



**Core Clerkship
Family and Community Medicine
Course Overview Document
2020-2021**

Table of Contents

	Page
I. Introduction/Clerkship Overview	1
II. Clinical Sites	1
III. Contact & Site Information	2
IV. BCM Compact between Teachers, Learners and Educational Staff	3
V. Baylor College of Medicine Core Competencies and Graduation Goals (CCGG's)	5
VI. Family and Community Medicine Clerkship Objectives Mapped to School of Medicine CCGG's	7
VII. You Said, We Did	11
VIII. Student Roles, Responsibilities and Activities	12
Clinical Experiences Form and Instructions for Case Logging on E*Value	17
IX. Schedules	24
X. Grades	25
XI. Evaluation Forms	30
XII. Recommended Texts/Videos/Resources	34
XIII. Policies and Procedures	36
XIV. Interprofessional Education	57
XV. Frequently Asked Questions	57
Appendix 1: E*Value Direct Observation: Instructions for Students	60

I. Introduction/Clerkship Overview:

The Family and Community Medicine (FCM) Clerkship introduces students to the role and identity of the family physician in today's healthcare system and demonstrate the family medicine approach to the comprehensive care of common health problems.

In this clerkship, you will learn how to approach different types of visits seen in the ambulatory setting and how to diagnose and manage common ambulatory clinical conditions. Teaching methods include small-group seminars and seeing ambulatory patients under the guidance of a family physician preceptor in the community. We also will provide you with resources and materials to help you self-learn.

II. Clinical Sites:

You will spend most of the clerkship time in the office of one or more family physician preceptors. We will provide you with a list of specific preceptors available for your rotation in advance and ask you to submit a list of preferences prior to the first day of the rotation. We will try to honor as many student preferences as possible. Before the clerkship begins, we will inform you which clinical site you matched at and will work at for the entire four weeks of the clerkship.

At some clinical sites, you will work with fulltime FCM faculty. These sites include Baylor Family Medicine, Community Health Centers of the Harris Health System and San Jose Clinic. At other sites, you will work with volunteer FCM faculty. These sites include both large group and small group practices.

SPACE at your preceptor's office:

Please ask your preceptor about the following space available for you during your rotation:

- Study space (*This may be an office space shared with others.*)
- Relaxation space (*You may be asked to share this space with the office staff.*)
- Storage space for your personal belongings (*This may be the physician's personal office.*)

Please also ask your preceptor what to do if there is an incident in the office requiring security.

Students are encouraged to contact the Clerkship Director / coordinator with any concerns related to the availability of these spaces / resources during the rotation or any security concerns.

Safety Escorts in the Texas Medical Center

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 in the Texas Medical Center, call 713-795-0000

III. Contact and Site Information:

[All Administrators, Site Directors and Coordinators]

Baylor College of Medicine:

Clerkship Director:

Email:

Phone:

Pager:

William Y. Huang, MD

williamh@bcm.edu*

(713) 798-6271*

(281) 952-4384

(*For non-urgent issues, please email him. For urgent issues, please page him or contact the coordinator below.)

Associate Clerkship Director:

Email:

Jonnae Atkinson, MD

joatkins@bcm.edu

Site Director, Harris Health System:

Email:

Kenneth Barning, MD

barning@bcm.edu

Clerkship Coordinator

Email:

Phone:

Elvira Ruiz

eruib@bcm.edu

(713) 798-8028

Office Location:

Baylor College of Medicine

Department of Family and Community Medicine

3701 Kirby, Suite 600

Houston, TX 77098

Your preceptor site:

You have been previously given contact information including driving directions to your preceptor site.

IV. BCM Compact between Teachers, Learners and Educational Staff

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 supports 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.

Teacher Responsibilities

As a teacher, I pledge to:

- Maintain currency in my professional knowledge and skills
- Ensure excellence of the educational curriculum
- Be a Model of professionalism in all of my interactions with faculty, learners, patients, colleagues, and staff
- Respect all faculty, learners, patients, colleagues, and staff as individuals, without regard to gender, age, race, national origin, religion, or sexual orientation; and oppose observed disrespect or bias
- Nurture learner commitment to achieve personal, family, and professional balance.
- Recognize and acknowledge expressions of professional attitudes and behaviors as well as the achievement of quantifiable academic excellence
- Respond vigorously to unprofessional behavior and indications of abuse or exploitation of faculty, learners, patients, colleagues, or staff
- Create a safe environment in which individuals can communicate any concern about breaches of this compact
- Accept responsibility for instilling these attributes in learners and faculty for whom I have responsibility

Learner Responsibilities

As a learner, I pledge to:

- Acquire the knowledge, skills, attitudes, and behaviors necessary to fulfill all established educational objectives
- Embody the professional virtues of integrity, empathy, altruism, compassion, respect, honesty, courage, and trustworthiness
- Respect as individuals, without regard to gender, race, national origin, religion, or sexual orientation, all patients, peers, faculty and staff
- Uphold the highest professional standards and conduct myself accordingly in all interactions with patients, peers, faculty and staff
- Assist my fellow learners in meeting their professional obligations, while fulfilling my own obligations as a professional
- Help create a safe environment in which individuals can communicate any concern about breaches of this compact

Educational Staff Responsibilities

As educational staff, I pledge to:

- Maintain currency in my professional knowledge and skills
- Help ensure excellence of the educational curriculum
- Embody professionalism in all of my interactions with faculty, learners, patients, colleagues, and staff
- Respect all faculty, learners, patients, colleagues, and staff as individuals, without regard to gender, age, race, national origin, religion, or sexual orientation; and oppose observed disrespect or bias
- Help create a safe environment in which faculty, learners, and staff can work and can communicate any concern about breaches of this compact

V. Baylor College of Medicine Core Competencies and Graduation Goals (CCGG's):

1. Professionalism

Each student graduating from BCM will:

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

2. Medical knowledge

Each student graduating from BCM will:

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

3. Patient care

Each student graduating from BCM will:

- 3.1. Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient and population-centered care
- 3.2. Develop and implement patient evaluation and management plans appropriate to all levels of patient acuity
- 3.3. Develop a prioritized problem list and differential diagnosis using patient's biopsychosocial history, medical records, physical exam findings, and diagnostic studies
- 3.4. Obtain consent for and perform basic technical procedures competently
- 3.5. Perform comprehensive and focused biopsychosocial exams in a variety of patient care settings and recognize when each is indicated
- 3.6. Assess health risks using gender- and age-appropriate criteria and recommend potential preventive and therapeutic interventions
- 3.7. Select and interpret diagnostic tests accurately
- 3.8. Interpret physical findings accurately

- 3.9. Utilize critical thinking to provide appropriate evidence or support for clinical decisions and management of diseases
- 3.10. Provide timely and accurate documentation of all assessment, plans, interventions, and orders – including prescriptions and transfers-of-care between providers or settings

4. Interpersonal and communication skills

Each student graduating from BCM will:

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

5. Practice-based learning and improvement

Each student graduating from BCM will:

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

6. Systems-based practice

Each student graduating from BCM will:

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

7. Leadership

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

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

VI: Family and Community Medicine Clerkship Objectives Mapped to School of Medicine CCGG's

Overall clerkship goal:

In this clerkship, students will learn how to conduct different types of ambulatory visits and the ambulatory management of common conditions seen by family physicians.

