



**Obstetrics and Gynecology
Sub Internship
Course Overview Document
2020-2021**

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Introduction/Sub-Internship Overview:

Students are encouraged to take the course between January of the third year and December of the fourth year. The sub-internship experience occurs as part of the labor and delivery (L&D) teams at Texas Children's Hospital Pavilion for Women (PFW) and Ben Taub Hospital (BTH), and is modeled after the role of the OB/GYN intern on L&D. The student is assigned to either the L&D team at BTH or at PFW. The student is responsible for performing all intern level activities including, but not exclusive to: admit patients, evaluate all medical problems, manage labor, and formulate a therapeutic plan under supervision. The sub-intern will demonstrate the ability to counsel and educate patients during labor, postpartum, and in anticipation of discharge. She/he will be responsible for interpreting fetal heart rate tracings and formulating a plan of care for an abnormal tracing. She/he will be responsible for cross-coverage of postpartum patients during labor and delivery shifts or calls. Night call will be taken on Friday evenings of weeks 1-3 and on Thursday night of week 4.

Clinical Sites:

- A. Ben Taub Hospital, Labor & Delivery Team
- B. Texas Children's Hospital Pavilion for Women, Labor and Delivery Team

Contact and Site Information:

OB-GYN Sub-I Director	Kelli Barbour, MD, MSc, MA	kelli.barbour@bcm.edu 832-826-8016 6651 Main St. F1020
Assistant OB-GYN Sub-I Director	Jocelyn Greely, MD	greely@bcm.edu 713-873-8794 1504 Taub Loop 3F
OB-GYN Sub-I Coordinator	Tiara Gatewood, MA	gatewood@bcm.edu 832-826-8014 6651 Main St. F1020

Information for students interested in OBGYN Specialty.

If you are interested in the OBGYN specialty, including the GOBIG interest group, please contact Ms. Diane Jensen at 832.826.7373 or dxjensen@texaschildrens.org;

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 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.

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.

Baylor College of Medicine Core Competencies and Graduation Goals

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 inter-professional 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 inter-professional 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

Rotation Specific Goals and Objectives for SIVIC Curriculum

Sub-Internship Objective	Mode of Teaching	Mode of assessment	
		Formative	Summative
Objective 1: Demonstrate a commitment to accountability, excellence in practice, adherence to ethical principles, humanism, altruism, and sensitivity to diversity			
Professionalism 1.3, 1.4, 1.5	Sub-Internship Virtual Integrated Curriculum (SIVIC)		Participation
Objective 2: Recognize signs/symptoms of clinical deterioration outline methods of initial treatment and make appropriate decisions about disposition.			
Patient Care 3.8, 3.9	Sub-Internship Virtual Integrated Curriculum (SIVIC)		Module Completion
Objective 3: Demonstrate interpersonal communication skills that result in information exchange and collaboration with patients, their families, and colleagues.			

<i>Interpersonal and Communication Skills 4.1, 4.4</i>	Consult Workshop	Consult Workshop Assignment	Participation
Objective 4: Execute safe transitions of patient care between shifts and upon admission and discharge from the hospital			
<i>Interpersonal and Communication Skill 4.4 System-Based Practice 6.2</i>	Handoff Workshop Discharge Workshop	Discharge Workshop Assignment	Participation

Relationship of Sub-Internship Objectives to College of Medicine Graduation Competencies and Educational Program Objectives:

Medical Program Objective(s)	Related Sub-Internship Objective	Mode of Teaching	Mode of Assessment	
			Formative	Summative
1.3, 1.4	Demonstrate compassionate patient care and advocate for patients within the context of the healthcare system	Clinical Experiences	Passport	Student Performance Assessment Form
1.6, 3.2	Organize and prioritize responsibilities to complete coursework and provide patient care that is safe, effective and appropriate	Clinical Experiences	Passport	Student Performance Assessment Form
3.8, 3.9	Recognize signs/symptoms of clinical deterioration, outline methods of initial treatment, and make appropriate decisions about disposition	Clinical Experiences	Passport	Student Performance Assessment Form
3.10	Develop and execute patient management plans, including entering orders and writing prescriptions	Clinical Experiences	Passport	Student Performance Assessment Form
4.1, 4.4	Demonstrate interpersonal communication skills that result in effective information exchange and collaboration with patients, their families, and colleagues	Clinical Experiences, Academic half day	Passport	Student Performance Assessment Form
3.9, 5.3	Use evidence based medicine and self-directed learning in the care of patients and education of others	Clinical Experiences	Presentation, Passport	Presentation, Student Performance Assessment Form
5.1, 7.2	Demonstrate the ability to seek, accept and integrate feedback; self-aware of performance with respect to self-improvement	Clinical Experiences, Midterm feedback	Passport	Student Performance Assessment Form, Professionalism Rubric
6.2, 4.4	Execute safe transitions of patient care between shifts and upon admission and discharge from the hospital	Clinical Experiences, Academic half day	Passport	Student Performance Assessment Form
3.1, 7.1	Collaborate as a member of an interprofessional team to facilitate patient care	Clinical Experiences	Passport	Student Performance Assessment Form
4.2, 4.3	Demonstrate written communication skills that result in effective information exchange with all members of the health care team	Clinical Experiences	Passport	Student Performance Assessment Form

