



## **Pediatric 4 Week Clerkship Course Overview Document (COD)**

### Required Review and Attestation Note:

Students must review and understand the contents of this Course Overview Document and subsequently complete the electronic attestation on Blackboard. Receipt of a course grade is contingent upon completion of the attestation; students will receive an incomplete for this course until the attestation is completed.

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## I. Introduction/Clerkship Overview

This **4-week clerkship** is designed to help students obtain pediatric skills, knowledge, and professional behavior appropriate for a core clerkship student. We aim to make this clerkship fun while stimulating learning, problem solving, and critical thinking in many settings.

Students will work in inpatient and outpatient settings to gain exposure and experience in both routine well child care and the management of acute and chronic pediatric medical problems. Students will also begin to appreciate the importance of longitudinal relationships and observe the dynamic process unique to the pediatric patient. This clerkship aims to help students feel more comfortable in dealing with pediatric patients regardless of their ultimate choice of medical specialty.

**The clerkship is divided into four subrotations (each subrotation will be one week in length):**

### 1. Community Pediatrics

- Multiple Clinics in Houston
- Children's Hospital of San Antonio (CHOFA)

### 2. Pediatric Hospital Medicine (PHM)

- Texas Children's Hospital (TCH) Main Campus and West Campus
- CHOFA

### 3. Newborn Medicine

- TCH Pavilion for Women (PFW)
- Ben Taub General Hospital (BTGH)

### 4. Pediatric Emergency Medicine (PEM)

- Texas Children's Hospital (TCH) Main Campus, West Campus, and Woodlands Campus

## II. Contacts, Site Information, and Helpful Numbers

### Clerkship Office Contacts

<b>Clerkship Coordinator</b>	Pia Hughes	<a href="mailto:phughes@bcm.edu">phughes@bcm.edu</a> 832-822-3667	TCH West Tower 19 <sup>th</sup> Floor B.19552 Houston, TX 77030
<b>Clerkship Director</b>	Sanghamitra Misra, MD	<a href="mailto:smisra@bcm.edu">smisra@bcm.edu</a> 832-824-6805 Cell 832-470-1217	TCH West Tower 19 <sup>th</sup> Floor B.19220 Houston, TX 77030  8080 North Stadium Drive, Suite 250, Houston, TX 77054
<b>Associate Clerkship Director</b>	Jenelle Little, MD	<a href="mailto:Jelittle@bcm.edu">Jelittle@bcm.edu</a> 713-873-3515	Ben Taub General Hospital 3D Neo Offices

### Subrotation Contacts

Subrotation	Subrotation/Site Director	Administrative Contacts	Other Helpful Numbers
<b>Community Pediatrics</b>	Betty Del Rio Rodriguez, MD <a href="mailto:betty.delriorodriguez@bcm.edu">betty.delriorodriguez@bcm.edu</a>	Sarah Goudeau Sarah.Goudeau@bcm.edu	See community clinic contact information listed below
<b>Newborn Medicine</b>	Roshni Sambasivan, MD <a href="mailto:Roshni.sambasivan@bcm.edu">Roshni.sambasivan@bcm.edu</a>	Jacqueline Henrichson <a href="mailto:jacqueline.henrichson@bcm.edu">jacqueline.henrichson@bcm.edu</a> 713-873-3515	<b>Ben Taub:</b> Neo Office: 713-873-3515 Level 2 Workrm: 713-873-4355 Newborn Chief: 713-873-9386 <b>PFW:</b> Neo Office: 832-826-1380 Resident1 2-8568; Resident3: 28570
<b>Pediatric Emergency Medicine (PEM)</b>	Brian Bassham, MD <a href="mailto:bsbassha@texaschildrens.org">bsbassha@texaschildrens.org</a>	Felecia Smith <a href="mailto:fasmith@texaschildrens.org">fasmith@texaschildrens.org</a> 6621 Fannin St. Abercrombie Bldg., Office A210 832-824-5399	<b>Main Campus</b> PEM fellow: 832-733-5033 PEM attending: 3-5031 RTA attending: 3-5036 <b>West Campus</b> attending: 832-227-4701
<b>Pediatric Hospital Medicine (PHM)</b>	Brent Mothner, MD <a href="mailto:bamothne@texaschildrens.org">bamothne@texaschildrens.org</a>	Daisy Aleman <a href="mailto:dxalema1@texaschildrens.org">dxalema1@texaschildrens.org</a> 832-824-5829	<b>Main Campus</b> Yellow Attending: 832-733-5748 Yellow UL 1 - 30124 Blue Attending - 35479 Blue UL 1 – 30129 Green Attending - 35480 Green UL 1 - 30134 Red Attending - 35477 Red UL 1 - 30139 <b>West Campus</b> Hospitalist #3: 832-227-4803 WC Hospitalist #1: 7-4800 WC Inpatient Unit: 7-3300
<b>Children's Hospital Of San Antonio (ChofSA)</b>	Marcela Svojsik, MD <a href="mailto:marcela.svojsik@bcm.edu">marcela.svojsik@bcm.edu</a>	Brandi Pogue <a href="mailto:brandi.pogue@christushealth.org">brandi.pogue@christushealth.org</a> 333 N. Santa Rosa, Ste. F-5626 San Antonio, Texas 78207 210-704-4408	PHM Attending: 210-618-9575 Pediatric Clinic: 210-704-4966 Clinic Workrm A: 210-704-2228 Clinic Workrm B: 210-704-3312

