assignments and present complete patient workups in standard oral and written format.

Course Prerequisite
Completion of Doctoring 1 fall and spring, enrollment in the M2 curriculum.

Module 4 Learning Objectives	
COMMUNICATION	
Communication	• Comm1: Effectively open clinical encounter with a patient by setting the stage and establishing rapport with appropriate introduction and use of open-ended questions and setting an agenda. • Comm2: Demonstrate the use of effective communication skills including active listening skills with verbal and non-verbal techniques, (summarizing, nodding, etc.), transitional statements, facilitation skills (echoing, reflection), lack of interruption, use of empathic statements, trauma-informed communication, and summarizing at the end of the HPI. • Comm3: Demonstrate the use of effective communication skills through the initial use of open-ended questions and then shifting to close ended questions for clarification of chief concerns • Comm4: Provide closure for clinical encounter with the use of summarization, a description of the student's thought process for potential diagnoses and next steps for the patient, and encouragement of questions from the patient. • Comm5: Share information effectively with patient through utilizing language patients can understand • Comm9: Recognize the key elements of and perform advanced communication skills such as the basic elements of the OARS framework in motivational interviewing, the PEARLSS framework for communicating with patients who are upset, the SPIKES framework for breaking bad news, provide allyship to colleagues who've experienced microaggressions, brief intervention framework for risky substance use, teach back, and agenda setting. • Comm10: Counsel patients on preventative health measures (e.g., use of alcohol, tobacco, marijuana, illicit drugs, nutrition, exercise, etc.)
Relational Competence	• RC1: Demonstrate an ability to establish a therapeutic alliance using verbal (e.g., non-judgmental language, empathetic statements, etc.) and nonverbal techniques (e.g., open body language) and maintaining rapport with patient while documenting. • RC2: Discuss the patient's perspective through eliciting their concerns about their health and illness and its impact on their lives • RC3: Explore, the patient's verbal and non-verbal cues (e.g., "I notice that you are upset. Can you tell me why?") • RC5: Effectively use self-awareness strategies to manage implicit bias in medical encounter

	• RC6: Identify, reflect on, and address (when appropriate) microaggressions in educational and clinical settings
History Data Gathering	• HDG1: Demonstrate the skills of basic medical interview skills and components of medical history - including chief concern, 8 cardinal features of a symptom, PMH, PShx, FHx, Soc Hx, Allergies, and Meds and Review of Systems (ROS) • HDG2: Demonstrate an ability to gather a hypothesis driven history focused on questions that increase or decrease the likelihood of diseases on the differential diagnosis

PHYSICAL EXAMINATION

- PE1: Demonstrate a patient-centered physical exam using trauma informed care techniques such as using proper draping, showing concern for patient comfort, orienting patient to each exam element, using respectful communication, staying within the patient's eyesight, respecting personal space and asking permission to touch the patient
- PE2: Perform a focused physical exam using proper technique.
- PE3: Perform a basic hypothesis driven physical exam utilizing maneuvers that increase or decrease the likelihood of the disease, with a focus on the neurologic exam.
- PE4: Demonstrate an ability to perform GU and rectal exam.

PRESENTATION

- P1: Perform an organized, clear, and hypothesis-driven patient presentation including an opening statement, HPI, comprehensive additional history, PE findings, diagnostic studies, a problem representation including social determinants of health, and an assessment and plan.

DOCUMENTATION

- D1: Document an organized new patient encounter note with CC, HPI, PMH, PSH, Meds, allergies, FH, SH, PE, problem representation including social determinants of health, problem list, hypothesis driven differential diagnosis with justification/rationale from the history, physical exam or lab/study data.

CLINICAL REASONING

- CR1: Demonstrate an understanding of the principles of clinical reasoning including a systematic differential diagnosis, ability to prioritize the differential diagnosis, and synthesis to generate an appropriate problem representation and prioritized problem list
- CR3: Effectively use clinical reasoning skills while working through patient cases with a hypothesis driven approach as evident by the ability to develop a coherent problem

representation including social determinants of health, a prioritized and justified differential diagnosis from the clinical findings, and a basic management plan

- CR4: Utilize diagnostic reflection to mitigate the negative impacts of cognitive biases on clinical reasoning

HEALTH EQUITY AND DISPARITIES

- HED1: Demonstrate an understanding of the impact of social determinants of health and an ability to investigate these factors through history data gathering with the goal of developing a holistic representation of the patient's health.

PERSONAL AND PROFESSIONAL DEVELOPMENT

- PDev1: Display professionalism including integrity, commitment, honesty, empathy, and accountability in all interactions and conduct with patients, faculty, staff, and peers
- PDev2: Demonstrate ability to be self-reflective about one's own performance and incorporate feedback from colleagues and faculty to improve performance
  PDev3: Demonstrate ability to work successfully on a team including active listening and offering constructive behaviorally based feedback to colleagues
- PDev5: Recognize how one's own beliefs, feelings, prejudices, and preconceptions may influence the medical interview

SELF-DIRECTED LEARNING

- SDL1: Demonstrate an ability to identify and successfully meet one's own learning needs including identifying appropriate resources to both quickly answer brief learning questions while working through a case, delve into a selected topic based on a case discussion, and incorporate feedback on their information-seeking skills

Module 5 Learning Objectives	
COMMUNICATION	
Communication	• Comm1: Effectively open clinical encounter with a patient by setting the stage and establishing rapport with appropriate introduction and use of open-ended questions and setting an agenda. (C.1) • Comm2: Demonstrate the use of effective communication skills including active listening skills with verbal and non-verbal techniques, (summarizing, nodding, etc.), transitional statements, facilitation skills (echoing, reflection), lack of interruption, use of empathic statements, trauma-informed communication, and summarizing at the end of the HPI. (C.1, PCC.1) • Comm3: Demonstrate the use of effective communication skills through the initial use of open-ended questions and then shifting to close ended questions for clarification of chief concerns (C.1) • Comm4: Provide closure for clinical encounters with the use of summarization, a description of the student's thought process for potential diagnoses and next steps for the patient, and encouragement of questions from the patient. (C.2) • Comm5: Share information effectively with patient through utilizing language patients can understand (C.2) • Comm9: Perform advanced communication skills such as the basic elements of the OARS framework in motivational interviewing, the PEARLSS framework for communicating with patients who are upset, the SPIKES framework for breaking bad news, brief intervention framework for risky substance use, teach back, and agenda setting. (CSDR.1, C.1, C.2, PCC.3)
Relational Competence	• RC1: Demonstrate an ability to establish a therapeutic alliance using verbal (e.g. non-judgmental language, empathetic statements, etc.) and nonverbal techniques (e.g. open body language) and maintaining rapport with patient while documenting. (C.1. C.4) • RC2: Discuss the patient's perspective through eliciting their concerns about their health and illness and its impact on their lives. (PCC.3)
History Data Gathering	• HDG1: Demonstrate the skills of basic medical interview skills and components of medical history - including chief concern, 8 cardinal