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:
2016	Request for voalte phone while on L&D at PFW.	Sub-I student now has a TCH voalte phone to use when covering L&D at PFW.
2016	Rotation only at one hospital, not two weeks at each.	Sub-I student now spends all four weeks at either PFW or BTH.
2016	Continue to orient all patient care team members to the sub-intern.	Role of sub-intern sent annually to nursing staff at both sites. Residents and faculty are also reminded each rotation to the role of the sub-intern.
2017	Did not have enough experience writing orders for own patients	Educated residents and faculty regarding ability to pend orders for co-signature. Encouraged teams to involve sub-I in order writing
2017/2018	Need for further role clarification to team members regarding sub-I role	Role of sub-intern now sent at the start of each rotation to nursing leadership with the students name and dates of the rotation.
2018	Passport too generic and does not contain any ob-gyn specific items.	Sub-I wide decision to stop requiring the clinical experiences form. Adapted passport to be more ob specific.
2018	Limited opportunities in private setting	Residents and faculty are sent the role of the sub-intern with each rotation. Level of participation available may vary with volunteer faculty.

Student Roles, Responsibilities, and Activities

General:

Role:

The sub-I will demonstrate obstetrics and gynecology intern level knowledge, attitudes, and skills.

The sub-I is assigned to a Labor and Delivery team, four weeks at Ben Taub Hospital or four weeks at Pavilion for Women

The sub-I admits patients, evaluates all medical problems, manages labor, and formulates a therapeutic plan under supervision.

Sub-intern medical students are responsible for rounding on 4-6 postpartum patients daily and carrying/managing up to 4-6 (about 1/3) of all patients on the team

Sub-I chart documentation is reviewed by the supervising resident (not intern) and attending

Sub-I's are responsible to contact the supervising resident after evaluating a new patient, and at other times as requested by resident to ensure patient safety. Sub-intern medical students are expected to take responsibility for their patients as demonstrated by: making and updating a problem list, formulating an assessment including a differential diagnosis and a plan, participating in procedures (vaginal or cesarean delivery, postpartum tubal ligation, or long acting reversible contraceptive placement), leading the discussion on rounds, requesting consults, following-up studies, updating patient list daily, writing orders and prescriptions, giving and receiving effective check-out, providing cross cover to team patients, facilitating discharges.

Responsibilities

- Taking on primary responsibility for the patient.
- Focusing histories, physicals, and oral and written communication appropriately.
- Sharing information effectively with a patient and family.
- Prioritizing and organizing work effectively.
- Anticipating what a patient will need during the course of hospitalization (i.e. when they need to be re-examined, when a lab needs to be repeated, when additional therapy is necessary, when additional history needs to be obtained, discharge criteria) and communicating this information effectively in hand-overs.
- Re-evaluating a patient when you take on their care (i.e. the assessment and plan, as well as the clinical status) and looking further when the clinical picture does not fit.
- Continuing to think about and re-assess the patient during the course of the day.
- Coping with uncertainty in patient care issues (i.e. knowing what you know and what you don't know, accessing best resources, and knowing when and how to get help).
- Functioning as a "team player" with residents, attendings, nurses, ancillary staff and all others involved in the care of the patient.
- Coordinating the care of your patient during hospitalization and in planning for discharge.
- Completion of the SIVIC virtual curriculum.