## Community Clinic List/Contact Information

Facility Name	Contact Information	
Blue Fish Pediatrics-Memorial (Dr. Nicholas Lindsay)	915 Gessner Rd., Suite 760, Houston, TX 77024	713-467-1741
Center for Children and Women, Greenspoint	700 North Sam Houston Parkway West, Houston, TX 77067	832- 828-1005
Center for Children and Women, Southwest Houston	9700 Bissonnet St., Houston, TX 77036	832-828-1005
Cypress Health Center (Dr. Elizabeth Bosquez)	12340 Jones Road, Ste 100, Houston, TX 77070	713-873-5240
Edgebrook Clinic (Dr. Maria Espinoza)	1007 Edgebrook Dr. Houston Texas 77034	713-943-3367
Harris Health- Pasadena Clinic (multiple preceptors)	3925 Fairmont Parkway, Pasadena, TX 77504	713-873-6300
Kelsey-Seybold Pearland (Dr. Suma Manjunath)	2515 Business Center Dr, Pearland, TX 77584	
Kelsey-Seybold West Clinic (Dr. Helene Sheena)	1111 Augusta Drive. Houston, TX 77057	713-442-2400
NAG Clinics, Pasadena (Dr. Ashu Sodhi)	3320 & 3332 Plainview Dr, Pasadena, TX 77504	832-649-2073
Pearland Pediatrics (Dr. Jason Decker)	2017 Broadway, Suite A, Pearland, TX 77581	281-485-3330
Pediatric Associates (Dr. Alexander Yudovich)	4501 Groveway Drive, Houston, TX 77087	713-644-1568
TCH Developmental Pediatrics Clinic (Dr. Adiaha Franklin)	8080 N. Stadium Drive, Suite 100 Houston TX 77054	Dr. Franklin's cell 713-702-3259
TCH Gastroentology Clinic (multiple preceptors)	TCH Mark Wallace Tower-GI Clinic	832-822-2778
TCH Hematology Clinic - West Campus (Dr. Jennifer Tran)	TCH Hematology Clinic - West Campus (Dr. Jennifer Tran)	<a href="mailto:intran4@txch.org">intran4@txch.org</a>
TCH Infectious Disease Clinic-Main Campus (multiple preceptors)	TCH Mark Wallace Tower-Infectious Diseases Clinic	832-824-4330
TCH Mobile Clinic Program (multiple preceptors)	8080 North Stadium Drive, Suite 250, Houston, TX 77054	832-470-1217
TCH Primary Care Practice "RPCG"(multiple preceptors)	5400 Griggs Road, Suite 101 Houston, TX 77021	346-227-7275
TCH Complex Care Clinic	TCH Mark Wallace Tower 17 <sup>th</sup> Floor Complex Care Clinic (Dr. Heather Moore)	(832) 822-3453
Texas Children's Pediatrics (TCP) Cy Fair (Dr. Asha Mandava and Dr. Marie Salmeron-Serrano)	11811 FM 1960 #100, Houston, TX 77065	281- 970-2338
TCP Cypress (Dr. Alyssa Kuban)	13203 Fry Road, Suite 600, Cypress, Texas 77433	281-304-5559
TCP Friendswood (Dr. Shikha Kohli & Dr. Abril Ramirez)	411 East Parkwood Friendswood, TX 77546	281-482-3486
TCP Green Park (Dr. Shannon Hayes)	2600 N. Loop W., Ste. 100 Houston, TX 77092	713-869-1692
TCP Gulfgate (Dr. JeNita Partridge & Dr. Susan Khandelwal)	740 Gulfgate, Houston Texas 77087	713-514-8060
TCP Heights (Dr. Adele Reeder & Dr. Suzi Kyle)	2200 Yale St Suite 120, Houston, TX 77008	713-869-1692
TCP Houston Pediatric Associates (Drs. Nancy Dickson & Dr. Amalie Rosenfeld)	4110 Bellaire Blvd #210, Houston, TX 77025	713-666-1953
TCP Katy (Dr. Diana R. Schulz)	705 S Fry Rd, Katy, TX 77450	281-398-3100
TCP Pasadena	4949 Fairmont Drive #200, Pasadena, TX 77505	713-941-1177
TCP Shadow Creek (multiple preceptors)	1901 Kirby Dr. Suite 109, Pearland, Texas 77584	713-512-8600
TCP West Chase (Dr. Lauren Baber & Dr. Zosofia Intody)	3131 Briarpark Dr. Suite 108, Houston, Texas 77042	713-782-2770

### III: Baylor College of Medicine Core Competency Graduation Goals (CCGGs)

#### **1. Professionalism:**

- 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:**

- 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:**

- 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:**

- 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 healthcare 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:**

- 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:**

- 6.1. Analyze the roles insurance plans and health care providers play in the health care system and how they affect providers and patient behaviors
- 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:**

- 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

## IV: Clerkship Objectives Mapped to BCM CCGGs (and methods of assessment)

*Relevant CCGGs are listed in italics after each learning objective*

- **DO:** Direct Observation; **MTF:** Midterm Feedback; **NBME:** National Board of Medical Examiners Subject Examination in Pediatrics; **SP exam:** Standardized Patient exam; **SPAF:** Student Performance Assessment Form

Clerkship Objective	Mode of Teaching	Assessment Method	
		Formative	Summative
<b>Objective 1: Demonstrate trustworthiness and accountability in carrying out responsibilities as a learner, colleague, and member of an interprofessional healthcare team. (1.2, 1.6, 7.1)</b>	Orientation Clinical experiences COD	Professionalism rubric* MTF	SPAF
<b>Objective 2: Obtain accurate and clinically-relevant patient histories for pediatric patients in a variety of contexts and settings (3.5, 4.1)</b>	Didactics Clinical experiences	Case log DO	SPAF SP exam
<b>Objective 3: Assess milestones of growth and development for the newborn, infant, toddler, school-aged child, and adolescent, and recognize common abnormalities (3.5, 3.8)</b>	Didactics Clinical experiences COVIC curriculum	Case log DO	NBME SPAF SP exam
<b>Objective 4: Perform logically-sequenced and clinically-relevant pediatric physical examinations (3.5)</b>	Clinical experiences	Case log DO	SPAF SP exam
<b>Objective 5: Construct a prioritized problem list and/or differential diagnosis using findings from the patient's history, physical exam, and medical record (3.5, 3.8)</b>	Didactics Clinical experiences	Case log DO	NBME SPAF SP exam
<b>Objective 6: Select and interpret diagnostic and screening tests using evidence-based and value-based principles (3.7, 5.3)</b>	Didactics Clinical experiences PICO/EBM assignment	Case log Online modules (e.g. path, rad)	NBME SPAF SP exam
<b>Objective 7: Develop patient-centered management plans, incorporating considerations of up-to-date scientific evidence, risk-benefit analysis, and principles of value-based care (3.2, 3.9, 5.3)</b>	Didactics Clinical experiences PICO/EBM assignment	Case log	NBME SPAF SP exam
<b>Objective 8: Provide age-specific anticipatory guidance and injury prevention education for a newborn, toddler, child, and adolescent patient (1.3, 3.6)</b>	Didactics Clinical experiences	Case log	NBME SPAF
<b>Objective 9: Demonstrate effective and respectful communication skills during interpersonal interactions with patients, families, and the medical team in a variety of contexts and settings (3.1, 4.2)</b>	FCR orientation Clinical experiences	Case log	SPAF
<b>Objective 10: Identify strengths, deficiencies, and limits in one's knowledge and expertise; incorporate feedback into practice (5.1, 7.2)</b>	Clinical experiences MTF	DO MTF End of Clerkship eval	SPAF



## Core clinical Integrated Virtual Curriculum (COVIC) objectives

<u>Clerkship Objective</u>	<u>Mode of Teaching</u>	<u>Mode of assessment</u>	
		<u>Formative</u>	<u>Summative</u>
<b><u>Objective 1: Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population</u></b>			
<u>Professionalism 1.2, 1.6</u>	<u>Core clinical Virtual Integrated Curriculum (COVIC)</u>		<u>Participation</u>
<b><u>Objective 2: Develop a fundamental knowledge of common conditions and diseases and their primary modes of presentation</u></b>			
<u>Medical Knowledge 2.1</u> <u>Patient Care 3.3</u>	<u>Core clinical Virtual Integrated Curriculum (COVIC)</u>		<u>Participation</u>
<b><u>Objective 3: Recognize and describe the evaluation and management of common medical conditions</u></b>			
<u>Medical Knowledge 2.1, 3.7</u>	<u>Core clinical Virtual Integrated Curriculum (COVIC) (COVIC)</u>		<u>Participation</u>

### V: You Said, We Did:

We value student feedback. Students should feel free to discuss problems and provide suggestions for improvement throughout the clerkship. The following are examples of how we used student feedback to implement changes in the course:

Evaluation Year	YOU SAID:	WE DID:
2018	"The 12-hour shifts in the EC are way too long. Please consider shortening the 12-hour days and add one additional EC clinical shift"	Starting in AY 2018-19, the 8am-8pm EC shifts will change to 9am-6pm. We also incorporated short shifts with faculty for the specific purpose of providing Direct Observation and Feedback during the PEM Subrotation.
2018	"We just sit around in the mornings on our ER shifts. There are not enough patients to see and there's nothing going on"	We realize that mornings in the EC can be variable and often low census. We've moved the shifts to later times.
2019	"Level III NICU is beyond our level so we did not learn very much."	We removed Level III NICU from the curriculum as part of clerkship shortening.
2019	"Working until 10 p.m. in the TCH West Campus EC the night before the SP encounter is not ideal"	We will dismiss students by 8 pm the night before the CPX exam.
2019	"There was a lot of confusion about the requirements for the San Antonio students and video-streaming was an issue"	We clarified the requirements with the site director at CHofSA and provided written instructions at CHofSA orientation. We worked with the CHofSA IS department to troubleshoot video-streaming issues.
2019	"Worked with a different physician every half day which was good to see a variety of ways pediatricians practice, but also made it more difficult to receive feedback and show improvement."	We worked with the community pediatrics site director to maximize time students spend with one preceptor.