Clerkship Objectives:

Medical Program (Core Competency Graduation Goal) Objective(s)	Related Clerkship Objective	Mode of Teaching	Mode of Assessment	
			Formative	Summative
<u>Professionalism</u>				
<u>Professionalism:</u> 1.2, 1.5	Employ honesty, integrity, and respect in all interactions and demonstrate sensitivity to patients and colleagues from diverse populations	Standards of professionalism on Blackboard site	Preceptor feedback, Mid-clerkship observation by your preceptor	Preceptor evaluation
<u>Professionalism:</u> 1.3, 1.4	Demonstrate caring, compassion and empathy in patient interactions and advocate for the needs and well-being of patients, colleagues and self	Standards of professionalism on Blackboard site	Preceptor feedback, Mid-clerkship observation by your preceptor	Preceptor evaluation
<u>Professionalism:</u> 1.1, 1.6, 1.8	Fulfill professional responsibilities as a learner, colleague and member of the health care team, including adherence to ethical principles and patient confidentiality rules	Standards of professionalism on Blackboard site	Preceptor feedback, Mid-clerkship observation by your preceptor	Preceptor evaluation

<u>Medical Knowledge</u>				
<u>Medical knowledge:</u> 2.1	Explain basic information on the diagnosis and management of common problems in ambulatory care	Handling Different Types of Patient Encounters PowerPoint, Mid-clerkship seminars, Readings from reference list, Paper case studies and Aquifer case studies; Preceptor experience	Preceptor feedback	Preceptor evaluation; NBME exam
<u>Medical knowledge:</u> 2.1	Explain the mechanisms of action, indications, advantages, side-effects and contraindications of medications used in the management of common ambulatory conditions	Handling Different Types of Patient Encounters PowerPoint, Mid-clerkship seminars, Readings from reference list, Paper case studies and Aquifer case studies; Preceptor experience	Preceptor feedback	Preceptor evaluation; NBME exam
<u>Patient Care</u>				
<u>Patient care:</u> 3.5, 3.6	Describe the five types of ambulatory visits and demonstrate how to conduct an appropriate focused history and physical exam for each	Handling Different Types of Patient Encounters PowerPoint, Preceptor experience, Mid-clerkship observation by your preceptor	Preceptor feedback, Mid-clerkship observation by your preceptor	Preceptor evaluation, Standardized patient exam
<u>Patient care:</u> 3.2, 3.3, 3.7	Formulate management plans for patients based on the focused history and physical examination, including appropriate diagnostic tests and therapeutic measures	Handling Different Types of Patient Encounters PowerPoint, Preceptor experience, Readings from reference list, Paper case studies	Preceptor feedback	Preceptor evaluation, NBME exam, Standardized patient exam

		and Aquifer case studies		
<u>Interpersonal and Communication Skills</u>				
<u>Interpersonal and communication skills:</u> 4.1, 4.2	Demonstrate effective and respectful communication with patients and families from diverse backgrounds, and the medical team	Handling Different Types of Patient Encounters PowerPoint, Preceptor experience	Preceptor feedback, Mid-clerkship observation by your preceptor	Preceptor evaluation, Standardized patient exam
<u>Interpersonal and communication skills:</u> 4.2, 4.4	Present the patient's case verbally and in writing in a focused and organized manner	Handling Different Types of Patient Encounters PowerPoint, Preceptor experience	Preceptor feedback	Preceptor evaluation, Standardized patient exam
<u>Practice Based Learning and Improvement</u>				
<u>Practice-based learning and improvement:</u> 5.2, 5.3	Use an evidence-based medicine approach where possible to answer specific clinical questions	Handling Different Types of Patient Encounters PowerPoint, Mid-clerkship seminars videos, Paper case studies and Aquifer case studies, Pathology Teaches Case Study	Preceptor feedback	Preceptor evaluation, NBME exam
<u>Practice-based learning and improvement:</u> 5.1	Self-assess progress as learners and identify specific learning needs during the clerkship	Reflecting on Your Learning Experience seminar	Pre-clerkship self-assessment form, Mid-clerkship feedback discussion	End of clerkship Reflecting on Your Learning Experience seminar; Post-clerkship self-assessment form

<u>Systems-Based Practice</u>				
<u>Systems-based practice:</u> 6.1, 6.2	State the components of the Patient-Centered Medical Home model and explain how your preceptor is transforming his/her practice and addressing access to care in accordance with this approach	Readings on the Patient-Centered Medical Home, Discussion with preceptor, Preceptor experience	Preceptor feedback	Patient-centered Medical Home (PCMH) paper or participation in a PCMH seminar**

For more details on what is expected for the Patient-centered Medical Home paper or seminar, go to **Blackboard > Clerkship Documents > ORIENTATION MATERIAL > EVALUATION AND GRADING > DESCRIPTION OF EACH GRADED COMPONENT > Patient-centered Medical Home (PCMH) assignment/paper

VII. You Said, We Did:

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

Evaluation year	YOU SAID:	WE DID:
2020	Handling Different Types of Ambulatory Visits seminar needs more time	Moved Handling Different Types of Ambulatory Visits seminar to another morning and increased it to a four-hour seminar
2020	Offer scheduled teaching sessions earlier	Moved other seminars to week 2 of the rotation
2020	Need for changes in the preceptor selection process	<ul style="list-style-type: none"> • Shared list of all preceptors available for that rotation • Allowed students to submit a list of preferences for their preceptor site
2019	Concerns about the assignment to write a paper on the Patient-centered Medical Home (PCMH)	You now have the option of either writing a paper about the PCMH or attending a seminar on the PCMH
2019	Concerns about the quality of feedback received at some sites	<ul style="list-style-type: none"> • A revised Direct Observation form provides further opportunity for your preceptor to give you feedback about your history and physical examination skills • We instituted a preceptor feedback award for faculty who give the best feedback. Examples of their high quality feedback will be shared with other preceptors. • We have simplified the weekly feedback cards (2020) • We are continuing to offer workshops to our preceptors on how to give effective feedback.
2018	Concerns about faculty unprofessionalism or student mistreatment at some preceptor sites	<p>We continue to investigate all concerns about faculty unprofessionalism or student mistreatment at preceptor sites when there was sufficient information.</p> <p>We continue to advise each affected preceptor on how to maintain professionalism and create a safe learning environment for students.</p> <p>We continue to stop using preceptors where there was an egregious concern or there were repeated concerns.</p>

VIII. Student Roles, Responsibilities and Activities:

CLERKSHIP RESPONSIBILITIES:

- **Participation and excused absences:**

- From the BCM Student Handbook: “Attendance and full participation during all aspects of Clinical Rotations, Electives, DDASH, APEX and any other clinical year(s) required course are expected and considered an important part of the student's responsibility and education. Furthermore, attendance and participation are both important components in the evaluation of student performance.”
- For planned absences (such as presentation at a professional meeting), please inform the CD and your preceptor in advance
- For acute situations (personal illness or personal emergency), please contact your preceptor and email Ms. Ruiz to inform them of your absence. If the situation meets the criteria, an excused absence will be granted.
- Reasons for excused absences:
 - Medical illness experienced by the student (physician note required on the 3rd day of illness)
 - Personal crisis (e.g., death or illness of immediate family member)
 - Childbirth (maternity and paternity policy of the College takes precedence)
 - Presentation at professional meetings (up to two days with attendance up to department's discretion)
 - Residency Interviews
- Other requests (including social events) are granted at discretion of Clerkship and will require makeup. Please discuss the request with the Clerkship Director

