# Principles Integrating Science, Clinical Medicine and Equity (PISCEs)

# Course Information

# Year 2

## AY 2026-2027

## MEDMD 230, 231, 233 (MD Students)

## GMSPS 734, 735, 736 (PA Students)

# Table of Contents


Medical Education Program Objectives ..... 4
Course Description & Goals ..... 5
Course Learning Objectives ..... 6
Module Learning Objectives ..... 7
Course Contact Information ..... 8
Course Improvement and Feedback ..... 9
Recent Changes to the Course ..... 9
Curricular Committee Representatives ..... 9
Student Advisory Committee (SAC) ..... 9
Diversity, Equity, and Inclusion Initiatives ..... 10
Course Schedule ..... 10
Instructional Design ..... 10
Assessment and Grading ..... 13
Course Blocks ..... 13
Course Grading Policy ..... 14
Remediation ..... 21
Grade Appeals ..... 21
Reporting Grades ..... 21
Expectations ..... 21
Course Roles and Responsibilities: ..... 21
Co-Course Directors ..... 21
Course Manager ..... 22
Module Director ..... 22
Module Faculty ..... 23
Students ..... 23
Instructional Tools ..... 24
Blackboard ..... 24
MedHub ..... 24
Note Taking and Studying Tools ..... 24
Saving a Blackboard Ultra Document as a PDF: ..... 24
Echo360/Technology ..... 24
Student Support Services ..... 25

Academic Enhancement Office ..... 25
Tutoring ..... 25
Disability & Access Services ..... 25
General Student Policies ..... 26
Artificial Intelligence Use Policy ..... 26
Attendance & Time off Policy ..... 27
Work Hours Policy ..... 27
Medical Student Code of Academic and Professional Conduct ..... 27
Policies and Procedures for Evaluation, Grading and Promotion of Boston University School of Medicine MD Students ..... 27
Assessment Policies ..... 28
Student Evaluation Completion Policy ..... 28
PA Student Policies ..... 29
Copyright Policy on the Use of Course Materials ..... 29
Chobanian & Avedisian School of Medicine Policies ..... 30
Learning Environment Expectations ..... 30
Cultivating Attention to Foster Community ..... 30
Appropriate Treatment in Medicine (ATM) ..... 31
Procedures for Reporting Mistreatment ..... 31
Boston University Social Media Guidelines ..... 31
Appendix 1: PISCEs Grading Flowcharts (Assessment and LPA) ..... 32

*Copyright © Trustees of Boston University. Do not copy for distribution.*
*Any unauthorized copies of these materials is a violation of the Student Disciplinary Code of Academic and Professional Conduct and may be a violation of federal copyright.*

## Medical Education Program Objectives

| A Chobanian & Avedisian School of Medicine graduate will be able to: | | |
|---|---|---|
| **INSTITUTIONAL LEARNING OBJECTIVES** | **MEDICAL EDUCATION PROGRAM OBJECTIVES** | |
| Establish and maintain **medical knowledge** necessary for the care of patients (MK) | MK.1 | Demonstrate knowledge of basic, clinical, pathophysiologic, biopsychosocial, health systems sciences, and humanities, needed for clinical practice. |
| | MK.2 | Apply foundational knowledge for clinical problem-solving, diagnostic reasoning, and decision-making to clinical scenarios. |
| | MK.3 | Demonstrate knowledge of research design, interpretation, and application of research outcomes to clinical questions. |
| | | |
| Demonstrate **clinical skills and diagnostic reasoning** needed for patient care (CSDR) | CSDR.1 | Gather complete and hypothesis driven histories from patients, families, and electronic health records in an organized manner. |
| | CSDR.2 | Conduct complete and hypothesis-driven physical exams interpreting abnormalities while maintaining patient comfort. |
| | CSDR.3 | Develop and justify the differential diagnosis for clinical presentations by using disease and/or condition prevalence, pathophysiology, and pertinent positive and negative clinical findings. |
| | CSDR.4 | Develop a management plan and provide an appropriate rationale. |
| | CSDR.5 | Deliver an organized, clear, and focused oral presentation |
| | CSDR.6 | Document patient encounters accurately, efficiently, and promptly including independent authorship for reporting of information, assessment, and plan. |
| | CSDR.7 | Perform common procedures safely and correctly, including participating in informed consent, following universal precautions, and sterile technique while attending to patient comfort. |
| | CSDR.8 | Identify common cognitive biases and implement mitigation strategies to reduce the impact of cognitive biases on decision making and patient care. |
| | | |
| Effectively **communicate** with patients, families, colleagues and interprofessional team members (C) | C.1 | Demonstrate the use of effective communication skills and patient-centered frameworks in history taking and physical examination |
| | C.2 | Explain common diagnostic and therapeutic interventions, assessment, plan, and underlying rationale to patients, families and caregivers and provides counseling and education with attention to patient centered language and health literacy. |
| | C.3 | Communicate clearly and effectively with colleagues within one's profession and team, consultants, and other members of the interprofessional team. |
| | C.4 | Communicate effectively using digital technology, including EMR and telehealth, to optimize decision making and treatment of individuals and across the health care system. |
| | | |
| | PCC.1 | Demonstrate humanism, integrity, respect, honesty, compassion, accountability, cultural humility, and responsiveness |

| | | |
|---|---|---|
| **Practice relationship centered care** to build therapeutic alliances with patients and caregivers (PCC) | 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 equity** for all patients (HE) | HE.1 | Demonstrate understanding of the historical and current drivers of structural inequities, their impact on healthcare, research, medical decision making and disparities in health outcomes. |
| | HE.2 | Explain how one's own identity, lived experiences, privileges, and biases influence their perspectives of colleagues, patients, and clinical decision making. |
| | HE.3 | Identify and explain potential strategies to reduce health disparities in patients and communities at the individual, local, community, and systems-based levels. |

## Course Description & Goals

Principles Integrating Science, Clinical Medicine and Equity (PISCEs) is a systems-based curriculum comprised of 3 foundational modules followed by 8 systems-based (e.g., cardiovascular, neuro/psych) modules ending in 9 weeks of integrated content based on patient cases. Woven into each of these modules are longitudinal

threads (e.g., oncology, infectious disease, anatomy, etc.) as well as the school's key themes health equity curriculum. Year 2 consists of 3 courses within PISCES and 5 total modules.