## VI. Student Roles, Responsibilities, and Activities

- **Clinical Care:**
  - Participate fully in the care of your patients
  - Follow up on assessments and results of any diagnostic tests for your patients
  - Be prepared to update your preceptor when asked
- **Didactics:**
  - Attend all core clerkship lectures as well as scheduled rounds, lectures, and teaching conferences offered during each subrotation.



- **Absences:**
  - You must notify (1) the clerkship coordinator, (2) attending physician, and (3) supervising resident BEFORE your shift/lecture if you are going to be absent for any reason.
  - The clerkship coordinator is Pia Hughes 832-822-3667 [phughes@bcm.edu](mailto:phughes@bcm.edu)
- **Dress Code**
  - As BCM representatives, you are expected to uphold a professional level of conduct and appearance
  - Always keep your BCM ID/student badge in clear view
  - **Attire for clinical duties:**
    - **Yes:** Professional attire (neck ties are optional), slacks, dresses/skirts at/below the knee, close-toed shoes. Scrubs permitted on PHM, PEM and Newborn Medicine sub-rotations.
    - **No:** short skirts, shorts, jeans, open toed shoes, dirty white coats
  - **Attire for core clerkship lectures:**
    - **Yes:** Clean scrubs and professional attire are always acceptable. Nice capris and leggings worn in a professional fashion are also ok.
    - **No:** Yoga pants, sweat pants, work out clothing, jeans (TCH does not allow jeans), shorts, short skirts, exposed undergarments, sandals, or dirty anything...especially your white coat!
- **Complete evaluations** of your preceptors, residents, and the overall clerkship via E\*value
- **Midterm feedback (MTF)**
  - BCM MTF Policy requires that a student receive feedback at the mid-point of a rotation to assess their progress towards completion of course requirements.
  - *Due to COVID19, timing of MTF may be delayed but will occur no later than midway through the clinical portion of the clerkship upon return to clinical rotations.*
  - Items to be reviewed include: (1) Direct Observation forms, (2) clinical case log, (3) evaluations and feedback (to date), (4) student goals/self-assessment, and (5) plans for improvement and/or remediation.
  - MTF is NOT a predictor of final grade.
  - A student may meet the criteria for a failing grade at any time during the clerkship based on professionalism or clinical performance, including after MTF.
  - **Attestation:** After MTF session, each student must attest in E\*Value that session was completed.
- **Direct Observations (DO):**
  - In accordance with the [BCM Direct Observation policy](#), all students must complete FOUR Direct Observations: **2 HISTORIES and 2 PHYSICAL EXAMS.**
  - Note that **ONE DO form must be launched in each subrotation.**
  - The DO's should be focused (e.g. an atopy history or a focused HEENT/respiratory exam on an asthmatic patient).
  - The history and physical DO's need not be on the same patient but they may be.
  - **A minimum of one history DO and one physical DO must be completed with a faculty Attending.** The others may be with residents or fellows.
- **ALL of the following must be completed/turned in on or before midnight of the last Friday of the clerkship.** *If all are not complete by the last Friday of the clerkship, the student will receive an INCOMPLETE. Students will receive a DEFERRED and are subject to failure if >7 days late.*
  - MTF Attestation
  - Case Log – 100% completion of checklist is required
  - Direct Observations launched for each subrotation
  - Clinical evaluations launched for each subrotation
  - Return all checked-out library materials to the Clerkship office
- **Study Space**
  - Ben Taub
    - 3D level 2 workroom, 3G level 1 workroom, 3D Neo Office library and 3D conference room

- Dedicated resident workrooms in locked units (3D and 3G) with additional locks on doors, student space available in workrooms or immediately next to them
- 3D library and 3D conference room with study space and computer access
- TCH
  - PFW 14th floor student workroom, TCH-PEM conference rooms, CCC Cafeteria area and resident lounge
  - PFW workroom has computer access, study materials, and is in locked unit
  - TCH-PEM conference rooms, CCC Cafeteria area and resident lounge
- ChofSA-Private student apartment on site which includes study room; Access to Medical Library; Study space in Resident Lounge
- **Lounge/Relaxation Space, Personal Lockers and Storage Space**
  - Ben Taub
    - 3D and 3G workrooms, 3D Neo library, cafeteria
    - 3rd floor 3D and 3G workrooms are on locked units, have locks on doors, and have locked cabinets available
  - TCH
    - Seating lounge on 3rd & 4th floor of PFW, PFW NICU lunchroom and resident lounge on 21st Floor or West Tower, Resident workroom (West Campus and Pavilion for Women)
    - Locked cabinets (West Campus and PFW 14th floor workroom); Resident Lounge (TCH Main Campus); Physician workspace (TCH Main Campus ER)
  - ChofSA- Resident Lounge, Badge entry Resident Lounge and Keypad Secured Resident Workroom

*Due to COVID-19 and need for social distancing, please check with your Attending/teams for availability of the above study spaces, lounge spaces, and relaxation spaces.*

*Students are encouraged to contact the clerkship director / coordinator with any concerns related to the availability of these spaces / resources during the rotation.*

- **Student Escorts within the TMC Campus**-The Texas Medical Center Police Department is available 24/7 for those students who have a legitimate fear that would prevent a student from feeling safe while crossing the TMC campus.

**Safety Escorts:** The purpose of this escort is to provide a measure of safety for those students that are uncomfortable, fearful or uneasy about walking alone on campus. The Safety Escort is not intended to replace existing transportation services such as the Campus Shuttles, for inclement weather or to discourage individuals from walking in groups, but a safety option for those that have a genuine concern for their personal safety. **For a Safety Escort call 713-795-0000**

- **Interprofessional Education**
  - 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 a Dental experience during the community pediatrics subrotation for students assigned to the Centers for Women and Children.

### Case Logging Requirements:

During this clerkship, you will be required to log all of the requirements below. When you have completed an activity on the list, log it into E\*Value, including your level of responsibility (defined below) and the name of the resident/faculty that precepted you. You may print the checklist below to assist you for tracking purposes.

**Level of Student Responsibility:**

**Perform:** The student performs the patient history, physical and/or mental status exam, differential diagnosis, treatment decision-making, and/or relevant communication or procedural skill.

**Assist:** The student assists with the patient history, physical and/or mental status exam, differential diagnosis, treatment decision-making, and/or relevant communication or procedural skill.

**Observe:** The student is present as an observer during the patient history, physical and/or mental status exam, differential diagnosis, treatment decision-making, and/or relevant communication or procedural skill.