- **Handling of student absences considering COVID-19:**

- student absences related to COVID-19 (infection or exposure requiring isolation or quarantine) will be excused
- students must complete all course requirements in order to successfully pass the course; students will receive an incomplete if course requirements remain pending at the end of the rotation (example: direct observations; required clinical experiences)
- students who do not attend / participate in 50% or more of the clinical rotation will be required to participate in additional clinical shift(s) per the discretion of the CD in order for the student to meet course requirements, with consideration of the students' other schedule requirements / conflicts

- **Clinical responsibilities:**

- After a brief time (< one half-day) of shadowing your preceptor, you will have opportunity to see patients independently
- For patients physically in the office:
 - If the patient has given you permission to participate in the encounter and the patient is not contagious with COVID-19 disease or does not have symptoms that suggest a COVID-19 infection:
 - You can conduct a focused history and physical exam independently and formulate a management plan independently
 - You will then present the patient to your preceptor and jointly agree on the management plan

- Then you and your preceptor will go back to the patient for the preceptor to conduct his/her focused history and physical exam and communicate the management plan
- **It is required that you be directly supervised by your preceptor in the following situations:**
 - Performing breast, genitalia/pelvic, prostate/rectal exams (and with a chaperone also)
 - Performing minor procedures
- For patients who present for a telephone encounter:
 - If the patient agrees to your participation:
 - You may call the patient first and independently take a focused history and formulate the management plan by telephone
 - Present findings to your preceptor
 - Preceptor calls patient back, takes his/her own focused history and completes the management
 - **OR** you can jointly conduct the telephone encounter with your preceptor using a 3-way telephone setup (and maintaining social distancing with your preceptor)
- For patients who present for a video encounter:
 - You may or may not be able to participate in video encounters
 - If the patient agrees to your participation:
 - You can independently take a focused history and physical exam using *the video methods approved by the practice or by telephone*
 - Present findings to your preceptor
 - Preceptor conducts video encounter and discusses management plan with the patient
 - **OR** you can jointly conduct the video encounter with your preceptor using a 3-way video setup (and maintaining social distancing with your preceptor)

Seminars:

- You are expected to attend the clerkship orientation on the first day of the rotation and seminars on the first, second and fourth Thursday mornings of the clerkship. Due to the COVID-19 pandemic, these will be offered by Zoom. Please refer to the specific schedule given to your rotation of students.

Direct observation of your performing a focused history and focused physical:

- It is required that your preceptor observe you performing one focused history and a focused physical examination on an actual patient by the midpoint of your clerkship. Your preceptor's assessment and feedback to you after this observation must be documented on the direct observation form on E*Value. You must launch the direct observation on E*Value to your preceptor so that he/she can complete this form after observing you. An instruction sheet on how to do this is in Appendix I. If possible, your preceptor is encouraged to observe you on more than one occasion.
- The BCM Physical Exam standards are available at:
<https://bcm.box.com/s/txl1ko6pgxl5rx6zt25onwp7tbvmc2q>

Mid-clerkship feedback:

You will receive feedback on this clerkship through different mechanisms:

- Regular, verbal feedback from your preceptor
- You will be provided a card for your preceptor to complete on you at the end of weeks 1, 2, 3 and 4, which summarizes how you are doing and suggestions for improvement the next week. Please give your preceptor the card at the end of each week and ask him/her to complete it. Please be prepared to turn in the card to us at the end of the rotation.

- There will also be a mid-clerkship feedback session. This will occur with either your preceptor, the Clerkship Site Director or Clerkship Director. The E*Value Mid-clerkship feedback form will be completed during this session. You will be notified in advance with whom you will have this mid-clerkship feedback session.

Clinical Experiences form

- Students should see one patient from each of the categories of conditions listed on pages 17-18 of this document. As you complete an encounter for a patient with each of the conditions listed, please enter the details on E*Value. Instructions on how to enter this information for these conditions on E*Value is given on pages 19-23. If unable to see a patient with any of the conditions listed, please complete an alternative experience.
- More details on two new items:
 - **Demonstrate cultural competence in a patient encounter.** Examples include:
 - Explore a patient’s beliefs about his/her health condition
 - In collaboration with your preceptor, negotiate a management plan with a patient who has different health beliefs
 - Use a certified medical interpreter in communicating with a patient with limited English proficiency
 - Reference: Aquifer Student Learning Resource: Cultural Awareness (listed under the Aquifer Medical Home section on the Aquifer website).
 - **Recognize a health care disparity affecting a patient.** Examples include:
 - Address a patient’s need for reliable transportation and in collaboration with your preceptor, explore options for transportation with a social worker or case manager; consider telephone or video visits for future care
 - Screen a patient for food insecurity and in collaboration with your preceptor, refer to a food pharmacy or local food bank if needed
 - Assist a patient who has difficulty paying for medications. In collaboration with your preceptor, prescribe lower cost medications or help the patient enroll in a medication-assistance plan
 - Reference on Blackboard: CDC Health Disparities and Inequalities Report – United States, 2013. Available at:
https://www.cdc.gov/mmwr/preview/ind2013_su.html#HealthDisparities2013

Patient-centered Medical Home assignment

- Students are required to research the Patient-centered Medical Home and its effect on their preceptor’s practice. They are required to either submit a paper on the Patient-centered Medical Home or actively participate in a Zoom seminar on the Patient-centered Medical Home at the end of the rotation. Details of the assignment are available at: **Blackboard > Clerkship Documents > ORIENTATION MATERIAL > EVALUATION AND GRADING > DESCRIPTION OF EACH GRADED COMPONENT > Patient-centered Medical Home (PCMH) assignment**

Other responsibilities as a Family and Community Medicine Clerkship student:

- **Develop your self-learning skills**
 - You will notice that the busy flow of patients in your preceptor’s office may result in the teaching time being less organized and formal than in other rotations. While your preceptor will make effort

to teach you between patients and at the beginning or end of the day, it likely will be difficult for him/her to teach you everything you want to know.

- Use this opportunity to develop your self-learning skills. The pre-clerkship self-assessment online exercise will help you develop your own objectives for the clerkship. Use these as a guide during the rotation and ask your preceptor to help you accomplish these objectives. Use your skills in evidence-based medicine to research answers to your questions on your own. Develop skills in searching for answering clinical questions on your own as they arise. Read references from the Selected Reference list. Complete the paper case studies to learn basic information on handling common conditions on your own.
- **Join the clinical team and contribute where you can to provide quality care in your preceptor's office**
 - During your time in your preceptor's office, you will be part of the clinical team that cares for patients. It may be a different team from what you are used to, in that many team members will not be physicians. Nevertheless, you, the office staff and physicians are a team and you have much to contribute to the functioning of that team. Learn the roles and responsibilities of other team members, since this may be one of the few opportunities to learn how an office-based practice is run. Help other team members during busy periods. You may find that their job is not as easy as it looks. Keep your eyes open for other opportunities in which you can help your preceptor or the office staff provide better care (e. g. - call patients, provide patient education, research answers to clinical questions).
- **Contribute to the quality of the clerkship**
 - We ask you to evaluate many items because we sincerely want to know your opinions and hear your suggestions on how to improve. Input from previous students has resulted in several revisions and improvements in the clerkship over the years. Please be assured that your ratings and comments will similarly be reviewed and that they will be used as a basis for planning any further changes that are needed.
 - Additional notes on your preceptor evaluation form:
 - Near the end of the clerkship you will receive a notice from E*value asking that you complete an evaluation on your preceptor(s).
 - You will be able to complete evaluation forms on the preceptor(s) whom you choose to evaluate you (see **X. Grades**, p. 25.)
 - Please complete this form on your preceptor(s) by the requested deadline (the Monday after your clerkship has been completed.)
 - If you have any specific issues about the clerkship that you wish to discuss in detail, please contact the Clerkship Director to arrange a meeting.
- **Stay in communication with the Clerkship staff**
 - Please check your Baylor email periodically during the clerkship. We do not intend to send you frequent emails but will send you at least one email per week.