	features of a symptom, PMH, PShx, FHx, Soc Hx, Allergies, and Meds and Review of Systems (ROS) (CSDR.1, C.1) • HDG2: Demonstrate an ability to gather a hypothesis driven history focused on questions that increase or decrease the likelihood of diseases on the differential diagnosis (CSDR.1, C.1)

PHYSICAL EXAM

- PE1: Demonstrate a patient-centered physical exam using trauma informed care techniques such as using proper draping, showing concern for patient comfort, orienting patient to each exam element, using respectful communication, staying within the patient's eyesight, repecting personal space and asking permission to touch the patient (CSDR.2, PCC.1)
- PE2: Perform a focused physical exam using proper technique. (CSDR.2)
- PE3: Perform a basic hypothesis driven physical exam utilizing maneuvers that increase or decrease the likelihood of the disease, with a focus on the neurologic, abdominal and musculoskeletal exam. (CSDR.2)
- PE5: Explain the use of POCUS to enhance physical diagnosis skills. (MK.1)
- PE6: Identify basic pathological physical exam findings

PRESENTATION

- P1: Perform an organized, clear, and hypothesis-driven patient presentation including an opening statement, HPI, comprehensive additional history, PE findings, diagnostic studies, a problem representation including social determinants of health, and an assessment and plan. (CSDR.5, HE.1, HE.3)

DOCUMENTATION

- D1: Document an organized new patient encounter note with CC, HPI, PMH, PSH, Meds, allergies, FH, SH, PE, problem representation including social determinants of health, problem list, hypothesis driven differential diagnosis with justification/rationale from the history, physical exam or lab/study data. (CSDR.6, HE.1, HE.3)

CLINICAL REASONING

- CR1: Demonstrate an understanding of the principles of clinical reasoning including a systematic differential diagnosis, ability to prioritize the differential diagnosis, and synthesis to generate an appropriate problem representation and prioritized problem list (MK.1, CSDR.3)

- CR3: Effectively use clinical reasoning skills while working through patient cases with a hypothesis driven approach as evident by the ability to develop a coherent problem representation including social determinants of health, a prioritized and justified differential diagnosis from the clinical findings, and a basic management plan (CSDR.3, CSDR.4, HE.1)
- CR4: Utilize diagnostic reflection to mitigate the negative impacts of cognitive biases on clinical reasoning (CSDR.8)

HEALTH EQUITY AND DISPARITIES

- HED1: Demonstrate an understanding of the impact of social determinants of health and an ability to investigate these factors through history data gathering with the goal of developing a holistic representation of the patient's health. (C.1, PCC.3, HE.1, HE.3)

PERSONAL AND PROFESSIONAL DEVELOPMENT

- PDev1: Display professionalism including integrity, commitment, honesty, empathy and accountability in all interactions and conduct with patients, faculty, staff and peers (PCC.1, PPD.1, PPD.2)
- PDev2: Demonstrate ability to be self-reflective about one's own performance and incorporate feedback from colleagues and faculty to improve performance (PPD.3)
- PDev3: Demonstrate ability to work successfully on a team including active listening and offering constructive behaviorally-based feedback to colleagues (C.3, HS.1)

SELF-DIRECTED LEARNING

- SDL1: Demonstrate an ability to identify and successfully meet one's own learning needs including identifying appropriate resources to both quickly answer brief learning questions while working through a case. (PPD.3, PPD.4)

Module 6 Learning Objectives	
COMMUNICATION	
Communication	• Comm1: Effectively open clinical encounter with a patient by setting the stage and establishing rapport with appropriate introduction and use of open-ended questions and setting an agenda. (C.1) • Comm2: Demonstrate the use of effective communication skills including active listening skills with verbal and non-verbal techniques, (summarizing, nodding, etc.), transitional statements, facilitation skills (echoing, reflection), lack of interruption, use of empathic statements, trauma-informed communication, and summarizing at the end of the HPI. (C.1, PCC.1) • Comm3: Demonstrate the use of effective communication skills through the initial use of open-ended questions and then shifting to close ended questions for clarification of chief concerns (C.1) • Comm4: Provide closure for clinical encounter with the use of summarization, a description of the student's thought process for potential diagnoses and next steps for the patient, and encouragement of questions from the patient. (C.2) • Comm5: Share information effectively with patient through utilizing language patients can understand (C.2) • Comm9: Perform advanced communication skills such as the basic elements of the OARS framework in motivational interviewing, the PEARLSS framework for communicating with patients who are upset, the SPIKES framework for breaking bad news, brief intervention framework for risky substance use, teach back, and agenda setting. (CSDR.1, C.1, C.2, PCC.3)
Relational Competence	• RC1: Demonstrate an ability to establish a therapeutic alliance using verbal (e.g. non-judgmental language, empathetic statements, etc.) and nonverbal techniques (e.g. open body language) and maintain rapport with patient while documenting. (C.1. C.4, PCC.1) • RC2: Discuss the patient's perspective through eliciting their concerns about their health and illness and its impact on their lives. (PCC.3)

History Data Gathering	• HDG1: Demonstrate the skills of basic medical interview skills and components of medical history - including chief concern, 8 cardinal features of a symptom, PMH, PShx, FHx, Soc Hx, Allergies, and Meds and Review of Systems (ROS) (CSDR.1, C.1) • HDG2: Demonstrate an ability to gather a hypothesis driven history focused on questions that increase or decrease the likelihood of diseases on the differential diagnosis (CSDR.1, C.1)

