

**Baylor College of Medicine**  
**Department of Medicine- Emergency Medicine**



**Emergency Medicine**  
**Clerkship Overview Document**

November 14, 2019

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# **I. Introduction and Overview**

The Emergency Medicine Clerkship is a two week rotation that is designed to give students exposure to the field of Emergency Medicine and the emergent approach and stabilization to the undifferentiated patient. This course will take place in the Ben Taub General Hospital Emergency Room, which sees approximately 100,000 patients a year and is also a Level 1 Trauma Center. As part of this rotation, students will learn the emergency medicine approach to common chief complaints. Commonly, the student will be the first provider to take a full history and physical from a patient and from this form a differential and a therapeutic plan to present to the senior resident and the attending. In addition, students will have the ability to perform common Emergency Medicine procedures: laceration repairs, incision and drainage, splinting and iv insertion. Supplanting the clinical experience, the students will also have two hours of case based lectures a week, one hour of simulation sessions a week with an interdisciplinary team including PA students and pharmacy students. The students will also attend the Emergency Medicine grand rounds which is four hours of lectures a week. At the end of the rotation, the student will have to write up a formal history and physical and come up with a clinical question regarding the patient. The student will also have to read two articles regarding the topic and summarize the findings in a one page paper.

## **II. Clinical Sites**

Ben Taub General Hospital Emergency Department.

Address:

1504 Taub Loop

Houston, TX, 77030

The Ben Taub General Hospital is a county hospital that sees approximately 100,000 patients a year. It serves a primarily underserved population and is one of only two Level 1 Trauma Centers in Harris County. In addition it is a Comprehensive Chest Pain Center and also a Comprehensive Stroke Center. At this site, the student will be able to be the first provider to see the undifferentiated patient and form a diagnostic and therapeutic plan. Students will gain exposure to a wide variety of common chief complaints for which students present to the Emergency Center.

### **A. Study/Storage/Lounge Spaces for Students**

#### **a. Site-Ben Taub General Hospital**

- **Study space:** Staff Lounge, Basement Cafeteria
- **Secure Storage Space:** Lockers are located in the staff lounge and the male and female locker rooms
- **Lounges:** Staff lounge and Basement Cafeteria

## **III. Contact and Site Information**

Clerkship Director: Navdeep Sekhon

Email: [sekhon@bcm.edu](mailto:sekhon@bcm.edu)

Phone: 925-381-5685

Clerkship Coordinator: Malisa Dever

Email: [malisa.dever-cabezas@bcm.edu](mailto:malisa.dever-cabezas@bcm.edu)

Phone: 713-873-2630

Office Location:

#### **IV. BCM Graduation Competencies and Educational Program Objectives (Appendix 1)**

- a. The educational objectives of the Clerkship in Emergency Medicine are aligned with the Graduation Competencies for Baylor College of Medicine
- b. Students are expected to achieve these objectives by the end of the two week Clerkship rotation
- c. This document is available through E-Value and the Blackboard application.

#### **V. Relationship of Clerkships Objectives to BCM Core Competencies and Graduation Goals- (CCGG's) and Entrustable Professional Activities (EPA's)**

CCGG	EPA	EM Objective	How is it taught?	How is it assessed?	Notes /To-Do
1.4, 3.5, 3.8	1	Perform pertinent, compassionate and focused history and physical exams on the undifferentiated patient.	Didactics, Direct Observation.	Direct Observation Form, SPAF	
3.3	2	Create a prioritized differential diagnosis for common Emergent Chief Complaints.	Didactics	SPAF	
3.2, 3.7	3, 10	Create a diagnostic and therapeutic plan for common emergent chief complaints	Didactics	SPAF	
4.1, 4.4		Demonstrate interprofessional communication skills that result in information exchange and collaboration with patients, their families and colleagues.	Direct Observation, Didactics	SPAF, Direct Observation Form	
5.3	7	Formulate a clinical question regarding a patient and answer the question using available literature and technology	Self-Directed Learning, material provided	Student's answers to questions reviewed by clerkship director who provides formative feedback and grades the response using a standardized from.	
3.4	12	Demonstrate competency in performing basic EM procedures.	Didactics, Simulation,	Case Logging and Simulation	

**VI. You said, We did:**

You Said	We Did
Duty hour violation for 10 hours between shifts and learning activities	Gave you 11 hours between shifts and learning activities
FAST simulation would be beneficial earlier in the clerkship	Moved to 1 <sup>st</sup> Thursday
Not of all the resident didactics were relevant to students	Clerkship leadership chooses the two most useful hours of resident didactics for students to attend.
You were not receiving valuable feedback	An educational program has been developed to educate faculty on how to give feedback
Stated that the reading materials for lectures were not given early enough	Stressed during orientation that they are always present on blackboard

Two faculty Direct Observations are too much for a two week course	Changed to one faculty and one resident direct observation form per two week rotation.
Students did not have access to the locker rooms behind holding area	Students were given access to locker rooms.

## VII. Student Roles, Responsibilities and Activities

### ○ Before the rotation begins

- Students will be notified by the course coordinator as to their schedule and the time and place of the student orientation.
- Students are responsible for obtaining necessary identification, badges, computer access prior to the first day of the rotation

Contact Information:

Ben Taub General Hospital: [Medicalstaffservices @harrishealth.org](mailto:Medicalstaffservices@harrishealth.org)

### ○ Roles and Responsibilities

- The students are expected to attend orientation. Failure to attend orientation precludes the student from participating in the course.
- Students will be given a schedule as to where and when to work in the Emergency Center for every shift. The students cannot switch shifts without the consent of clerkship director. Shift swaps will only be allowed for major conferences, medical school commitments, medical illness, family emergency or at the direction of the clerkship director. The expected clinical work load will be between 60-70 hours for the two week clerkship.
- The students schedule will be made in accordance with the **Duty Hour Policy for the Baylor College of Medicine (28.1.04)** (see policies section for link to this and other SOM policies).
- Students will perform focused history and physical examinations on patients in the Emergency Center. They will present their H&P to senior level residents and attending physicians.

