



**Medicine Core Clerkship
Course Overview Document
Term 5 AY 2019-2020**

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I. Introduction/Clerkship Overview:

The BCM Medicine Core Clerkship will expose clinical science students to the wide breath of disease in adult medicine. Students will learn and practice the skills of history taking, the physical exam and the differential diagnosis while working on comprehensive trainee care teams throughout hospitals in the Texas Medical Center. Emphasis will be placed on both evidence-based medicine and interprofessional education and team building. While primarily inpatient, students will also have exposure to ambulatory care practices where they will gain insights into the long-term care of the adult patient.

II. Clinical Sites:

Core Medicine endeavors to provide a similar experience for all students and places care in scheduling students to the following general rotation that was communicated to you prior to beginning this rotation.

- I. Ben Taub General Hospital Inpatient Wards – 4 Weeks
- II. MEDVAMC Inpatient Wards – 2 Weeks
- III. Baylor St Luke's Consultative Teams – 2 Weeks
- IV. Ambulatory Clinic – Scheduled during Ben Taub rotation

III. Clerkship Leadership Contact Information:

(email preferred please)

Clerkship Director: Andrew Caruso, MD

Email: caruso@bcm.edu

Phone: 817-504-3173 (cell), 713-794-7170 (VA office)

Clinical Office Location: VA on the 4th floor, room 4A 350-C

Administrative Office Location: BCM McNair Campus A10.191

Associate Clerkship Director/Ambulatory Director: Frene' Lacour-Chestnut, MD

Email: flc@bcm.edu

Phone: 832-452-6316 (cell), 713-547-1067 (MLK Clinic)

Office Location: MLK Clinic

Site Directors:

VA Site – Lindsey Jordan Gay, MD - lindseyj@bcm.edu

Ben Taub Site – Richa Shukla, MD – richa.shukla@bcm.edu

Clerkship Coordinator: Arlene Back

Email: aback@bcm.edu

Phone: 713-798-1906 (office), 713-798-0223 (FAX)

Office Location: BCM McNair Campus A10.206

IV. BCM Core Competency and Graduation Goals (CCGGs)

Competencies

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

V: Medicine Clerkship Objectives Mapped to the CCGGs

MEDICINE CORE CLERKSHIP

ROTATION-SPECIFIC LEARNING GOALS AND OBJECTIVES

The curriculum and evaluation method for each learning objective is listed in the table below using the following key:

- SP exam = Clinical Performance Examination using standardized patients
- NBME = National Board of Examiners Subject Examination in Medicine

Relevant Baylor College of Medicine Core Competency Graduation Goals are listed in italics following the individual overall clerkship objective

I. Professionalism

Objective	Method of Evaluation
Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population <i>(1.4 - Demonstrate caring, compassion, empathy)</i> <i>(1.6 – Identify and fulfill responsibilities and obligations as a learner and colleague)</i>	Faculty and housestaff evaluation, SP exam
Demonstrate integrity and honesty in patient care and all other clerkship responsibilities <i>(1.1 – Apply ethical decision making that upholds patient and public trust)</i> <i>(1.2 – Employ honesty, integrity and respect in all interactions)</i>	Faculty and housestaff evaluation

II. Medical Knowledge

Specific Objectives:	Curriculum	Evaluation
<p>Explain basic information on the diagnosis and management of common medical problems in the adult patient</p> <p><i>(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)</i></p> <p><i>(2.3 – Interpret diagnostic tests as they relate to common clinical, laboratory, and radiologic findings in the spectrum of health and disease)</i></p>	Inpatient and ambulatory general medicine and specialty experiences	Housestaff and Faculty evaluations, Passport, SP exam
<p>Explain the mechanisms of action, indications, advantages, side-effects and contraindications of medications used in the management of common medical conditions</p> <p><i>(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)</i></p>	Inpatient and ambulatory general medicine and specialty experiences	Housestaff and Faculty evaluations, Passport, SP exam

III. Patient Care

Specific Objectives:	Curriculum	Evaluation
<p>Perform and interpret the components of a complete or focused physical examination for the adult patient:</p> <p><i>(3.5 - Perform comprehensive and focused biopsychosocial exams in a variety of patient care settings and recognize when each is indicated)</i></p> <p><i>(3.2 – Develop and implement patient evaluation and management plans appropriate to all levels of patient acuity)</i></p>	Inpatient and ambulatory general medicine and specialty experiences	Housestaff and Faculty evaluations, Passport, SP exam
<p>Demonstrate the ability to diagnose common chronic medical illnesses and manage patient care in a comprehensive manner:</p> <p><i>(3.3- Develop a prioritized problem list and differential diagnosis using patient’s biopsychosocial history, medical records, physical exam findings and diagnostic studies)</i></p> <p><i>(3.7 - Select and interpret diagnostic tests accurately)</i></p> <p><i>(3.2 – Develop and implement patient evaluation and management plans appropriate to all levels of patient acuity)</i></p>	Inpatient and ambulatory general medicine and specialty experiences	Housestaff and Faculty evaluations, Passport, SP exam

IV. Interpersonal and Communication Skills

Specific Objectives:	Curriculum	Evaluation
<p>Demonstrate effective and respectful communication with patients, families and the medical team</p> <p><i>(4.1 - Demonstrate patient centered interview skills in order to create and sustain a supportive and therapeutic relationship with patients and families)</i></p> <p><i>(4.2 – Demonstrate the ability to communicate effectively, efficiently, and accurately as a member or leader of a health care team)</i></p>	Inpatient and ambulatory general medicine and specialty experiences	Housestaff and Faculty evaluations, Passport, SP exam
<p>Develop effective communication skills for interpersonal interaction and documentation of patient care</p> <p><i>(4.1 – Demonstrate patient centered interview skills in order to create and sustain a supportive and therapeutic relationship with patients and families)</i></p>	Inpatient and ambulatory general medicine and specialty experiences	Housestaff and Faculty evaluations, Passport, SP exam

V. Practice Based Learning and Improvement

Specific Objectives:	Curriculum	Evaluation
<p>Use an evidence-based medicine approach where possible to answer specific clinical medical questions</p> <p><i>(5.2 – Use and manage technology to access medical information resources to expand personal knowledge and make effective decisions)</i></p> <p><i>(5.3 - Apply principles and practices of evidence-based medicine (EBM) in making decisions about prevention, diagnosis, and treatment of disease)</i></p>	Inpatient and ambulatory general medicine and specialty experiences	Housestaff and Faculty evaluations, Passport, SP exam
<p>Self-assess progress as learners and identify specific learning needs</p> <p><i>(1.6 – Identify and fulfill responsibilities and obligations as a learner and a colleague)</i></p> <p><i>(5.1 – Identify personal strengths and deficiencies in one's knowledge skills, and attitudes to integrate feedback and set personal improvement goals)</i></p>	Case Logging, Midterm Feedback	

VI: You Said, We Did:

You Said, We Did:

Medicine Clerkship

We value your feedback and the following changes have been made in response to student concerns and suggestions.