PHYSICAL EXAM

- PE1: Demonstrate a patient-centered physical exam using trauma informed care techniques such as using proper draping, showing concern for patient comfort, orienting patient to each exam element, using respectful communication, staying within the patient's eyesight, repecting personal space and asking permission to touch the patient (CSDR.2, PCC.1)
- PE2: Perform a focused physical exam using proper technique. (CSDR.2)
- PE3: Perform a basic hypothesis driven physical exam utilizing maneuvers that increase or decrease the likelihood of the disease, with a focus on cardiopulmonary exam. (CSDR.2)
- PE4: Demonstrate the ability to perform GYN/Pelvic and breast exam. (CSDR.2)

PRESENTATION

- P1: Perform an organized, clear, and hypothesis-driven patient presentation including an opening statement, HPI, comprehensive additional history, PE findings, diagnostic studies, a problem representation, and an assessment and plan. (CSDR.5)

DOCUMENTATION

- D1: Document an organized new patient encounter note with CC, HPI, PMH, PSH, Meds, allergies, FH, SH, PE, problem representation including social determinants of health, problem list, hypothesis driven differential diagnosis with justification/rationale from the history, physical exam or lab/study data. (CSDR.6, HE.1, HE.3)
- D2: Write an organized, clear, and hypothesis-driven progress note including an opening statement, a concise subjective history including pertinent positives and negatives, a focused PE, relevant diagnostic studies, an updated problem representation and problem list, and an assessment and plan for each problem. (CSDR.6)

• D3: Utilize the EMR to locate information including medical history, test results, reports, prior notes and procedures and integrate this information to compose a written note. (CSDR.6, C.4)
HEALTH EQUITY AND DISAPRITIES
• HED1: Demonstrate an understanding of the impact of social determinants of health and an ability to investigate these factors through history data gathering with the goal of developing a holistic representation of the patient's health. (C.1, PCC.3, HE.1, HE.3)
PERSONAL AND PROFESSIONAL DEVELOPMENT
• PDev1: Display professionalism including integrity, commitment, honesty, empathy and accountability in all interactions and conduct with patients, faculty, staff and peers (PCC.1, PPD.1, PPD.2) • PDev2: Demonstrate ability to be self-reflective about one's own performance and incorporate feedback from colleagues and faculty to improve performance (PPD.3) • PDev3: Demonstrate ability to work successfully on a team including active listening and offering constructive behaviorally-based feedback to colleagues (C.3, HS.1)
SELF-DIRECTED LEARNING
• SDL1: Demonstrate an ability to identify and successfully meet one's own learning needs including identifying appropriate resources to answer clinical questions that arise in patient care and incorporate feedback on their information-seeking skills. (PPD.3, PPS.4)

(Abbreviations e.g. Comm1, PDev1, etc. are used for internal Doctoring course mapping of learning objectives taught over the 1st and 2nd years)

Course Contact Information

Course Directors:

Christine Phillips, M.D. (she/her/hers)
Module 5
Assistant Professor, Medicine
Email: christine.phillips@bmc.org
Phone: (617) 358-7477
Office Hours: Email for an appointment
Office: Medical Education Office 310, A Building 3rd floor

Joseph Rencic, M.D. (he/him/his)
Module 4, 6
Professor, Medicine
Email: jrencic@bu.edu
Phone: (617) 358-7477
Office Hours: Email for an appointment
Office: Medical Education Office 305 B, A Building 3rd floor

Program Administrator Doctoring 2

Ziza Soares (they/them/theirs)
Email: zsoares@bu.edu
Phone: (617) 358-9083
Office: Medical Education Office, Left back corner, A Building 3rd floor

Program Administrator, and Simulated Patients

Signature Noel (she/her/hers)
Email: snoel@bu.edu
Phone: (617) 358-7664
Office: Medical Education Office, Left back corner, A Building 3rd floor

Blackboard Website: http://learn.bu.edu > MS 214 Doctoring 2

Academy Medical Educators

See Blackboard site to find your AME and their contact information

Clinical Experiences Contact Information

Longitudinal Preceptorship:

Ziza Soares
Email: zsoares@bu.edu
Phone: (617) 358-9083

Clerkship Prep at BMC:

Signature Noel
Email: snoel@bu.edu
Phone: (617) 358-7495

West Roxbury VA Site Coordinators / Clerkship Prep VA

Gabrielle VanSpeysbroeck, M.D.
Email: Gabrielle.Vanspeybroeck@va.gov
Address:1400 VFW Parkway, W. Roxbury
Cell phone: 857-407-8584

Sophia Korovaichuk, M.D.
Email: Sophia.Korovaichuk2@va.gov
Address:1400 VFW Parkway, W. Roxbury
*** Cell Phone: 857-356-5014

Signature Noel
Email: snoel@bu.edu
Phone: (617) 358-7495

VA Credentialing specialist:

Ms. Laura Muckerheide
Email: Laura.muckerheide@va.gov
Phone: (857)203-6942;(857) 203-6856

Course Improvement and Feedback

Recent Changes to the Course

Doctoring 2 has undergone significant changes over the past several years thanks to valuable feedback from our students. We have significantly expanded the teaching of clinical reasoning. We have enhanced our physical examination curriculum by using evidence-based teaching strategies and including more simulation exercises (e.g., Sim scopes and skills trainers) to improve students' ability to find pathological findings (e.g., murmurs). We have added EMR (electric medical record) utilization during clerkship prep to provide students with the opportunity to become more aware of the documentation requirements for the clerkship phase and to help familiarize students with using an EMR to help find pertinent information. AMEs have received additional faculty development to improve their ability to teach physical examination effectively. We have worked on enhancing the longitudinal preceptorship and clerkship preparation clinical experiences through faculty development and the addition of 4th year student preceptors for the latter. Based on feedback from prior classes, students feel much more prepared for their 3rd year clerkship rotations based on these changes.

Curricular Committee Representatives

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

Student Advisory Committee (SAC)

To respond to medical students' concerns in a timely fashion and to allow for student-faculty dialogue about the course, a Student Advisory Committee will be convened for 1-hour meetings 3-4 times per year. We expect students and faculty to demonstrate openness to each other's ideas and to have a solutions-oriented focus. Details will be posted on Blackboard. All students are encouraged to bring any concerns (whether about the course, lectures, online materials, or interview exercises) to one of their SAC representatives or curriculum committee representatives.