**\*If you are unable to complete the required clinical experiences during your clinical placements, you must contact the Clerkship Director. The Clerkship Director will assist you in completing requirements or will assign the alternative experience for credit. You cannot opt for the alternative experience unless you have permission from the Clerkship Director.**

Patient Type/ Clinical Condition	Procedure/ Skill	Clinical Setting(s)	Level of Student Responsibility	Minimum # Required	*Alternative Experiences (Assignments/quizzes must be turned in to the Clerkship Director for credit)
Heart murmur	Hx & PE	Inpatient	PERFORM	1	Watch Video/podcast: <a href="#">Murmur Evaluation</a> Watch Video/podcast: <a href="#">Tetralogy of Fallot</a> Take the following quizzes: <a href="#">2 month old murmur</a> <a href="#">6 month old murmur</a>
Rash	Hx & PE	Ambulatory	PERFORM	1	Watch Video: <a href="#">Viral Rashes</a> in Children Take quiz: <a href="#">Prolonged Fever in an 11 month old</a> Complete: <a href="#">Aquifer case #32-5 y/o with rash</a>
Ear Pain	Hx & PE	Ambulatory	PERFORM	1	Watch: Video: <a href="#">otoscopy</a> Take quiz: <a href="#">Ear Pain</a>
Respiratory Distress	Hx & PE	Inpatient	PERFORM	1	Complete 2 Aquifer Cases: <a href="#">Case #7- 2 hour old with respiratory distress</a> <a href="#">Case #12- 10 month old with cough</a>
Abdominal Pain	Hx & PE	Ambulatory	PERFORM	1	Complete 2 Aquifer Cases: <a href="#">Case #27- 8 y/o with abdominal pain</a> <a href="#">Case #22-16 y/o with abdominal pain</a>
Volume depletion (e.g. V/D)	Hx & PE	Inpatient	PERFORM	1	Complete 2 Aquifer Cases: <a href="#">Case #15: 2 siblings: 4 y/o and 8 week old with vomiting</a> <a href="#">Case #16: 7 y/o with abdominal pain and vomiting</a>
Obesity	Patient &/or family counseling	Ambulatory	ASSIST	1	Watch <a href="#">Video/podcast</a> : obesity Watch <a href="#">Video/podcast</a> : Type 2 diabetes Assignment: write a 1-page summary of the impact of obesity on a child's mental/physical health
Male GU Complaint	Hx & PE	Ambulatory	ASSIST	1	Online resources/cases: <a href="#">ddx scrotal swelling</a> Assignment: Compare/contrast emergent vs nonemergent etiologies of scrotal swelling
Infant (0-1 yr.)	Nutrition Counseling	Inpatient	ASSIST	1	Complete 1 Aquifer Case: <a href="#">Case #2: Infant Well Child Visits (2,6 and 9 month visits)</a>
Child (0-18 yrs.)	Injury prevention counseling	Ambulatory	PERFORM	1	Video/podcast: <a href="#">Injury Prevention</a> Video/podcast: <a href="#">pediatric health supervision</a> Assignment: oral case presentation with CD
Adolescent (10-18 yrs.)	HEADSS exam	Ambulatory	PERFORM	1	Complete 1 Aquifer Case: <a href="#">Case #5: 16 y/o health maintenance visit</a>

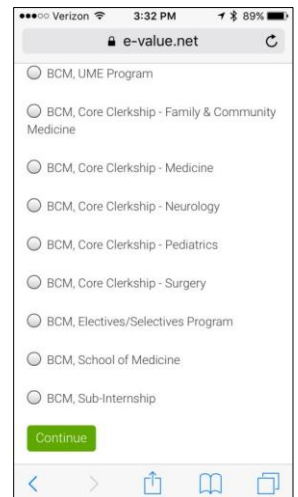
<b>Child (0-18 yrs.)</b>	Sub-Q/IM medication administration	Ambulatory	ASSIST	1	Simulated experience (schedule w/ clerkship office)
<b>Child (0-4 yrs.)</b>	Developmental assessment	Ambulatory	PERFORM	1	Complete <a href="#">Aquifer case #28: 18 month old male with developmental delay</a>
<b>Child (0-18 yrs.)</b>	Growth Chart interpretation	Ambulatory	PERFORM	1	<a href="#">Video/podcast</a> : short stature <a href="#">Video/podcast</a> : failure to thrive Take the following quizzes: <a href="#">2 month old</a> <a href="#">15 y/o male</a>
<b>Child (0-18 yrs.)</b>	Immunization record interpretation	Ambulatory	PERFORM	1	Video/podcast: <a href="#">Childhood Immunizations 1</a> Video/podcast: <a href="#">Childhood Immunizations 2</a> Video/podcast: <a href="#">Childhood Immunizations 3</a> Take the following quiz: <a href="#">Vaccine hesitancy</a>
<b>Adolescent (10-18 yrs.)</b>	Tanner Staging	Ambulatory	ASSIST	1	<a href="#">Video/podcast</a> : normal puberty <a href="#">Video/podcast</a> : precocious puberty Take the following quiz: <a href="#">Possible Growth Delay</a>

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

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.

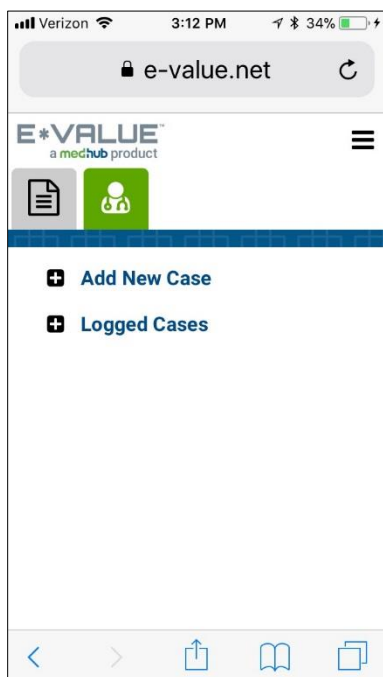
1. Search for e-value.net on a web browser (Safari, Google, etc.). There is not an app for E\*Value.
2. Log in manually using your E\*Value login and password
3. Select your CURRENT Core Clerkship for Program (**BCM, Core Clerkship-XX**)
4. Click **Continue** (screen shot at right).
5. Click on the "Doctor"  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

**Case Logging Tip:** If logging multiple procedures at once and if several procedures were with different supervisors, click “Save Record” after each entry, not just “Add Procedure.” Not doing this will cause all procedures to be logged under same supervisor (i.e. the last supervisor selected in the logging process).

## PEDIATRIC CORE CLERKSHIP LECTURE SCHEDULE (ATTENDANCE IS MANDATORY)

**THIS LECTURE SCHEDULE IS ONLY FOR TERM 6 CLERKSHIP STUDENTS.**

### Orientation Day-VIA ZOOM

8:00-8:15	Welcome/Sign in	Pia Hughes
8:15-9:00	Orientation	Sanghamitra Misra, MD
9:00-9:45	Review of History and Physical Exam	Elaine Fielder, M.D.
9:45-10:15	Difficult Conversations	Holly Lindsay, M.D.
10:15-11:15	Cardiology	Cardiologist
11:15-12:00	Growth and Development	Adiaha Spinks, MD, MPH
12:00-1:00	BREAK	
1:00-2:00	Oncology	Timothy Porea, M.D M.P.H.
2:00-3:00	Immunizations	Julie Boom, MD
3:00-3:30	PEM Case Scenarios	Asha Morrow, M.D.
3:30-4:00	Infectious Diseases	Sheldon Kaplan, M.D.

### Lectures for Thursday of Week 3- VIA ZOOM

8:15-9:00	Respiratory Noises	Amea Patel, D.O.
9:00-10:00	Allergy & Immunology	Lenora Noroski, M.D.
10:00-10:15	BREAK	
10:15-11:00	Adolescent Medicine	Adolescent medicine physician
10:15-10:45	Endocrinology	Aikaterini Nella, MD
10:45-11:45	Nephrology	Mini Michael, MD

## VII. Subrotation Expectations and Schedules

### Community Pediatrics

#### Prior to the rotation:

- Familiarize yourself with the location of your assigned community site and plan for transportation.
- Review the [Community Pediatrics Orientation Packet](#) located on our Blackboard site to access valuable resources for this subrotation.