	YOU SAID:	WE DID:
2019	'Please make weekends off consistent for all students across the clerkship'.	The New Clerkship started in January 2019 incorporated this feedback and was able to engineer the schedule so that all students had the same number of weekends off per term and was scheduled for the students to see on Amion.com
2018	'We would like to have the opportunity to request which consult team we rotate on at Baylor St Luke's'	Starting in 2018 students were given the change to request what subspecialty option they would rotate on at St Luke's and then vast majority get their first or second choice.
2017	'The Therapeutic Lecture series is difficult to attend every week and has us miss morning report'.	In July 2017 the Medicine Clerkship changed the logistics of the Therapeutic Lecture series to a system of 'school days' that concluded a clinical period with grouped lectures. Any lectures that are no longer given live are available on vbrik.
	'The Therapeutic Lecture series is very hard to make every week when we are scheduled at the VA.'	
	Multiple student evaluations and large group sessions have revealed concerns with the evaluation tool used by the medicine clerkship and clinical courses.	The clerkship director committee convened a 'grades retreat' to analyze the current evaluation tool. The medicine clerkship is working with the Dean of Evaluations to pilot a new assessment tool in 2018.
2016	'The ambulatory lecture does not fully cover topics of health maintenance.'	For this academic year (2017-2018) the ambulatory workshop on health maintenance has been updated to include a greater expanse of health maintenance and outpatient cancer screening.
	'We would like the clerkship to be the same general experience for all students.'	In January 2016 we re-structured the clerkship to have the same exact general schedule for our students. All students now complete the same schedule: <ul style="list-style-type: none"> • 4 weeks inpatient wards at Ben Taub Hospital • 4 weeks inpatient wards at MEDVAMC • 2 weeks inpatient consultative services at Baylor St Luke's • 2 weeks spent at various ambulatory clinics
	'I think that having everyone do 2 weeks at St Luke's and 2 weeks on ambulatory (or 2 weeks on different services at St. Luke's) would be more beneficial than 4 weeks on the same service at St. Luke's'	
2015	'We are concerned that we are expected to work long hours at one site on the weekend before we show up at our next site full of energy'. This was referring to the need for a break in between experiences of the medicine clerkship	As of September 2015 all clerkship students are now given the major 'transition weekends' off between sites. Students are now given the fourth and eighth weekends of the clerkship off to break and rest or have extra study time.

VII. Student Roles, Responsibilities and Activities:

1) Required Sessions:

- a) **Orientations:** General Clerkship Orientation will be held on the first day of the Clerkship unless prior arrangements are arranged before the clerkship start date. Time and place for each hospital or ambulatory orientation will be communicated to you via email.
- b) **Thursday afternoons during CABS course:** You are expected to attend CABS from 1:30 to approximately 4:30 on Thursday afternoon). You are expected to return to your ward duties afterwards unless otherwise discussed with your team.
- c) **Core Medicine Conferences/Lectures:**
 - i) **Therapeutic Lecture Series:** The Core Medicine Therapeutics Lecture Series is held once on the 4th Friday of the clerkship (typically at 8am). **Attendance is mandatory** to respect the time of our lecturers. Information for the lecture will be published on the Blackboard academic website a few days before the lecture if needed. We allow up to 10 minutes after the lecture starts as the time to sign in as a grace period, *but please arrive before the lecture starts out of courtesy for our speakers.*
 - ii) **Site Lecture Series:** The site lectures will be communicated to you prior to or during the site orientation. These sessions generally do not have formal sign in sheets, but they are considered priorities and if attendance is poor sign in sheets will be started.
 - iii) **BCM Grand Rounds:** The expectation is that you will attend and sign in for BCM Grand Rounds which is held every Thursday at 12:15pm currently in Main Baylor M112. Attendance is expected to be 100%.
- d) **Formal Midterm Feedback:** Clerkship leadership will be providing formal midterm feedback (typically during week 5). Please make sure to have updated your e*value logging requirements prior to this meeting. Completed evaluations will be reviewed, as well as your e*value logging to provide goals for the remainder of your clerkship. Please be advised that we will be emailing the dates and times for your meetings via your Baylor email account.

2) Clerkship Examinations:

- i) **NBME:** You are required to take and pass the NBME shelf exam in Medicine given at the end of the rotation. The registrar administers this exam once a term. A passing score as determined by Baylor College of Medicine is the 5th percentile nationally which usually corresponds to a normed score of around 60. This score does vary according to each cohort's NBME data. The exam counts for 25% of your overall grade. If you fail the exam, then you will be asked to repeat the NBME. Note: If you fail the NBME Shelf exam, the highest grade you can receive for the rotation is a PASS. If you fail the exam twice you will receive a grade of fail for the clerkship. Students who are required to remediate the NBME examination should contact Yvette Pinales at Yvette.Pinales@bcm.edu and Tala Hasbini at Tala.Hasbini@bcm.edu to arrange a retake of the NBME. Students are required to sit for the remedial NBME or SP examinations within six months of the original test date
- ii) **Standardized Patient Exam:**

You will be required to complete a standardized patient encounter during your clerkship. The exam typically occurs on the last Monday of the rotation and is scheduled directly through the BCM Sim Center. The exam will contribute to 10% of your grade. The passing rate is an overall score of 71%. The highest grade you can receive if you fail the exam is a Pass. Failure to show up to the exam will result in your final grade for the rotation being dropped by one letter grade (Honors to High Pass, High Pass to Pass, Pass to Marginal Pass). By policy you will then be required to pay for the remediation exam. The exam is only given once per term so your grade will be incomplete until the following term when you can take the exam.

You will need to be there 30 minutes prior to your exam starting time or you will not be able to take the exam. Please dress in professional office attire, white coat with appropriate identification. The exam consists of an SP encounter (15 minutes to do a focused H&P and 15 minutes to complete a post encounter note that will ask directed questions about the encounter. Currently the exam is scored 30% for the History skills demonstrated to the standardized patient, 30% for the physical exam skills demonstrated to the patient, 30% for the communication skills demonstrated to the patient and then 10% for the post encounter note content. Further in person clarification about the SP exam will be announced during the clerkship large group feedback session held prior to the SP session.

By focused H&P we want you to obtain the complete HPI for the patient's chief complaint that would be appropriate for the relevant differential diagnosis. This means that you do not have to obtain a complete History like you did in PPS, but you are trying to obtain all of the historical elements needed similar to what you would do in an urgent care or sick visit. Given the time constraints you only have to obtain four unique ROS for full credit in regard to obtaining a relevant ROS for the story. You are to obtain a physical exam that is appropriate for the relevant differential diagnosis and most complete the OSCE standards for each system that you examine. This means that you do not have to do a complete head to toe examination, only the exam that is appropriate for the differential diagnosis. The communication skillset is based on the BCM communication standards utilized in PPS and is assessed based on your interactions with the patient in obtaining the history and physical.