Diversity, Equity, and Inclusion Initiatives

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

- Education Resources and Initiatives for Inclusivity: https://www.bumc.bu.edu/dei-classroom-resources/
- Racism in Medicine Vertical Integration Group: https://www.bumc.bu.edu/camed/education/medical-education/medical-education-committees/working-groups/#rimvig
- General & Sexual Diversity Vertical Integration Group: https://www.bumc.bu.edu/camed/education/medical-education/medical-education-committees/working-groups/#gsd

- For Doctoring 2 specifically, we have incorporated a session on addressing microaggressions and being an ally to a student who has experienced a micro- or macroaggression. We also have a session on immigrant and refugee health to help students understand the healthcare challenges of this specific patient population.

Course Schedule

Doctoring 2 has a complicated schedule, so please pay close attention to the Blackboard weekly schedule and the google calendar for the list of important dates for the course.

The most important resource for knowing your schedule is the Doctoring 2 Blackboard "Week at a glance" or the consolidated schedule.

- This will give you an overview of the activities for the week, including your Doctoring small group, special clinical skills sessions, simulated patient communication sessions, longitudinal preceptorship, clerkship prep, assignments, and assessments. All schedules are linked in the week at a glance grid.
- The blackboard site will list required pre-work and the assignments that must be completed each week.

However, make sure you also look at your specific schedule on Blackboard, which will tell you when Doctoring 2 activities are occurring for you.

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

Instructional Design

Students will be assigned to yearlong afternoon sessions with the Academy of Medical Educators (AME) and additional clinical experiences. These afternoons are comprised primarily of small group sessions taught by your AME. In addition, you will spend 4-5 sessions (total of 15 hours) with your longitudinal preceptor in an ambulatory clinical experience and 5-6 sessions (4 hours each) with a 4th year medical student and faculty member in an inpatient clinical experience. Additionally, students will have sessions using simulators, live models, and standardized patients to identify physical examination abnormalities, like abnormal cardiopulmonary sounds and ascites. Students will also perform a motivational interview technique known as the brief intervention interview regarding substance use problems and practice more advanced communication skills regarding delivering bad news, PEARLSS, and teach back. There will be specialized sessions in clinical reasoning. Occasionally, students may participate in evening or Friday afternoon educational activities, depending on instructor or standardized patient availability.

During the year, the small group sessions will focus on advanced communication skills, clinical reasoning skills, documentation skills (both by hand in and in electronic medical record), and presentation skills.

There are block experiences that start with the fundamental skills of patient examination and progress through the performance of a complete history and physical examination; and a series of reinforcing experiences that broaden and enhance the required skills. There is more in-depth information available for Doctoring 2 on Blackboard. (https://learn.bu.edu)

Experiences

Small group Sessions with Academic Medical Educators (AME): Students will continue to learn to systematically analyze clinical cases in a small group scenario with other students and one faculty facilitator to advance their clinical reasoning skills. Students will integrate knowledge from other courses, independent

research, and information gained from group collaboration to achieve a comprehensive understanding of a clinical case. In addition, students will progressively develop clinical reasoning skills of building hypothesis driven differential diagnoses and clinical plans for these case patients. Students will gain experience collaborating with colleagues respectfully, preparing them for similar experiences in clinical practice.

Students also meet in their AME small groups to review the basic physical examination skills learned in Doctoring 1 with some addition of more advanced hypothesis driven physical exam maneuvers. There are required readings and selected videos to prepare for each session and a detailed Doctoring 2 checklist outlining what techniques students will be expected to perform. Upon completion of these sessions, students should be acquainted with the key parts of the physical examination and should begin to be able to conduct an examination on their own. We realize that learning the physical exam while examining a co-student may be challenging for some students, so we have asked students to identify a partner before the start of the course to work with in pairs for the physical examination skills. Students will be instructed on the appropriate attire for these sessions, and privacy will be maintained in the Clinical Skills and Simulation Center (CSSC) or with privacy dividers.
In addition, any student with medical accommodation should contact Dr. Phillips at the start of the course to arrange for alternative instruction.

The AME small groups also allow a focus on teaching advanced communication skills, clinical reasoning, and reinforcing advanced physical exam maneuvers. The design of the cases will teach students how to take a hypothesis-driven history, and how to do a hypothesis-driven physical exam. Students will generate prioritized differential diagnoses, will examine likelihood ratios, and will generate illness scripts and review common presentations for Core Presentations. Students will examine and attempt to mitigate bias in clinical reasoning. Students will practice case presentations, practice documenting in an electronic medical record, and will submit case write-ups.

Longitudinal Preceptor: Students arrange to spend 3-5 sessions (15 hours total) with a longitudinal preceptor. This may be in person with the appropriate PPE at the preceptor's discretion. There may be some sessions done via telemedicine. These sessions will permit further practice and refinement of history and physical examination skills, (yes, even done via video visits).

Clerkship Prep: Students will spend 5-6 half days practicing the focused and complete history and physical exam with patients in the inpatient setting. Students will also practice presenting the patients they have seen using standard medical vocabulary, clinical reasoning (e.g., generating and justifying a differential diagnosis), and writing notes. For each session, a complete workup (including interview and physical exam, case presentation, and write-up) is required of each student. After being corrected by the instructor, the write-ups must be submitted to MedHub within one week of the last Clerkship Prep session.

Advanced Skills Sessions

Pediatrics (Pedi): Students will have some sessions of the AME small groups devoted to Pediatrics. These sessions focus on learning the special aspects of data collection that pertain to infants and children. Upon completion of these sessions, students will have begun to appreciate the techniques for interviewing families

and applying the bio-psycho-social approach to solving patients' problems. In addition, they will learn the aspects of the history and physical exam as it pertains to a newborn, toddler, or teenager.

Students will spend one session in each of the following exercises:

Brief Intervention Interview for Substance Use (BI): In this afternoon small group AME seminar students will be introduced to the brief intervention interview (BI); a form of motivational interviewing used to counsel patients who have unhealthy substance use. The seminar will use ARS questions, short video clips, live interviews, and skills practice simulation in small groups, to enhance student skills

Eye Session: This hands-on session is taught by the Ophthalmology Department.

ENT Session: This hands-on session is taught by an otolaryngologist.

Self-directed Learning

Optional L6 CSSC Sessions
There are opportunities for students to practice their clinical skills in the L6 CSSC.