#### The first day:

- If assigned to Harris Health Pasadena, arrive by 7:45 am. For all other sites, arrive no later than 8:30 am.
- ***For those beginning the Community Pediatrics subrotation on the first day of the clerkship: you are expected to arrive at your community site as soon as possible but no later than 1pm after clerkship orientation. If you are assigned to the TCH mobile clinics on the first day of the clerkship, arrive at the mobile clinic site asap after orientation.***
- Introduce yourself to your preceptor and the clinic staff upon arrival to your assigned clinical site
- With your preceptor, review the clinic's office system such as schedule, clinic hours, an overview of the practice, where to store personal things, contact information in case of questions or problems, and expectations of students during the rotation.

#### Schedules:

- Community Pediatric clinic schedules vary based on your clinical site and preceptor's schedule. Please discuss your schedule (including approved absences) with your preceptor on the first day of the rotation.
- You are expected to be in clinic ~40 hours per week.
- **If your preceptor is on vacation or has cancelled clinic, you must alert the clerkship coordinator as soon as possible so that you may be reassigned to a backup clinic.**
- **For students assigned to the TCH Mobile Clinics:** on Friday mornings, you are expected to attend TCH Grand Rounds in the TCH Auditorium (8:30am-9:30am) and then report immediately to the TCH Complex Care Clinic on the 17<sup>th</sup> floor of the Mark Wallace Tower to work with Dr. Heather Moore.

### Newborn Medicine

#### Prior to the rotation:

- Review the Newborn Medicine rotation schedules and anticipate when/where you are scheduled based on your assigned location (A, B, or C). Schedules are included in this document.
- Review "Expectations" per your assigned site (below).
- ***Prior to Tuesday afternoon procedure session, review the "Procedure Session Document" located in Blackboard under the Newborn Medicine Subrotation***

#### Expectations:

##### TCH Pavilion for Women (PFW)

- **PFW Level I (Mother Baby Unit - MBU)**
  - Arrive at 8:30 am (or after orientation if first day of clerkship) to the 14th floor PFW. Upon arrival please ask unit Secretary to notify an Attending of your arrival (Pedi 1, 2 or 3 on Voalte). While waiting for attending to meet you in the 14th floor workroom, review posted articles.
  - Workroom: 14th floor Physician Dictation Room- F.1450.15. Enter through the single door behind the security desk located on the 14th floor; make your first left and the room will be the first door on the left.
  - Wear TCH light blue scrubs when on deliveries. Wear scrubs or professional clothing otherwise.
  - Follow 2-4 patients at a time
  - Bring your own stethoscope



## Ben Taub General Hospital

- **Ben Taub Level I (Mother Baby Unit-MBU)**

- Report at 6:30am (or after orientation if starting on the first day of the clerkship) to 3G doctor's area. To get to this area enter into 3B. The first door on the left (it has a lock that has to be activated by your Harris Health badge). Once you enter this hallway continue down hall until you reach a work area. On the left of the work area is the NB Supervisor office. NB Supervisor # is 713-873-9386
- Follow 1-2 patients your first day and 3 or more each day thereafter
- Bring your own stethoscope

- **Ben Taub Level II (Intermediate Care Nursery)**

- Report at 6:30am (or after orientation if starting on the first day of the clerkship) to doctor's area in 3D. Go through 2 double doors, go down the hallway and take the second left. The doctor's area will be on the left in the middle of that hallway. Report to Level II upper level resident: 713-873-9394.
- Wear Harris Health System light blue scrubs. If wearing long sleeves/coat, ensure sleeves are pulled up above your elbows. No jewelry, including watches.
- Follow 1 patient your first day and 2 or more (census permitting) each day thereafter.
- Pre-round on your patients and discuss the plan with the resident prior to attending rounds

### By the end of the newborn medicine rotation, you should be able to:

- Perform supervised physical exams on normal newborn infants (minimum 1 per rotation).
- Perform gestational age assessments on newborn infants and differentiate between SGA, AGA, and LGA and between SGA and IUGR.
- Understand the differential diagnosis of common high risk newborn problems:

tachypnea	abdominal distention
cyanosis	failure to gain weight
jaundice	jitteriness
lethargy	poor feeding

- Understand common issues of newborn care, including:

Vitamin K Umbilical cord care Skin and eye care Circumcision pros/cons Normal feeding/growth patterns Temperature Control	Newborn screen: PKU, T4, Gal, SSA, CAH Infection screens: RPR, Hep B, HIV, GBS, rubella Immunization administration Breast feeding benefits Nutritional content of breast milk vs. formula	Risk factors for sepsis Physiologic jaundice Delivery room management of normal newborn Resuscitation of the newborn
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### Tips for a Successful Newborn Medicine Rotation

- Attending rounds begin at 9am unless specified otherwise. Pre-rounding including chart review, discussions with parents, and physical examinations should be completed prior to attending rounds.
- Review following American Academy of Pediatrics Articles: Management of Infants at Risk for Group B Streptococcal Disease, Management of Neonates Born at  $\geq 35$  0/7 Weeks' Gestation With Suspected or Proven Early-Onset Bacterial Sepsis & Jaundice: Newborn to Age 2 months
- Review the following UpToDate Articles: Overview of the routine management of the healthy newborn infant, Assessment of the newborn infant, & Breastfeeding: Parental education and support
- Daily progress notes should be titled "Medical Student Progress Note." Notes should be signed and dated by the student. Notes do NOT need to be cosigned by a resident or attending
- Daily intake should be computed as *cc/kg/day* and *calories as cal/kg/day (Level 2) or breastfeeding attempts per day or ml of formula/expressed breast milk (MBU, Level 1)*
- Daily output should be calculated in *cc/kg/hr (Level 2) or wet/stool diapers (MBU, Level 1)*