Information about SP examinations for clerkships is available on the course Blackboard page (see the Standardized Patient Program tab). This Blackboard page is managed by the Simulation Learning Center and provides general information regarding SP examinations, including the Physical Exam and Communication Standards, as well as Simulation Learning Center policies (such as the Late / Cancellation policy). Students are responsible for reviewing and adhering to these policies.

Following the SP examination, requests for SP examination review (without rescoring) can be made at any time (SP educator will review performance with student). See STUDENT REVIEW PROCESS policy for more details.

Requests for SP examination regrade (i.e. rescoring) must be made within 10 calendar days of receiving the score report and can result in a grade increase or decrease depending on the re-evaluation. See STUDENT REGRADE PROCESS policy for more details. Please note that a request for SP examination regrade is not equal to an official grievance or grade appeal for the course; see the POLICIES section of this document for more information regarding the Student Appeals and Grievances Policy (23.1.08).

SP examination failures: All videos of failing student encounters are reviewed by an SP educator to confirm scoring accuracy prior to release of the score report. Students who are required to remediate the SP examination should contact their Clerkship Director and/or Student Affairs to initiate the retake of the SP examination. See SP EXAM FAILURE PROCESS policy for more details. Students are required to sit for the remedial SP examination within six months of the original test date.

If you are a returning dual-degree program student or have been on leave of absence, please contact the Standardized Patient program to be reoriented to their procedures and to ensure that your log in information is correct

3) Faculty and Housestaff Evaluations: 55% of your grade is based on your evaluations by your attendings and residents. A sample evaluation is in section X of this document.

- i) **E*VALUE:** You will be using the "Who did you work with" function to launch your evaluations for the inpatient rotations. As you start the final week of each site in the Medicine Clerkship, two evaluations will be sent to you. They are 1-question evaluations called "Who Did You Work With?"(WDYWW).

- ii) On one evaluation you will choose the attendings you worked with (from a list of names that is specific for the location you worked); on the other evaluation you will choose the house staff you worked with (from another list of names). You have the ability to choose as many attendings and residents you would like to evaluate and submit evaluations on you, but you must select them at the same time (you will not be sent another WDYWW evaluation to select additional attendings and residents). By rule of thumb please select all attendings and residents you worked with for a week of time, but you are also free to select anyone who you worked with for less than a week if they observed you in practice. Please do not “cherry-pick” your evaluations as this statistically made no difference for student grades and leads to less feedback for your Medical Student Performance Evaluation (deans letter). No evaluations will be launched after the completion of your rotation.
- iii) After you submit the WDYWW evaluations, E*Value will automatically send those attendings and housestaff a Student Performance evaluation to complete on you AND an Attending/Housestaff Evaluation for you to complete on them. All you have to do is complete each evaluation and click “Submit”. Just be sure to write down or remember the names of the residents and attendings you worked with at each location.
- iv) In addition to WDYWW, faculty, fellows, and residents may select to evaluate you on an ad hoc basis. These evaluations will be considered equally to those which you initiate.
- v) PLEASE NOTE: By BCM policy you will not be able to launch any evaluations after the last day of your clerkship. Failure to launch the appropriate number of evaluations in a timely manner will result in a deferred grade for the clerkship.
- vi) Course Evaluations: At your large group feedback session you will be given evaluation forms to complete on the Therapeutic Lecture series. E*Value will launch an overall course evaluation for you to complete in the last week of this rotation. Please complete these as they are very useful for us to learn what to improve in the clerkship.

4) PR (Professional Responsibility) Points + Graded History and Physicals – New in 2020 these points will count as 5% of your overall grade and will be assessed as completed in the following 5 ways:

- i) Completion of all E*Value Case Logging Requirements by the last Monday of the term or documented email to clerkship leadership with explanation of delinquency → **1 Point**
- ii) Completion of all E*Value Direct Observation Logging by the last Monday of the term or documented email to clerkship leadership with explanation of delinquency → **1 Point**
- iii) No reported breach of timely professional communication (i.e. response to clerkship leadership, answering E*Value Who did you work with, WDYWW). Responses to queries should be returned as soon as able, but for this requirement at the latest within 5 days → **1 Point**
- iv) Attendance marked at 100% (present or received absence excuse) for BCM Grand Rounds, Therapeutic Lecture Series and QI/Patient Safety Workshop during the clerkship term. → **1 Point**
- v) Submit one complete History and Physical (+discussion) that will be graded to the clerkship coordinator by the third Friday of the rotation and one History and Physical (+discussion) by the 8th (last) Monday of the rotation → **1 Point**

5) NEW 2020 Graded History and Physicals – Two Histories and Physical will be collected and graded utilizing the Internal Medicine Clerkship H&P guidelines that include the standardized grade rubric. The first will count for 2 points and the second will count for 3 points for the total clerkship grade. The instruction for how to writeup and submit an H&P follow (these are similar to what you did in PPS3, but are more focused on the assessment and plan for the clerkship):

History and Physical Instructions for BCM IM Core Clerkship Students

Chief Complaint

- Try to put CC in pt's own words using quotes if possible.
- Sometimes, use a few words, such as "Altered mental status" when the pt's words do not give a good picture of their presenting signs or symptoms.
- Chief complaint should not include pt's age or any other information aside from the pt's chief complaint.

History of Present Illness

- The first sentence in the HPI should include the patient's age, gender and pertinent PMH
 - If pt's CC is "foot ulcer," and the pt has a history of diabetes, include diabetes mellitus in the first sentence – "A 67-year-old female with a history of diabetes mellitus presents complaining of a foot ulcer."
- The HPI should start at the patient's baseline state of health and progress chronologically. It should flow in the same manner as a story you would tell to a friend that had no idea of what happened to the pt. Identify when the pt was last feeling well and show the progression of symptoms. The HPI does NOT need to be reported in the order the patient told the story. Many times it must be reorganized.
- The HPI should include appropriate description of the cardinal symptom. (For example, onset, location, duration, character, aggravating/alleviating factors, associated symptoms, radiation, timing, severity)
- Relevant ROS should be included. For example, if pt has a CC of headache, include if pt has fever, changes in vision, nausea/vomiting, lightheadedness/vertigo, etc.
- Information included in the HPI should allow the listener/reader to form a differential diagnosis for what is wrong with the patient.