## Course Learning Objectives

1. Apply an understanding of the fundamental principles of the foundational sciences, including anatomy, physiology, embryology, genetics, histology, biochemistry, microbiology, pathology and pharmacology enabling a comprehensive understanding of the mechanisms underlying clinical presentations in health and disease. (MK.1, MK.2)
2. Apply knowledge of normal human development across the lifespan, recognizing key physiological changes, variations, and pathologies related to growth, puberty, and aging, with consideration of anatomy, physiology, histology, and embryology. (MK.1, MK.2)
3. Apply knowledge of the pathophysiologic mechanisms underlying common diseases across various organ systems—including cardiovascular, pulmonary, renal, hematologic, endocrine, reproductive, neurological, behavioral, gastroenterological, dermatological, rheumatological, and musculoskeletal systems. (MK.2)
4. Utilize knowledge of oncology to understand the pathophysiology and treatment options for various cancer types, including their impacts on patient care and the importance of multidisciplinary approaches. (MK.1, MK.2, HS.1)
5. Synthesize patient history, physical examination findings, and diagnostic test results to accurately develop differential diagnoses demonstrating clinical reasoning. (CSDR.3)
6. Identify basic management plans and the rationale for a range of diagnoses, considering the roles of pharmacological interventions, lifestyle modifications, and surgical options. (CSDR.3, CSDR.4)
7. Apply knowledge of historical and current drivers of structural inequities, their impact on healthcare, research, medical decision-making, and health disparities, to advocate for equitable health care practices. (HE.1, HE.3)
8. Apply ethical principles (beneficence, non-maleficence, autonomy, justice) to the analysis of clinical scenarios, particularly in areas involving health care disparities, reproductive health, and end-of-life issues, integrating insights from genomic medicine and health equity. (PCC.2)
9. Apply principles of epidemiology and biostatistics to understand public health issues, critically evaluate clinical research, and incorporate findings into case-based learning activities. (MK.2, MK.3, PPD.4)
10. Engage in self-directed learning, recognizing one's own strengths and weaknesses in various subjects, utilize available resources to enhance learning, and incorporate self-evaluation and peer assessment data to enhance learning (PPD.2, PPD.3)
11. Display professionalism and flexibility in managing the uncertainty inherent to the practice of medicine. (PPD.2)
12. Demonstrate interprofessional collaboration in healthcare by using effective communication skills with peers in the context of case-based learning in teams, demonstrating respect for the unique cultures, values, roles/responsibilities, and expertise of team members to achieve team goals. (C.3, PCC.1, HS.1)

## Module Learning Objectives

See Module General Information on the Blackboard site

## Course Contact Information

### Course Directors

**Name: Jonathan Wisco, PhD**
Associate Professor, Department of Anatomy and Neurobiology
Jjwisco@bu.edu
617-358-2002

**Name: Caitlin Neri, MD**
Associate Professor, Department of Pediatrics
Cneri@bu.edu; Caitlin.Neri@bmc.org
617-414-5544

### Course Managers

**Yvena Mera Romulus**
Email: yvenamer@bu.edu
Phone: 617-358-7496
Office: Medical Education Office, A-306

**Elizabeth Rivera**
Email: erivera@bu.edu
Phone: 617-358-7447
Office: Medical Education Office, A 102

**Module Directors**

| Module | Directors | Email |
|---|---|---|
| Psychiatry | Maria Prom, MD | Maria.Prom@bmc.org |
| | Karen Kwok, MD | Karen.Kwok@bmc.org |
| Neurology | Katelyn Bird, MD | kbird@bu.edu |
| | Ariel Marks, MD | Marksa@bu.edu |
| GI/Nutrition | Robert Lowe, MD | Robert.Lowe@bmc.org |
| | Gwynneth Offner, PhD | goffner@bu.edu |
| Derm/Rheum/MSK | Jonathan Wisco, PhD | jjwisco@bu.edu |
| | Michael Kwa, MD | Michael.Kwa@bmc.org |
| | Monica Crespo-Bosque, MD | Mcrespo@bu.edu |
| Advanced Integration Module | Robert Lowe, MD | Robert.Lowe@bmc.org |

| PA Program Didactic Faculty | Email |
|---|---|
| Aliza Stern, MMSc, PA-C | aastern@bu.edu |
| Robert O'Brien MHP, PA-C | Obrienro@bu.edu |

## Course Improvement and Feedback

### Recent Changes to the Course

PISCEs was a new course in the 2022-23 academic year. Based on feedback from year 1 and 2 evaluations, we have updated how we frame learning material, reduced the amount of KSA questions, continued to work on improvements in SLGs, improved the timing and pacing of application sessions, developed best practices for open discussion and consolidation, and and made a number of updates to Block 7 (Advanced Integration in Medicine). We have also adjusted assessment expectations based on an analysis of performance from the last two years.

### Curricular Committee Representatives

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

### Student Advisory Committee (SAC)

In order to respond to medical students' concerns in a timely fashion and to allow for student-faculty dialogue about the course, a Student Advisory Committee for each PISCEs Block (PISCEs 5-7) will be convened. We expect students and faculty to demonstrate openness to each other's ideas and to have a solutions-oriented focus. The committee will meet the week following an LPA for one hour and course coordinators will email asking for volunteers at the start of each new course. Details will be posted on Blackboard. All students are encouraged to bring any concerns (whether about the course, lectures, online materials, or interview

exercises) to one of their SAC representatives or curriculum committee representatives. A group of students who are curriculum committee representatives will serve as longitudinal members of all SACs to ensure recurrent themes across all modules are shared with the course directors.

### Diversity, Equity, and Inclusion Initiatives

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

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

## Course Schedule

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

Students should refer to the Blackboard module schedule and the week at a glance on the Blackboard site for module-specific schedules by week and assignments.