TIPS FOR THE ROTATION:

Take initiative to make this a valuable educational experience and ask for the following at the appropriate times of the clerkship:

- Orientation to your preceptor's office
- Seek feedback
- Mid-course discussion
- End of course evaluation

- Observed encounter by your preceptor

Take initiative and be a helpful team member in your preceptor's office:

- Call back and check on patients
- Review labs
- Offer to research clinical questions
- Do patient education
- Help wherever you can!

DRESS CODE:

Clean white coat with business-appropriate dress

You may wear scrubs if approved by your preceptor site

Do's AND Don'ts of the Clerkship:

Do:

- Be on time and present when expected or contact your preceptor and the clerkship coordinator if not able to be present when expected
- Demonstrate professionalism in your interactions with your preceptor, preceptor's staff and preceptor's patients
- Show an interest in learning about all the patients you see and the conditions that they present with
- Offer to be a helpful member of the team in the ways described above

Don't:

- Schedule meetings away from your preceptor's office during patient care time without the permission of the Clerkship Director in advance. This includes College committee meetings and meetings with your BCM Learning Community Advisor.
- Disagree with your preceptor in front of a patient or staff member. Please discuss your suggestions or concerns about patient care with your preceptor in private. If there are still concerns, please contact the Clerkship Director.
- Contact your preceptor about your grade. If you have any concerns about your grade, including the preceptor component of your grade, please contact the Clerkship Director.

School of Medicine
Office of Curriculum
2020 - 2021 Clinical Experiences Form
Family and Community Medicine Clerkship

CLINICAL LOG REQUIREMENTS

List and describe each patient type/clinical condition, required procedure/skill, and clinical setting that medical students are required to encounter, along with the corresponding level(s) of student responsibility.

Note: The Diagnoses/Conditions listed below can be completed virtually via alternative experiences, but in-person and/or live patient interactions should be prioritized and are preferred.

Patient Type/ Clinical Condition	Procedure/ Skills	Clinical Setting(s)	Level of Student Responsibility	Minimum # Required	Alternative Methods Used for Remediating Clinical Encounter Gaps
Musculoskeletal Pain	Hx & PE	Ambulatory	Perform	1	Aquifer Family Medicine Case # 4 (ankle injury)
Essential Hypertension	Hx & PE	Ambulatory	Perform	1	Aquifer Family Medicine Case # 8 (Hypertension)
Diabetes mellitus	Hx & PE	Ambulatory	Perform	1	Aquifer Family Medicine Case # 6 (Diabetes mellitus)
Dyslipidemia	Hx & PE	Ambulatory	Perform	1	Aquifer Internal Medicine Case # 16 (Obesity, Lipids)
Asthma	Hx & PE	Ambulatory	Perform	1	Aquifer Family Medicine Case # 13 (asthma, sinusitis)
FCM Patient	Annual Physical Exam	Ambulatory	Perform	1	Aquifer Family Medicine Case # Case # 2 (male wellness)
Depression	Hx & PE	Ambulatory	Perform	1	Aquifer Family Medicine Case # 3 (Insomnia/Depression)
Tobacco Use	Tobacco cessation counseling	Ambulatory	Perform	1	Smoking cessation/behavior change case on FCM Clerkship Blackboard site: (https://bcm.blackboard.com) Clerkship Documents > Preparing for Exams > PREPARING FOR THE NATIONAL BOARD FAMILY MEDICINE MODULAR CORE + CHRONIC EXAM IN FAMILY MEDICINE > CLINICAL CASE STUDIES

Patient Type/ Clinical Condition	Procedure/ Skills	Clinical Setting(s)	Level of Student Responsibility	Minimum # Required	Alternative Methods Used for Remediating Clinical Encounter Gaps
Obesity	Hx & PE and diet and exercise counseling	Ambulatory	Perform	1	Aquifer Internal Medicine Case # 16 (Obesity, Lipids)
Dyspepsia (including Gastroesophageal Reflux Disease)	Hx & PE	Ambulatory	Perform	1	Dyspepsia case study on FCM Clerkship Blackboard site: (https://bcm.blackboard.com) Clerkship Documents > Preparing for Exams > PREPARING FOR THE NATIONAL BOARD FAMILY MEDICINE MODULAR CORE + CHRONIC EXAM IN FAMILY MEDICINE > CLINICAL CASE STUDIES
Demonstrate cultural competence in a patient encounter*	Hx & PE, discussion with your preceptor	Ambulatory	Perform	1	Read Aquifer Student Learning Resource: Cultural Awareness (listed under the Aquifer Medical Home section.) and submit a one-paragraph statement on how you will apply what you learned to the care of patients
Recognize a Health Disparity affecting a Patient*	Hx & PE, discussion with your preceptor	Ambulatory	Perform	1	CDC Health Disparities and Inequalities Report – United States, 2013 (see Blackboard for link) Select one disparity described in this report and submit a one-paragraph statement on how you saw this disparity addressed in your preceptor's practice

*See page 14 of the Clerkship Overview Document for examples and more details

Level of Medical Student Responsibility:

Perform: The student performs the patient history, physical exam, differential diagnosis, treatment decision-making, and/or relevant procedural skills.

If you are not able to see a patient with one or more of the listed conditions, please contact the Clerkship Director to discuss the use of an Alternative Method.

Additional comments on in-person, video and telephone encounters:

- 1) **In-person encounters:** Since the “perform” level of student responsibility requires a physical examination, it is preferable that you achieve these clinical experiences on in-person encounters where possible.
- 2) **Video encounters:** You may submit a video encounter for any of these conditions if you have performed a physical exam on the patient as part of the encounter. Examples of how to incorporate a physical exam into a video encounter with a patient are available at: <https://medicine.stanford.edu/news/current-news/standard-news/virtual-physical-exam.html>. Also see the Handling Different Types of Ambulatory Visits seminar PowerPoint presentation on Blackboard.
- 3) **Telephone encounters:** Since no physical exam is needed to assess a patient with “depression” or to perform “tobacco cessation counseling”, you may submit a telephone encounter with a patient for either of these two conditions
- 4) If unable to perform an in-person, video or telephone encounter with a patient for any of these conditions, please access the relevant alternative method listed.
- 5) If there are any further questions, including whether it is appropriate to submit a video or telephone encounter with a patient for any of these conditions, please contact the Clerkship Director