- The students will perform follow up examination on the patients to see if diagnostic and therapeutic interventions are performed and how the patients responds to aforementioned interventions.
- By the end of the rotation, students must demonstrate the ability to perform a focused history and physical on a patient in the Emergency Center.
- Students are expected to function as a member of the health care team in the Emergency Center and helping out the team as needed
- The students will be expected to have one history and one physical exam directly observed by an attending and one by the resident during this two week clerkship.
- The students will be expected to turn in one Patient Write-up during the two week rotation. The student will have to come up with a clinical question and read two papers attempting to answer this clinical question. The patient should then write a two paragraph summary of the two article answering the clinical question. The clinical question must be in PICO Format.
- The students will be expected to attend the weekly emergency medicine lectures that are designed for medical students. This will be three to five hours once a week. The students will expected to read the provided material/online resources before the lectures.
- The student will be expected to complete 5 FASTs during the rotation and log them in E-Value.
- Prior to the end of a shift, the student will be expected to complete a Who do you Work With in E-value with their attending in order to be evaluated. This should be done two hours before the end of the shift.
- Prior to the Team-Based Learning Sessions, there will be a test to ensure that you have read the material. Failure of the test will result in required reading followed by an essay. If the student fails to remediate, an incomplete grade will be given.
- **Required Clinical Experiences:**
  - Students are expected to be familiar with the common emergencies that present to the Emergency Center and how to start diagnostic and therapeutic interventions. The common emergencies are below. The students should log that they have seen at least one of the following cases in E-value. Failure to do so will result in a decreased grade. The required cases are:
    - Abdominal Pain
    - Altered Mental Status
    - Chest Pain
    - Shortness of Breath
    - Toxicology/Poisoning

- Trauma
- Shock
- FAST Exam (5 cases)

- Please note that for your procedure log, you can log either the standard method or the alternative method. The procedure is outlined below.




Patient Type/Clinical Condition	Procedure/Skills	Clinical Settings	Number Required	Alternative Experience
Clinical Experiences Form				
Patient Type/Clinical Condition	Procedure/Skills	Clinical Setting	Number required	Alternative Experiences
<b>Abdominal Pain</b>	<b>Perform</b> a History and Physical Examination on a patient with abdominal, create a differential diagnosis, and a diagnostic and therapeutic plan.	Ambulatory	1	<p>Please contact Clerkship Director who will run a high-fidelity simulation case using the SimMan. The depot of selected cases can be found on <a href="#">this BOX file</a></p> <p>OR</p> <p>Review one article on coreem.net and write a multiple choice question based on what you learn.  <a href="https://coreem.net/core-topics/abdominal-and-gastrointestinal-disorders/">https://coreem.net/core-topics/abdominal-and-gastrointestinal-disorders/</a></p>
<b>Altered Mental Status</b>	<b>Perform</b> a History and Physical Examination on a patient with Altered Mental Status, create a differential diagnosis, and a diagnostic and therapeutic plan.	Ambulatory	1	<p>Please contact Clerkship Director who will run a high-fidelity simulation case using the SimMan. The depot of selected cases can be found on <a href="#">this BOX file</a></p> <p>OR</p> <p>Review one article on coreem.net and write a multiple choice question based on what you learn.  <a href="https://coreem.net/core/wernicke-encephalopathy/">https://coreem.net/core/wernicke-encephalopathy/</a></p>
<b>Chest Pain</b>	<b>Perform</b> a History and Physical Examination on a patient with Chest Pain, create a differential diagnosis and a diagnostic and therapeutic plan.	Ambulatory	1	<p>Please contact Clerkship Director who will run a high-fidelity simulation case using the SimMan. The depot of selected cases can be found on <a href="#">this BOX file</a></p> <p>OR</p> <p>Review one article on coreem.net and write a multiple choice question based on what you learn.  <a href="https://coreem.net/core/bundle-branch-">https://coreem.net/core/bundle-branch-</a></p>

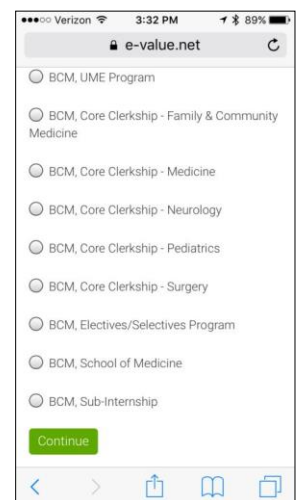
				blocks/
<b>Shortness of Breath</b>	<b>Perform</b> a History and Physical Examination on a patient with Shortness of Breath, create a differential diagnosis and a diagnostic and therapeutic plan.	Ambulatory	1	<p>Please contact Clerkship Director who will run a high-fidelity simulation case using the SimMan. The depot of selected cases can be found on <a href="#">this BOX file</a></p> <p>OR</p> <p>Review one article on coreem.net and write a multiple choice question based on what you learn.  <a href="https://coreem.net/core/traumatic-hemothorax/">https://coreem.net/core/traumatic-hemothorax/</a></p>
<b>Toxicology/Poisoning</b>	<b>Perform</b> a History and Physical Examination on a patient with Toxicology/Poisoning, create a differential diagnosis and a diagnostic and therapeutic plan.	Ambulatory	1	<p>Please contact Clerkship Director who will run a high-fidelity simulation case using the SimMan. The depot of selected cases can be found on <a href="#">this BOX file</a></p> <p>OR</p> <p>Review two articles on coreem.net and write a multiple choice question based on what you learn.  <a href="https://coreem.net/core/acetaminophen-toxicity/">https://coreem.net/core/acetaminophen-toxicity/</a>  <a href="https://coreem.net/core/hiet/">https://coreem.net/core/hiet/</a></p>
<b>Trauma</b>	<b>Assist</b> with a History and Physical Examination on a patient with trauma, create a differential diagnosis, and a diagnostic and therapeutic plan.	Ambulatory	1	<p>Please contact Clerkship Director who will run a high-fidelity simulation case using the SimMan. The depot of selected cases can be found on <a href="#">this BOX file</a></p> <p>OR</p> <p>Review two articles on coreem.net and write a multiple choice question based on what you learn.  <a href="https://coreem.net/core/initial-trauma-assessment/">https://coreem.net/core/initial-trauma-assessment/</a>  <a href="https://coreem.net/core/compartment-syndrome/">https://coreem.net/core/compartment-syndrome/</a></p>
<b>Shock</b>	<b>Assist</b> with a History and Physical Examination on a patient with trauma, create a differential diagnosis, and a diagnostic and	Ambulatory	1	<p>Please contact Clerkship Director who will run a high-fidelity simulation case using the SimMan. The depot of selected cases can be found on <a href="#">this BOX file</a></p> <p>OR</p>

	therapeutic plan.			Review two articles on coreem.net and write a multiple choice question based on what you learn. <a href="https://coreem.net/core/cardiogenic-shock/">https://coreem.net/core/cardiogenic-shock/</a> <a href="https://coreem.net/core/surviving-sepsis-2017/">https://coreem.net/core/surviving-sepsis-2017/</a>
<b>Focused Assessment with Sonography in Trauma (FAST Exam)</b>	<b>Perform</b> a Focused Assessment with Sonography in Trauma (FAST Exam)	Ambulatory	4	Please watch this video:  <a href="https://vimeo.com/34118863">https://vimeo.com/34118863</a>  And write a multiple choice question based on what you learn.