Evidence Based Medicine Assignment:

- Choose obstetric journal article of interest based on a patient during the month
- Use provided tools to critically appraise article
- Presentation to L&D team at morning sign out
- Lack of completion will affect grade (see grading rubric)
- Use of standardized evaluation form for grading

Independent Study Module: Discharge Instructions:

- In Sub-Internship Academic Half-Day curriculum navigate to Independent Study Module: Discharge Instructions (under Course Content)

- Complete Pre-test first
- Complete Giving Discharge Instructions Module
- Complete Post-Test
- Lack of completion will affect grade (see grading rubric)

Student Escorts within the TMC Campus

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

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

For a Safety Escort call 713-795-0000

Role clarification form for L&D:

Labor and Delivery Sub-Intern (sub-I) Medical Student role

The labor and delivery sub-intern medical student is a third or fourth year student who has completed their core clerkship rotation. Most often, these students plan to apply to obstetrics and gynecology residency programs. Their responsibilities are similar to those of an intern with supervision by upper level residents and faculty.

The sub-I will demonstrate obstetrics and gynecology intern level knowledge, attitudes, and skills.

The sub-I admits patients, evaluates medical problems, manages labor, and formulates a therapeutic plan under supervision.

The role of the sub-I in labor management includes: routine patient assessment, assessing labor progress by cervical exams, ultrasound for presentation.

The sub-intern may also perform rupture of membranes or place of internal fetal monitors with guidance or supervision, and as well as actively participate in procedures including vaginal or cesarean deliveries, perineal laceration repairs, or postpartum bilateral tubal ligation.

Sub-Is are responsible for contacting the supervising resident after evaluating new patients and at other times to ensure patient safety.

Sub-Is can write and pend orders for co-signature by a resident or faculty.

The Sub-I may answer pages and communicate with nursing via Voalte/Cisco phones. They will often be the first line of contact, simulating the responsibilities of an intern.

Direct Observation:

It is required that your supervising faculty/resident observe you performing one focused history and a focused physical examination on an actual patient by midpoint of your sub-internship. Their 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 supervising faculty/resident so that he/she can complete this form after observing you.

Passport Observation forms are provided at orientation, available on course blackboard site, brought to Midterm Feedback (MTF) for review, and must be turned in to the course coordinator by the end of the rotation. The bottom of the form “midterm feedback” should be completed by the supervising faculty/resident prior to your formal midterm feedback session with the course director.

Student Name _____ Student ID _____

BCM Sub-Intern Passport Attending Observation

I observed the sub-intern meeting the <u>expected level of performance</u> in the following areas:	Legible Signature	Date
Communication		
Deliver clear and concise verbal presentations, including problem list, information synthesis, prioritized differential diagnosis, and evidence-based plan		
Communicate with patient/family and ensure their understanding of the indications, risks, benefits, alternatives, and potential complications for treatments or procedures (Ex- contraceptive management)		
Communicate updates and results to patients/families in a sensitive manner using appropriate lay terms and avoiding/explaining medical jargon (labor patient)		
Communicate discharge instructions to the patient/family, inviting questions and confirming understanding		
Information Management		
Review of discharge summary – Discharge date _____		
Review of discharge summary – Discharge date _____		

Midterm Feedback

Current Readiness for Internship (circle one)

Needs more work to approach intern level	Should quickly achieve intern level during residency	Already performing at intern level
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Student's areas of strength:	Areas for improvement and specific suggestions for student to act upon:

--	--

Date _____ Faculty Name _____ Faculty Signature _____

Completed passports should be submitted on or before the last Friday of the rotation.

Student Name _____ Student ID _____

BCM Sub-Intern Passport Resident Observation

I observed the sub-internal meeting the <u>expected level of performance</u> in the following areas:	Legible Signature	Date
Communication		
Give appropriate hand-off of primary patient to on-call/night float resident		
Receive appropriate hand-off of primary patient from on-call/night float resident		
Communicate discharge instructions to the patient/family, inviting questions and confirming understanding		
Coordination of Care		
Effectively cooperate with physician and non-physician members of the health care team (nursing, social work, physical therapy, etc.)		
Clinical Skills		
Identify a clinical situation requiring urgent or emergent care and initiate appropriate management (including communicating with supervisors) Specify the clinical situation:		
Participate in cross-coverage of a patient (postpartum calls)		
Information Management		
Review drafted admission orders		
Review drafted discharge orders		
Procedures – optional		
Perform one (or more) procedure(s) on a patient or a simulator (<i>circle</i>): Vaginal exams: cervical exam, rupture of membranes, internal monitors. Ultrasound for presentation, biometry, AFI. Vaginal delivery, laceration repair		
Other procedure(s):		

Midterm Feedback

Current Readiness for Internship (circle one):

Needs more work to approach intern level	Should quickly achieve intern level during residency	Already performing at intern level
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Student's areas of strength:	Areas for improvement and specific suggestions for student to act upon:

Date _____ Resident Name _____ Resident Signature _____

Completed passports should be submitted on or before the last Friday of the rotation.