Case Log Directions and Screen Shots

1. Go to Log New Case
2. Complete Main Selections

Log New Case

Main

Interaction Date *
3/22/2019 

Supervisor *
KUNG, DORIS  

Setting *
In-Patient 

Supervisor's role *
Attending 

3. Select Procedure and Method of Completion

Procedures

Group:

All Groups  

Procedure: *

Headache: Perform Hx & PE
History Taking: Directly Observed
Neurologic Exam: Directly Observed
Numbness or Paresthesia: Perform Hx & PE
Seizure: Perform Hx & PE
Visual Disturbance: Perform Hx & PE
Weakness (central nervous system): Perform Hx & PE
Weakness (peripheral nervous system): Perform Hx & PE
Written History & Physical: Completed

Select method of completion: *

{Please select} 
{Please select} 
1-Standard Method (per procedure description)
2-Alternative Method (discuss with clerkship director before selecting)

4. Leave an explanation in "Notes". This is a mandatory field

Select method of completion: *

1-Standard Method (per procedure description)

Notes: *

Standard Method

Add Procedure

Select method of completion: *

2-Alternative Method (discuss with clerkship director before selecting) ▼

Notes: *

Watched Video

Add Procedure

5. Click Add Procedure
6. Click Save Record before logging next procedure.

Select method of completion: *

2-Alternative Method (discuss with clerkship director before selecting) ▼

Notes: *

Watched Video

Add Procedure

Primacy	Procedure	Your Role	Notes
1	Clinic Half-day: Completed	1-Standard Method (per procedure description)	Standard Method
2	Seizure: Perform Hx & PE	2-Alternative Method (discuss with clerkship director before selecting)	Watched Video

Save Record Cancel

* Required Fields

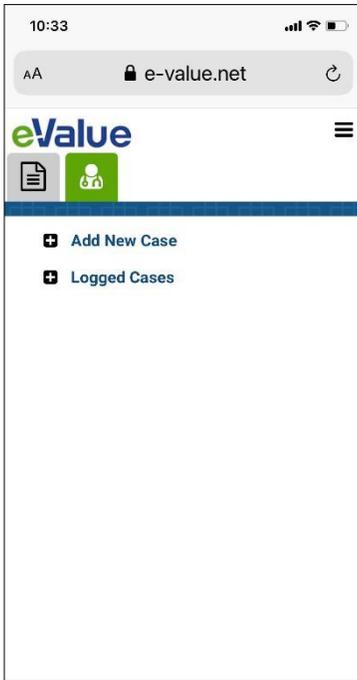
Case Logging on eValue

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 no 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**
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. **Supervisor:** name of supervisor
 - c. **Supervisor Role:** click **Next ▶**
 - d. **Procedures:**
 - i. **Choose a procedure:** Click **Done**. (You can add another procedure by clicking **Add +**)
 - ii. **Select your role in the procedure;** click **Next ▶**
 - e. **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

eValue

Case Details

Saved Templates
Select One

Interaction Date *
01/07/2021 📅

Supervisor *
Select One

Supervisor's role *
Select One

Save as Template

Next >

Clear Form

Screen Shot #4

e-value.net

Review & Log

Case Details

Interaction Date *
01/07/2021 📅

Supervisor *
TestFaculty, Lori

Supervisor's role *
Attending

Procedures +

Procedure 📄 ✕
CLINICAL EXPERIENCE: Developmental ...

< Back | Log Case >

IX. Schedules:

A *typical* schedule is as follows: (You will receive your *specific* schedule on the first day of the clerkship.)

Week 1	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Clerkship Orientation until 10:00 AM	Preceptor visit	Preceptor visit	Seminars ¹	Preceptor visit
	Preceptor visit or study time				
Afternoon	Preceptor visit	Preceptor visit	Preceptor visit	MS-2's: CABS class MS-3's: DDASH class	Preceptor visit

Week 2	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Preceptor visit	Preceptor visit	Preceptor visit	Seminars ²	Preceptor visit
Afternoon	Preceptor visit	Preceptor visit	Preceptor visit	MS-2's: CABS class MS-3's: DDASH class	Preceptor visit

Week 3	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Preceptor visit	Preceptor visit	Preceptor visit	Preceptor visit	Preceptor visit
Afternoon	Preceptor visit	Preceptor visit	Preceptor visit	MS-2's: CABS class MS-3's: DDASH class	Preceptor visit

Week 4	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Preceptor visit	Preceptor visit	Standardized patient exam	Seminars ³	NBME exam
Afternoon	Preceptor visit	Preceptor visit	Study time	MS-2's: CABS class MS-3's: DDASH class	

¹Seminars on this date will include:

- Handling Different Types of Ambulatory Visits: Chest pain, Diabetes mellitus, Tobacco cessation, Wellness visits, Depression (*required*)

²Seminars on this date will include:

- the Knee and Shoulder Exam (*required*)
- Abnormal Uterine Bleeding (*required*)
- Respiratory Infections in the Pediatric Population (*required*)
- Clerkship Director check-in and discussion of the Standardized Patient Examination
- Family Medicine as a Career (*optional*)

³Seminars on this date will include:

- Reflecting on Your Learning Experience (*required*)
- the Patient-centered Medical Home (*optional*)
- Clerkship Wrap-up (*required*)

Please refer to the specific schedule given to you for more information about the seminars

X. Grades:

Grading Rubric: Core Clerkship

Requirements	% of Final Grade	Minimum Score to Pass
Clinical Evaluations*	50%	\geq (2 standard deviations below the class mean). Clinical performance that is 2 SD below the mean will be reviewed and may result in failure.
Patient-centered Medical Home paper or active participation in a PCMH seminar	5%	70 for the paper or for participation in the PCMH seminar
Professionalism	Must Pass	Must pass to pass the clerkship. See more notes on professionalism below**
NBME Family Medicine Modular Core + Chronic Exam	25%	\geq 5 th percentile nationwide as determined by the NBME. See notes on Remediation policy below.***
Standardized Patient Examination	20%	<ul style="list-style-type: none"> \geq 70 on the Standardized Patient examination required to pass.****

*Clinical Evaluations by your Preceptor(s)

- We use the same Student Performance Assessment Form (SPAF) used by all clerkships
- If you worked with one preceptor for the entire rotation, please select that preceptor to complete this evaluation on you.
- If you worked with more than one preceptor during the rotation:
 - We feel that any preceptor whom you worked with at least 4 half-days (16 hours, which includes telemedicine supervision) is able to evaluate you
 - Using this criterion, you are allowed to choose which preceptors evaluate you
 - Generally, we expect you to choose two (2) or more preceptors to evaluate you
 - If there are any questions or concerns, please contact the Clerkship Director

****Professionalism Requirements:** You must demonstrate professionalism in all clerkship activities and in all of your interactions with the clerkship coordinator, your preceptor, your preceptor's staff and your preceptor's patients. Any incident of unprofessionalism will be reviewed by our Undergraduate Medical Education Grades committee and may result in a lowering of your overall grade or a grade of failure for the clerkship.

*** NBME Remediation Policy:

Students who are required to remediate the NBME examination should contact Yvette Pinales at Yvette.Pinales@bcm.edu to arrange a retake of the NBME.

Students are required to sit for the remedial NBME examination within six months of the original test date.

****STANDARDIZED PATIENT EXAM

Information about SP examinations for clerkships is available on the course Blackboard page (see The Simulation Learning Center page on BB *may be listed as SP Program). 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.