### **Case Logging on E\*Value** **Instructions for Students**

During this clerkship, you will be required to log every required patient case listed in the case log (formerly "Passport"). When you have performed, assisted or observed an activity on the list, you will log it into E\*Value. You can log the activity directly from your phone or tablet following the directions below.

1. Search for e-value.net on a web browser (Safari, Google, etc.). There is not an app for E\*Value.
2. Log in manually using your E\*Value login and password
3. Select your CURRENT Core Clerkship for Program (**BCM, Core Clerkship-XX**)
4. Click **Continue** (screen shot at right).
5. Click on the "Doctor"  icon and select **+Add New Case** (screen shot #2 below)
6. On the next screen, log your activity by filling in the required information.: (screen shot #3 below)
  - a. **Interaction Date:** current date is default
  - b. **Setting**
  - c. **Supervisor Role**
  - d. **Supervisor:** name of supervisor; click **Next ▶**
  - e. **Patient Information**
    - i. Gender
    - ii. Patient Age; click **Next ▶**
  - f. **Procedures:**
    - i. **Choose a procedure:** you can multi-select if more than one procedure took place; click **Done.**
    - ii. **Select your role in the procedure;** click **Next ▶**



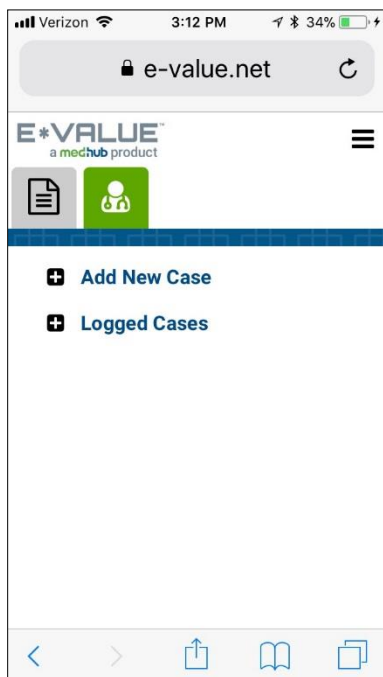
g. **Review & Log** (screen shot #4 below)

i. Review the information just logged

ii. Click on **Log Case ▶**

7. You can log another procedure or just close the screen.

**Screen Shot #2**



**Screen Shot #3**

**Screen Shot #4**

○ **Lectures and Quiz**

○ **Call Requirement**

- Students are not expected to take call during this rotation

## **VIII. Course Schedule**

i. The Clerkship rotation is two weeks in duration. Students will be working a schedule like an Emergency Medicine physician, thus students will be working night shifts and weekends. The student should expect to work two night shifts (defined as shift ending at 7am) and two weekend shifts.

ii. Students will work between 60-70 hours clinically as part of this rotation.

1. In order to comply with Baylor College of Medicine Policies, the 2nd weekend of the rotation will be off.

iii. **Required Didactics**

1. Orientation- 830a to 1130 am, first Monday of rotation
2. Didactics 1- First Thursday from 9a to 1p.
3. Didactics 2- Second Wednesday from 9a to noon.

iv. Students will be dismissed once signout is completed for their assigned shift.

v. For the absence policy, please refer to the Baylor Clinical Absence policy in the Baylor Handbook. You also may refer to the Policies section of this document for information/links to the Attendance and Participate Policy. You may also look at this course's Blackboard page and check the Policies and Procedures section for the most updated version of this policy.

1. Of note, for absences that can be foreseen, at least 4 weeks of advance notice (prior to start of clerkship) is required for it to be considered.

**vi. Shift switching**

1. Shift switching with other students is not permitted without the express written approval of the Clerkship Director and the Clerkship Coordinator. Unauthorized shift switching will result in a reduction of one grade and an automatic referral to the Professionalism Committee. Students have abused the shift switching policy in the past.
2. Shift switching will only be considered if the reason is an excused absence per the Baylor Clinical Absence Policy. We work hard to create an equitable schedule when it comes to nights, and weekends.

**IX. Feedback and Evaluation (Grades)**

**a. Lecture Attendance**

- i.** The student must attend 90% of all Emergency Medicine Clerkship lectures and the Emergency Medicine grand rounds in order to receive their final grade unless their absence is excused. If the student misses more than 10% of the lectures for the course barring excused absences, the student will be docked one grade and will have to write a written report on a topic of the Clerkship Director's choosing.
- ii.** Prior to the Team-Based Learning sessions, the students will have a written test to ensure that they have completed the required reading. Failure on the test will result in additional required reading followed by an essay. Failure of the remediation will result in an incomplete grade in the course

**b. Clinical Performance**

- i.** The student will be evaluated by the attendings every shift using Who Do You Work With in E-value. One HAS to be launched for every shift. The results from these evaluations will be synthesized into a final grade.
  - 1.** Resident evaluations may be obtained, and they will be purely formative in content.
- ii.** The student will have two Direct Observations performed during this clerkship- 1 by a resident and one by an attending. The evaluators will complete the Direct Observation Form.
- iii.** The clerkship director or his/her designee will evaluate the patient write-up and journal article summaries using the patient write-up and journal article evaluation form designed for this rotation. This will be used in the final grade.
- iv.** The completion of the passport will be used in determination of the final grade. Loss of the passport will result in a lower grade at the discretion of the clerkship director.
- v.** There has been concern in the past regarding clinical performance scores being unfair due to different attending grading behaviors (hawks vs doves). To correct for this, we will be using Z-scores to correct for attendings grading pattern. The z-scores will updated every six months, using the last years grades. To keep the statistics fair, attendings evaluations with less than 5 evaluations in the past year will not have their evaluations used in the calculation of the final grade. The way to calculate the Z-scores and adjust grades is elucidated on Blackboard.

**c. Final Grade**

- i.** The final grade will be based on the following:

- i.** 70% Clinical Evaluations from the Passport
- ii.** 10% Direct Observation
- iii.** 10% Case Log/Professionalism.
- iv.** 10% Patient Write-up and Journal Discussion

**\*\* Case Log/Professionalism grading rubric**

- -1 if Case Log not complete by end of rotation
- -5 if Case Log not complete by two weeks after end of rotation
- -1 if Attestation of COD not completed by first day of rotation
- -2 if Patient Write Up and PICO question not turned in by the last Sunday of the two week block
- -5 if Patient Write Up and PICO question not turned in by two weeks after the clerkship ended.