SEE APPENDIX 1 FOR LEARNING STRATEGIES AND OPTIONAL EDUCATIONAL RESOURCES FOR THE COURSE.

Equipment Needed

The equipment required for this course is:

- Doctor's bag (backpack is fine)
- Diagnostic kit = Oto-ophthalmoscope (make sure to charge it before required sessions)
- Sphygmomanometer
- Stethoscope
- Flexible ruler, transparent, plastic, pocket size
- Reflex hammer
- Tuning forks with dampeners--128 cps and 512 cps
- Several tongue depressors (available in OME and CSSC)
- Cotton-tipped applicators (for sensory testing, available in OME and CSSC)
- At least two of the following (to be used in testing sense of smell): clove, cinnamon, vanilla, peppermint, soap, or coffee. (provided by OME and CSSC)
- White coat, name tag, appropriate dress in clinical settings (e.g., professional attire). You will see patients in most sections of the course, so when in doubt, dress as if it is a clinical encounter.

(Note: each Session overview will advise on what to wear.)

Assessment and Grading

Course Modules

In Doctoring 2, like Doctoring 1, there are 3 modules. Each module has various formative assessments for learning and summative assessments (assessments for performance evaluation). The most important and valuable assessment feedback that you will receive is:

- Narrative formative feedback from your AME at module 5's end so you will know your areas of strengths and weaknesses and can work on those in module 6
- Narrative summative feedback from your AME at the end of module 6
- Formative feedback on your clinical skills from your LP and clerkship prep preceptors
- Formative feedback from each end-of-module assessment on the various clinical skills that you learn in doctoring from your AMEs and standardized patients

Course Grading Policy

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

Domain	Assessment of learning	Assessment for learning	Professionalism
Pass	≥75%	≥80%	≥80% completion (peer assessment and course evaluation); 100% attendance (unless excused absence)
Fail	< 75%	<80%	<80% of above; <100% attendance (unless excused absence)

Final Grade

Doctoring 2 is a Pass-Fail course. To receive a pass on their transcript, students must do the following:

- Complete all activities and assignments
- Receive a score of ≥ 75% of the assessments of learning
- ≥80% of the assessment for learning
- ≥80% of the required percentage of clinical placements (see grading policy table with percentages for longitudinal preceptorship and clerkship prep.)
- Pass the D2M6A, the retake, or the final re-examination
- Act professionally in all D2 educational and clinical activities

F/P grade on transcript

- If you fail the D2M6A retake but pass the 3rd retake, you will receive an F/P on your transcript

F grade on transcript

- Failure of the D2M6A ***AND*** the D2M6 retake and the D2M6A 3rd reexaminition.
- Receive a score of < 75% of the assessments of learning

- Receive a score of < 80% of the assessment for learning
- Receive a score of < 80% of the required percentage of clinical placements (see grading policy table with percentages for longitudinal preceptorship and clerkship prep.)
- Severe and/or consistent professionalism issues

The key clinical skills that you need to demonstrate competence in are:

- Communication Skills/Relational Competence (rapport building)
- Data Gathering
- Physical Examination Skills
- Case Presentation
- Written Documentation
- Clinical Reasoning

Attendance:

In addition, **attendance** at all Doctoring sessions is required. The instructional design of the sessions requires in-person attendance for all components. Please complete the absentee form and contact the Module Director and Course Manager regarding making up any absences. If you have 3 absences or assignment extension requests, you will meet with Module Director, and the Associate Dean for Medical Education will be notified.

Professionalism:

You must attend all mandatory sessions unless excused and complete required assignments promptly. Students with unexcused absences, consistently poor write-ups, incomplete work without excuse, or those who are unable to improve their grade on an exam or on a standardized patient exercise, will receive a failing grade. In addition:

- If significant and/or recurrent professionalism issues occur, you may fail the course and SEIC (Student Early Intervention Committee) will be notified.
    - These issues include but are not limited to engaging in unethical behaviors such as cheating on examinations, quizzes, or other assignments, signing peers in for mandatory sessions, requesting peers to sign them in for mandatory sessions, misrepresenting participation in required classes or assignments in other ways, failing to complete assignments in a timely manner, and failure to respond to repeated emails from course directors.
- Also applicable to professional behavior in Doctoring 2 is the following Chobanian & Avedisian School of Medicine policy statement on Ethical Behavior for Examinations
    - During exams and as you are leaving, refrain from any conversation with your peers while in the L-11 testing space (including within the vending room and elevator waiting area) or the L6 Rod Hochman Family Clinical Skills and Simulation Center until you are on the elevator.
    - Do not seek or receive copies of the examinations.
    - Signing in classmates 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 Course Director.

See the next page for grading components.

Here are the components of your grade broken down by percentage. The table can also be viewed in Blackboard.

	Assessment *of* Learning (summative points)		Assessment *for* Learning (formative points)					Assessment of Professionalism				
	D2M4A, D2M5A, D2M6A	Notes & Presentations AME Core Educator & AME evaluations	Clerkship Prep and LP write ups (clinical)	KSA Completion on Time (general)	Foreground Research Question Write-up (general)	Reflections Completed on Time (general)	Notes and Presentations for self-assessment, or AME Core Educator (general)	Peer Assessments	Course Evaluations	Attendance (AME Group, Clinical, Application sessions)		
Module 4												
week 1					1		3					
week 2				1			3					
week 3				1								
week 4		3		1								
week 5												
week 6												
week 7				1								
week 8	8			1		1						
M4 Total	8	3	0	5	1	1	6				M4 Total	80%
Module 5											24	19
week 1				1								
week 2			3	1								
week 3		6										
week 4				1								
week 5												
week 6												
week 7				1		1						
week 8	8			1		1						
M5 Total	8	6	3	5	0	2	0				M5 Total	80%
Module 6											24	19
week 1				1								
week 2			3	1								
week 3			3	1								
week 4			3	1								
week 5		6	3									
week 6						1						
week 7												
week 8					1							
week 9	8	24				1						
M6 Total	8	30	12	4	1	2	0	80% completion by end of Module 6	80% completion by end of Module 6	100% of Sessions	M6 Total	80%
OVERALL TOTAL	24	39	15	14	2	5	6	80% completion by end of all modules	80% completion by end of all modules	100% of Sessions	57	46
	Ao L Total Points		AfL CP/LP Total Points	AfL All other Total Points:								
	63		15	27								

Grading Details

AME Evaluation

Given that your AME will have worked with you the most this year, their evaluation will count most in terms of your final grade. They will assess your interviewing/communication skills, physical examination skills, clinical reasoning, presentation, and documentation skills, and professionalism.