## Instructional Design

**INSTRUCTIONAL METHODS DEFINITIONS**

**Definitions:**

- **Learning Period:** between framing (beginning) and consolidation (before LPA) (2-3 weeks). There are typically 2 learning periods in a module.
- **Learning Unit**: Content Delivery and application. Typically, there are 2-3 learning units in a 2-week learning block and 3-4 learning units in a 3-week learning block.

1. **Framing**
    a. Definition: Introduction to the Learning block where module directors provide a framework or context for the future learning that will happen in the 2- or 3-week time period. A framing session and a framing Self-Learning Guide describe what will be learned, how it will be learned

and how students will know if they have successfully learned it. It should be reviewed before any guided self-learning begins.

b. Attendance: Optional in person for the framing session (this will be recorded), on your own for the Self-Learning Guide.
c. When this typically happens: At the start of a learning period during the introductory session or sometimes at the start of a learning unit (module dependent). Framing SLG is posted the Wednesday before the first day of a learning period.
d. Materials: Slides, learning objectives, definitions, baseline information and framing cases.

**2. Introductory session**

a. Definition: introduction to the learning block topics; presentation of framing cases. This is a session when the module directors discuss how a module will run, review requirements, deadlines and faculty availability for the module. The module directors will frame the module by highlighting discipline specific clinical reasoning and foundational information needed to succeed in the module.
b. Attendance: Optional in person (this will be recorded)
c. When this typically happens: Beginning of a learning period
d. Materials: Slides, Schema, and mini-SLG

3. **Framing Cases**

a. Definition: Representative patient cases for the learning period with guiding questions (from the learning objectives) to help frame what students will be learning in guided self-learning and applying in the learning period.
b. When this typically happens: Students should try to answer these guiding questions while doing their guided self-learning throughout the learning period. The framing cases and guiding questions will be revisited during consolidation.

4. **Guided Self-Learning**

a. Definition: Educational materials (Self-Learning Guides (SLGs), lectures, videos etc.) that give students the foundational knowledge needed for application sessions. These materials are given to students on Blackboard in advance of the application sessions (Small group application sessions, Team-Based Learning, Large group application exercises); knowledge self-assessment questions will be given to students to check their understanding of the content provided. Due dates for these are posted on Blackboard and are before the application sessions. These will be posted no later than 1-week before any application sessions relevant for that content.
b. When this typically happens: Day 1 and 2 of a one- or two-week learning block and day 5 and 6 of a two-week learning period.
c. Materials: Self-learning guide

5. **Self-Study**

a. Definition: students direct their own studying outside the classroom; no specific materials or new content provided.
b. When this typically happens: In the afternoons when students do not have doctoring small groups or patient care.
c. Materials: None

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

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

8. **Large Group Applied Learning (LGA)**
    a. Definition: an **application session** when the whole class sits in their teams and works together to apply concepts learned in guided self-learning. Examples are faculty facilitated case-based learning that included pauses for students to work through cases in their teams and solve problems.
    b. Attendance: Required
    c. When does this typically happen: After guided self-learning (day 3 or 4 of a one- or two-week learning period, and day 7 or 8 of a two-week learning period).
    d. Materials: Slides with cases or case handouts for students (post to blackboard) and slides with answers provided after session

9. **Large Group Lecture**
    a. Definition: Core content delivered from one or many faculty members. These sessions are focused on content delivery. New material deemed best communicated in a lecture format is taught. This is accompanied by a mini SLG and these sessions may include active student engagement through clicker questions, think pair share, etc.
    b. Attendance: Not required, sessions will be recorded.
    c. When does this typically happen: Depends on the modules. Should be before application sessions for the material discussed.
    d. Materials: Slides for students (post to blackboard) and mini-SLG

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

11. **Consolidation Session**
    a. Definition**: Application session** at the end of the learning period to revisit the content learned. The framing cases will be the backbone of this session and students will revisit the patient cases and take a more specific look at the issues in the case (as opposed to the big picture questions asked during the beginning of the learning block). Some of the cases will unfold to provide more information to further students' understanding of the concepts learned in the learning block. There will be opportunities for peer discussion and Q&A. Student groups should work through cases and then faculty review big picture concepts and questions in preparation for the LPA.
    b. Attendance: Required
    c. When does this typically happen: At the end of a learning period.
    d. Materials: Slides for framing case review and expansion.

12. **Integrated Case Session**
    a. Definition: Specifically, designed patient cases to integrate content learned across systems. Faculty facilitated large group sessions with group work and discussions at tables. Patient cases that help apply information, integrate and consolidate content learned, and revisit content seen already.
    b. Attendance: Required (unless re-examination happening that week)
    c. When does this typically happen: During weeks when LEADS is also running.
    d. Materials: Slides posted on blackboard

## Assessment and Grading

### Course Blocks

In PISCEs, each course (MEDMD 230, and 231; GMSPS 734, 735) is made up of 2 modules, except for MEDMD 233 (GMSPS 736) which is one module comprised of 9 weeks. The modules are a weighted percentage of your

final course grade (based on length) and are listed below. All PISCEs courses are pass/fail and the grade for each course will be recorded on your transcript. Each module will also have an associated assessment table describing the assessment components of the module and the weight of each component.

| PISCEs | Start Date | End Date | Weeks |
|---|---|---|---|
| **PISCEs 5 (MEDMD 230, GMSPS 734)** | | | |
| Psychiatry | 7/20/2026 | 7/31/20256 | 2 |
| Neurology | 8/3/2026 | 9/4/2026 | 5 |
| **PISCEs 6 (MEMD 231, GMSPS 735)** | | | |
| GI | 9/21/2026 | 10/16/2026 | 4 |
| Dermatology/Rheumatology/MSK | 10/19/2026 | 11/13/2026 | 4 |
| **PISCEs 7 (MEDMD233, GMSPS 736)** | | | |
| Advanced Integration Module | 11/30/2026 | 2/19/2026 | 9 |

## Course Grading Policy

Click on this link to see a visual representation of the grading policy. Grading Flowcharts

PISCEs **course grades** are based on the following assessment components, and the weight of each of those components is listed in the module general information section on the Blackboard page.