## Newborn Medicine Schedules:

Mon	Tues	Wed	Thurs	Fri
<b>Group A: Ben Taub Level 1</b>  <b>6:30a:</b> (or after orientation if 1 <sup>st</sup> day of clerkship): Orientation BT 3G physician work room; refer to expectations for location details  <b>9a -12p:</b> Attending Rounds  <b>12p-1p:</b> Neo noon conference- BT 3D Conf Room  <b>1p-4p:</b> Patient Care	<b>9a -12p:</b> Attending Rounds  <b>12p-1p:</b> Neo noon conference- BT 3D Conf Room  <b>2-3p:</b> Procedure Session- BT 3D Conf Room	<b>9a -12p:</b> Attending Rounds  <b>12p-1p:</b> Neo noon conference- BT 3D Conf Rm  <b>1p-4p:</b> Attend newborn deliveries with Level 2 Intern	<b>9a -12p:</b> Attending Rounds or Core Clerkship Lectures  <b>12p-1p:</b> Neo noon conference- BT 3D Conf Rm, lunch provided  <b>1p-4p:</b> CABS/DDASH or Patient care	<b>8:30a-9:30a:</b> Grand Rounds- BT 3D Conf Room, breakfast provided  <b>9:30a-12p:</b> Attending Rounds  <b>12p-1p:</b> Neo noon conference- BT 3D Conf Room  <b>1p-4p:</b> Patient Care
<b>Group B: Ben Taub Level 2 NICU</b>  <b>6:30a:</b> (or after orientation if 1 <sup>st</sup> day of clerkship): Orientation – BT 3D physician work room; refer to expectations for location details  <b>9a -12p:</b> Attending Rounds  <b>12p-1p:</b> Neo noon conference- BT 3D Conf Room  <b>1p-4p:</b> Attend newborn deliveries with Level 2 Intern	<b>9a -12p:</b> Attending Rounds  <b>12p-1p:</b> Neo noon conference- BT 3D Conf Room  <b>2-3p:</b> Procedure Session - BT 3D Conf Room	<b>9a -12p:</b> Attending Rounds  <b>12p-1p:</b> Neo noon conference- BT 3D Conf Rm  <b>1p-4p:</b> Patient Care	<b>9a -12p:</b> Attending Rounds or Core Clerkship Lectures  <b>12p-1p:</b> Neo noon conference- BT 3D Conf Rm, lunch provided  <b>1p-4p:</b> CABS/DDASH or Patient care	<b>8:30-9:30a:</b> Grand Rounds- BT 3D Conf Room, breakfast provided  <b>9:30a-12p:</b> Attending Rounds  <b>12p-1p:</b> Neo noon conference- BT 3D Conf Room  <b>1p-4p:</b> Patient Care
<b>Group C: PFW Mother Baby Unit</b>  <b>8:30a:</b> (or after orientation if 1 <sup>st</sup> day of clerkship): Orientation- 14 <sup>th</sup> floor PFW; refer to expectations for location details  <b>9a-12p:</b> Attending Rounds  <b>12p-1p:</b> Pedi Resident Noon Conference- Mark Wallace Tower 0360.04  <b>1p-4p:</b> Patient care	<b>8:15-9a:</b> Pedi Resident Morning Report- West Tower 6 <sup>th</sup> floor Neo Conf Room (8am on Last Tuesday of month in Feign 1 <sup>st</sup> floor)  <b>9a -12p:</b> Attending Rounds  <b>12p-1p:</b> Pedi Resident Noon Conference- Mark Wallace Tower 0360.04  <b>2-3p:</b> Procedure Session- BT 3D Conf Room	<b>8:15-9a:</b> Pedi Resident Morning Report- West Tower 6 <sup>th</sup> floor Neo Conf Room  <b>9a -12p:</b> Attending Rounds  <b>12p-1p:</b> Pedi Resident Noon Conference- Mark Wallace Tower 0360.04  <b>1p-4p:</b> Attend newborn deliveries w/ Neonatal Transition Nurse (NTN)- Attending will call NTN for location	<b>8:15-9a:</b> Pedi Resident Morning Report- West Tower 6 <sup>th</sup> floor Neo Conf Room or Core Clerkship Lectures  <b>9a -12p:</b> Attending Rounds  <b>12p-1p:</b> Pedi Resident Noon Conference- Mark Wallace Tower 0360.04  <b>1p-4p:</b> CABS/DDASH or Patient care	<b>8:30-9:30a:</b> Grand Rounds- TCH Auditorium B1  <b>9:30a-12p:</b> Attending Rounds  <b>12p-1p:</b> Pedi Resident Noon Conference- TCH Auditorium B1  <b>1p-4p:</b> Patient Care

## Pediatric Emergency Medicine (PEM)

### Expectations:

- **Prior to the rotation:**
  - Listen to or read the following podcast episodes:
    - [EM Clerkship podcast](#): episode 123: Patient Presentations ([link to summary](#))
- **Overall Expectations:**
  - **Attendance at all assigned shifts (for the entire duration of the assigned shift)**
  - Discuss *your learning goals* for each shift with your preceptor, including 1-2 specific competencies you would like to work on
  - Ask your preceptor about *their expectations* of you, including the number of patients they expect you to carry, oral presentation style preferences, and patient charting expectations
  - You should obtain Direct Observations (DOs), develop differential diagnoses, and discuss management plans with the guidance of your resident/attending.
  - **Your work is not done after you present!**
    - Take ownership of your patients up to the point of disposition/handoff
    - Follow up on lab results/imaging and communicate results to the resident/attending.
    - Communicate with consults (discuss with preceptor first)
    - Provide updates or status changes to the family
    - Provide appropriate discharge instructions.
  - **Participate in all scheduled activities**, including Pediatric Diagnostic Rounds (PDR)
    - **PDR:** 4<sup>th</sup> Tues of each month - 8 am - Feigin 1st Floor Conference Room

### **First day:**

- Report to the PEM Education Room, 2<sup>nd</sup> floor of TCH Abercrombie Bldg. (A210) at **9:00 am (or after orientation if starting on the first day of the clerkship)**. Ring the doorbell for entry.
- Please review the PEM rotation schedules before the first day of the rotation. The schedule will be emailed to you as part of the master clerkship schedule.

### **STaR teaching shifts and PEM fellow teaching shifts**

- Report to Main EC (a.k.a. North) per your rotation schedule
- Bedside teaching, direct observation of H&Ps, undifferentiated DDx

### **Outside Campuses:**

- West Campus (WC) EC 18200 Katy Freeway (I-10 and Barker Cypress), Houston TX 77094
- Woodlands Campus (Woods) EC 17600 Interstate 45 South, The Woodlands, TX 77384
- Enter via the ER patient entrance/check-in; the clerk will let you in
- Introduce yourself to the Attendings on arrival
- H&Ps, develop DDx and management plans, procedures, call consults, sign out directly to Attendings

### **RTA Shifts (a.k.a. South)**

- Report to RTA/EC South, which is opposite the waiting room from Main/EC North
- **IF RTA is CLOSED (common during slower summer hours)-report to EC North!!**
- Introduce yourself to the attending on arrival
- H&Ps, develop DDx and management plans, sign out directly to attending

### **Weekend shifts**

- **Student must work two 6-hour weekend shifts or one 10-hour WC weekend shift**
- Report to your assigned location based on the schedule below
- Introduce yourself to the residents, fellows, and Attendings; pair with a resident on arrival
- Attend PEM rounds at 4pm at the nurses station by the ambulance bay

# Pediatric Hospital Medicine (PHM)

## Prior to the rotation:

- Review the PHM rotation schedules and anticipate when/where you are scheduled based on your site assignment (Main Campus or West Campus), including times and locations of conferences.
- Review the information on Family Centered Rounds (included in the next section of this document)
- Review the Evidence-Based Medicine (EBM) Curriculum requirements/instructions on [Blackboard](#)

## First day of PHM:

- **Main Campus** - Students who begin PHM **on the first day of the Clerkship** should first attend Clerkship Orientation (see Core Clerkship Lecture Schedule), then report to PHM orientation **by 11:30 am** (exact location will be announced prior to clerkship orientation). **All other blocks** (i.e. 2, 3, and 4) should report at **8:00 am** to PHM orientation (exact location will be announced before your first day of the subrotation).
- **West Campus** – Students who begin PHM at West Campus **on the first day of the Clerkship** should attend Clerkship orientation (per Core Clerkship Lecture Schedule in this document), then **report to 3 West Inpatient floor by 10:45 am**. For all other blocks, see PHM West Campus Sample Schedule

## Expectations: PHM Main Campus and West Campus

- Communicate regularly with your team leaders (residents and attending)
- Students should follow **at least 4 patients** at a time, depending on complexity and activity
- **All students** are expected to work Monday through Friday PLUS one late stay per week AND one weekend day per week
- **West Campus students** - weekend shift must be done on same day as resident
- Late Stay
  - **All students must work one late stay per week (until 7 pm)**
  - Admit patients with team and complete the work-up of your patient(s) before leaving
  - Students are not permitted in the call rooms
- Notes
  - **Admission H&Ps:** required for all patients at the time of admission **and** those picked up the morning after admission. Notes should be **relevant** and include:
    - Complete chronological history (HPI)
    - ROS
    - Past medical and surgical hx, family hx, social hx
    - Complete physical exam
    - Assessment
    - Differential diagnosis
    - Initial management/treatment plan (to discern between the differential diagnoses)
  - **Formal written H&Ps:**
    - Students are required to submit 1 H&Ps during PHM
      - **H&P** – include CAT worksheet (see [EBM Curriculum](#) on Blackboard); turn in to the attending (best by Wednesday but no later than Friday)
      - Provide copy to clerkship coordinator by the Monday after completion of the PHM subrotation
    - Formal H&Ps include all elements of an admission H&P along with a 1-2 paragraph discussion (with citations) of any element of interest relating to the case
  - **Daily progress notes** required on all patients that a student is following
  - Students should independently perform a H&P; copying any note is a professionalism breach
  - All notes should be read and countersigned by the upper level resident or attending