Objective Structured Clinical Examinations (OSCEs)*

Doctoring 2 Module 4 Assessment (D2M4A)- August:

This examination will consist of simulated patient stations, where you will be expected to demonstrate advanced communication skills of brief negotiated interview and the effective use of PEARLSS (for challenging patient interactions), motivational interviewing techniques, and teach back. **Note:** This exam accounts for about a ¼ of your assessment of learning grade in the course.

Doctoring 2 Module 5 Assessment (D2M5A)- October:

This consists of 2 standardized patient stations that will assess your history data gathering, communication, physical exam, and documentation skills in 2 cases: 1) an abdominal symptom, 2) neurological symptom. There

will also be an examination that assesses your ability to identify common physical exam abnormalities (e.g., murmurs, ascites, etc.). **Note:** This exam accounts for about a ¼ of your assessment of learning grade in the course.

Doctoring 2 Module 6 Assessment (D2M6A)- January/February:
This is a summative examination that will consist of 3 standardized patient stations. You will need to elicit a focused history, perform a focused physical examination, counsel the patient, and write a note documenting your findings and your clinical reasoning. **Note:** This exam accounts for about a ¼ of your assessment of learning grade in the course.

D2M6A Failure, Re-examination, and Re-examination #2

- Failure of any domain will result in failure of the assessment. You will receive mandatory coaching to help you improve in the failed domains.
- **Re-examination:** A fail in any domain will require you to retake a second D2M6A.
    - Failure of any domain in the D2M6A re-examination will require additional coaching and a second D2M6A re-examination.
- **Re-examination # 2:**
    - If you pass the second re-examination, you will pass Doctoring 2 but receive an **F/P** on your transcript.
    - If you fail any domain on the D2M6A second re-examination, you will FAIL Doctoring 2 and be required to retake the entire course.
    - Any student who fails a doctoring course is referred to the Student Evaluation and Promotions Committee (SEPC) per policy.

Clinical experiences
Longitudinal preceptor evaluation:
Your preceptor will assess your interviewing/communication skills, physical examination skills, clinical reasoning, presentation, and documentation skills, and professionalism.

Clerkship preceptor evaluation:
Your preceptor will assess your interviewing/communication skills, physical examination skills, clinical reasoning, presentation, and documentation skills, and professionalism.

Assignments
KSA:
You must complete weekly KSAs that help you apply and retain the knowledge and clinical skills taught in the course. These count for only a small part of your grade.

Write ups and Case Presentations with Simulated Patients:
You will have some simulated patient cases (either in person or via zoom) that help to develop your skills with documentation and case presentations. These are part of the assignments graded by your AMEs.

Longitudinal Preceptorship Note:

Your longitudinal preceptor will provide formative feedback on one of your notes based on the IDEA note evaluation rubric. The rubric can be found in Blackboard resources for documentation.

Clerkship Prep Notes and Presentation:
Your clerkship prep preceptor will grade your note based on the IDEA note evaluation rubric and the case presentation rubric. These rubrics can be found in Blackboard resources for documentation and case presentation.

Coaching

There are three main reasons for required coaching in doctoring:

- Failure of any domain on the D2M4A, D2M5A, or D2M6A
    - In addition, if you fail the D2M6A, you will need to retake the D2M6A (see grading details above).
- AME recommendation
- Course director recommendation
- Severe professionalism issues that are not addressed despite repeated requests from AME and/or course directors

Reexamination

Required reexamination does not mean failure of the course, but you will still need to remediate the domains in which you did not demonstrate competence.
If you fail a domain on one of the assessments (D2M4A or D2M5A), it will not go on your transcript. However, failure of D2M6A requires remediation followed by a retake and if you do not pass the retake, a F/P will show on your transcript for Doctoring 2. If you fail a 3rd remediation attempt, you will fail Doctoring 2.
If you do not pass the reexamination, you will receive F on your transcript. At that time, a 3rd remediation assessment will be given to you based on the failed domains. The format of the 3rd remediation may vary e.g. cases or additional standardized/simulation patients based on the domains not passed. Once you pass the remediation, you will receive an F/P on your transcript. If you do not pass the 3rd remediation attempt, you will fail Doctoring 2 and be required to repeat the entire course. Any student who fails a doctoring course is referred to the Student Evaluation and Promotions Committee (SEPC) per policy.

Grade Appeals

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

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

Reporting Grades

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

Expectations

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

Course Roles and Responsibilities:

The Doctoring Course Directors, AMEs, other teaching faculty, and Course Managers are committed to the success of every student in the class.

Co-Course Directors

- Ensure delivery of Doctoring 2 course/module objectives.
- Oversee curriculum content throughout the course and ensure deliberate spiraling and interleaving. Meet with AMEs to ensure adherence to MEO policies, instructional design expectations, and MEC recommendations.
- Review EQI data with AMEs and provide feedback and suggestions for improvement.
- Work with the SAC and review student feedback on an ongoing basis and suggest improvements.
- Meet students who are having academic difficulties.
- Work with the Academic Enhancement Office to recruit and schedule group tutoring/coaching for each module.
- Will respond to email from students within 24 hours on weekdays and 48 hours on weekends **unless** students write URGENT in the subject line which is reserved for students experiencing a personal emergency.