- ii.** The student will receive a final grade of Honors, High Pass, Pass, Marginal Pass, or Fail based upon their clinical performance and completion of the requirements of the course. The grade breakdown will be:
  - i.** 87%-100%- Honor's
  - ii.** 83%-87%- High Pass
  - iii.** 83%-76%- Pass
  - iv.** <76%- Failure

Marginal Pass- "Performance meets the minimum rotation requirements."

- iii.** Absences or lapses in professionalism may result in a lesser final grade given to the student or course failure.
- iv.** How a Failure May Be Earned for the Course:
  - 1. Earning a failure in the clerkship by any of the following manners will require the student to repeat the course in its entirety:
- v.** ALL of the following must be completed/turned in to the Clerkship Office on or before the last day of the clerkship.
  - a. Case Log in E\*Value (formerly "Passport") – 100% completion required
  - b. Patient write up with clinical discussion
  - c. Mini-CEX times two, ie, the direct observation.
    - i. If all assignments are not complete by the official end date of the clerkship, the student will receive an INCOMPLETE in the course.
    - ii. If the student completes the assignment within seven days of the end of the clerkship, a grade will be assigned accordingly.
    - iii. Students will receive a DEFERRED and are subject to failure if assignments are >7 days past due.
    - iv. Case Logs that are completed after the clerkship is completed may result in a lower grade or failure at the Clerkship Director's Discretion
- 2. Clinical performance alone, regardless of test scores, that is 2 SD below the mean will be reviewed and may result in failure.
- 3. Lapses or issues with professionalism alone independent of clinical performance.
- 4. Failing 2 or more graded components on the clerkship (ie: the NBME and SP exam)

5. Failing only the SP or NBME Exam:
6. 1st Failure: Failing the SP exam or the NBME will result in a Deferred grade to be submitted and the student is required to retake and successfully pass the exam. The highest grade that can be received for the course will be a Pass.
7. 2nd Failure: A second Fail of the SP exam or the NBME will require the student to repeat the course in its entirety. An F will appear on the transcript and the highest grade that can be received upon repeat of the course is a Pass.
8. 3rd Failure: On repeat of the course, students who fail any SP or NBME examination on the overall third attempt will fail the course for a second time and be referred to the Student Promotions Committee for adjudication.
9. Overall performance on the clerkship that is 2 SD below the mean will be reviewed and may result in failure.

**vi.** The student may verify or dispute their final grade based upon the policy delineated in the Grade Verification section. Please refer to the Baylor Grade Verification and Grade Appeal Guidelines in the Policies Section.

**vii.** Grades will be administered in a timely fashion in accordance with the policies of Baylor College of Medicine. For further information, please consult the Timeliness of Grades Policy in the Policies Section.

**viii.** Students will be able to evaluate the course, site faculty, and residents confidentially through the E\*Value system

**ix.** Grading committee Structure and Function

1. For each core clerkship, the final grade is determined by an undergraduate medical education committee, based on the grading rubric and with consideration of a variety of data to ensure that student assessments are valid, fair and timely.
2. The grade determination process includes an adjustment for Early Clinical Learners (defined as students within the first 6 months of clinical training or who have been out of training for three years or more and are on their first clerkship upon re-enrollment) and processes to account for identifiable variability in evaluation patterns by educators.
3. If a student requests a grade verification, the course leadership or designee (with or without the coordinator) will meet with the student on an individual basis. If a student has a concern regarding a student performance assessment form completed by a clerkship leadership member, or other perceived conflict of interest, the student should contact the clerkship coordinator regarding the concern. The coordinator will contact an alternative clerkship leadership member to meet with the student and discuss the concern. Following the meeting, the issue may be brought to the undergraduate medical education committee for further review and adjudication. If the above measures are insufficient in addressing the student's concern, the student may file a grievance or grade appeal, as per the procedures outlined in the Student Appeals & Grievances Policy (23.1.08).

## **X. Evaluation Forms**

### **a. See attached forms**

## **XI. Recommended Texts/Resources**

*Markovchick, V, Pons, P, et al. EM Secrets. 5<sup>th</sup> edition.*

*EM Basics podcast: <http://embasic.org/>*

*Ganhi, L, Kaufman, M. First Aid for Emergency Medicine. 3<sup>rd</sup> edition.*

*Clerkship Directors in Emergency Medicine website for medical education: [Cdemcurriculum.org](http://Cdemcurriculum.org)*

## **XII. Policies (edited 10-23-19)**

Policies affecting Baylor College of Medicine students in undergraduate medical education may be found on the following BCM intranet sites:

<https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Policies&area=28>

<https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Policies&area=23>

<https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Policies&area=26>

Additional information may be found in the student handbook:

<https://www.bcm.edu/education/schools/medical-school/md-program/student-handbook>

Brief descriptions of relevant policies and procedures are provided below; however, please refer to the full policies and procedures for additional information. Please copy and paste the links into your browser for optimal use.

While every effort is made to keep the links up to date, please inform the course director if you are unable to locate the policies due to a broken link or other technical problem.

### *Policies: Table of Contents*

#### Add/drop Policy:

[Academic Workload in the Foundational Sciences Curriculum \(Policy 28.1.09\):](#)

[Attendance / Participation and Absences:](#)

[Alternative Educational Site Request Procedure \(Policy 28.1.10\):](#)

[Blood Borne Pathogens \(Standard Precautions Policy 26.3.06\):](#)

[Clinical Supervision of Medical Students \(Policy 28.1.08\):](#)

[Code of Conduct:](#)

[Compact Between Teachers, Learners and Educational Staff:](#)

[Course Repeat Policy:](#)

[Direct Observation Policy \(Policy 28.1.03\):](#)

[Duty Hours Policy \(Policy 28.1.04\):](#)

[Educator Conflicts of Interest Policy \(Policy 23.2.04\)](#)

[Examinations Guidelines:](#)

[Grade Submission Policy \(28.1.01\):](#)

[Grading Guidelines:](#)

[Grade Verification and Grade Appeal Guidelines:](#)

[Institutional Policy on Infectious Disease: \(Infection Control and Prevention Plan Policy 26.3.19\)](#)

[Learner Mistreatment Policy \(23.2.02\):](#)

[Midterm Feedback Policy \(Policy 28.1.02\):](#)

[Narrative Assessment Policy \(Policy 28.1.11\):](#)

[Patient Safety:](#)

[Policy Regarding Harassment, Discrimination and Retaliation \(02.2.25\):](#)

[Religious Holiday and Activity Absence Policy:](#)

[Respectful & Professional Learning Environment Policy: Standards for Student Conduct and College Oversight \(Policy 23.2.01\):](#)

[Sexual Misconduct and Other Prohibited Conduct Policy \(02.2.26\):](#)

[Student Appeals and Grievances Policy \(23.1.08\):](#)

[Student Disability Policy \(23.1.07\):](#)

[Student Progression and Adverse Action Policy \(Policy 28.1.05\):](#)



[Notice of Nondiscrimination:](#)

[Statement of Student Rights:](#)

[Understanding the curriculum \(CCGG's; EPA's; PCRS\)](#)

Add/drop Policy: <https://media.bcm.edu/documents/2017/a1/add-drop-policy-06-13-2017.pdf>

Academic Workload in the Foundational Sciences Curriculum (Policy 28.1.09):

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=28.1.09](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.09)

This policy establishes procedures to balance the academic workload, which includes scheduled foundational curriculum responsibilities, classroom learning in multiple formats, independent learning, and time for attention to personal health and well-being.