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

| PISCEs 5 | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Week # | LPA | OEQ | TBL<br>3 points IRAT<br>1 points TRAT | KSA<br>Completion<br>on time | Practice OEQ<br>on time | Dx Wisely | UWorld<br>Questions | Course evaluations and peer evaluations | Other assignments | Attendance |
| Week 1 (Psych) | | | 4.0 | 7.0 | 6.0 | | | | | |
| Week 2 (Psych | 18.0 | 4.0 | 4.0 | 7.0 | | | 6.0 | | | |
| Week 1 (Neuro) | | | 4.0 | 7.0 | 6.0 | 4.0 | | 80% completion by end of semester | 80% completion by end of semester | 90% completion by end of semester |
| Week 2 (Neuro) | | | 4.0 | 7.0 | | 4.0 | | | | |
| Week 3 (Neuro | 24.0 | | 4.0 | 7.0 | | | | | | |
| Week 4 (Neuro) | | | 4.0 | 7.0 | 6.0 | | | | | |
| Week 5(Neuro | 18.0 | 8.0 | 4.0 | 7.0 | | 4.0 | 15.0 | | | |
| Total | 60.0 | 12.0 | 28.0 | 49.0 | 18.0 | 12.0 | 21.0 | | | |
| | | 100.0 | | | 100.0 | | | | | |

| PISCEs 6 | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Week # | LPA | OEQ | TBL<br>3 points IRAT<br>1 points TRAT | KSA<br>Completion<br>on time | Practice OEQ<br>on time | Dx Wisely | UWorld<br>Questions | Course<br>evaluations<br>and peer<br>evaluations | Other<br>assignments | Attendance |
| Week 1 (GI) | | | 4.0 | 5.0 | 7.0 | 4.0 | | 80%<br>completion<br>by end of<br>semester | 80%<br>completion<br>by end of<br>semester | 90%<br>completion<br>by end of<br>semester |
| Week 2 (GI) | 15.0 | | 4.0 | 5.0 | | | 5.0 | | | |
| Week 3 (GI) | | | 4.0 | 5.0 | 7.0 | | | | | |
| Week 4 (GI) | 15.0 | 4.0 | 4.0 | 5.0 | | | 5.0 | | | |
| Week 1 (D/R/MSK) | | | 4.0 | 5.0 | 7.0 | 4.0 | | | | |
| Week 2 (D/R/MSK) | 15.0 | | 4.0 | 5.0 | | | 5.0 | | | |
| Week 3 (D/R/MSK) | | | 4.0 | 5.0 | 7.0 | | | | | |
| Week 4 (D/R/MSK) | 15.0 | 4.0 | 4.0 | 5.0 | | 4.0 | 5.0 | | | |
| Total | 60.0 | 8.0 | 32.0 | 40.0 | 28.0 | 12.0 | 20.0 | | | |
| | | 100.0 | | | 100.0 | | | | | |

| PISCEs 7 | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Week # | LPA | OEQ | Quiz<br>3 points IRAT<br>2 points TRAT<br>(2x/wk) | KSA | CBSE and<br>CBSSA<br>completion | Dx Wisely | Practice<br>OEQ/OCRA<br>on time | Course<br>evaluations<br>and peer<br>evaluations | Other<br>assignments | Attendance |
| Week 1 | | | 5.0 | 5.0 | | | | 80%<br>completion<br>by end of<br>semester | 80%<br>completion<br>by end of<br>semester | 90%<br>completion<br>by end of<br>semester |
| Week 2 | | | 5.0 | 5.0 | | | | | | |
| Week 3 | 15.0 | 2.5 | 5.0 | 5.0 | | 4.0 | 4.0 | | | |
| Week 4 | | | 5.0 | 5.0 | | | | | | |
| Week 5 | 10.0 | 2.5 | 5.0 | 5.0 | | 4.0 | 4.0 | | | |
| Week 6 | | | 5.0 | 5.0 | | | | | | |
| Week 7 | 10.0 | 2.5 | 5.0 | 5.0 | | 4.0 | 4.0 | | | |
| Week 8 | | | 5.0 | 5.0 | | | | | | |
| Week 9 | 10.0 | 2.5 | 5.0 | 5.0 | | 4.0 | 4.0 | | | |
| Total | 45.0 | 10.0 | 45.0 | 45.0 | 23.0 | 16.0 | 16.0 | | | |
| | | 100.0 | | | 100.0 | | | | | |

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

**Assessment of learning** is composed of three components and determines whether you pass a course: a) Learning Progress Assessments (LPAs); b) Open Ended Questions (OEQs); and c) Team-Based Learning Individual Readiness Assurance Tests (IRATs) and Team Readiness Assurance Tests (TRATs).

To **pass** the course, students need **a total of 75 points out of 100** in this category.

**Learning Progress Assessments (LPAs)**: LPAs are taken in Exam Soft every 2-3 weeks in a module. They are comprised of multiple-choice questions focused on application of the material. They are assessing the module learning objectives and content from the application sessions and practice LPA and OEQ questions. All questions are application of material you have learned.

**Open Ended Questions (OEQs):** The final LPA in a module will include 1 summative open-ended question per learning block (total 2). Summative OEQs are in the final week of the module and are part of the LPA in Exam Soft. Students will receive a percentage of the points designated to the OEQ's based

on their OEQ percent correct. There is no specific re-examination for OEQs but students will still need to get a score of >75 points total in the Assessment of Learning category to pass the course.

**LPA Grading Guidelines**

•If student gets **<70%** on an LPA, they need to **re-examine.** (*attempt 1) Incomplete on transcript until reexamination*
•If they get **≥ 75% on the re-examination they pass**. *(attempt 2) P on transcript*
•If they get **< 75% on the re-examination**, they get a FAIL on their transcript. They need to **remediate that exam** at the end of the year *(attempt 3) and the FAIL on transcript will change to FAIL/PASS on transcript if the student scores ≥ 75% on the end of year remediation exam.*
•If they **fail the remediation exam, <75%,** they will need to **repeat the Block (all modules in Block)**

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

**If a student receives a score of <70% on any LPA they must**:

1. Re-examine on the next reexamination date on the calendar unless delaying has been discussed with the course directors.
2. Students must email and are required to meet with the module director after receiving their LPA score of <70% to discuss their performance before they can sit for the reexamination.
3. Students are required to attend all remaining open discussions in that course.
4. Students should also strongly consider meeting with the staff in the Academic Enhancement Office, in the Student Affairs Office and arrange for a tutor via the Tutor Management System if they require a reexamination.