Past Medical History

- Format the PMHx in bullet or list format rather than complete sentences - just makes it easier to read.
- For PMH, give information on level of control of various common problems. For example:
 - For diabetes, try to include average/range for at-home blood sugars
 - For CHF, try to include if it's systolic vs. diastolic and include last LVEF if known
 - For HTN, include typical BP at home
 - For HIV/AIDS, include last CD4 count, if available

Medications

- All meds should include dose, frequency, route; including why the pt takes it is not mandatory but provides insight into the pt's understanding of their meds and helps you learn immensely; be sure to include if pt takes any over the counter or herbal meds

Allergies

- Allergies must include what type of reaction (anaphylaxis vs. minor discomfort)

Social History

- In social history, include tobacco, alcohol, drugs, occupation, living environment and sick contacts.
- If a patient smokes, specify pack-years (for example, a patient who smoked 1 pack per day for 30 years has a 30 pack year history).

Family History

- Please include a family history that covers major illnesses/conditions for genetically linked family members and includes illnesses/conditions that may be related to the DDX.

Review of Systems

- Include at least 8 systems

Physical Exam

- Do not write "Vitals: not provided." HR and RR can easily be determined on all patients.
- Watch out for commonly missed categories on the PE. These include: Back, Pulses, and Lymph Nodes
- Avoid "swelling" in the PE if you mean "peripheral edema"
- Perform a complete physical exam for the DDX of your HPI.

Labs and Imaging

- Please include all labs and imaging that you think were relevant to include for advancing the differential diagnosis (those that you would present to your attending)

Assessment and Plan

- Please complete a full assessment and plan as you have been doing on the wards.
- Your assessment should include a full impression of the differential diagnosis for your patient.
- The plan should be a well-organized, complete and prioritized accounting for the initial plan that you and your team undertook for the patient.

Discussion

- Many times in the course of patient care, we come across a question that requires further study. Think of a clinical question inspired by your H&P. Find any appropriate medical literature (e.g., textbook chapter, review article, randomized controlled trial) that answers this question. Summarize your findings and document your reference(s) in 1 page or less.
- In the discussion reference why this has a bearing on your patient's care.
- Never copy directly from a reference without using quotation marks. This is plagiarism. In general, it is most educational to summarize your findings and place them in the clinical context of your patient.

Grading

- The H&Ps are graded on a point system with a max score of 20/20
- The write ups you hand in to clerkship leadership will be graded and count toward your final medicine clerkship grade (5%)
- If submitted late you will be penalized via the Professional Responsibility (PR) Points system
- General Grading Rubric
 - History – 5 points total –
 - 3 points will come from the HPI
 - Physical Exam / Relevant Labs and Imaging – 3 points total
 - Assessment – 4 points total
 - Plan – 3 points total
 - Discussion – 5 points

- 6) **Required Documentation:** All required documentation of experiences, feedback and observation is now logged/submitted through our online E*Value system. All of the following listed below are required to be submitted into e*value as close to the occurrence of the event as possible. During your official mid clerkship feedback session the progress of logging experiences will be reviewed. Students **will not** receive a grade for the rotation if they do not submit all of the required documentation. Students who do not have all of the required documentation submitted onto e*value prior to the NBME shelf will be considered for a professionalism violation and that could lead to a grade lowering.

The Follow Are Required to be Logged During your time on Medicine:

(You will be given a checklist for all of these requirements and instructions for how to log them on E*Value during orientation. These are also included after this text and on our blackboard site.)


- a) **Clinical Experiences (LOG 1 Each for 18 Symptoms/Diseases):** Clinical Logging is an ESSENTIAL task during your clerkship. The ‘Documentation of Encounters’ form you receive during orientation lists the required diagnoses and procedures that are the **minimum** requirements the Clerkship Director and Curriculum Committee has designated as what every student should see and/or do during the course of the rotation. These logs will be reviewed with you during your Mid-Rotation feedback session. If you have any difficulty seeing any of the experiences, please email (caruso@bcm.edu) and we will set up an alternative experience.
- i) **Level of Medical Student Responsibility:** all medicine clerkship are ‘perform’ and ‘inpatient’
- (1) **Perform:** The student performs the patient history, physical exam, differential diagnosis, treatment decision-making, and/or relevant procedural skills.
 - (2) **Assist:** The student assists with the patient history, physical exam, differential diagnosis, treatment decision-making, and/or relevant procedural skills.
 - (3) **Observe:** The student is present as an observer during the patient history, physical exam, differential diagnosis, treatment decision-making, and/or relevant procedural skills
 - (a) > No more than 50% in single clerkship
 - (b) > No more than 30% across clerkships
- ii) **Ambulatory clinical setting:** Provides clinical care for patients who are not admitted to the hospital (e.g. clinic, emergency center)
- iii) **Inpatient clinical setting:** Provides clinical care for patients admitted to the hospital or undergoing a procedure in an operating room

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

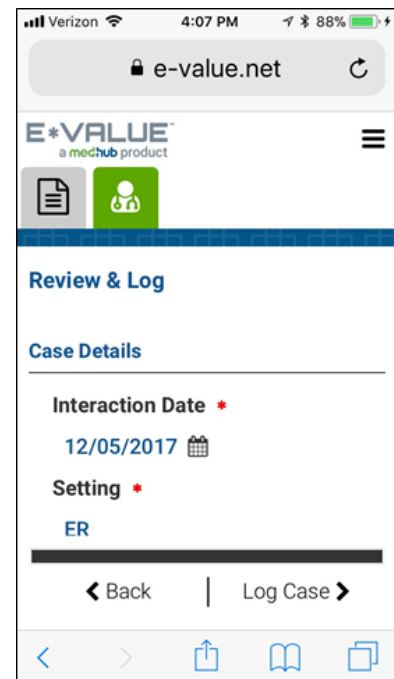
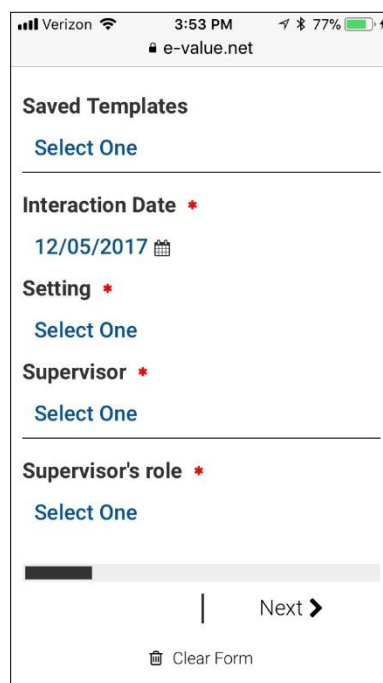
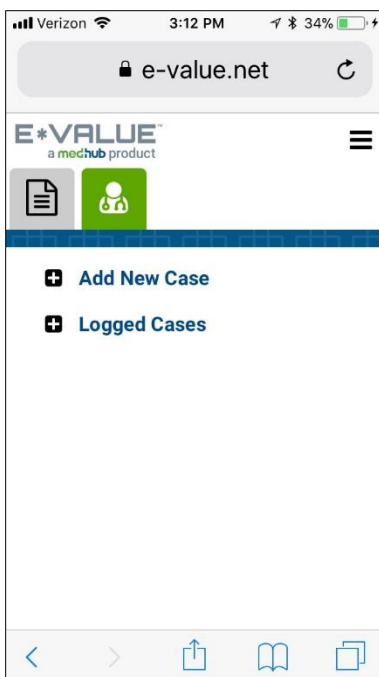
3. Select your CURRENT Core Clerkship for Program (**BCM, Core Clerkship-XX**)
4. Click **Continue** (screen shot at right).
5. Click on the “Doctor”  icon and select **+Add New Case** (screen shot #2 below)
6. On the next screen, log your activity by filling in the required information.: (screen shot #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