Scheduled learning activities are limited to a maximum of 25 hours per week averaged out over the term.

Attendance / Participation and Absences: <https://www.bcm.edu/education/schools/medical-school/md-program/student-handbook/academic-program/attendance-and-absences>

See other sections of the Course Overview Document regarding course-specific attendance / participation and absence criteria.

Alternative Educational Site Request Procedure (Policy 28.1.10):

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=28.1.10](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.10)

Clinical Course Directors are responsible for assigning medical students to Educational Sites during clinical rotations, and for approving or denying each student request for an alternative Educational Site assignment based on the rationale and circumstances.

Blood Borne Pathogens (Standard Precautions Policy 26.3.06):

<https://www.bcm.edu/education/schools/medical-school/md-program/student-handbook/health-wellness>

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=26.3.06](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=26.3.06)

Students are expected to provide the appropriate level of care to all patients while following standard precautions to prevent the spread of infectious diseases due to exposure to human blood or bodily fluid. In the event of an exposure: students should immediately inform their supervisor and should notify the BCM Occupational Health Program ("OHP") at (713) 798-7880.

Please see guidelines and embedded links for additional information.

- Clinical Supervision of Medical Students (Policy 28.1.08):

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=28.1.08](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.08)

The policy ensures that the level of responsibility delegated to a medical student is commensurate with their level of training, and that activities supervised by Health Professionals are within their scope of practice.

The level of responsibility delegated to a medical student by a supervising Health Professional must be appropriate to the medical student's level of training, competence, and demonstrated ability.

Students should only perform clinical tasks for which they have received adequate training.

Students must inform the supervising Health Professional or Clinical Course Director of concerns about levels of supervision.

Code of Conduct: <https://media.bcm.edu/documents/2015/94/bcm-code-of-conduct-final-june-2015.pdf>

The BCM Code of Conduct is our comprehensive framework for ethical and professional standards.

It is designed to ensure that all members of the BCM Community understand the expectations to conduct ourselves in an ethical and professional manner while complying with all laws, regulations, rules and policies to the fullest degree.

Compact Between Teachers, Learners and Educational Staff: <https://www.bcm.edu/education/academic-faculty-affairs/academic-policies/compact>

Compact between Teachers, Learners, and Educational Staff Learners pursuing a professional career at Baylor College of Medicine assume responsibility to develop in-depth knowledge, acquire and apply special skills, and demonstrate professionalism. Teachers guide and educate learners, and model appropriate attitudes, interpersonal skills and professional behaviors. Core educational staff support both learners and teachers. This Compact serves both as a pledge and a reminder to teachers, learners, and educational staff that moral, ethical and professional behavior by all Baylor personnel is essential to the basic principles of this institution.

Guiding Principles of the Educational Compact Duty: All participants in the education mission have a duty to sustain a learning environment conducive to maintaining the knowledge, attitudes, and skills necessary for providing contemporary standards of professional behavior.

Integrity: All education participants/parties will behave in a manner that reflects individual and institutional commitment to intellectual and moral excellence.

Respect: Fundamental to the ethic of professions is respect for every individual. Mutual respect between learners, as newer members of the profession, and their teachers, as experienced professionals, is essential for nurturing that ethic. In addition to individual respect, all educational parties must respect and follow established professional policies.

Course Repeat Policy: [https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=23.1.09](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.1.09)

Direct Observation Policy (Policy 28.1.03):

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=28.1.03](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.03)

BCM physician faculty participating in core clerkships must conduct direct observations of medical students during clinical encounters with patients for the purpose of performing student assessments and providing feedback.

Students are encouraged to solicit additional feedback on direct observations from residents and fellows (beyond the requirements for direct observation by physician faculty).

For clinical courses, please refer to other sections of the Course Overview Document for course-specific instructions related to direct observation requirements and logging.

- Duty Hours Policy (Policy 28.1.04):

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=28.1.04](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.04)

This policy outlines the procedures regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities during clerkships.

Compliance of this policy is mandatory for all BCM faculty members who teach, facilitate, and / or precept medical students in the clinical setting.

Duty hours, including all in-house call activities, must be limited to an average of 80 hours per week over a four-week period. Duty periods may be scheduled to a maximum of 24 hours of continuous duty in the hospital. An additional four hours may be spent to ensure appropriate, effective and safe transition of care. Minimum time off between scheduled duties is 10 hours. Students must also receive a minimum of either 24 hours off per seven-day work period, or four days off per 28-day work period.

Please contact the Course Director immediately with any concerns related to duty hours violations or other scheduling questions.

#### Educator Conflicts of Interest Policy (Policy 23.2.04)

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=23.2.04](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.2.04)

This policy establishes and describes the specific types of educator conflicts of interest and how they are avoided.

This policy is designed to keep the learning environment free from real or perceived personal, financial, or other biases that could arise from participating in the assessment, interview, or promotion of any current or prospective student with whom the educator has an existing personal relationship or significant connection.

This policy outlines how educators must avoid providing healthcare services to any learner that the educator must also teach, assess, or advise as a part of an BCM educational program.

Learners are expected to report an actual or perceived Conflict of Interest that may impact the teacher-learner paradigm. Reports should be directed as follows:

- 1) Clerkships: report to the Clerkship Director
- 2) Courses: report to the Course Director
- 3) Other Issues: Associate Dean of Student Affairs or designee

- Examinations Guidelines:

<https://www.bcm.edu/education/schools/medical-school/md-program/student-handbook/academic-program/curriculum/examinations-and-grades>

#### Grade Submission Policy (28.1.01):

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=28.1.01](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.01)

BCM Course Directors in the School of Medicine shall submit final grades to the Office of the Registrar within four weeks of the end of a course.