As per the Exam Absence policy (<https://www.bcm.edu/education/school-of-medicine/m-d-program/student-handbook/m-d-program-curriculum/examinations>), students are required to sit for examinations as scheduled.

Unauthorized absences will result in a grade of Fail for the examination.

Following the SP examination, requests for SP examination review (without rescoring) can be made at any time. See [REVIEW OF SP ENCOUNTER VIDEO](#) guideline 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 [CLINICAL PERFORMANCE EXAM RESCORING](#) guideline 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 Student Affairs to initiate the retake of the SP examination. See [CLINICAL PERFORMANCE EXAM FAILURE](#) guideline 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 spprogram@bcm.edu to be reoriented to their procedures and to ensure that your log in information is correct.

STANDARDIZED PATIENT EXAM CUT SCORES

	History	Physical Exam	Management Plan	Communication Skills	Post encounter note	Overall
Family and Community Medicine Clerkship	74%	Not graded	72%	80%	50%	70%

****STANDARDIZED PATIENT EXAM REMEDIATION & RETAKES

Standardized Patient examination failure is earned by:

- Failure of overall SP exam score

Standardized Patient examination REMEDIATION / RETAKES:

- 1 or 2 domain failure – student may review own video and Gold Standard video
- Overall exam failure – student *must* review own video and Gold Standard video *and* must retake exam as per SP Exam Failure Process on Blackboard

**Family and Community Medicine:
Instructions for Standardized Patient (SP) Exam via Zoom**

Students are required to complete a standardized patient encounter (SP exam) at the end of the rotation. The SP exam is scheduled and administered by the BCM Simulation Learning Center. **This exam will be conducted via Zoom.** Students must sign-on and be prepared for orientation to begin 10 min before the examination; late arrival or failure to show up for the examination may require students to reschedule the examination (including the associated costs) and/or a reduction in your overall letter grade for the clerkship.

The exam will contribute to 20% of the overall grade.

- SP examination failure is earned by failure of the overall SP exam score.
 - As per the Exam Absence policy (<https://www.bcm.edu/education/school-of-medicine/m-d-program/student-handbook/m-d-program-curriculum/examinations>), students are required to sit for examinations as scheduled. *Unauthorized absences will result in a grade of Fail for the examination.*
 - If a student fails the SP examination, the student will receive a deferred grade for the clerkship; the student’s second SP exam score would then be used to calculate the final clerkship grade and the final clerkship grade can be no higher than a Pass.
- Information is presented below regarding the specific exam components and allotted time; students are ultimately responsible for keeping track of time during the examination (using a regular watch or stopwatch – phones and smart watches are not permitted). *Failure to hear a chime or verbal reminder regarding time remaining will not invalidate an examination.*

Exam Components	Description	Time Allotted
Patient Info Door Note	You will have two minutes to review the patient’s presenting information.	2 minutes
History and Telehealth Physical Exam	You will obtain a focused history and perform a telehealth physical exam with your patient. The monitor will verbally announce when 5 minutes remain.	20 minutes
Post Encounter Note (PEN)	You will receive a link to Learning Space to complete your PEN. You will NOT leave the breakout room in Zoom. No time remaining notification will be given.	8 minutes

Communication Evaluation:

- **You are expected to demonstrate the same communication skills you learned in previous clinical courses. Your communication with the standardized patient will be evaluated using the same checklist used by previous clinical courses (Patient, Physician, and Society Course).**
- More information is available on the Blackboard site for the Simulation Learning Center under the General Information heading > [Physical Exam Standards and Communication Skills Guide.](#)

How to prepare:

- **Information given in the Handling Different Types of Ambulatory Visits seminar and apply the tasks discussed in actual patient encounters during the clerkship.**

- **Please review materials from the Simulation Learning Center's Blackboard page under the Medical Student Experiences heading > [Clerkship Exam Information](#)**

SP Scheduling and Exam Questions or Concerns:

The Simulation team will be in contact with you to sign up for an exam time. Please email spprogram@bcm.edu and copy the course director(s) with any questions regarding the SP examination for this clerkship.

Grade Distribution

Grade	Description	*Approximate % of students in academic year
Honors (H)	An exceptional performance in all areas	30%
High Pass (HP)	An exceptional performance in most areas.	40%
Pass (P)	Good academic work	30%
Marginal Pass (MP)	Performance meets the minimum rotation requirements	
Incomplete (I)	Temporary grade 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)	Temporary grade 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. For example, failing a Standardized Patient examination encounter or the National Board of Medical Examiners Examination will result in a Deferred grade. The student will be given an opportunity to take the failed element a second time. If a passing score is obtained on the second attempt, the student will be issued a final course grade. However, <i>the highest final course grade that can be received in this situation is a Pass.</i>	
Fail (F)	<p>How a failure may be earned: Earning a failure in the clerkship by any of the following manners will require the student to repeat the course in its entirety:</p> <ol style="list-style-type: none"> 1. Clinical performance alone, regardless of test scores, that is 2 SD below the mean will be reviewed and may result in failure. 2. Lapses or issues with professionalism alone, after confirmation by due process, independent of clinical performance. 3. Failing 2 or more graded components on the clerkship (i.e.: the NBME and SP exam) 4. Overall performance on the clerkship that is 2 SD below the mean will be reviewed and may result in failure. 5. Failing only the SP or NBME Exam: <ol style="list-style-type: none"> a. First failure: Failing the SP exam or the NBME will result in a Deferred grade to be submitted and the student is required to retake and successfully pass the exam. The highest grade that can be received for the course will be a Pass. b. Second failure: A second Fail of the SP exam or the NBME will require the student to repeat the course in its entirety. An F will appear on the transcript and the highest final overall course grade that can be received upon repeat of the course is a Pass. c. Third 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. <p>A course grade of 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.</p>	

*Halfway through the academic year, grades will be reviewed by the Undergraduate Medical Education Grades committee with respect to the approximate grade distribution. When this review occurs, students' final grade will not be lowered, but some grades may be raised. The same process will be repeated for clerkships in the latter half of the year. The student's final clerkship grade is at the discretion of the Undergraduate Medical Education Grades Committee of the Department of Family and Community Medicine.

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 processes 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)

Ensuring fairness in the grading process:

- Family and Community Medicine Clerkship preceptors receive a periodic report informing them of their grading practices in comparison to all other preceptors.
- When determining final grades, the Undergraduate Medical Education Grades committee has access to a database which summarizes the grading practices of each preceptor. The grading practices of most of our preceptors are similar. If a preceptor is an outlier in his/her grading practices, the Undergraduate Education Grades committee may consider that information as they determine a student's final grade.

XI. Evaluation Forms:

Student Evaluation of Rotation form:

The form is available on our Blackboard site: (**Blackboard > Clerkship Documents > FORMS (including Evaluation forms) > Your Evaluation of the Rotation**). Your completion of this form enables you to give us feedback on each component of the clerkship. You will be sent this form via E*Value.

Student Evaluation of Preceptor form:

This form is available on our Blackboard site: (**Blackboard > Clerkship Documents > FORMS (including Evaluation forms) > Your Evaluation of Your Preceptor(s)**). Your completion of this form enables you to give us feedback on your preceptor(s). You will be sent this form via E*Value.