- b) **Student H&P Write-Ups (LOG 8 in e*value case logging system):** A full formal H&P write-up with discussion and problem list should be turned into your team attending weekly for review by that attending (this process is outside of the required H&Ps that you will hand in to the clerkship office twice during the rotation for grading). On the first day with your attending you should ask him/her about their expectations for your discussions and should also let them know that you need their feedback on your write-ups. The discussion should focus on the differential diagnosis of the chief problem, or if the disease is known, on an important aspect of the natural history or treatment of the patient. *It must be written in your own words. Avoid using Up to Date as your only source—use a primary*

source and do your own literature review. We encourage you to base some of your discussions on an EBM approach to problems related to your individual patients. Frequently, your attending will base his or her evaluation on the quality of your H&Ps, the discussion, and your ability to present this information orally on rounds.

c) **Informal Midterm Feedback (LOG 2 in e*value case logging system)**

- i) You are required to obtain feedback on your performance at least halfway through the middle of each month. You must approach your evaluators to remind them. Once you have approached your faculty and have obtained feedback, please log the experience on e*value. In order to get meaningful feedback, we advise you to ask direct and specific questions about your performance (e.g.: print out an H&P for review, ask them to watch you doing a part of the physical exam and ask for direct feedback, ask how organized your oral presentations are during rounds, etc....).

d) **Direct Observations (INITIATE 2 FACULTY and as many residents as possible)**

- i) As part of your requirements for Medicine, you are required to have attendings observe you doing ALL or PART of a history and physical exam. There is a BCM policy mandating that any student rotating on the clinics is to be observed by a faculty member at least once during any four-week period. This stipulates that we document two of these observations during your clerkship and we have a standardized evaluation on e*value that your other core rotations will be utilizing as well to capture the observing attending's feedback for the encounter. You need to have requested 2 faculty to fill out evaluations representing at least 1 history and 1 physical by the time you complete the clerkship. This aspect of your clerkship is very important, tracked closely and will be discussed during your formal midterm feedback session. Let us know early if you are tracking far behind on this requirement.

Direct Observation

Instructions for Students

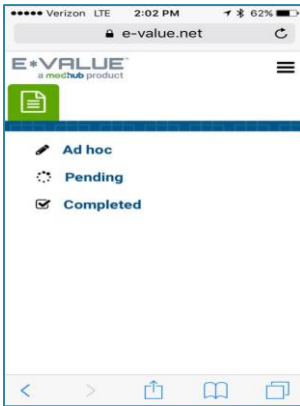
During this clerkship, we ask that you launch at least two (2) **Direct Observation forms** to faculty who have observed you performing any part of a history and/or physical examination. You can launch the direct observation form directly from your phone or tablet following the directions below.

1. Search for e-value.net on a web browser (Safari, Google, etc.). There is not an app for E*Value.
2. Login 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. Choose Ad Hoc from the choices on the screen (screen shot #2 below)
6. On the next screen complete the following: (screen shot #3 below)
 - a. Select an Evaluation type: **Direct Observation (Who Observed You?)**
 - b. Who would you like to evaluate you?: (Not Applicable)
 - c. Activity: **Direct Observation**
 - d. Time Frame: **AD HOC, Term XX**. This is the Default Timeframe that you should use.
 - e. Click **Next→**
7. To select the name of the person who observed you, (screen shot #4 below)
 - a. Click on the bar above **Add→**
 - b. The names will appear below the 'Done' button
 - c. Scroll through the names from the list and stop on the name you want to select
 - d. Touch **Add→** (You may not see a name in the box, but if you click on the bar below **←Remove**, you will see the name of the person you chose).



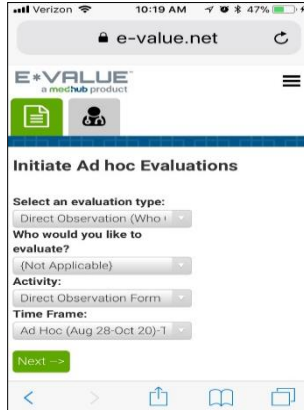
- e. Click **Submit**
8. You will see a message that says Thank you for completing this evaluation. (screen shot #5 below)
9. Your instructor should immediately receive an email (which looks like it came from the clerkship coordinator) with a direct link to the form.

Screen Shot #2

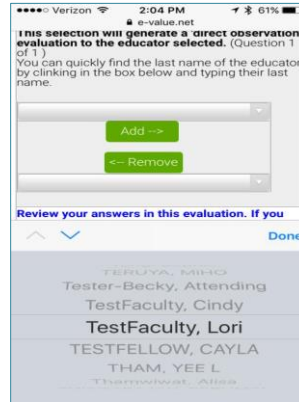


Review of Required

Screen Shot #3

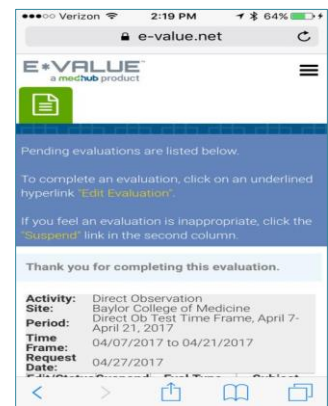


Screen Shot #4



Documentation Logged to E*Value

Screen Shot #5



Documentation of Encounters / Observations Feedback Required for the Medicine Clerkship