Grading Guidelines: <https://www.bcm.edu/education/schools/medical-school/md-program/student-handbook/academic-program/curriculum/examinations-and-grades>.

Grading rubrics and graded components are determined by the individual course and course directors.

See other section(s) of the Course Overview Document for course-specific grading information.

Grade Verification and Grade Appeal Guidelines: <https://www.bcm.edu/education/schools/medical-school/md-program/student-handbook/academic-program/curriculum/examinations-and-grades>. See also *Student Appeals and Grievances Policy (23.1.08)*.

- *Grade Verification*

If students have questions about a final course grade, exam grade, or the grading process, BCM strongly encourages them to first verify the grade before pursuing a formal Appeal. Grade verification is an informal process during which the affected student meets with the course and/or clerkship directors to review the grade and discuss any lingering questions. After grade verification, the student may choose to proceed with a formal grade appeal. However, appeals must have merit in order to proceed. Appeals must satisfy criteria described below to trigger reconsideration of the grade, and appeals based on mere disagreement are not valid.

- *Grade Appeal Application*

Consistent with relevant provisions of school handbooks, students may pursue grade appeals under only the following circumstances:

1. *Mistreatment*. To prevail on this basis, the grade appeal must allege, and investigatory findings must demonstrate, that the grade was awarded based on factors other than academic or clinical performance, as outlined in the syllabus, or based on Mistreatment, such as discrimination.
2. *Deviation from Established Criteria or Guidelines*. To prevail on this basis, the grade appeal must allege, and investigatory findings must demonstrate, that the grade awarded was not calculated according to prior established guidelines set forth by the faculty and distributed to students.
3. *Calculation Error*. To prevail on this basis, the grade appeal must allege, and investigatory findings must demonstrate, that the grade awarded was calculated using false or erroneous information.

Institutional Policy on Infectious Disease: (Infection Control and Prevention Plan Policy 26.3.19)  
[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&policy\\_number=26.3.19](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&policy_number=26.3.19).

See also information on Student Health in the student handbook:

<https://www.bcm.edu/education/schools/medical-school/md-program/student-handbook/health-wellness>

Learner Mistreatment Policy (23.2.02):

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=23.2.02](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.2.02)

In accordance with relevant BCM accreditation standards, BCM promotes a culture of respect between teacher and learner and works to ensure that the learning environment is free from conduct by faculty, staff, supervising residents, or others that could be reasonably interpreted by Learners as Mistreatment or other misconduct prohibited by BCM policies.

Mistreatment refers to behavior that demonstrates disrespect for a Learner and that creates a condition, circumstance, or environment that unreasonably interferes with the learning process.

- *Options for Reporting Learner Mistreatment:*
- *Informal Reporting Mechanisms:*
  - a. Office of the Ombudsman. <https://www.bcm.edu/about-us/ombuds>
  - b. Any School Official (Learner's choice)

*Formal Reporting Mechanisms:*

- a. Course Evaluation
- b. Integrity Hotline. As described in the Student Appeals & Grievances Policy (23.1.08), Learners may report alleged violations of this Policy through the Integrity Hotline, either by calling the toll-free Hotline number (855-764-7292) or by accessing the Integrity Hotline website ([www.bcm.ethicspoint.com](http://www.bcm.ethicspoint.com)). This reporting mechanism allows Learners the option to pursue complaints and maintain anonymity during the investigation

Midterm Feedback Policy (Policy 28.1.02):

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=28.1.02](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.02)

All BCM Course Directors are responsible for ensuring that faculty members who teach, facilitate, or precept medical students provide verbal or written midterm feedback, including an overall evaluation of a student's progress towards completion of course requirements, in order to allow the student sufficient time for remediation.

Foundational Sciences:

Foundational science Course Directors provide mid-course feedback using a variety of formative examinations, sample questions with delayed release of answers, on-line examinations, homework assignments and laboratory practicums that occur early enough in each term that the student can take actions to remedy deficiencies.

The mid-course assessment method is documented in the course overview document which is created for every pre-clinical course by the course director and reviewed and approved by the Associate Dean of Undergraduate Medical Education.

Clinical Courses

Student Midterm Feedback Forms are reviewed by the mid-point of each clinical course by Course Directors and leaders to confirm that they are completed. Faculty members should identify deficiencies in clinical performance and/or completion of course objectives and work with the student to prepare an action plan to resolve any issues.

During the midterm feedback evaluation, if any component of the Student Midterm Feedback Form has not been completed, the course director works to address and rectify any deficiencies.

At the end of each course, the Curriculum Office surveys students on whether they have received formal feedback.

Please refer to other sections of the Course Overview Document for course-specific instructions related to mid-term feedback requirements and documentation.

Narrative Assessment Policy (Policy 28.1.11):

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=28.1.11](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.11)

This policy outlines how the School of Medicine Deans and Course / Clerkship Directors work to ensure that when teacher-student interaction permits, a narrative assessment of a student's performance, including their non-cognitive achievement is provided.

This assessment is in the form of narrative descriptions of medical student performance, including references to non-cognitive achievement, as a component of the overall assessment in the respective course and/or clerkship.

- Patient Safety:

Information for Reporting Patient Safety Incidents at BCM Affiliated Institutions:

<https://media.bcm.edu/documents/2016/e5/guide-to-reporting-patient-safety-incidents-7.20.2016.pdf>

Policy Regarding Harassment, Discrimination and Retaliation (02.2.25):

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=02.2.25](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=02.2.25)

Religious Holiday and Activity Absence Policy: <https://www.bcm.edu/education/schools/medical-school/md-program/student-handbook/academic-program/attendance-and-absences/religious-holiday-and-activity-absence-policy>

Respectful & Professional Learning Environment Policy: Standards for Student Conduct and College Oversight (Policy 23.2.01):

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=23.2.01](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.2.01)

The Baylor College of Medicine (BCM) is committed to the values of integrity, respect, teamwork, innovation, and excellence, and requires all BCM Learners to practice these values consistently during the completion of requirements for educational progression and performance of scholarly and professional duties.

Creating and sustaining an environment reflective of BCM values is the responsibility of every individual at BCM.

This policy outlines the expectations of academic honesty and integrity; professionalism issues relating to alcohol and substance abuse; expectations for proper management of social media and internet use along with use of BCM resources; options for reporting lapses in professionalism against learners.

*Reporting Breaches in Professional Behavior:*

Learners may report alleged violations of this policy through the Integrity Hotline either by calling the toll-free Hotline number (855-764-7292) or by accessing the Integrity Hotline website ([www.bcm.ethicspoint.com](http://www.bcm.ethicspoint.com)).



