

Baylor College of Medicine®

**Ophthalmology Selective Rotation
Course Overview Document
Revised 4.23.2021**

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I. Introduction/Selectives Overview:

1. Demonstrate how to perform an 8-point eye exam (CCGG 2.1, 3.5)
2. Develop a basic differential diagnosis for abnormal eye exam findings (CCGG 3.3, 3.8)
3. Recognize common ophthalmic emergencies (CCGG 3.2, 3.5, 3.8)
4. Acquire knowledge of basic principles of ophthalmic care and surgery (CCGG 2.1).

The goal of the Ophthalmology selective experience is to both familiarize the medical student with the field of Ophthalmology as a subspecialty of medical practice as well as to provide some specific information on important ophthalmic skills and diseases. The clinical rotations are to allow the student to practice their ophthalmic examination skills, participate in the clinical care of ophthalmic patients, and to obtain an understanding of what an ophthalmic practice entails. The student will also have the opportunity to observe ophthalmic surgical procedures and participate in department conferences.

The Lecture Series includes:

1. The Examination of the Eye and Adnexa
2. Evaluation and Management of the Red Eye
3. Evaluation of Sudden Vision Loss
4. How to Deal with an Injured Eye
5. An Exposure to Pediatric Ophthalmology and Strabismus

II. Contacts, Site Information, and Helpful Numbers:

A. Clinical Sites

Students will be assigned to one of three clinical sites for the entire two week rotation.

- Ben Taub Ophthalmology Clinic
Ben Taub Tower, 5th floor
1504 Taub Loop
Houston, TX 77030
713-873-3303
- Eye Clinic (Eye Care Line), 1st floor, close to Green Elevators
Michael E. DeBakey Veterans Affairs Medical Center
2002 Holcombe Blvd.
Houston, TX 77030
713-791-1414, ext 2740
- Ophthalmology Clinic
Mark Wallace Tower, 5th Floor
Texas Children's Hospital
6701 Fannin Street
Houston, TX 77030
832-822-3230

These three settings provide a diversity of patient experiences in Ophthalmology both clinical and surgical.

B. Selective Lectures

All core selective lectures will be given at: (unless instructed otherwise)

Cullen Auditorium
Neurosensory Tower, NC 202
6565 Fannin Street
Houston, TX 77030

Friday morning lectures for the residents are given at: (unless instructed otherwise)

Jamail Specialty Center
4th floor conference room
1977 Butler Blvd
Houston, TX 77030

C. Selective Office Contacts

Selective Coordinator: Claireese Kimmons (Claireese.Kimmons@bcm.edu)
713 798-4299
Selective Director: Lauren Blieden, MD (blieden@bcm.edu)
pager 832 779-1558

D. Site Contact Information

Each clinical site has a director who is responsible for the student's experience at that site.

Ben Taub General Hospital

Site Coordinator: Dr. Christina Weng (Christina.weng@bcm.edu)

Michael E. DeBakey Veterans Affairs Medical Center

Site Coordinator: Dr. Kristin Biggerstaff (Kristin.schmid@bcm.edu;
Kristin.biggerstaff@va.gov)

Texas Children's Hospital

Site Coordinator: Dr. Amit Bhatt (abh@bcm.edu; arbhatt@texaschildrens.org)

All clinical sites have resident/staff break areas that are secure, please ask the Site Director or one of the residents if you have trouble locating the break area.

III. Baylor College of Medicine Teacher-Learner Compact

Learners pursuing a professional career at Baylor 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 BCM 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 the individual respect, all educational parties must respect and follow established professional policies.

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 faculty, learners, and staff can communicate any concern about breaches of this compact
- **Accept responsibility** for instilling these attributes in learners and faculty for whom I have responsibility

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 faculty, learners, and staff can communicate any concern about breaches of this compact

IV. BCM Core Competency and Graduation Goals (CCGG)

1. Professionalism

Each student graduating from BCM will:

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

2. Medical knowledge

Each student graduating from BCM will:

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

3. Patient care

Each student graduating from BCM will:

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

4. Interpersonal and communication skills

Each student graduating from BCM will:

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

5. Practice-based learning and improvement

Each student graduating from BCM will:

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

6. Systems-based practice

Each student graduating from BCM will:

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

7. Leadership

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

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

V. Selective Objectives Mapped to CCGG (and modes of assessment):

The educational objectives of the selective rotation in Ophthalmology are aligned with the Core Competency and Graduation Competencies for Baylor College of Medicine.