Case/Procedure/Experience Logged to E*Value	Level of Responsibility	Minimum Required	E*Value Method & Confirmation
Acid Base Disorder	Perform	1 <input type="checkbox"/>	Logged by student – No confirmation required
Acute Kidney Injury	Perform	1 <input type="checkbox"/>	Logged by student – No confirmation required
Altered Mental Status	Perform	1 <input type="checkbox"/>	Logged by student – No confirmation required
Anemia	Perform	1 <input type="checkbox"/>	Logged by student – No confirmation required
Atrial Fibrillation/Arrhythmia	Perform	1 <input type="checkbox"/>	Logged by student – No confirmation required
Cancer	Perform	1 <input type="checkbox"/>	Logged by student – No confirmation required
Chest Pain	Perform	1 <input type="checkbox"/>	Logged by student – No confirmation required
Cirrhosis	Perform	1 <input type="checkbox"/>	Logged by student – No confirmation required
Congestive Heart Failure	Perform	1 <input type="checkbox"/>	Logged by student – No confirmation required
Constipation or Diarrhea	Perform	1 <input type="checkbox"/>	Logged by student – No confirmation required
Coronary Vascular Disease	Perform	1 <input type="checkbox"/>	Logged by student – No confirmation required
Diabetes Mellitus	Perform	1 <input type="checkbox"/>	Logged by student – No confirmation required
Electrolyte Abnormality	Perform	1 <input type="checkbox"/>	Logged by student – No confirmation required
GI Bleeding	Perform	1 <input type="checkbox"/>	Logged by student – No confirmation required
HIV/Immunocompromised state	Perform	1 <input type="checkbox"/>	Logged by student – No confirmation required
Hypertension	Perform	1 <input type="checkbox"/>	Logged by student – No confirmation required
Obstructive Lung Disease (COPD/Asthma)	Perform	1 <input type="checkbox"/>	Logged by student – No confirmation required
Sepsis	Perform	1 <input type="checkbox"/>	Logged by student – No confirmation required
Informal Faculty Feedback on Performance	Initiate	2 <input type="checkbox"/>	Logged by student – Passive Faculty/Resident Email
Review of History & Physical	Initiate	8 <input type="checkbox"/>	Logged by student – Passive Faculty/Resident Email
Direct Observation by Faculty	Initiate	2 <input type="checkbox"/>	Initiated by student – E*Value Completed by Faculty

7) Formal Mid Term Feedback

- (1) **Formal Feedback:** This is the required feedback session that you will do with clerkship leadership during the midpoint of the clerkship. This is a good place to discuss overall goal achievement and progress on meeting the clerkship requirements. Students will be contacted a few weeks before the middle of the rotation to set up a time to meet the clerkship leadership and discuss their progress to date. You will be asked to complete an attestation that this event occurred after the meeting and also indicate on a survey that this occurred.

8) Medicine Miscellaneous

- a) **Work:** There is work on Medicine, particularly in the public hospitals. Most students have the opportunity to do a certain number of procedures and participate in the care and management of a sizable group of patients. There is a social contract: you can learn from a patient if you are functioning as a member of the team; working for the patient—not just observing. Also, we expect you to be available to your patients on the day or night of their admission until their medical condition is stabilized (without breaking BCM duty hours).
- b) **Mistreatment:** If at any time you have witnessed or been the recipient of unprofessional behavior or mistreatment you are urged to report it immediately. You may report this behavior to the medicine Chief Resident or to the Clerkship Director. Furthermore, avenues to report mistreatment include reporting to Dr. Richard Hamill (Residency Program Director and Vice-Chair of Education) or to Dr. Hashem El-Serag, Chair of Medicine. If you are not sure if what you witnessed or perceived was inappropriate, don't hesitate to make an appointment to discuss it with your Clerkship Director. See our Blackboard page for details about the policy and how to submit concerns.
- c) **Absence Policy/Holiday Policy:**
Please see the BCM absence policy in section 12 of this overview, but here are specifics about absences on the medicine clerkship.

On your Medicine rotation you are allotted one day off in seven which usually amounts to three days off per month on top of the end of four-week transition weekend (generally 5 days off total during the ward rotations). In addition, you are also given all recognized Baylor Holidays off. If you have any events that you need to attend during your rotation, you may consolidate your days off, but you must work this out with your attending and resident. If you do consolidate those days, they are subtracted from the total number of days off (e.g.: taking three days off for a wedding means you have only 2 days off remaining for the month). This can only be done on inpatient medicine. For rotations at BSLMC weekends are usually off and this does not apply. In addition, if you plan to take more than two days off for travel or illness you must inform me of that in writing in order for it to be excused. Contact our office via caruso@bcm.edu with a copy to Arlene Back at aback@bcm.edu. For week 8 of the clerkship all students will be given the entire Thursday off to study for the NBME exam. Taking any additional time off on the final week that is not cleared by the clerkship director will result in a professionalism discussion. It is critical that all students are allotted the same preparation time so please do not deviate from this schedule. The SP and Shelf Exam are only offered at one time during the Clerkship and would have to be made up later with an incomplete grade if missed.

- d) **Interprofessional Education:** Interprofessional Education (IPE), defined as learning about, with or from other disciplines, is an important part of the BCM curriculum and the IM Clerkship.

Interprofessional Educational opportunities on the Medicine clerkship:

- 1) No Place Like Home (NPLH) is an interprofessional educational activity where BCM medical students and University of Houston pharmacy students will work as a team to assess the patient's compliance and /or concerns related to their medications and perform a targeted physical assessment. Students will share their findings and plan of care with the attending faculty who may be either a nurse practitioner, physician assistant or physician.

- 2) The Patient Safety and Quality Improvement Workshop is an interprofessional educational activity where BCM medical students, BCM physician assistant students, TWU nursing students, and University of Houston pharmacy students work in teams to develop their understanding of patient safety and practice utilizing quality improvement tools to analyze a case of a patient with a medical error.
- e) **Social Media:** Please refer to the BCM social media policy when completing all aspects of this clerkship. On a daily basis you will be dealing with patient's personal health information and it is of the utmost importance that you properly protect that information.
- f) **Computer Training/Badging**
- i) **EPIC training:** You should have already completed EPIC training for Ben Taub. You will be required to have further EPIC training at SLEH which will be arranged for the first day of the four-week period that you will be taking part in activities at St Luke's (this may be held during the two weeks when you are scheduled for Ambulatory).
 - ii) **VA Badging/Computer Access:**
 - (1) **VA BADGE:** The PIV badge is a recognized governmental form of ID. It's like a driver's license or passport. Therefore, losing it is something to report and rectify immediately. The badging process takes months and is why it is initiated during your MS 1 year. If you don't have a badge, contact Dr. Caruso immediately. Please also contact our BCM contact person, Ms. Dianne Ohnstad (Dianne.Ohnstad@bcm.edu), as well. The badge and credentialing process is required prior to your rounding at the VA.
 - (2) **Computer access/training:** Computer access from the VA will be requested in advance of your rotation and is often dependent on you maintaining yearly HIPAA training at the VA through their online training system called TMS (email notification will be sent to you to renew this training). On the first day of your rotation you will receive training on the VA computer system called CPRS.
- g) **Student Commitments:** You are expected to be available for rounds and patient care 6/7 days of the week. If you must be absent from the rotation for any reason, you must contact your team (upper level and attending), your Chief Resident, and the Clerkship Director. Any unexcused absence will be considered a serious breach of professionalism and can result in a failing grade.
- h) **Email Announcements:** Kindly pay attention to your BCM email account as we will email updates and announcements throughout the term. In addition, make use of our BCM sponsored Blackboard website. You are all entered into the systems user database. You must self-enroll in the Internal Medicine Core Clerkship course in order to view materials, use Communication or Student Tools or take quizzes or surveys. If you have any difficulties with login or password, please contact William McKinney (wwwmckinn@bcm.edu) in the Undergraduate Medical Education office. Please also pay attention to your BCM email account which I tend to email semi regularly during the clerkship.
- i) **Study / Secure Storage / Lounge and/or Call Room spaces available for students:**