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- Sexual Misconduct and Other Prohibited Conduct Policy (02.2.26):

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=02.2.26](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=02.2.26)

See also relevant sections of the student handbook: <https://www.bcm.edu/education/academic-faculty-affairs/academic-policies/title-ix-and-gender-discrimination/education/sexual-harassment>

Sexual Harassment is unwelcomed verbal or physical conduct of a sexual nature that is sufficiently severe, pervasive or persistent that it interferes with, denies or limits a person's ability to participate in or benefit from the College's academic environment, educational programs and/or activities, and is based on power differentials or quid pro quo, results in the creation of a hostile environment, or retaliation.

Examples of sexual harassment include but are not limited to: an attempt to coerce an unwilling person into a sexual relationship or experience; repeated subjection to egregious, unwelcomed sexual attention; punishment in response to a refusal to comply with a sexual request; a conditioned benefit in response to submission to sexual advances or requests; acts of sexual violence; domestic violence; dating violence; stalking.

This policy outlines: several types of prohibited conduct, privacy protection for reporters, complainants, and respondents and options for reporting prohibited conduct to the college.

- Student Appeals and Grievances Policy (23.1.08):

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=23.1.08](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.1.08)

When possible, students are encouraged to seek resolution of Informal Grievances through direct communication with the individual involved. This may be facilitated by the BCM Ombudsman.

Formal Grievances are reported through the Integrity Hotline: (855) 764-7292 or <https://secure.ethicspoint.com/domain/media/en/gui/35125/index.html>

Grade Appeal Procedure: Students must file an Appeal through the Integrity Hotline within 10 calendar days of the grade's posting in the student portal.

Adverse Academic Action Appeal Procedure: A student must Appeal an adverse academic action in writing through the Integrity Hotline within 10 calendar days of the issuance of the notice of action by the Student Promotions Committee or Program Director.

- Student Disability Policy (23.1.07):

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=23.1.07](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.1.07)

Baylor College of Medicine (BCM) is committed to providing equal educational access for qualified students with disabilities in accordance with state and federal laws including the Americans with Disabilities Act of 1990, as amended in 2008, and Section 504 of the Rehabilitation Act of 1973.

To effectuate equal access for students with disabilities, this policy formalizes BCM criteria for requesting reasonable accommodations, defines parameters for consideration of such requests, and outlines procedures for appeal.

- Student Progression and Adverse Action Policy (Policy 28.1.05):

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=28.1.05](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.05)

This policy explains the disciplinary role of the MD Committee on Student Promotion and Academic Achievement.

The policy defines "Adverse Action" and details student's rights specific to each type of action.

The policy outlines the appeal of adverse action procedure.

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Notice of Nondiscrimination: <https://www.bcm.edu/about-us/our-campus>

Statement of Student Rights: <https://www.bcm.edu/education/academic-faculty-affairs/academic-policies/statement-student-rights>

- Understanding the curriculum (CCGG's; EPA's; PCRS)

What are **Core Competency Graduation Goal (CCGG's)**? The CCGG's are the program objectives for BCM School of Medicine, i.e. what every student should be able to know or do by graduation. All curricular objectives flow from and are mapped to the CCGG's. <https://www.bcm.edu/education/schools/medical-school/md-program/student-handbook/academic-program/requirements-for-degree-doctor-of-medicine>

What are **Entrustable Professional Activities (EPA's)**? Developed by AAMC: "activities that all medical students should be able to perform upon entering residency, regardless of their future career specialty"  
<https://www.aamc.org/what-we-do/mission-areas/medical-education/cbme/core-epas>

What is the **Physician Competency Reference Set (PCRS)**? Developed by AAMC: "a list of common learner expectations utilized in the training of physicians and other health professionals....PCRS will serve as an aggregation tool that allows the AAMC to collect and analyze data through the Curriculum Inventory about competency-based education and the use of expectations (competencies, objectives, milestones, EPAs, etc.) in medical education." <https://www.aamc.org/what-we-do/mission-areas/medical-education/curriculum-inventory/establish-your-ci/physician-competency-reference-set>

Why are these concepts important?

The BCM SOM curriculum involves both program-specific objectives (CCGG's) while taking into consideration curricular frameworks from the AAMC (American Association of Medical Colleges). For example, EPA-1 (Gather a History and Perform a Physical Exam) requires multiple physician competencies (PCRS) and can be mapped to several CCGG's in the domains of patient care, medical knowledge and interpersonal and communication skills).

To help students understand how the BCM curriculum integrates CCGG's, EPA's and the PCRS, please see the "cross-walk" below.

CCGG	PCRS	EPA
3.5, 3.7, 3.8	PC2	EPA 1: Gather a History and Perform a Physical Exam
4.1	ICS1	
4.1	ICS7	
1.2	P1	
1.2, 1.8	P3	
1.4	P5	
2.3	KP1	
3.5, 3.7, 3.8	PC2	EPA 2: Prioritize a Differential Diagnosis Following a Clinical Encounter
2.1	KP3	
2.2	KP4	
2.1	KP2	
3.7	PC4	
5.1	PPD8	
5.1	PBLI1	
4.3	ICS2	
3.9	PC5	EPA 3: Recommend and Interpret Common Diagnostic Tests
3.6, 3.2	PC9	
6.1, 6.3, 2.2	SBP3	
3.1	PBLI9	
2.3	KP1	
2.2	KP4	
4.1	PC7	
3.7	PC4	

CCGG	PCRS	EPA
3.2	PC6	EPA 4: Enter and Discuss Orders and Prescriptions
5.1	PBLI1	
3.9	PC5	
3.5, 3.7, 3.8	PC2	
5.2	PBLI7	
4.1, 1.5	ICS1	
6.3, 2.2	SBP3	
1.3, 1.6	P4	EPA 5: Document a Clinical Encounter in the Patient Record
4.1	ICS1	
3.10, 4.4	ICS5	
6.2, 3.5	SBP1	
3.7	PC4	
3.2	PC6	
4.3	ICS2	
3.5, 3.7, 3.8	PC2	EPA 6: Provide an Oral Presentation of a Clinical Encounter
5.1	PBLI1	
7.2	PPD4	
1.2	P1	
4.3	ICS2	
3.2	PC6	
4.1	ICS1	
4.2	PPD7	
1.2,1.8	P3	
1.2	P1	

CCGG	PCRS	EPA
2.1	KP3	EPA 7: Form Clinical Questions and Retrieve Evidence to Advance Patient Care
5.3	PBLI6	