Medical Program Objective(s)	Related Selective Objective	Clinical Experience	Mode of Assessment Formative	Mode of Assessment Summative
2.1, 3.5	Demonstrate how to perform an 8-point eye exam	Lecture Clinical - Observe	Quiz, direct observation form	
3.3, 3.8	Develop a basic differential diagnosis for abnormal eye exam findings	Lecture Clinical - Observe	Quiz	
2.3, 3.2, 3.5,	Recognize common ophthalmic emergencies	Lecture Clinical - Observe	Quiz	
2.1	Acquire knowledge of basic principles of ophthalmic care and surgery	Lecture Clinical - Observe	Quiz	

Students are expected to achieve these objectives by the end of the two week selective rotation in addition to attending the daily lectures and passing the quiz.

The goals and objective document is available to the student through E-Value.

VI. You Said, We Did:

We value your feedback and the following changes have been made in response to student concerns and suggestions. Selective course changes for 2017-2020:

	You Said	We Did
2017	We would like course content and lecture put on Blackboard	We put all important course documents and lecture content on Blackboard
2018	We would like a formal orientation to clarify the schedule and expectations	We standardized the orientation process with a student attestation as well as placed all documents related to daily logistics on Blackboard
2018	Dashboard indicates a perceived lower level of patient interaction compared with other selectives	Met with site directors to emphasize expectations at the initial orientation, reminding the students the level of experience we expect them to have over 10 days of exposure to our field.
2018	We would like more feedback	Site directors will emphasize the feedback sessions given during the rotation upon completion of the Direct Observation form.
2019	We would like access to recorded lectures	We narrated the lectures and moved them online

VII. Student Roles, Responsibilities and Activities:

A. General

Before the Rotation Begins

- Students will be contacted 4-6 weeks prior to the start of the selective by the Ophthalmology administrator to inform them of their location assignment along with the lecture schedule and course overview documents.
- The student is responsible for obtaining the necessary identification badges and computer access prior to the first day of the rotation.
- The student should contact the Site Coordinator at the site where they are assigned for instructions for the first day of the rotation. Please see section III for contact information.
- Review and attest to the completion of site orientation on Blackboard.

Roles and Responsibilities

- The student will participate in all educational and clinical activities while on the rotation.
- The student will be expected to function as part of the health care team or as an assistant if paired with a single clinical faculty.
- The student is expected to behave in a professional manner in all settings in concordance with the guidelines of the College of Medicine.

Dress Code:

- As representatives of Baylor College of Medicine and the Department of Ophthalmology, you are all expected to uphold a professional level of conduct and appearance in all settings.
- Always keep your BCM ID/student badge in clear view
- Attire for clinical duties: professional attire, slacks, dresses/skirts at/below the knee (keeping in mind some styles may restrict movement at the slit lamp), close-toed shoes. Clean scrubs are permitted in the public clinics.
- Not permitted: yoga pants, sweat pants, worn out or frayed clothing, shorts of any kind, short skirts, exposed undergarments, or dirty anything...especially your white coat!

Lecture attendance/Lecture Quiz: Students must complete the online didactic series, and pass the lecture quiz as proof of completion.

Lecture Quiz: The student must pass the lecture quiz (case-based questions covering lecture topics) with at least 70%. If the student fails to pass the quiz, the student must retake and pass with a satisfactory grade of 70%. Only 2 attempts will be allowed. If the student does not pass the quiz on the second attempt, the grade for the rotation will be marked as “deferred” until the student submits a paper on a selected list of topics. The paper will be 6 pages, double-spaced 10 pt font with references and must be submitted to Dr. Blieden within 2 months of failing the second quiz attempt..

FAILURE TO NOTIFY THE COURSE DIRECTOR OR ADMINISTRATOR ABOUT AN ABSENCE WILL BE CONSTRUED AN UNPROFESSIONAL BEHAVIOR. UNEXCUSED ABSENCES WILL BE CONSIDERED UNPROFESSIONAL BEHAVIOR.

Call Requirement

- There is no call requirement

Clinical portion:

- Students are expected to see patients in clinic and perform an ophthalmic exam, observe ophthalmic surgery in the OR, and attend all departmental lectures as indicated on the schedule.
- Clinic hours are Monday-Friday 8AM-5PM. Students are expected to be in clinic during clinical hours except for DDASH, CABS, surgery rotation examinations, and other medical school-related obligations.
- Complete evaluations of your preceptors, residents, and the Selective overall via E*value (E*Value Who Did You Work With function)
- **Direct Observation for Clinical Students:** Students, at some time during the rotation, must be directly observed performing all 8 points of the eye exam. Documentation of this observation (Passport - Direct Observation Form –

Ophthalmology Selective) must be signed off by student and faculty and submitted on Blackboard or by email to Claireese Kimmons (Claireese.Kimmons@bcm.edu) prior to the end of the rotation. If the Clinical Passport is not turned in, the student will receive a grade of “incomplete” until the documentation is complete.