(See next page for Preceptor Evaluation of Student form that your preceptor will complete on you).

- If you worked with one preceptor the entire rotation, that is the preceptor who will evaluate you
- If you worked with more than preceptor during the rotation, you will be given an opportunity to choose on E*Value which preceptors evaluate you. We recommend you choose preceptors with whom you worked ≥ 2 days.

Preceptor Evaluation of Student form: (This is the form that your preceptor(s) will complete on you.)

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 ambulatory conditions 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 ambulatory 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 focused history that is appropriate for most ambulatory encounters.

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 a focused physical examination that is appropriate for ambulatory encounters.

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 ambulatory patients presenting with undiagnosed symptoms.

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 importance; unaware of breaches		Understands importance; recognizes most breaches		Understands importance; recognizes & notes breaches		Understands importance; avoids breaches		Understands importance; promotes protection of confidentiality among others
---------------	---	--	--	--	---	--	---	--	---

○	○	○	○	○	○	○	○	○	○
---	---	---	---	---	---	---	---	---	---

COMP14: Rate this student's knowledge, skills, and professional attributes needed for providing culturally competent care.

Cannot Assess	Significant gaps in associated knowledge, skills, or attributes		Limits in associated knowledge, skills, or attributes		Some associated knowledge, skills, or attributes		Good associated knowledge, skills, or attributes		Superb associated knowledge, skills, or attributes
○	○	○	○	○	○	○	○	○	○

COMP15: Rate this student's knowledge and skills with methods of addressing health care disparities.

Cannot Assess	Significant gaps in associated knowledge or skills		Limits in associated knowledge or skills		Some associated knowledge or skills		Good associated knowledge or skills		Superb associated knowledge or skills
○	○	○	○	○	○	○	○	○	○

XII. Recommended Texts/Videos/Resources:

There is no required textbook on this clerkship, but many resources are available on Blackboard. These include:

TEXTBOOKS AND JOURNALS:

A detailed list of helpful textbooks and journals is listed on our Blackboard site: (**Blackboard > Clerkship Documents > LECTURES, READINGS AND VIDEOS > READING AND OTHER RESOURCES > Recommended Reading**)

SELECTED REFERENCE LIST:

In addition, a selected list of evidence-based guidelines and evidence-based review articles on common conditions seen in family medicine is available at: **Blackboard > Clerkship Documents > LECTURES, READINGS AND VIDEOS > READING AND OTHER RESOURCES > Selected Reference List**

VIDEOS:

The following videos are available on: **Blackboard > Clerkship Documents > LECTURES, READINGS AND VIDEOS > HELPFUL VIDEOS > How to Conduct Different Types of Ambulatory Visits:**

- How to Conduct a Checkup Visit
- How to Conduct a New Problem Visit
- How to Conduct a Chronic Illness Visit
- How to Conduct a Behavior Change Visit
- How to Conduct a Psychosocial Visit

CASE STUDIES:

The following case studies are available on **Blackboard > Clerkship Documents > Preparing for Exams > PREPARING FOR THE NATIONAL BOARD FAMILY MEDICINE MODULAR CORE + CHRONIC EXAM > CLINICAL CASE STUDIES**

- Diabetes Mellitus
- Hypertension
- Hypercholesterolemia

- Asthma
- Checkup Visit
- Dyspepsia
- Dysuria
- Fatigue/Major Depressive Disorder
- Fever
- Smoking Cessation / Behavior Change
- Upper Respiratory Infection
- Low Back Pain

Recommended answers to questions on these case studies will be available on Blackboard during the third week of your clerkship.

XIII. Policies and procedures:

(edited 12/8/2020)

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):

Clinical Supervision of Medical Students (Policy 28.1.08):

Code of Conduct:

Compact Between Teachers, Learners and Educational Staff:

Course Repeat Policy:

Criminal Allegations, Arrests and Convictions Policy (28.1.13):

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:

Learner Mistreatment Policy (23.2.02):

Leave of Absence Policy (23.1.12):

Medical Student Access to Health Care Service Policy (28.1.17)

Medical Student Exposure to Infectious and Environmental Hazards Policy (28.1.15)

Blood Borne Pathogens (Standard Precautions Policy 26.3.06):

Institutional Policy on Infectious Disease: (Infection Control and Prevention Plan Policy 26.3.19)

Student handbook

Midterm Feedback 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):

Mandatory Respirator Fit Testing Procedure (28.2.01):

Social Media Policy (02.5.38):

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):

Technical standards:

Notice of Nondiscrimination:

Statement of Student Rights:

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

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

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

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.09

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.

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

Criminal Allegations, Arrests and Convictions Policy (28.1.13):

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.13

All BCM students currently enrolled in any SOM program must report all criminal allegations and other legal actions (as specified below) to the Associate Dean of Student Affairs within 5 calendar days of such event.

Direct Observation Policy (Policy 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

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.

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

Leave of Absence Policy (23.1.12):

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.1.12

The purposes of this policy are to:

1. define and describe circumstances in which a student may take a [Voluntary Leave of Absence](#),
2. outline student rights and obligations in the event of Voluntary Leave of Absence,
3. define and describe circumstances in which a student may be placed on an [Involuntary Academic, Administrative, or Medical Leave of Absence](#);
4. establish the authority of the [Wellness Intervention Team](#) (WIT) to determine if a student is In-Crisis and/or poses a Direct Threat that necessitates Medical Leave;
5. describe WIT responsibilities in the event that a student is in crisis or poses a Direct Threat; and
6. outline student rights and obligations in the event he or she is placed on an Involuntary Academic or Medical Leave of Absence.

Medical Student Access to Health Care Service Policy (28.1.17)

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.17

All students enrolled in the BCM School of Medicine shall receive timely access to diagnostic, preventive, and therapeutic Health Care Services. Students may be excused from educational and clinical experiences for the purposes of seeking and receiving necessary Health Care Services. A student's decision to seek health care during a foundational or clinical course should have no impact on his or her performance evaluation or grade for the course, provided the student remains able to satisfy attendance requirements as specified in the School of Medicine's Attendance and Participation Policy.

Medical Student Exposure to Infectious and Environmental Hazards Policy (28.1.15)

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&policy_number=28.1.15

The Medical Student Exposure to Infectious and Environmental Hazards Policy outlines the procedures regarding preventative education, care and treatment after Occupational Exposure (including descriptions of student financial responsibility), and the potential impact of infectious and environmental disease or disability on medical student learning activities.

BCM's Standard Precautions Policy (26.3.06) and Infection Control and Prevention Plan (26.3.19) require all BCM SOM faculty, staff, and medical students to use Standard Precautions, including proper hand hygiene and appropriate personal protective equipment, during all clinical activities in order to minimize the risk of Occupational Exposures and enhance patient safety.

In the event of any Occupational Exposure (i.e. skin, eye, mucous membrane, or parenteral contact with human blood or Other Potentially Hazardous Materials), medical students should immediately inform their supervisor and/or clinical course director and contact the Occupational Health Program (OHP) ((713) 798-7880) for further guidance regarding the procedures for care and treatment including post-exposure counseling and follow up.

Site-specific procedures for care and treatment after exposure are outlined on the OHP website:

<https://www.bcm.edu/occupational-health-program/needlestick-exposure>.

See also:

Blood Borne Pathogens (Standard Precautions Policy 26.3.06):

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=26.3.06

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 .