*Other Notes:*

We round final **LPA** grades > or equal to 69.50 up to 70 and module completion points from 74.50 to 75. No module grades or quiz grades are rounded up before the Block grade calculation. If you score a 70.49 and below, you score will round down to 70.

**Team Based Learning**

There are two components that contribute to the course grade in team-based learning: The 1) IRAT and the 2) TRAT.

1) **Individual Readiness Assurance Test (IRAT):** The IRAT is the individual readiness assurance test for the team-based learning (TBL) sessions. The IRAT is a knowledge-based assessment

completed individually that checks student understanding of the pre-work provided in the self-learning guides. It is completed in the classroom on blackboard when a student enters a team-based learning session and is timed at 2 minutes per question (unless accommodations have been given by the university). Students will get the % of points based on the number of questions they got correct (see above example). **Students are expected to be present in class and on time for the IRAT to receive credit.**

2) **Team Readiness Assurance Test (TRAT):** The TRAT is the team portion of the TBL session. The team completes the same questions as the IRAT in a team**.** During the TRAT, the answers are revealed. The TRAT is completed together by the team and each question should be completed one by one by the group (teams do not move on to the next question until they get a correct answer for the current question). One member of the team is designated to submit the answers and does so on Blackboard for the entire group. If the answer is incorrect, then the team must re-discuss the question and submit a new answer until they have chosen the correct answer. The goal is for the team to use their collective knowledge from completing the pre-work to answer the questions. No additional resources should be used during a team-based learning session unless specified by the instructor.

   For the TRAT, if the group gets the correct answer on the first attempt, they get full credit for that question. If they get it correct on the second attempt, they get half credit for that question. Third attempt is 30% credit, fourth attempt is 25% credit, and fifth attempt is 20% credit. For example, if there are 5 TRAT questions and a group got 3 correct on the first attempt, 1 correct on the second and 1 correct on the third – total is 3.8/5.

   **Students are expected to be present in person during the team session to receive credit. If a student is choosing not to attend, please let the course coordinators know in advance. You will receive 0% for the TBL.**

**Course Final Grade**

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

- Please note: After successful re-examination of individual LPAs, the LPA re-exam scores will be used in the grade calculator in place of the original failing grades
- Any student who fails 2 or more LPAs in one course will receive an F on their transcript and will need to reexamine all LPA's. After passing all reexaminations, the student will receive an F/P

- If a student fails >2 LPAs in a course, they will need to take a comprehensive reexamination regardless of total points received. If a course has 4 LPA's and a student fails 3 or more, they will need to take a comprehensive reexamination.

The comprehensive re-examination is a mix of MCQ from the whole course. On re-examination if a student gets:

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

**Monitoring your performance as a student**

Students are expected to monitor their performance throughout the course. **Students should recognize that they are at risk of failing a course if their average on any one of the three major assessment categories is less than 75%, i.e. LPA average score, TBL average score or OEQ average score.**

## Assessment for Learning (highlighted in green in figure):

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

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

This category is a **done/not done**- students receive credit for completion and receive no credit for partial or no completion. All course work must be completed by the deadlines provided in Blackboard.

If students earn **<80 points,** in this category (KSAs, OEQs, DxWisely and UWorld, then the students will **FAIL** the course and receive an F on the transcript, which can be updated to an F/P after completion of any missing work and a make-up assignment within 3 business days of notification by the course coordinators of the faill. If this makeup work is completed on time, the student will receive an F/P on the transcript. If not, the student will need to take a comprehensive remediation exam at the end of the year and receive a score> 75% to receive a pass.

**Assessment for Learning Activities:**

**Students should not use any AI tool to determine the best answer.**

**Knowledge Self-Assessment (KSA):**

These are questions that are intended for learning. They are questions that help you check your understanding of the content you have studied in the self-learning guide and provide you with feedback. They have a deadline for completion (listed in BB) so faculty can review class performance and review challenging content for students during an open discussion or application. The assessment is timed, and students have four minutes per question. Student performance on the KSA is not assessed nor is it part of the credit. Credit is based only on completing questions by the due date. No credit will be given for KSAs completed after the due date unless prior arrangements were made with the course directors for an excused absence. These questions are meant for learning, and students will learn from getting questions incorrect so are encouraged to not wait until they feel 100% comfortable with the material.

**Practice Open Ended Questions (OEQs):**
Practice OEQs will be provided for students to practice the format of the summative OEQ. Students must complete the practice OEQ by typing their answer into the space provided on Blackboard prior to the deadline to receive points for the activity. Students should treat the practice OEQ as a simulation of the summative OEQ. To receive credit, It is expected that every student answers the question with a plausible answer that demonstrates their understanding of the material. The PISCEs admin team will perform random checks on the completeness, quality and professionalism of the responses to the question(s).

**UWorld® Questions:**
Medical students will be assigned UWorld Board review questions with deadlines for each Learning period by the Module Directors in the UWorld app. A summary document of the number of questions and deadlines for every module learning period can also be found in the PISCEs course folder in Blackboard. Student performance **is based on** assignment completion, not on the number of questions answered correctly. Indeed, the purpose of the questions is to familiarize students with the USMLE Step I format, and to provide additional practice questions beyond what is provided to students by the Module Directors. UWorld performance should be discussed with faculty during weeks when Individualized Learning Goals need to be submitted and should be incorporated into these goals. Students should use best practices in completing questions as previously discussed in terms of time spent in answering and reviewing answers.
Physician Assistant students **do not have access to UWorld** and instead are expected to use their assigned question bank to complete a similar assignment which allows for review of key concepts in question format.

**DxWisely** – Cases are assigned in DxWisely during the course. Students are expected to complete the cases by the deadlines on Blackboard to receive credit for this assignment. The cases will be reviewed by faculty in sessions as labeled in the calendar.