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B. Clinical Problem List (Passport):

- Each student will be expected to encounter a minimum number of ophthalmic conditions during the rotation which are listed below:
 - **Decreased vision**
 - **Cataract**
 - **Diabetic retinopathy**
- Each student will be expected to observe and/or assist in **at least 1 ophthalmic procedure in the operating room.**
- Please log these into your **Passport - Clinical Experiences Form** and have them signed/dated by an upper level resident or attending. Submit this form on Blackboard or by email to **Claireese. Kimmons** (Claireese.Kimmons@bcm.edu), prior to the end of the rotation. If the Clinical Passport is not turned in, the student will receive a grade of “incomplete” until the documentation is complete.

VII. Schedules:

The learning objectives are listed in the Course Overview document which is available on Blackboard.

- The rotation schedule outlining daily activities for each clinical site is listed under the site specific folder on Blackboard.
- The selective course will be two weeks in duration, beginning on a Monday and ending on a Friday
- The student is expected to be at all academic and clinical activities from Monday through Friday
- There are no responsibilities for the students on the weekends
- The student is encouraged to attend any resident lectures, labs, or departmental academic activities while on the rotation
- A sample schedule is outlined below:

	Monday	Tuesday	Wednesday	Thursday	Friday
7am-8am	Selective Lecture	Selective Lecture	Selective Lecture	Selective Lecture	Selective Lecture
AM	Clinic/OR	Clinic/OR	Clinic/OR	Clinic/OR	8a-12p

					Resident Didactic/Grand Rounds
PM	Clinic/OR	Clinic/OR	Clinic/OR	Clinic/OR	Clinic/OR
*optional (if duty hours permit)		*resident lecture (optics, retinal imaging, neuro, etc), usually starts around 6-6:15 until 730			

IX. Grades:

- Feedback and Evaluation
 - There is a lead, experienced faculty member at each clinical site who is responsible for the composite evaluation of the student on the selective based on their direct clinical observations and interactions taking into account comments from residents or other faculty that the student may have closely interacted with. This maintains consistency in evaluation across time. These evaluations are then submitted to the Course Director for final review and adjudication
- Each student will meet with their site director at the beginning of the rotation to review the rotation structure, goals, and objectives
- Each student will be required to be observed doing an eye examination at some time during the 2 week period. **Failure to submit the Clinical Passport will result in a grade of “incomplete” in the course** The Clinical Passport contains 2 components: a direct observation form for clinical exam skills and the Clinical Experiences Form documenting the core clinical encounters on the Ophthalmology rotation. The completed Clinical Passport must be completed, signed off by faculty, and submitted through Blackboard or emailed to Claireese Kimmons (Claireese.Kimmons@bcm.edu) by the end of the rotation to receive credit for the rotation.
- Formative feedback will be given to the student when solicited throughout the rotation based upon the student’s performance
- The students’ performance will be discussed with the student at the end of the rotation prior to complete of the student’s evaluation
- The clinical site preceptor will complete the student performance evaluation form through e*Value at the end of the rotation
- Subsequent reminder E-mails will be sent to assure of completion of the student evaluation in compliance with the guidelines of the College of Medicine
- The student will be able to also evaluate the course, preceptor, other clinical faculty, and residents in a confidential fashion though the E-Value system at the end of the rotation
- The student’s clinical performance will be graded using the evaluation form at the end of the rotation and an overall clinical grade will be assigned

The grading rubric for the selective rotation will be Honors, High Pass, Pass, Marginal Pass, and Fail. A grade of “incomplete” will be given as specified above.

Requirements	% of Final Grade	Minimum Score to Pass
Lecture examination	NA	Must achieve a minimum score of 70% to get credit, but exam score is not a portion of final grade. If the student fails to score 70%, a second attempt is allowed. If the student fails both attempts, then a paper must be completed and turned in within 2 months of the second failed quiz attempt
Clinical performance evaluation by Site Director	100%	
Completed Clinical Passport (Direct Observation/Clinical Experiences Form)	NA	Completion of this document is required for satisfactory completion of the clinical portion of the selective. Failure to complete will result in a grade of an “Incomplete” to the registrar.