	BTGH	BSLMC	MED VAMC
Study space	6 th floor Morning Report Room; 2 nd floor Pathology classroom; 5 th and 6 th floor team rooms. These spaces are available for study and lounge space when lectures are not occurring.	Cooley Library; Two resident lounges; The Atrium (5 th floor green elevators) These spaces are available when the library and atrium are	Team rooms A to H; Call room lounges; Rm 4A-400D & 4A-400G.

		not reserved for private events.	
Secure storage space	5 th and 6 th floor team rooms	2 resident lounges behind locked doors (one with badge access and one with keypad access) and there are lockers with locks in one of the lounges.	Team rooms A to H: every team room has a locking door and individual lockers available
Lounge space	6 th floor lounge	Cooley Library, Two resident lounges, and the Atrium	Resident call room areas

Site: Ben Taub General Hospital

Study space: 6th floor Morning Report Room; 2nd floor Pathology classroom; 5th and 6th floor team rooms. These spaces are available for study and lounge space when lectures are not occurring.

Secure storage space: 5th and 6th floor team rooms

Lounge space: 6th floor lounge

Call room space (if applicable): N/A

Site: BSLMC

Study space: Cooley Library which is a formal medical library with open seating and table space. Two resident lounges which are rooms with sitting space, tables, and computer access used for study and completing clinical work. The Atrium is a very large open room with sitting and table space that is available for use if there is not a private reserved event being held.

Secure storage space: 2 resident lounges behind locked doors (one with badge access and one with keypad access) and there are lockers with locks in one of the lounges.

Lounge space: Cooley Library, Two resident lounges, and the Atrium

Call room space (if applicable): N/A

Site: MEDVAMC

Study space: Team rooms A to H, call room lounges, Room 4A-400D and 4A-400G.

Secure storage space: Team rooms A to H: every team room has a locking door and individual lockers available

Lounge space: Resident call room areas

Call room space (if applicable): N/A

VIII. Overall Schedule:

The overall roster is emailed to you about four weeks prior to the start of the term after the Registrar provides us with the names of the students on service.

Site Schedules and Team Assignments:

Each site has its' own representation who assigns each student to a service, team or clinic. You should expect to receive email notification of what team you are assigned to and details about the site orientation prior to your first scheduled day.

Amion.com: Amion is a website that the BCM IM residency program utilizes for scheduling its' residents on their rotations. We have an account with amion where we will post your general rotation schedule and ambulatory clinic schedule as well some of the major activities to attend. All 'golden weekends' (full weekend of Saturday and Sunday off) are now being placed on Amion. The schedule is typically posted to amion 1-2 weeks prior to our start date. In order to log in to amion please navigate to amion.com and enter the password 'baylorimstudent'.

IX. Grades:

The Core Medicine Clerkship Grading Committee comprised of 10-15 faculty from the department of medicine meets after the end of the rotation to consider evaluations and exam grades to determine grades of Honors, High Pass, Pass, Marginal Pass, or Fail. We utilize the following rubric:

Grading Rubric: Medicine Core Clerkship

Requirements	% of Final Grade	Minimum Score to Pass
NBME Exam	25	Exact number is dependent on exam period. Must exceed 5% nationally
SP Exam	10	71 or above
Other Points	10	n/a
PR Points	5	
Graded H&Ps	5	
Clinical Evaluations	55	Exceed 2 standard deviations below the mean
Residents/Interns	20	
Attendings	35	
Professionalism	0	See below

NEW 2020 PR (Professional Responsibilities) Point System:

- 1) Completion of all E*Value Case Logging Requirements by the last Monday of the term or documented email to clerkship leadership with explanation of delinquency → 1 Point
- 2) Completion of all E*Value Direct Observation Logging by the last Monday of the term or documented email to clerkship leadership with explanation of delinquency → 1 Point
- 3) No reported breach of timely professional communication (i.e. response to clerkship leadership, answering E*Value Who did you work with, WDYWW). Responses to queries should be returned as soon as able, but for this requirement at the latest within 5 days → 1 Point
- 4) Attendance marked at 100% (present or received absence excuse) for BCM Grand Rounds, Therapeutic Lecture Series and QI/Patient Safety Workshop during the clerkship term. → 1 Point
- 5) Submit one complete History and Physical (+discussion) that will be graded to the clerkship coordinator by the third Friday of the rotation and one History and Physical (+discussion) by the 8th (last) Monday of the rotation → 1 Point

NEW 2020 Graded History and Physicals – Two Histories and Physical will be collected and graded utilizing the Internal Medicine Clerkship H&P guidelines that include the standardized grade rubric. The first will count for 2 points and the second will count for 3 points.

Further Grade Process Details:

- A. Based on the rubric detailed above, a rank number is generated. The aforementioned grading committee then assigns grades utilizing data from multiple years of the clerkship under the college expectation of assigning approximately 30% Honors, 40% High Pass and 30% Pass or Lower. If a period of students exceeds the norms generated from the historic data grades these expectations are permitted to be eclipsed.
- B. ****Issues with professionalism alone MAY result in a drop in letter grade or failure of the course.****
- C. Stage of clinical training (i.e.: MS2 vs. MS3) is taken into consideration in determining final grades
- D. We continue to evaluate and **drop significant outliers** in performance evaluations. You must launch 12 evaluations in order to have outliers mathematically calculated.
- E. Earning a failure in the clerkship by any of the following manners will require the student to repeat the course in its entirety
 - 1. Clinical performance alone, regardless of test scores, that is verified 2 SD below the mean
 - 2. Lapses or issues with professionalism alone independent of clinical performance.
 - 3. Failing 2 or more graded components on the clerkship (i.e.: the NBME and SP exam)
 - 4. Failing only the SP or NBME Exam:
 - a. 1st Failure: Failing the SP or the NBME will result in a Deferred grade to be submitted and the student is required to successfully pass the exam. The highest grade that can be received for the course is a Pass.
 - b. 2nd Failure: A Fail will result in repeating 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.
 - c. 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.
 - 5. Overall performance on the clerkship that is verified as being 2 SD below the annual mean.