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

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

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

PA students will have an opportunity to review the comments and scores with their faculty.

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

**Individualized Learning Goals and Plans:** At intervals, students will be asked to complete individualized learning goals and plans based on their performance and feedback to date.

**Attendance:**
Attendance at mandatory sessions (as identified in the google calendar) is a requirement and an expectation of all students enrolled in the curriculum. Sessions labeled as mandatory have been chosen because of the instructional design. If a student misses more than 10% of mandatory session classes in a module without notification or for an excused absence, they will receive a professionalism notification.

If a student does not meet the 90% requirement, then the SEIC will be informed, and a professionalism notification may be sent to the student by the SEIC.

**PA students** are required to attend all sessions of PISCEs including those marked optional for medical students. Please email the PA didactic faculty (Dr. Stern and Dr. O'Brien) if you are unable to attend a session.

If you need to be absent for excused or unexcused reasons, please fill out the CAMED Absence and Attendance Notification form or click here: www.bumc.bu.edu/attendance

Students should have no more than **3 absences in any consecutive 4-week period** in any course. Students should have no more than **5 total absences per semester.**

After 3 absences in any consecutive 4 weeks period or 5 absences in a semester, course administrators will notify the Associate Deans of Student Affairs and Medical Education. The absence reasons will be reviewed and students may be required to meet with an Assistant/Associate Dean. It is expected that students will respond and meet with a dean if requested.

Please keep track of the number and frequency of your absences. The course directors will receive an alert when you have reached 5 excused or unexcused absences and will reach to you to ascertain your academic progress and wellbeing.

### Remediation

If a student scores <75% on a reexamination, they will receive a FAIL on their transcript and will be required to take a **remediation exam** at the end of Year 2 before promotion to Year 3. Three remediation dates are set at approximately 2-week intervals following the final PISCEs module end date; students may choose which of those dates they prefer for their remediation in discussion with the Office of Enhancement. We post the remediation exam dates and online registration for remediation in late spring. Students who need to take two or more PISCEs remediation exams must seek permission from the SEPC (Student Evaluation and Promotion Committee) to sit for remediation examinations. To pass a remediated course, students must earn a grade of ≥75% for each of the remediated LPAs in that course remediation assessment. Each remediated module grade is based solely on its remediation LPA and does not factor in previous LPAs in the block.
If they score >75% on the remediation exam, the transcript will change from F to a F/P.

### Grade Appeals

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

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

### Reporting Grades

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

### Expectations

1. Refrain from any conversation with your peers while in the L-11 testing space, including within the vending room and elevator waiting area, until you are on the elevator
2. Don't seek or receive copies of assessments
3. Signing in remotely to sessions where you are not present 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 PISCEs Course Directors, Module Directors, Faculty, and Course Managers are committed to the success of every student in the class.

### Co-Course Directors

- Ensure delivery of PISCEs course/module objectives and intentional longitudinal progression of the PISCES and LEADS threads.
- Oversee curriculum content throughout the course and ensure deliberate spiraling and interleaving. Meet with module directors and ensure adherence to MEO policies, instructional design expectations, and MEC recommendations.

- Review EQI data with each module director and provide feedback and suggestions for improvement.
- Develop expertise in Team-Based Learning and attend sessions across modules at regular intervals.
- Work with the SAC and review student feedback on an ongoing basis and suggest improvements.
- Meet with students who are having academic difficulties.
- Work with the Academic Enhancement Office to recruit and schedule group tutoring/coaching for modules.
- Assist students with overall approach to the course and provide guidance to students during the course as needed.
- Will respond to email from students within 24 hours on weekdays and 48 hours on weekends unless student writes URGENT in subject line which is reserved for students experiencing a personal emergency.
- During weeks when a course is in session, all course and module directors should respond to emails within 24 hours and faculty within 48 hours.

## Course Manager

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

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

## Module Director

- Serves as the primary contact for students with Module-related issues.
- Provides answers and explanations to student inquiries regarding any aspect of the module.
- Provides advice and assistance to students for improving their learning strategies and performance in the course.
- Reviews evaluations and, with the PISCEs and Medical Education Office leadership (MEO), implements appropriate changes in Modules based on student feedback.
- Ensure that all faculty are teaching using the MEO instructional design expectations and requirements, i.e. creating TBL, other large group active learning formats and equity principles.
- Recruit faculty, communicate with them regarding scheduled teaching time and deadlines for teaching materials
- Ensure that the module addresses Step 1 content, i.e., see First Aid for Step 1
- Prepare, review, and edit all assessment questions (formative and summative) in accordance with course and examination policies and guidelines (see separate document) Proctor assessments.

- Attend the post-assessment review session and answer questions from students
- Meet with all students who fail an assessment requiring reexamination and be available to review questions
- Attend Student Advisory Committee (SAC) meeting(s)
- Respond in a timely manner to students with questions or concerns regarding the module
- Provide feedback and faculty development to all faculty in module and share student evaluation data annually
- **Will respond to email from students within 24 hours on weekdays and 48 hours on weekends.**

### Module Faculty

- Module faculty are responsible for covering the learning objectives in their educational materials and sessions in a way that is focused and consistent with the instructional design of the course.
- Answer questions in, or outside of, class via e-mail, face-to-face, open discussion sessions, and class discussion boards.
- Create clear and fair exam questions that assess student learning and application of the course content based on the learning objectives.
- Demonstrates inclusive curricular design and language
- **Will respond to email from students within 24 hours on weekdays and 48 hours on weekends.**

### Students

As adult learners, students are expected to:

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

## Instructional Tools

### Blackboard

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

### MedHub

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

Instructional guides for MedHub can be found at: https://www.bumc.bu.edu/edtech/medhub-resources/https://www.bumc.bu.edu/evalue/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/

### Saving a Blackboard Ultra Document as a PDF

With Blackboard documents (items created within BB): click "Print" in the upper right hand corner. Print to PDF.
With uploaded files: next to the file name click on the "A" icon. This will bring up a list of "alternative formats" that you can download. Select "Tagged PDF" then download.