## *FAMILY CENTERED ROUNDS (FCR)*

### **What is FCR?**

- FCR occur with the patient, family, physicians, and the ancillary staff in the same room
- Includes a discussion/presentation of the patient's story, results of tests and treatment outcomes, and developing a plan of care for the patient

### **Benefits of FCR**

- 1. Encourages information sharing.**
  - Addresses the concerns/questions of all parties involved in the care of the patient
  - Unifies the information and plan that is being shared with the patient/family
  - This decreases the number of calls from nurses and other medical personnel
- 2. Provides opportunities to teach the medical learner and the family at the bedside.**
  - Increases patient/family understanding of the disease process and empowers them to ask questions
  - Increases patient compliance with medical care
  - Improves the amount and quality of bedside teaching provided to learners
  - Encourages learners to use evidence-based practices
- 3. Increases the efficiency of patient care.**
  - Improves timeliness of written orders and consults
  - Encourages timely and effective hospital discharge
  - Improved efficiency is associated with improved patient satisfaction of health care delivery

### **How do you do FCR?**

- 1. Obtain permission from the patient/family upon hospital admission**
  - Should be done by the admitting student and intern, as well as the unit Charge nurse
  - Explain FCR to the patient/family
- 2. During rounds, the primary student/resident should:**
  - First verify that the patient/family still wants to participate in FCR
  - Introduce the team (key 4-5 members) to the patient/family
  - Briefly summarize the purpose of FCR: "We would like your input in taking care of your child. We are the medical experts, but you are the expert on your child. Together we can do a better job"
- 3. Start talking TO THE PARENT/PATIENT (NOT the team) as if you are getting the history again, then present your exam and lab results. ALWAYS ask the nurse, family, and other team members for input at this point.**
  - "Tell the story" - present the H&P, lab data, and outcomes of interventions
  - Invite questions/input from the family and staff after the oral presentation
- 4. Present the treatment options/plan**
  - Invite questions/input of the family and staff before finalizing the plan.
  - Finally, with the help of the patient/family and team members, formulate the plan

### **Roles**

#### **Primary resident/medical students:**

- Enter orders on patients when you are not presenting. Repeat the orders back for verification
- Help obtain lab results, x-rays, etc.
- Call consults immediately after you are done talking about the patient.
- Keep a set of working discharge materials in EPIC: KEEP THE EXCEL LIST UPDATED EVERY DAY

#### **Resident following the patient:**

- Every morning identify the patients who want to participate in FCR.
- Lead rounds e.g. actively make decisions on patient care and disposition

#### **On-call resident:**

- Make a note of patients who want to participate in FCR and give this data to the resident the next day
- Make "check out" notes on things to do for each patient

## *Pediatric Hospital Medicine (PHM) Schedules to be provided as part of master schedule.*

### **Main Campus Conference Locations:**

1. **Grand Rounds:** Friday 8:30 – 9:30 am TCH Auditorium, B1, near St. Luke's cafeteria
2. **Noon Conference:** Mon – Thurs 3<sup>rd</sup> floor CCC  
Friday – TCH Auditorium
3. **Morning Report:** Mon – Thurs 8:00–8:45am w/ Dr. Ward; Neo Conf Rm 6<sup>th</sup> floor West Tower
4. **Pedi 101:** alternating Tuesday afternoons 1:15-3:30p; Pedi House Staff Office A170
5. **Pediatric Diagnostic Rounds:** 4<sup>th</sup> Tues of each month 8am; Feigin 1st Fl. Conf. Rm
6. **STaR Teaching Sessions:** Every Mon, Tues, Wed; 2:15pm; WT 21<sup>st</sup> floor Resident Lounge

### **West Campus Conference Locations:**

**Address: 18200 Katy Freeway (I-10 and Barker Cypress), Houston TX 77094**

1. **Resident Noon Conference** – daily from 12-1 pm  
(TBD; please see updated location on chalkboard in work area)
2. **Pediatric Grand Rounds** – Fridays 8:30 – 9:30 am  
(1st floor conference room – on the way to the cafeteria)
3. **Pediatric Diagnostic Rounds (PDR)** – 4<sup>th</sup> Tuesday of each month (WC 290.10)

## **VIII. Grades**

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.

**As of April 6, 2020, in light of curriculum changes related to COVID-19, the Curriculum Committee approved the following changes to grading:**

- **Core clerkships / selectives will be graded on a pass/fail basis through 12/18/2020.**
- **Courses that were completed prior to the change in the grading scheme will retain the clinical grade on the transcript (i.e. course grades cannot be changed retroactively).**
- **Completion of the Core clinical integrated Virtual Curriculum (COVIC) will be required for a grade of “Pass.”**

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).

## Pediatric Clerkship Grading Rubric

Requirements	% of Final Grade	Minimum Score to Pass
Clinical Evaluations (E*value)	95%	Mean evaluation $\geq$ (class mean - 2 standard deviations)
Professionalism	5%	N/A
Professionalism		Professionalism breaches may warrant a DECREASE IN GRADE or FAILURE independent of total points. Examples include repeated tardiness, failure to complete or turn in assignments, unexcused absences, inappropriate behavior, and lack of judgment regarding safety to self or others.
COVIC Curriculum		Students must complete the COVIC curriculum to receive a grade for the pediatrics clerkship.
Due to Clerkship Office by last day of clerkship: <ul style="list-style-type: none"> <li>Clerkship library materials</li> <li>All case logging requirements completed</li> <li>MTF Attestation</li> <li>At least one Direct Observation launched in each subrotation</li> </ul>		If all assignments are not complete by the last day of the clerkship, the student will receive an INCOMPLETE in the course. If the student completes the assignment within 7 days of the end of the clerkship, a grade will be assigned accordingly. Students will receive a DEFERRED and are subject to failing if assignments are >7 days late.

### Professionalism Points Breakdown (5 points total)

Component	Points
Full points on professionalism items on Student Performance Assessment Form and no additional reported concerns in professional interactions with peers, patients, staff, and educators	1
Full adherence to attendance policy including on time arrival (not more than 10 minutes late) to clerkship lectures and clinical shifts	1
Completion and timely submission of H&P	1
Timely launching of (1) E*Value WDYWW forms, (2) Direct Observation forms (must launch one by second Monday of each subrotation) and (3) Completion of all case logging by midnight of the last Friday of the term	1
No reported breach of timely professional communication -Timely response via email and via phone (if needed) to clerkship leadership	1

***Term-specific NBME exam and CPX exam information will be provided to students by the College.***

### Grade Distribution

Grade	Description
Pass (P)	Satisfactory overall performance
Marginal Pass (MP)	Minimal performance standards for a pass
Incomplete (I)	<b>Temporary grade</b> given when a student is unable to complete the requirements for a rotation because of illness or other extenuating circumstances AND is considered to be passing the rotation at the time the grade is given.
Deferred (D)	<b>Temporary grade</b> given when a student has not successfully completed all of the requirements at the end of the rotation AND requires remediation in order to meet the minimum rotation requirements
Fail (F)	<b>Earning a failure in the clerkship by any of the following manners will require the student to repeat the course in its entirety:</b> <ol style="list-style-type: none"> <li>Clinical performance alone, regardless of test scores, that is confirmed as being 2 SD below the mean</li> <li>Lapses or issues with professionalism alone (after due process), independent of clinical performance</li> <li>Overall performance that is confirmed as being 2 SD below the mean</li> </ol>

\*Grades are reviewed annually with respect to approximate grade distribution. When this review occurs, students' final grades will not be lowered, but some grades may be raised. The student's final grade is determined by the Pediatric Clerkship Committee.