Midterm Feedback:

BCM MTF Policy requires that a student receive feedback at the mid-point of a rotation to assess their progress towards completion of course requirements. As of 4-6-2020, for courses affected by COVID-19 associated curricular adaptations, the Curriculum Committee approved that there will be “no change in the requirement for midterm feedback, though timing may be based on the direct patient-care phase of the rotation”. Therefore, timing of MTF may be delayed but will occur no later than midway through the clinical portion of the sub I upon return to clinical rotations.

Forms are available on course blackboard site. The forms are completed together by the student and course director during the midterm feedback session.

OB-GYN Sub-Internship Midterm Feedback (MTF) Form

- Review learner's Midterm Feedback Self-Assessment (on Page 2 of this form)
- Review EBM activity/presentation
- Review learner's midterm feedback (Direct Observation Form + informal comments)

Sub-I Check-in

(Circle your answer)

1. Are you in compliance with the BCM Duty Hours Policy? **Yes No**

If no, please explain.

2. Have you found the learning environment of the OB-GYN Sub-Internship positive? **Yes No**

If no, please explain.

3. Have you experienced mistreatment or unprofessional behavior during the OB-GYN Sub-Internship? **Yes No**

If yes, please explain.

Notes/additional information:

Learner signature and date

Preceptor signature and date

***Please turn this form/self-eval in to Tiara Gatewood in the OB-GYN Sub-internship office upon completion**

Modifies the differential diagnosis (DDX) and problem list (PL) to integrate updated clinical data. (PC)

Never		Rarely		Sometimes		Usually		Consistently
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Modifies management plan to reflect updated clinical data. (PC)

Never		Rarely		Sometimes		Usually		Consistently
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Recognizes signs/symptoms of clinical deterioration and outlines methods of initial treatment. (MK, PC)

Never independent; No appropriate recs		Limited independent; Rarely appropriate recs		Sometimes independently; Sometimes appropriate recs		Usually independently; Usually appropriate recs		Consistently & independently; Consistent appropriate recs
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Makes appropriate decisions about admission, discharge and transfers to higher/lower levels of care. (PC)

Never		Rarely		Sometimes		Usually		Consistently
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Plans and executes patient handoffs that ensure safe continuity of care. (SBP, PC)

Never		Rarely		Sometimes		Usually		Consistently
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Participates in identifying system deficiencies that could jeopardize patient safety. (SBP)

No	Yes, when team identifies			Yes, independently identifies			
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Frames an effective clinical question for a consultant or ancillary staff. (COMM)

Never		Rarely		Sometimes		Usually		Consistently
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Interprets consultant recommendations and applies appropriately to the patient. (PC, SBP)

Never		Rarely		Sometimes		Usually		Consistently
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Medical record entries are organized, appropriately focused, and accurate. (COMM)

Never		Rarely		Sometimes		Usually		Consistently
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Oral presentations on rounds are organized, appropriately focused, and accurate. (COMM, SBP)

Never		Rarely		Sometimes		Usually		Consistently
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Provides effective patient/family education (re: dx, discharge, treatment plan) taking into account health literacy level. (COMM)

Minimal explanation; Little ability to educate		Unclear explanation; considerable jargon		Adequate explanation for most lay persons; too much jargon		Clear explanation to most lay persons; minimal jargon		Skilled explanation to varied sophistication of lay persons; No jargon
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Requests and works with interpretation services appropriately. (COMM)

Never		Rarely		Sometimes		Usually		Consistently
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Builds rapport and encourages patient/family participation in shared decision-making (SDM). (COMM)

Poor rapport; No SDM		Poor Rapport; Limited SDM		Good rapport; limited SDM		Good rapport; Some SDM		Good rapport; Consistent SDM
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Organizes and prioritizes responsibilities to provide patient care that is effective and efficient. (PC, SBP)

Never		Rarely		Sometimes		Usually		Consistently
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Uses evidence-based medicine and/or current literature to appropriately answer a clinical question. (PBL)

Never		Rarely		Sometimes		Usually		Consistently
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Overall competency and READINESS for beginning residency.