### Echo360/Technology

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

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

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

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

- **Educational Technology Related Issues:** For assistance with technology supported by BUMC's Educational Media (e.g. ExamSoft), tickets can be created by e mailing 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 where the issue is occurring.

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

## Student Support Services

### Academic Enhancement Office

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

### Tutoring

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

### Disability & Access Services

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

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

## General Student Policies

### Artificial Intelligence Use Policy

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

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

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

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

### Attendance & Time off Policy

Attendance at mandatory sessions is a professionalism skill important to the career of medicine. 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/

If you need to be absent for excused or unexcused reasons, please fill out the CAMED Absence and Attendance Notification form or click here: www.bumc.bu.edu/attendance

Students should have no more than **3 absences in any consecutive 4-week period** in any course. Students should have no more than **5 total absences per semester.**

After 3 absences in any consecutive 4 weeks period or 5 absences in a semester, course administrators will notify the Associate Deans of Student Affairs and Medical Education. The absence reasons will be reviewed and students may be required to meet with an Assistant/Associate Dean. It is expected that students will respond and meet with a dean if requested.

Please keep track of the number and frequency of your absences. The course directors will receive an alert when you have reached 5 excused or unexcused absences and will reach to you to ascertain your academic progress and wellbeing.

### 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 Code of Academic and Professional Conduct

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

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

### Policies and Procedures for Evaluation, Grading and Promotion of Boston University School of Medicine MD Students

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

## Assessment Policies

A student who is unable to take a scheduled LPA due to medical or family emergency must immediately notify the course manager, 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 LPA's due to acute illness or emergency that can be made up within 3 days. If the LPA cannot be taken within 3 days of the original date, the student will meet with the Associate Dean of Medical Education. Student Affairs will be notified if student needs additional support.

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

The full policies can be found here:

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

## Student Evaluation Completion Policy

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

**Process**

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

**Preclerkship Phase**

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

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

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

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

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

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

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

**Completion Expectations**

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

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

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

## PA Student Policies

Program policies for PA students may differ from the medical school. PA students should refer to their Student Handbook.

## Copyright Policy on the Use of Course Materials

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

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

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

If you have any questions, contact the Course Director.

For additional information:

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

### Chobanian & Avedisian School of Medicine Policies

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

## Learning Environment Expectations

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

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

### Cultivating Attention to Foster Community

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

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

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

## Appropriate Treatment in Medicine (ATM)

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

### Procedures for Reporting Mistreatment

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

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

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

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

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

**For PA students:** Appropriate Treatment in Graduate Education https://www.bumc.bu.edu/gms/about/atge/

Policy on the Appropriate Treatment in Medicine: https://www.bumc.bu.edu/camed/student-affairs/md/student-resources/atm/

## Boston University Non-Discrimination Policy

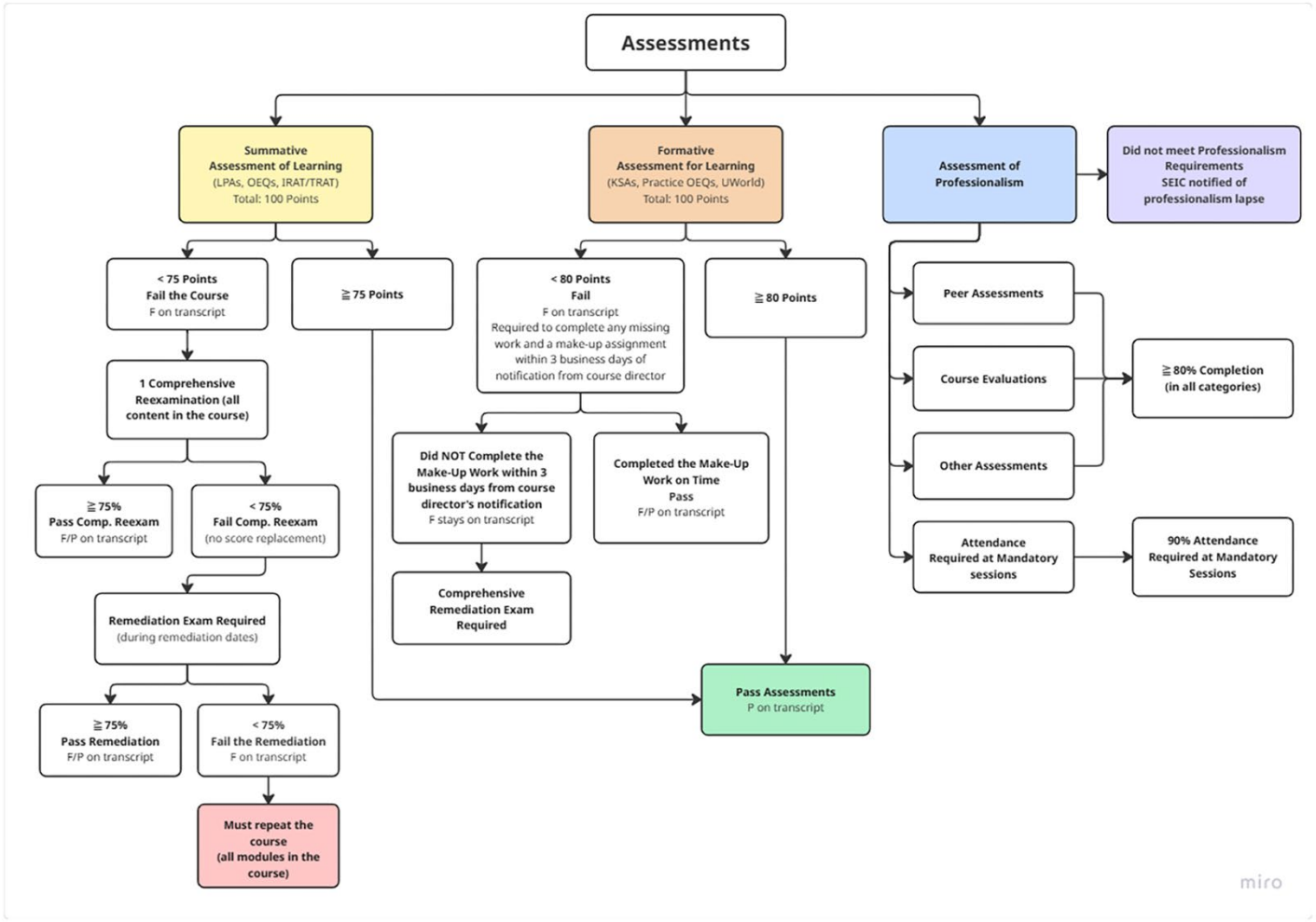
Boston University Non-Discrimination Policy | Policies
Boston University Non-Discrimination Procedures | Policies