Final Grade:

The clinical performance evaluation consists of 10 competencies, each on a 9 point scale the sum of which will be averaged to give a final grade. (Please see section X – Evaluation forms)

The clinical performance grade will be assessed using the following scale:

Honors	75 - 90
High Pass	68 - 74
Pass	40 - 67
Marginal Pass	30 - 39
Fail	< 30

*Until December 2020, all students will be graded PASS or FAIL

Note:

- Absences or lapses in professionalism may result in a lesser final grade given to the student or course failure.

FAILURE TO NOTIFY THE COURSE DIRECTOR OR ADMINISTRATOR ABOUT AN ABSENCE WILL BE CONSTRUED AN UNPROFESSIONAL BEHAVIOR. UNEXCUSED ABSENCES WILL BE CONSIDERED UNPROFESSIONAL BEHAVIOR.

- The student may verify or dispute their final grade based upon the policy delineated in the Grade Verification section.
- The student may refer to the policy on course failure in the instance that a failing grade is received.
- If a student fails the course, they may be required to repeat it in compliance with school policies.

- The student will be required to complete the course requirements if an “incomplete” grade is given.
- Grades will be posted to the Registrar by 4 weeks after the course has ended as per the BCM SOM Timeliness of Grades Policy

Grade Distribution 2018

Grade Description	Approximate % of students in academic year
Honors (H) – Exceptional performance in all areas	76.3%
High Pass (HP) – Performance exceeds the Pass requirements but does not reach Honors level	18.6%
Pass (P) – Satisfactory overall performance	5.1%
Marginal Pass (MP) – Minimal performance standards for a pass	0%
Incomplete (I) – Temporary grade given when a student is unable to complete the requirements of the rotation 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	

X. Evaluations:

- Evaluations of students will be submitted through E*value and will be based on clinical observation and experiences and entered by the Clinical Site Director
- Students are encouraged to submit an evaluation for the clinical selective and the faculty site director

A. E*Value – Student Evaluation Form

What is the basis for your evaluation of this student? (please check all that apply)

(Question 2 of 17 - Mandatory)

Selection	Option
	Review patient write-ups
	Observation - history taking, physical exam,
	Case presentation
	Procedures
	Discussion about the student with other evaluators

	Didactic session
--	------------------

Please estimate the amount of contact you had with this student. (Question 3 of 17 - Mandatory)

1-2 days 3-4 days > 4 days

Within the last year, have you reviewed the learning objectives for students in this selective? (Question 4 of 17)

No Yes

PROF: Do you have any concerns about this student's professionalism (e.g., fulfills responsibilities; demonstrates respect toward patients, physicians and ancillary staff; accepts and integrates feedback)? (Question 5 of 17 - Mandatory)

No Yes

PROF: Please provide specific comments regarding professional behavior (either serious concerns requiring remediation or exemplary behavior) (Question 6 of 17)

The next ten questions ask you to consider the level of student achievement of specific competencies in this selective, including knowledge of medicine, skills and abilities in patient care, communication skills, and others. Please rate this student's competency regardless of their year in medical school. As a result, students in later years may appear more competent and score more to the right of the scale below.

COMP1: Rate this student's knowledge of pathophysiology and diagnosis of diseases common to the patients seen in your specialty. (Question 7 of 17 - Mandatory)

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 diseases of the patients seen in your specialty. (Question 8 of 17 - Mandatory)

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

COMP3: Rate if this student knows how to choose proper tests, diagnostic procedures and imaging techniques related to the patient's encounter. (Question 9 of 17 - Mandatory)

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 encounters on this selective.

(Question 10 of 17 - Mandatory)

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: Please rate this student's ability to perform a focused physical examination that is appropriate for encounters in your specialty *(Question 11 of 17 - Mandatory)*

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

COMP6: Rate this student's ability to accurately interpret findings from the history, physical examination and diagnostic studies. *(Question 12 of 17 - Mandatory)*

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

COMP7: Rate this student's ability to prioritize problems and to formulate a problem list on this selective. *(Question 13 of 17 - Mandatory)*

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

COMP8: Rate this student's verbal patient presentations. *(Question 14 of 17 - Mandatory)*

Cannot Assess	Disorganized and unfocused		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. (Question 15 of 17 - Mandatory)

Cannot Assess	Disorganized and 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: The student identifies indications, demonstrates knowledge of steps, and performs basic procedural skills in this selective. (Question 16 of 17)

Cannot Assess	Little knowledge about or skill with procedures		Some knowledge about or skill with procedures		Mostly complete knowledge about procedures; skill adequate		Good level of knowledge about procedures; strong skills		Superb level of knowledge about procedures; advanced skills

B. Clinical Passport: Direct Observation Form/Clinical Experiences Form

BCM Medical Student Direct Observation Form: Ophthalmology Selective

*Instructions: faculty preceptors or supervising residents may complete this form when observing all of a patient's physical exam. Students should complete and turn in this form at the end of their 2 week selective. It is the students' responsibility to ensure that the form is completed and submitted.