Needs more work to approach intern level	Should quickly achieve intern level during residency	Already performing at intern level
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Schedules

OB-GYN Sub-internship sample schedule **Please note schedule may be adjusted due to COVID-19. Orientation and Academic Half Day may be conducted virtually. Details will be given prior to the start of rotation **

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
2	3 Rotation starts Academic 1/2 day Orientation L&D	4 L&D	5 L&D	6 L&D	7 L&D Night-call	8 Night call ends
9 Day off	10 L&D	11 L&D	12 L&D	13 L&D	14 L&D Night-call	15 Night call ends
16 Day off	17 L&D	18 L&D	19 L&D	20 L&D	21 L&D Night-call	22 Night call ends
23 Day off	24 L&D	25 L&D	26 L&D	27 L&D Night-call	28 Night call ends Rotation ends	29

Daily Schedules

PFW

Monday – Friday

06:00 Arrive to round on postpartum patients, write notes

07:00 Sign in rounds at L&D board

11:00 Board morning huddle

17:30 Board afternoon huddle & sign out

Wednesday

08:00 Grand Rounds (*virtual due to COVID-19*)

13:00-16:00 Resident Didactics (*virtual due to COVID-19*)

Friday

17:30 Night call begins

BTH

Monday – Friday

06:00 Arrive to round on postpartum patients, write notes

07:00 Sign in rounds at L&D board

08:00 Board morning huddle

17:30 Board afternoon huddle & sign out

Wednesday

08:00 Grand Rounds (TCH Auditorium)

13:00-16:00 Resident Didactics (Main Baylor)

Friday

17:30 Night call begins

Call Overview

Four call nights:

Weeks 1-3: 24 hour call on Friday (7am sign-out Friday to 7 am or 730 am sign-out Saturday, with 2 hours for rounding/patient handoff)

Week 4: 24 hour call on Thursday (7 am sign-out Thursday to 7 am sign-out Friday morning, with 2 hours for rounding/patient handoff)

Call starting Friday evenings at 5:30 pm at BTH and PFW with the call ending Saturday morning at 7:30 at BTH and 7:00 at PFW.

Call room at PFW first-come first-serve on 7th floor, if none there, there is an open resident workroom with couch on 10th floor for nights/weekends that is always available.

Call room at BTH should be requested early in call through security office to receive key. (Name previously submitted)

Responsible for cross-coverage of postpartum patients during night and weekend labor and delivery call.

Grades

- E*Value Who Did You Work With (WDYWW) **please note the number and type of evaluations may be adjusted due to COVID-19**
 - Reciprocal evaluation process. Who Did You Work With (WDYWW) request is sent to sub-Is during the final week of the course.
 - Sub-I selects a minimum number of evaluators who spent significant time working with the sub-I:
 - two faculty (one must be from the first half of the rotation and one from the second half) AND
 - two supervising residents
 - You are expected to select all your evaluators from the course by the end of the rotation. You are welcome to launch 1-2 additional evaluation requests beyond the minimum. Any evaluations launched after the last day of the rotation will not be considered.
 - Evaluations received more than 3 weeks after the end of the rotation will not be considered
- A remediation plan will be developed between the student and the course director at the midpoint if the student is not making adequate progress on the rotation
- Grade verifications, grievances, and appeals proceed according to BCM policies

Grading rubric

	Marginal pass or Fail	Minimum score for Pass	Minimum score for High Pass	Minimum score for Honors	Maximum total score
Clinical SPAF (90%) 45% resident/45% faculty Use 3x multiplier for professionalism competencies	Clinical eval mean <6/9	Clinical eval mean $\geq 6/9$ ($6/9 * 100 * 0.9 = 60$)	Clinical eval mean $\geq 7/9$ ($7/9 * 100 * 0.9 = 70$)	Clinical eval mean $\geq 8/9$ ($8/9 * 100 * 0.9 = 80$)	Clinical eval mean 9/9
EBM assignment (5%) -Completed & uploaded by deadline = 5 -Completed & uploaded late = 3 -Not done = 0	0	0	3	5	5
Professional responsibilities (5%) 1 point for completing each by deadline: - Launched handoff DO -Launched discharge DO -Completed MPF self-assessment -Submitted passport with MTF at midpoint -Submitted passport by end of	0-1	2	3	4	5

course					
Completion of the SIVIC virtual curriculum is mandatory for students whose rotations were condensed due to COVID-19					
Total Points	<62	62	76	90	100
Mode of readiness for internship	1	2 with 1	2, no 1	3, no 1	3