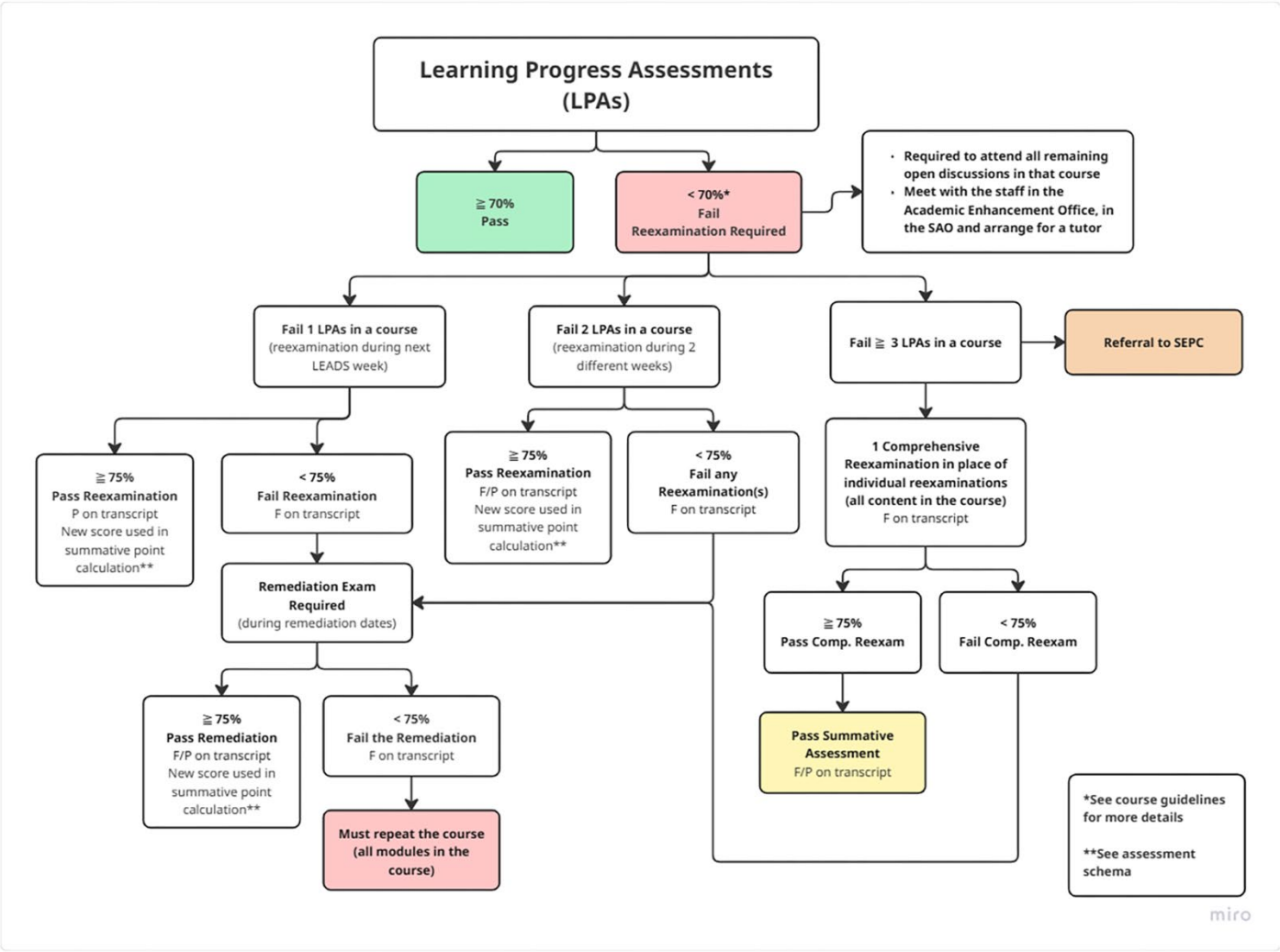
## Boston University Social Media Guidelines

https://www.bu.edu/prsocial/policies-guidelines/
https://www.bumc.bu.edu/camed/offices-services/communications-office/social-media-guidelines/

## Appendix 1: PISCEs Grading Flowcharts (Assessment and LPA)

These can also be found on Blackboard under PISCEs Course Information>PISCEs General Information
[(PISCEs Grading Flowchart 25-26 on Blackboard)]




Learning Progress Assessments (LPAs)
≧ 70% Pass
< 70%* Fail Reexamination Required
Required to attend all remaining open discussions in that course
Meet with the staff in the Academic Enhancement Office, in the SAO and arrange for a tutor
Fail 1 LPAs in a course (reexamination during next LEADS week)
Fail 2 LPAs in a course (reexamination during 2 different weeks)
Fail ≧ 3 LPAs in a course
Referral to SEPC
≧ 75% Pass Reexamination P on transcript New score used in summative point calculation**
< 75% Fail Reexamination F on transcript
≧ 75% Pass Reexamination F/P on transcript New score used in summative point calculation**
< 75% Fail any Reexamination(s) F on transcript
1 Comprehensive Reexamination in place of individual reexaminations (all content in the course) F on transcript
Remediation Exam Required (during remediation dates)
≧ 75% Pass Comp. Reexam
< 75% Fail Comp. Reexam
≧ 75% Pass Remediation F/P on transcript New score used in summative point calculation**
< 75% Fail the Remediation F on transcript
Pass Summative Assessment F/P on transcript
Must repeat the course (all modules in the course)
*See course guidelines for more details
**See assessment schema
miro