5.1	PBLI1	
5.1, 5.2	PBLI3	
5.2	PBLI7	
2.2	KP4	
4.1	ICS1	
4.3	ICS2	
4.2, 4.3, 7.3	PBLI8	
3.1	PBLI9	
4.1	PC7	EPA 8: Give or Receive a Patient Handover to Transition Care Responsibility
5.2	PBLI7	
4.3	ICS2	
7.1	ICS3	
1.2, 1.8	P3	
6.2	PC8	
7.2	PBLI5	

CCGG	PCRS	EPA
3.1	IPC2	EPA 9: Collaborate as a Member of an Interprofessional Team
4.3, 6.1, 6.2	SBP2	
7.1	ICS3	
4.3	ICS2	
4.3	IPC3	
1.2, 7.1	IPC1	
1.4, 4.1	ICS7	
1.2, 1.7	P1	
3.5, 3.7, 3.8	PC2	EPA 10: Recognize a Patient Requiring Urgent or Emergent Care and Initiate Evaluation and Management
3.7	PC4	
3.9	PC5	
3.1, 3.3	PC3	
3.2	PC6	
1.3	PPD1	
3.1	PC1	
4.3, 6.2	SBP2	
7.1, 7.3	IPC4	
4.3	ICS2	
7.1, 7.3	ICS6	

CCGG	PCRS	EPA
3.2, 3.4	PC6	EPA 11: Obtain Informed Consent for Tests and/or Resources
2.1	KP3	
2.2	KP4	
5.2	KP5	
1.1, 1.8	P6	
4.1	PC7	
4.1	ICS1	
1.4, 4.1	ICS7	
3.9	PC5	
1.3	PPD1	
4.2	PPD7	
5.1	PPD8	
3.1	PC1	EPA 12: Perform General Procedures of a Physician
4.1	PC7	
7.1, 7.3	ICS6	
1.1, 1.8	P6	
1.3	PPD1	
4.2	PPD7	



CCGG	PCRS	EPA
2.3	KP1	EPA 13: Identify System Failures and Contribute to a Culture of Safety and Improvement
4.3	ICS2	
1.3, 1.6	P4	
1.3, 1.6	PPD5	
6.3	PBLI4	
5.3	PBLI10	
1.3, 6.3	SBP4	
6.4	SBP5	

### **XIII. Frequently Asked Questions**

- A. Where do I show up for orientation?
  - a. In the Ben Taub ER Pedi EC conference room unless otherwise specified.
- B. Am I required to go to grand rounds?
  - a. No
- C. When are didactics?
  - a. The first Thursday and the second Wednesday of the course.
- D. Do I need to stay for signout?
  - a. Yes, unless otherwise specified by an attending/resident.
- E. Can the FASTs be supervised by a resident?
  - a. Yes.

### **XIV. Interprofessional Education (IPE)**

- a. Interprofessional Education (IPE), defined as learning about, with or from other disciplines, is an important part of the BCM curriculum. In this course, IPE activities include: None currently scheduled at this time.

### **XV. Appendix 1- CCGG's.**

#### **1. Professionalism**

**Each student graduating from BCM will:**

- 1.1. Apply ethical decision making that upholds patient and public trust
- 1.2. Employ honesty, integrity, and respect in all interactions
- 1.3. Demonstrate a commitment to advocate for the needs and well-being of patients, colleagues, and self
- 1.4. Demonstrate caring, compassion, and empathy
- 1.5. Demonstrate awareness of one's own biases and sensitivity to diverse patients and colleagues
- 1.6. Identify and fulfill responsibilities and obligations as a learner and a colleague
- 1.7. Recognize and avoid conflicts of interest
- 1.8. Adhere to patient confidentiality rules and regulations

## **2. Medical knowledge**

### **Each student graduating from BCM will:**

- 2.1. Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to diagnose, manage, and prevent disease
- 2.2. Utilize the principles of public health, epidemiology, and biostatistics in identifying and reducing the incidence, prevalence, and severity of disease to improve health
- 2.3. Interpret diagnostic tests as they relate to common clinical, laboratory, and radiologic findings in the spectrum of health and disease

## **3. Patient care**

### **Each student graduating from BCM will:**

- 3.1. Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient and population-centered care
- 3.2. Develop and implement patient evaluation and management plans appropriate to all levels of patient acuity
- 3.3. Develop a prioritized problem list and differential diagnosis using patient's biopsychosocial history, medical records, physical exam findings, and diagnostic studies
- 3.4. Obtain consent for and perform basic technical procedures competently
- 3.5. Perform comprehensive and focused biopsychosocial exams in a variety of patient care settings and recognize when each is indicated
- 3.6. Assess health risks using gender- and age-appropriate criteria and recommend potential preventive and therapeutic interventions
- 3.7. Select and interpret diagnostic tests accurately
- 3.8. Interpret physical findings accurately
- 3.9. Utilize critical thinking to provide appropriate evidence or support for clinical decisions and management of diseases
- 3.10. Provide timely and accurate documentation of all assessment, plans, interventions, and orders – including prescriptions and transfers-of-care between providers or settings

#### **4. Interpersonal and communication skills**

**Each student graduating from BCM will:**

- 4.1. Demonstrate patient-centered interview skills in order to create and sustain a supportive and therapeutic relationship with patients and families
- 4.2. Demonstrate the ability to communicate effectively, efficiently, and accurately as a member or leader of a health care team
- 4.3. Demonstrate the ability to effectively communicate and collaborate with colleagues, other health care professionals, or health related agencies
- 4.4. Apply verbal and written medical communication skills to basic and advanced medical scenarios

#### **5. Practice-based learning and improvement**

**Each student graduating from BCM will:**

- 5.1. Identify personal strengths and deficiencies in one's knowledge, skills, and attitudes to integrate feedback and set personal improvement goals
- 5.2. Use and manage technology to access medical information resources to expand personal knowledge and make effective decisions
- 5.3. Apply principles and practices of evidence-based medicine (EBM) in making decisions about prevention, diagnosis, and treatment of disease

#### **6. Systems-based practice**

**Each student graduating from BCM will:**

- 6.1. Analyze the roles insurance plans and health care providers play in the health care system and how they affect providers' and patients' behavior
- 6.2. Provide appropriate referral of patients, including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes
- 6.3. Examine the role of quality improvement and clinical pathways in optimizing health systems
- 6.4. Demonstrate the rationale for reporting and addressing events that could affect patient safety

#### **7. Leadership**

**Building upon the foundation of competence in the other six domains, each student graduating from BCM will be able to:**

- 7.1. Demonstrate the ability to work effectively as a member of an interprofessional health care team
- 7.2. Demonstrate the ability to give and receive behaviorally-specific feedback
- 7.3. Utilize skills that enhance the learning environment and team functioning