F. Conflict of Interest Statement

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. 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 to account for identifiable variability in evaluation patterns by educators.

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 Form:

The following is a sample evaluation form that will be used to evaluate your time on the core clerkships:

A. E*value Student Evaluation form:

PROF1: The student exhibits professionalism with respect to patients and families: compassionate and respectful, advocates for patient/family's needs.

Cannot Assess	Major Concerns	Minor Concerns	No Concerns
○	○	○	○

PROF2: The student exhibits professionalism with respect to colleagues and team: reliable and prepared, cooperative, proactive.

Cannot Assess	Major Concerns	Minor Concerns	No Concerns
○	○	○	○

PROF3: The student exhibits professionalism with respect to other students: Serves as a positive role model.

Cannot Assess	Major Concerns	Minor Concerns	No Concerns
○	○	○	○

PROF4: The student exhibits professionalism with respect to self-improvement: Seeks, accepts and integrates feedback; self-aware of performance.

Cannot Assess	Major Concerns	Minor Concerns	No Concerns
○	○	○	○

COMP1: Rate this student's knowledge of common adult diseases including pathophysiology and diagnosis.

Cannot Assess	Little Knowledge		Some Knowledge		Mostly Complete Knowledge Base		Good Level of Knowledge		Superb Level of Knowledge
○	○	○	○	○	○	○	○	○	○

COMP2: Rate this student's knowledge of the appropriate treatment(s) for common adult diseases.

Cannot Assess	Little Knowledge		Some Knowledge		Mostly Complete Knowledge Base		Good Level of Knowledge		Superb Level of Knowledge
○	○	○	○	○	○	○	○	○	○

COMP3: Rate if this student knows appropriate use and limitations of common laboratory tests, diagnostic procedures, and imaging techniques.

Cannot Assess	Little Knowledge		Some Knowledge		Mostly Complete Knowledge Base		Good Level of Knowledge		Superb Level of Knowledge
○	○	○	○	○	○	○	○	○	○

COMP4: Rate this student's ability to elicit a complete history.

Cannot Assess	Unable to recall all elements		Poor information gathering		Some incomplete data gathering		Elicits a clinically relevant history		Consistently elicits subtle historical findings
○	○	○	○	○	○	○	○	○	○

COMP5: Rate this student's ability to perform an adult physical examination.

Cannot Assess	Unable to recall all exam elements		Omits important exam elements		Omits minor exam elements		Conducts complete exam		Consistently performs all exam elements well
○	○	○	○	○	○	○	○	○	○

COMP6: Rate this student's ability to accurately interpret findings from the history and physical examination.

Cannot Assess	Significant gaps in ability		Limited ability		Some ability		Good ability		Superb ability
○	○	○	○	○	○	○	○	○	○

COMP7: Rate this student's ability to formulate a differential diagnosis for adult patients

Cannot Assess	Significant gaps in ability		Limited ability		Some ability		Good ability		Superb ability
○	○	○	○	○	○	○	○	○	○

COMP8: Rate this student's verbal patient presentations.

Cannot Assess	Disorganized & unfocused with major omissions		Somewhat unfocused with minor omissions		Complete; mostly well-organized		Complete, well-organized		Complete, very well-organized, concise; tailored to clinical context
○	○	○	○	○	○	○	○	○	○

COMP9: Rate this student's written notes.

Cannot Assess	Disorganized & unfocused with major omissions		Somewhat unfocused with minor omissions		Complete; mostly well-organized		Complete, well-organized		Complete, very well-organized, concise; tailored to clinical context
○	○	○	○	○	○	○	○	○	○

COMP10: Rate this student's ability to communicate effectively with patients and families in both routine and complex cases.

Cannot Assess	Significant gaps in ability		Limited ability		Some ability		Good ability		Superb ability
○	○	○	○	○	○	○	○	○	○

COMP11: Rate this student's ability to communicate with patients who represent diverse cultures.

Cannot Assess	Ineffective		Effective w/ patients most like themselves but not w/ others		Effective w/ some patients from diverse groups		Effective w/ most patients from diverse groups		Effective w/ all patients, no matter the patient's background
○	○	○	○	○	○	○	○	○	○

COMP12: Rate this student's ability to critically evaluate and appropriately apply medical resources in practice.

Cannot Assess	Unable to access, critique, or apply information		Uses basic resources; critiques & applies information if prompted		Uses & critiques basic resources; can sometimes apply in practice		Uses & critiques diverse resources and applies in practice		Uses, critiques, & applies a broad set of resources to improve practice
○	○	○	○	○	○	○	○	○	○

COMP13: Rate this student's skill at appropriately protecting confidentiality according to HIPAA rules.

Cannot Assess	Does not understand		Understands importance;		Understands importance;		Understands importance;		Understands importance;
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	importance; unaware of breaches		recognizes most breaches		recognizes & notes breaches		avoids breaches		promotes protection of confidentiality among others
○	○	○	○	○	○	○	○	○	○

Please provide constructive comments about the student's performance (not for the dean's letter):

Please provide comments about the student's overall performance (these will be used for the dean's letter):

XI. Recommended Texts/Videos/Resources:

- A. For Overall Content:
 - a. Step Up to Medicine – Version 4
- B. For Thorough Internal Medicine Knowledge:
 - a. Cecil's Medicine
 - b. Harrison's Medicine
- C. Q Banks
 - a. Most Student's utilize UWorld 2 (there are about 1400 of these – yikes!)
 - b. I recommend as a second bank of questions the MKSAP For Students Question Banks
- D. Physical Exam References
 - a. Stanford 25 Exam Videos (through Stanford Medical website)
- E. Online Resources
 - a. Online Med ED Videos in Internal Medicine
 - b. Twitter MedEd Follows:
 - i. Dr. Zaven Sargsyan (BCM Hospitalist) @sargsyanz
 - ii. BCM Residency Program @BCM_InternalMed
 - iii. #MedTwitter

XII. Policies and Procedures:

XII. Policies

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.

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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

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

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

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

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

Direct Observation Policy (Policy 28.1.03):
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.03

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

During clinical encounters, faculty members must directly observe part or all of a patient's history and mental/physical exam. The minimum number of required direct observations varies based on the length of the clerkship, as stated in Table 1.

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

<u>Table 1. Required Number of Direct Observations</u>	
<u>Clerkship Length</u>	<u>Minimum # of Direct Observations</u>
4 weeks	1
8 weeks	2
12 weeks	3

Duty Hours Policy (Policy 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

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

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.

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

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). 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

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 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 contacts appropriate faculty with whom the student has been working to address the deficiency.

At the end of each course, the UME 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 midterm 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

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

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

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).

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

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

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

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

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.

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>