## IX. Evaluations

- E\*Value Who Did You Work With (WDYWW) function
  - Reciprocal evaluation process
  - Students are encouraged to request 3-5 evaluators **per subrotation**
    - **A MINIMUM of 1 faculty evaluator must be selected for EACH subrotation**
  - You must select all evaluators from a subrotation by the Monday following that subrotation.
- For residents that are from other institutions (i.e. military residents in the EC), please send Pia their name (or snapshot of their ID badge) and she will have them complete a paper eval form.
- Ad-Hoc Evaluations (a.k.a. “On-the-fly”)
  - On-the-fly evaluations are weighted equally to WDYWW evaluations
  - Any educator can launch an On-the-fly for any student with whom they have worked
- Evaluations submitted  $\geq 4$  weeks after the NBME will not be considered in the student’s grade

### E\*value Student Performance Assessment 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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Cannot Assess	Major Concerns	Minor Concerns	No Concerns
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Cannot Assess	Major Concerns	Minor Concerns	No Concerns
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Cannot Assess	Little Knowledge		Some Knowledge		Mostly Complete Knowledge Base		Good Level of Knowledge		Superb Level of Knowledge
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Cannot Assess	Little Knowledge		Some Knowledge		Mostly Complete Knowledge Base		Good Level of Knowledge		Superb Level of Knowledge
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**COMP4: Rate this student's ability to elicit a complete infant, child, or adolescent history.**



**COMP5: Rate this student's ability to perform a complete infant, child, or adolescent physical examination.**

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

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

**COMP8: Rate this student's verbal patient presentations.**

**COMP9: Rate this student's written notes.**

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

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

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

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

[illegible]

## Direct Observation (DO) E\*Value Form

- This exercise should facilitate the feedback and coaching process in order to help you improve your clinical performance and prepare you for future SP Exams and USMLE Clinical Skills.
- The form has three distinct parts:
  - Observation of **HISTORY TAKING** (all or part)
  - Observation of **PHYSICAL EXAM** (all or part)
  - **PROFESSIONALISM**
- The H&P need not, **and should not**, be a full H&P – it should be focused (e.g. an atopy history and focused HEENT/respiratory exam on an asthmatic patient). The history and exam also need not be on the same patient – a preceptor can observe the history only, the exam only, or both.
- The faculty member should rate you **only on the items they observe**. Examples of behavioral anchors are provided below:

(Question 1 of 6)

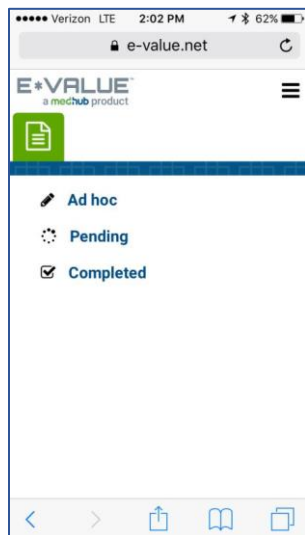
		<i>This Type Not Observed</i>	Cannot Do	Can Do With Significant Guidance	Can Do With Limited Guidance	Can Do Alone
1.	History of Present Illness	<input checked="" type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

## E\*Value Direct Observation (DO): Instructions for Students

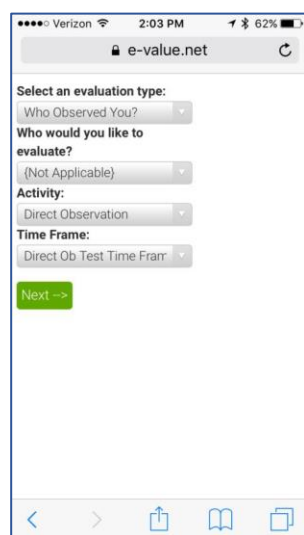
Students must launch **ONE (1) Direct Observation in every subrotation**. You can launch the DO form directly from your phone or tablet following the directions below.

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, select the correct program; click continue.
3. Choose Ad Hoc from the choices on the screen (screen shot #1)
4. On the next screen complete the following: (screen shot #2)
  - a. Select an Evaluation type: **Direct Observation (Who Observed You?)**
  - b. Who would you like to evaluate you?: (Not Applicable)
  - c. Activity: **Direct Observation Form**
  - d. Time Frame: **Ad Hoc term XX 2018-2019** (choose the appropriate term/year for your course)
  - e. Click **Next→**
5. To select the name of the person who observed you, (screen shot #3)
  - 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**
6. You will see a message that says **Thank you for completing this evaluation.** (screen shot #4)
7. Your instructor should immediately receive an email (which looks like it came from the clerkship coordinator) with a direct link to the form.

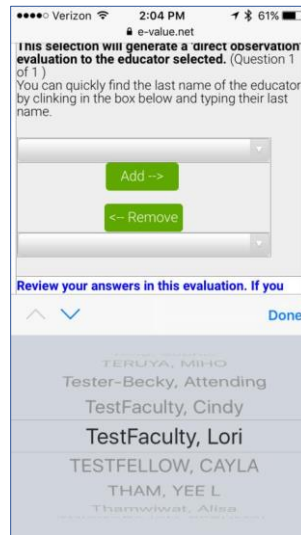
Screen Shot #1



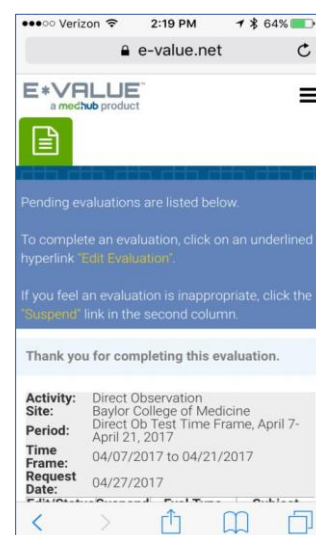
Screen Shot #2



Screen Shot #3



Screen Shot #4



## X. Recommended Educational Resources:

Students are encouraged to access evidence-based information from the following suggested textbooks, journals, and online resources. Students may check out books from our library located in the Clerkship Office.

### Before the clerkship:

- Listen to [Onthewards podcast: Assessing and treating pediatric patients](#) (May 24, 2017 episode)
- Read: 12 Tips for Students to Succeed on Wards. Medical Teacher, October 2017

### Online resources

- [www.uptodate.com](http://www.uptodate.com)
- [Texas Children's Hospital – Clinical Guidelines](#) (access available via TCH intranet/home page)
- [Council on Medical Student Education in Pediatrics \(COMSEP\) – Student Resources](#)
- [AAP Policies/Guidelines Updates](#)
- [Peds Cases](#)
- [AAP Adolescent medicine overview](#) –use TMC library access

### Podcasts

- [EM Clerkship](#)
- [Peds Cases](#)
- [On the Wards](#)

### Practice questions/case scenarios

- <http://www.pedscases.com/>

### Academic Support/Counseling

One-on-one counseling is available for students in need of assistance with time management, developing a study plan, brainstorming test taking strategies and/or adjusting to the graduate school training environment. Whether a student is proactively trying to avoid lapses in academic performance or they've noticed that they're not performing to the level of their expectations, they have the option to meet and discuss the challenges they're facing, as well as practical methods for addressing those challenges. To access the service, email Reggie Toussant at [reginald.toussant@bcm.edu](mailto:reginald.toussant@bcm.edu)

## XI. 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:

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)).

## 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.

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>