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

Midterm Feedback 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 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

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).

Mandatory Respirator Fit Testing Procedure (28.2.01):

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.2.01

All SOM students, including medical students enrolled in the M.D. Degree Program and visiting students participating in clinical activities overseen by the SOM, must be fit tested for a N95 Respirator prior to the start of the clinical rotation curriculum

Social Media Policy (02.5.38):

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=02.5.38

Use good ethical judgment when posting and follow all College policies and all applicable laws/regulations such as, but not limited to, the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA). Physicians and those who interact with patients should follow the guidelines promulgated by the American Medical Association. Do not post anything that would do harm to the College, its personnel, patients, or any patients treated by College faculty, staff or learners at any of the College affiliated hospital partners.

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.

Technical standards:

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.16

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

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

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

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

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

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

Why are these concepts important?

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

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

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

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

CCGG	PCRS	EPA
2.1 5.3 5.1 5.1, 5.2 5.2 2.2 4.1 4.3 4.2, 4.3, 7.3 3.1 4.1	KP3 PBLI6 PBLI1 PBLI3 PBLI7 KP4 ICS1 ICS2 PBLI8 PBLI9 PC7	EPA 7: Form Clinical Questions and Retrieve Evidence to Advance Patient Care
5.2 4.3 7.1 1.2, 1.8 6.2 7.2	PBLI7 ICS2 ICS3 P3 PC8 PBLI5	EPA 8: Give or Receive a Patient Handover to Transition Care Responsibility

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

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

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

XIV. Interprofessional Education

Interprofessional Education (IPE), defined as learning about, with or from other disciplines, is an important part of the BCM curriculum.

At some preceptor sites, you will work with other health professions students.

In this course, more formal IPE activities are currently under consideration.

XV. Frequently Asked Questions:

1. What do I do if I am unable to come in one day?

- a. If you are ill or have a personal emergency:
 - 1) Please contact your preceptor to report your absence.
 - 2) Please also email Ms. Elvira Ruiz (eruiz@bcm.edu) to report your absence.
- b. For excused absences (e. g. – presenting a poster at a national meeting) or any other potential planned absence that does not meet the requirement for an excused absence, please also contact the Clerkship Director in advance.

2. What if there are hazardous road conditions affecting my commute to my preceptor's office?

- In the event of an acute weather event (heavy rain, hurricane, ice storm) which may result in flooded or icy roads, please stay informed regarding the progress of the weather event on the news and weather websites. Consider what effect they may have on your commute to your preceptor's office. Travel conditions are available from the Houston Transtar website (<https://www.houstontranstar.org/>).
- Please follow the status of the College on BCM intranet page (intranet.bcm.edu) or by calling 713-798-4444. If the College closes, you are not expected to be at your preceptor site
- If the College remains open, **your personal health and safety are the highest priority in your making the decision whether to travel to your preceptor's office or not**
 - On a given morning, if flooded or icy roads have developed overnight which will impair your ability to get to your preceptor's office safely, please do not go at that time. Please inform your preceptor and Ms. Ruiz that you will not be able to come to your preceptor's office at that time.
 - Or if you start to travel to your preceptor's office and you encounter high water or other hazardous condition, please turn around and go home. Please do not drive through any high water! Please inform your preceptor and Ms. Ruiz that you will not be able to come to your preceptor's office at that time.
 - However, in either case, please continue to monitor the weather situation, since the road conditions may improve and it may be safe to travel to your preceptor's office later in the day.

- Conversely, when you are at your preceptor's office, please monitor the weather situation and road conditions. If hazardous road conditions start to affect the highway or roads you use to travel home, please inform your preceptor and you may leave early that day.

3. **What counts towards my 80 hour work week?**

The time spent in clinical care activity with your preceptor.

4. **Should I go to Grand Rounds?**

You are welcome to attend Grand Rounds, but your attendance is not required.

The Department of Family and Community Medicine Grand Rounds occur on the second Tuesday evening of each month. During the COVID-19 pandemic, Grand Rounds is offered via Zoom. We will inform you of the topic and time for Grand Rounds for your rotation.

5. **What should I do I have been mistreated but I don't feel comfortable reporting it?**

Please see section XIII. Policies and Procedures, Reporting Mistreatment and Breaches in Professional Behavior in this Overview Document.

- Students should report all mistreatment to the Integrity Hotline at 855 764-7294 or go to the Integrity Hotline Web Portal: <https://secure.ethicspoint.com/domain/media/en/gui/35125/index.html>
- For more information see the student handbook available at: <https://www.bcm.edu/education/academic-faculty-affairs/student-services/student-grievances>

If you are comfortable sharing your concern, we also encourage you to discuss it with:

- The Associate Dean for Student Affairs (Dr. Joseph Kass) or the Assistant Deans for Student Affairs (Dr. Lee Poythress or Dr. Andrea Stolar) or
- The Family and Community Medicine Clerkship Director (Dr. William Huang) or the Chair of the Department of Family and Community Medicine (Dr. Roger Zoorob) or
- The BCM Office of the Ombudsman at ombudsoffice@bcm.edu or (713) 798-5039

We encourage you to report concerns of mistreatment to one of these individuals so that your concerns may be investigated, and appropriate action can be taken as needed.

5. **What if I have an outstanding preceptor who deserves further recognition?**

You can nominate him/her for a PEAR award at the link below. PEAR awards were created as a student-led initiative to allow students to recognize educators.

<https://form.jotform.com/202256428683055>

6. **What if I am interested in Family Medicine as a career?**

For students more information about Family Medicine as a career, please feel free to reach out to the Family Medicine Interest Group and the Specialty-Specific Mentors listed below.

The Family Medicine Interest Group (FMIG) at BCM gives students the opportunity to learn more about family medicine as a career. For more information about meeting times, please contact the current FMIG leader, Kevin Guan (Kevin.Guan@bcm.edu).

Faculty in the Department of Family and Community Medicine are also willing to discuss your interest in family medicine with you. The two designated specialty-specific mentors are:

Eric T. Lee, MD (etlee@bcm.edu)

Eric T. Warwick, MD (etw@bcm.edu)

The Clerkship Director, William Y. Huang, MD (williamh@bcm.edu) is also willing to discuss your interest with you.

Information about Specialty Specific Mentors, as well as links for Academic Support and Student Success resources are available on the Curriculum Office and Student Affairs organization Blackboard site.

Appendix 1: E*Value Direct Observation: Instructions for Students

E*Value Direct Observation: Instructions for Students

During this clerkship, we ask that you launch one (1) **Direct Observation form** 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, select the correct program; click continue.
3. Select your CURRENT Core Clerkship for Program (**BCM, Core Clerkship-XX** (screen shot #1))
4. Choose Ad Hoc from the choices on the screen (screen shot #2)
5. On the next screen complete the following: (screen shot #3)
 - a. Select an Evaluation type: **Who Observed You?**
 - b. Who would you like to evaluate you?: (Not Applicable)
 - c. Activity: **Direct Observation**
 - d. Time Frame: **AD HOC, Term XX** (choose the appropriate month for the rotation you are taking).
 - e. Click **Next→**
6. To select the name of the person who observed you, (screen shot #4)
 - 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**
7. You will see a message that says **Thank you for completing this evaluation.** (screen shot #5)
8. 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

Screen Shot #5