Course Managers and Program Administrators

The Course Manager and Program Administrators are responsible for the administrative and organizational support of Doctoring

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

AMEs

- Support the student group and assist with session format and flow
- Assess student participation

- Assess and provide feedback on communication, interview skills, physical exam, and clinical reasoning skills
- Guide and provide feedback on case presentation skills
- Provide feedback on write-ups in a timely and thorough fashion
- Create an environment conducive to learning
- Provide formal written evaluation of students through MedHub

Longitudinal Clinical Preceptors

- Demonstrate interview and physical examination techniques
- Assess and give feedback on communication, interview skills, and physical exam skills
- Evaluate write-ups in a timely fashion and at a thorough level
- Act as a role model for patient interactions and interactions with inter-professional team members
- Provide formal written evaluation of students through MedHub

Clerkship Prep Faculty

- Demonstrate physical examination techniques
- Assess and give feedback on admission type notes in a timely fashion
- Provide formal written evaluation of students through MedHub

4th Year Student Preceptors

- Assess and giving feedback on communication and interview skills
- Guide presentation skills
- Support physical exam skills development during AME sessions

Boston Medical Center's Chaperone Guidelines for Sensitive Exams

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

Physical Exam Demonstrations

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

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

Doctoring framing sessions will

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

AMEs will

- Include discussions of PE skills demonstrations in group expectations discussions of the team and plans for rotation of role plays and scribes
- Identify student volunteers the week prior to a PE skills session
- Notify course directors in advance if there is not a student volunteer for a given PE skills demonstration

Course directors will

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

Students will

- Use all provided resources to meet the learning objectives of the module
- Attend all sessions
    - This is a clinical course in which instructors and patients are expecting you. As in the third-year clerkships, all sessions are mandatory. If illness or other circumstances prevent you from attending, please contact instructor AND the Office of Medical Education
- Behave professionally (being on time for all sessions, dressing appropriately for the setting, and showing respect for faculty, patients, staff, and other students)
- Come prepared to participate in all active learning sessions (AME small group, application sessions, preceptorships)
- Participate actively in all sessions: answer questions posed in class and ask questions when information is unclear or more information is needed
- Complete all assignments (e.g., KSAs, note write-ups, etc.) on time, unless you have an excused reason
- Keep track of standardized patient sessions and other sessions scheduled
- Plan transportation in advance for all distant sessions (Checking time and directions, arranging a carpool, etc.)
- Keep their diagnostic kit always charged and bring their diagnostic equipment to sessions as directed
- Refrain from using pagers, phones, and laptops during patient interview sessions and didactic sessions unless your faculty member allows it, or it is an emergency situation
    - This includes, but is not limited to, texting and emailing during these sessions
    - Silence cellphones and pagers off in class
- Wear your white coat during patient interview sessions, unless told otherwise
- Not discuss personal information that you learn about a patient or a classmate outside of the context of the learning session
- Ask questions
- Elicit feedback on your clinical skills from instructors
- Recognize gaps in understanding, knowledge, and skills by reading, reviewing on-line materials, practicing with a friend, addressing with your AME, or proactively seeking help from the course director and coaches as needed

- Adhere to all BU and Chobanian & Avedisian School of Medicine policies outlined in the General Student Policies section.
- Adhere to team charter and team expectations

Instructional Tools

Blackboard

Each of the Doctoring 2 modules has a Blackboard Ultra site, located at http://learn.bu.edu. We will post module specific schedules, learning materials, assignments, along with module specific information on grading. Students with questions about the Blackboard site or find they do not have access to it should contact the Course Director or Course Managers for help.

Noodle Factory

If students have questions about course information, due dates, location, or the contents of an assignment, they may use Noodle Factory. The program is imbedded in the Doctoring 2 Blackboard site, and they may use it at any time.

MedHub

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

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

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

Note Taking and Studying Tools

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

Echo360/Technology

Echo360 may only be used for streaming captured lecture videos; the videos may not be downloaded. Taking smartphone or digital pictures or videos of any part of the lecture in class, or at home, is similar to downloading and is not allowed. There are several reasons for this, including that students and/or the University may be liable for violations of federal copyright and privacy laws as a result of the use of copied material.
If you experience any technical problems, please report the issue in one of the following ways to generate an IT ticket:

- **Echo360 Related Issues:** Create a ticket on the Ed Media site (http://www.bumc.bu.edu/bumc-emc/instructional-services/echo360/): Sign in and provide pertinent information that will enable an effective response. Have a link to the problematic video ready to copy/paste into this form.
- **Educational Technology Related Issues:** For assistance with technology supported by BUMC's Educational Media (e.g., ExamSoft), tickets can be created by emailing edtechhelp@bu.edu
- **Other Technology Related Issues:** For assistance with BU-wide technology, such as Blackboard, email an example (e.g. picture or very brief phone video) to ithelp@bu.edu with a descriptive subject line and give as many details as possible on the what, where, how you are using the service and what type of computer, browser, etc. along with type of student (i.e. M3). Always include link(s) to or screen shots of the issue.
- **Policy on Classroom Recordings**: https://www.bumc.bu.edu/camed/education/medical-education/policies/classroom-recordings/

Student Support Services

Academic Enhancement Office

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

Tutoring

Currently, peer tutors are not available for Doctoring modules, but we are exploring this possibility. If things change, we will let you know. If this service does become available for Doctoring, 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 can access and participate in the opportunities available at Boston University. In keeping with this objective, students are expected and encouraged to utilize the resources of Disability & Access Services to the degree they determine necessary. Although a significant degree of independence is expected of students, Disability & Access Services is available to assist should the need arise.
https://www.bu.edu/disability/accommodations/

General Student Policies

Artificial Intelligence Use Policy

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

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

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

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

Attendance & Time Off Policy

This policy addresses the expectations for student attendance and the procedures for requesting time off. The attendance & time off policy is located at: https://www.bumc.bu.edu/camed/education/medical-education/policies/attendance-time-off-policy/

In addition, if a student misses 3 sessions (even if excused) total over ALL modules, the student will need to meet with the course directors to discuss further as missing multiple sessions in Doctoring (modules 3-6) can impact the AMEs ability to provide feedback and the final grade of the student. If you miss 3 sessions or assignment extension requests, you will also need to meet with the Associate Dean of Medical Education.

If students miss a mandatory session, they will be required to either attend on another day if possible or submit an equivalent educational assignment as per the course directors.

Work Hours Policy

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

Medical Student Disciplinary Code of Academic and Professional Conduct

The School of Medicine expects all students to adhere to the high standards of behavior expected of physicians during all professional and patient care activities at the school and all 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 must also adhere to the highest standards of academic honesty and professional conduct in their coursework.

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

Policies and Procedures for Evaluation, Grading and Promotion of Chobanian & Avedisian MD Students

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

Assessment Policies

A student who is unable to take a scheduled Doctoring assessment (e.g., D2M4,5,6A, clinical reasoning examination) due to medical or family emergency must immediately notify the course manager, course director (s), and the Associate Dean of Medical Education at prgarg@bu.edu. Students should arrange directly with the course manager and the Dean for Medical Education to take make-up Doctoring assessments due to acute illness or emergency that can be made up at the next available date. If the assessment cannot be taken at the next available date, the student will meet with the Associate Dean of Medical Education. Student Affairs will be notified if students need additional support.