<i>Student:</i>				Student signature:	
<i>Clerkship: Ophthalmology Selective</i>				Term:	
	Below Expectations	Meets Expectations	Above Expectations	Faculty Observer	Feedback for Improvement and/or Action Plan
Visual Testing				Initials:	
1. Distance vision					
2. Near Vision					
External Exam				Initials:	
1. External Penlight Exam					
2. Lid Eversion					
3. Tactile Pressure					
Visual Field				Initials:	
1. Finger Confrontation					
Motility				Initials:	
1. Alignment Assessment					
2. Duction & Version Testing					
Pupil Exam				Initials:	
1. Light					
2. Near					
3. RAPD					
Fundus Exam				Initials:	
1. Performs Ophthalmoscopy					
2. Correctly Identifies structures (optic nerve, macula, vessels)					

Observation during Physical Exam <ul style="list-style-type: none"> Identifies normal/abnormal findings 				Initials:	
<ul style="list-style-type: none"> Able to develop a basic plan 					
Professional Behavior <ul style="list-style-type: none"> Recognizes weaknesses and accepts constructive feedback Courteous and respectful to patient and family 				Initials:	

Supervising Faculty/Resident Signature:

Supervising Faculty/Resident Name:

Date of completion: _____

Medical Student Signature indicating completion of the form:

Medical Student Name:

Ophthalmology Administrator initials indicating receipt: _____

Date of Receipt: _____

Clinical Experiences Form

Baylor College of Medicine

Clinical Experiences Form

__Ophthalmology__ Selective

CLINICAL LOG REQUIREMENTS

ALTERNATE EXPERIENCES SHOULD ONLY BE LOGGED IF STUDENT HAS NOT MET THE MINIMUM LEVEL OF RESPONSIBILITY

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.

Patient Type/Clinical Condition	Procedure/Skills	Clinical Setting(s)	Level of Student Responsibility	Minimum # Required	Alternative Methods Used for Remediating Clinical Encounter Gaps	Faculty/Upper Level Resident attestation/date
Decreased Vision	History, 8 pt eye exam	Ambulatory	Perform	1	Review lecture series on Blackboard: "evaluation of a patient with decreased vision"	
Edit:						
Cataract	History, 8 pt eye exam	Ambulatory	Assist	1	Review lecture series on Blackboard: "evaluation of a patient with decreased vision"	
Edit:						
Diabetic Retinopathy	History, Funduscopy	Ambulatory	Assist	1	Review: https://eyewiki.aao.org/ophthalmoscopy_for_medical_students_and_primary_care_physicians	
Edit:						
Ophthalmic Surgery	Ophthalmic Surgery	Inpatient/OR	Observe	1	www.aao.org www.eyewiki.org	

Level of Student Responsibility:

Perform: The student performs the history, physical and/or mental status exam, and formulates the differential diagnosis and suggests the appropriate course of treatment under supervision of the preceptor, resident, or attending. For procedures, the student plays a primary role in performing the indicated procedure under supervision of the preceptor, resident, or attending.

Assist: The student participates with a supervising physician (resident or attending) in interviewing, and/or examining a patient, or performing a procedure. The student may perform a portion of the history, physical and/or mental status exam or participate in a procedure in a secondary role. The student does not play an active role in diagnosis or treatment decision-making.

Observe: The student observes others interacting with, and/or examining a patient, or performing a procedure, but the student does not participate directly in the process. This is a passive experience from the standpoint of the interaction of the learner and patient.

Medical Student Signature indicating completion of the form:

Medical Student Name:

Ophthalmology Administrator initials indicating receipt: _____

Date of Receipt: _____

XI. Recommended Educational Resources:

Lecture material is provided to the students at the beginning of the rotation and is available on Blackboard. An additional valuable reference sources can be found at the following websites:

<http://www.opthobook.com/>

<http://www.aao.org>

<http://www.eyewiki.org>

XII. Policies (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.

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

Academic Workload in the Foundational Sciences Curriculum (Policy 28.1.09):
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.09

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

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

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

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

Alternative Educational Site Request Procedure (Policy 28.1.10):
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.10

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

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

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

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

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

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

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