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

The full policies can be found here:

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

Student Evaluation Completion Policy

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

Process

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

Preclerkship Phase

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

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

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

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

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

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

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

Completion Expectations

The Medical Education Office monitors compliance rates multiple times a year and formally notifies students

of their compliance rate twice a year. Students who have completed less than 80% of their assigned evaluations at the half year will receive a notification email from the Associate Dean of Medical Education. If the compliance rate is less than 80% at mid or end of year, students will be discussed at a Student Early Intervention Committee meeting and may receive a professionalism warning letter if there are multiple concerns regarding lapses in professionalism.

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

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

Copyright Policy on the Use of Course Materials

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

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

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

If you have any questions, contact the Course Director.

For additional information:

- Intellectual Property Protection: https://www.bu.edu/academics/policies/intellectual-property-policy/
- Chobanian & Avedisian School of Medicine Policies: https://www.bumc.bu.edu/camed/education/medical-education/policies/

Learning Environment Expectations

The 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 notetaking, research, or collaboration—rather than for multitasking, shopping or entertainment during classroom sessions and shared activities. Students are encouraged to silence notifications and close unrelated apps to foster deeper engagement with your team and faculty. Students should use their peers as a resource for learning rather than digital tools.

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

Appropriate Treatment in Medicine (ATM)

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

Procedures for Reporting Mistreatment

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

- Contact the chair of the Appropriate Treatment in Medicine Committee (ATM), Dr. Vincent Smith, MD, directly by email (vincent.smith@bmc.org)
- Submit an online Incident Report Form through the online reporting system
- https://www.bumc.bu.edu/gms/about/atge/

These reports are sent to the ATM chair directly. Complaints will be kept confidential and addressed quickly.

Appropriate Treatment in Medicine website:
https://www.bumc.bu.edu/camed/student-affairs/atm/

Policy on the Appropriate Treatment in Medicine:
https://www.bumc.bu.edu/camed/files/2024/12/Appropriate-Treatment-in-Medicine-ATM-Policy_11-29-2017-3.pdf

Learning Environment Oversight (LEO)

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

Boston University Sexual Misconduct/Title IX Policy

The BU Sexual Misconduct/Title IX Policy is located at: https://www.bu.edu/policies/non-discrimination-policy/

Boston University Social Media Guidelines

Policies & Guidelines | PR Social

Appendix 1. Learning Strategies and Resources

The goal of medical education is to assist medical students to become life-long learners. Physicians need to keep up with ever-evolving best clinical practices and be able to read and retain pertinent facts from medical literature. To maximize your learning in the course, consider the following learning strategies:

- Prepare for class to learn the most from each session.
- Complete write-ups as soon as possible after you see a patient, no later than 24 hours. Otherwise, the information gets stale, and details will be forgotten. Write-ups are not term papers; they are official recordings of what was learned on patient interview and exam
- Read about the diseases you see in the patients you encounter in your longitudinal preceptorship and clerkship prep sessions. For example,
- If you meet a patient with alcoholic liver disease, read about the symptoms, signs, labs, and studies that help you to diagnose it.
- If you struggle to diagnose a dyspneic patient who you see in longitudinal preceptorship clinic, review the dyspnea diagnostic framework, and try to commit it to memory.
- Practice, practice, and practice your PE skills on friends, classmates, and family members.
- Practice in the CSSC with task trainers and SimScopes (i.e., stethoscopes that produce auscultation pathology) to solidify your skills.

If you do not feel comfortable answering the KSA questions, then reread the materials assigned. The KSAs assess comprehension of the written and practical material, but they also integrate the material with questions based on clinical vignettes. In addition to helping students prepare for the doctoring exam, KSAs should help students prepare for the doctoring-type USMLE type questions.

Outside Textbooks and Online Resources

Although we will provide content and resources required for your learning via Blackboard, there are some additional outside resources that you may find helpful.

FOR CLINICAL REASONING (CR)

Comprehensive Clinical Reasoning Book:

Stern S., Cifu A, and Altkorn D. Symptoms to Diagnosis: An Evidence Based Guide. McGraw Hill Lange Medical Books

Diagnostic Frameworks (free)

Penn Frameworks:
https://www.med.upenn.edu/frameworks/
Clinical Reasoning Practice (e.g., apps, podcasts, cases)
Human Diagnosis Project (https://www.humandx.org/), downloadable app
Short cases that can help you practice your clinical reasoning
Clinical Problem Solvers podcast

- Great cases that you can practice your clinical reasoning on; they have diagnostic frameworks available on their old website
- $$: They have moved behind a Patreon paywall now, so to get access to newer content (2022), you need to buy a subscription (tier 1= $5/month, but you do not access diagnostic frameworks and exclusive content unless you do tier 2 or 3

Universe of CPC (https://www.universeofcpc.com/)
Free website that categorizes all NEJM clinical reasoning cases by problem, diagnosis, etc.
These cases are super hard (I get most of them wrong), but lots of great pearls

FOR CLINICAL SKILLS IN GENERAL: (including note-writing, case presentation)
UCSD Practical Guide to Clinical Medicine (https://meded.ucsd.edu/clinicalmed/introduction.html)

FOR PHYSICAL EXAMINATION:
Bickley, Lynn S. (12th edition). Bates' Guide to Physical Examination and History Taking. Philadelphia: J.B. Lippincott Company
The library has purchased access to a complete set of PE videos. Bates' Guide to Physical Examination is an excellent resource and contains targeted interview/ anatomy/ PE/ and write-ups sections as well as the recommended online sources The Bates tapes are accessible from campus at: http://www.batesvisualguide.com/ and from off campus by Kerberos username/ password at: http://www.medlib.bu.edu/bates_vgtpe/
Physical diagnosis pdx (www.pdxpdx.com)
Amazing website full of murmur and video pathology
Stanford 25 (https://stanfordmedicine25.stanford.edu/)
Great videos that teach important physical exam techniques/maneuvers

Additional online resources will be listed with the weekly sessions.