- Students must meet the minimum criteria in each category (Clinical SPAF, EMB assignment, professional responsibilities) to earn each grade. For example, a student who meets criteria for Honors on the SPAF but not on Professional Responsibilities or EMB assignment will not be able to earn a grade of Honors.
- Comments and Readiness for Internship are considered global items and will be used for correlation with grade assignment.
- Breaches in professionalism alone, independent of clinical performance, may be grounds for grade lowering, and serious professionalism breaches may result in course failure.

Grade	Description	*Approximate % of students in academic year
Honors (H)	Exceptional performance in all areas	80%
High Pass (HP)	Performance exceeds the Pass requirements but does not reach Honors level	13%
Pass (P)	Satisfactory overall performance	7%
Marginal Pass (MP)	Minimal performance	N/A
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. <i>The highest final grade that can be earned is a Pass.</i>	
Fail (F)	<p>How a failure may be earned:</p> <ol style="list-style-type: none"> 1. Clinical performance alone. A failing clinical performance has been defined as 2 SD below the mean for the preceding academic year OR earning less than a 2.0 in global readiness for internship. 2. Significant issues with professionalism alone, independent of clinical performance. <p>A Fail will result in repeating the course in its entirety. An F will appear on the transcript and the highest grade that can be earned following successful remediation is a Pass.</p>	

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.

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 sub-I leadership member, or other perceived conflict of interest, the student should contact the sub-I coordinator regarding the concern. The coordinator will contact an alternative sub-I 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)

Evaluation Forms

THIS FORM IS A PREVIEW ONLY!

Sub-Internship Student Performance Evaluation

BCM prohibits educational assessment of student performance by instructors who have a Conflict of Interest related to the student. Such Conflicts of Interest may include but are not limited to provision of health services by you to the student, immediate or extended family relationships with the student, personal and/or social relationships with the student or the student's family members, or business and/or financial relationships with the student or the student's family members. Further information is available in the [BCM Educator Conflict of Interest Policy](#).

NOTE: If you select YES below, do NOT assess this student. Close this form and click **SUSPEND**.

Do you have a Conflict of Interest related to this student? (Question 1 of 26 - Mandatory)

No – I do NOT have a Conflict of Interest (proceed with this form)

Yes – I have a Conflict of Interest (do NOT assess this student, CLOSE this form and click the SUSPEND button)

Please choose the best indicator of your role as an evaluator of this sub-intern. (Question 2 of 26 - Mandatory)

Resident

Fellow

Attending

What is the basis for your evaluation of this sub-intern? (please check all that apply) (Question 3 of 26 - Mandatory)

Please estimate the amount of contact you had with this sub-intern: (Question 4 of 26 - Mandatory)

< 1 week

About 1 week

About 2 weeks

About 3 weeks

About 4 weeks

The sub-intern modifies the differential diagnosis (DDX) and problem list (PL) to integrate updated clinical data. (PC) (Question 5 of 26 - Mandatory)

The sub-internal recognizes signs/symptoms of clinical deterioration and outlines methods of initial treatment. (MK, PC) (Question 6 of 26 - Mandatory)

Cannot Assess	No independent recognition of shifts in clinical status; no appropriate recommendations (novice)		Limited independent recognition of shifts in clinical status; rare appropriate recommendations (clinical beginner)		Sometimes independently recognizes shifts in clinical status; sometimes appropriate recommendations (advanced clinical beginner)		Usually independently recognizes shifts in clinical status; usually appropriate recommendations (competent clinical student)		Consistently and independently recognizes subtle shifts in clinical status; consistent appropriate recommendations (master clinical student)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The sub-internal makes appropriate decisions about admission, discharge and transfers to higher/lower levels of care. (PC) (Question 7 of 26 - Mandatory)

Cannot Assess	Makes no appropriate decisions (novice)		Rarely makes appropriate decisions (clinical beginner)		Sometimes makes appropriate decisions (advanced clinical beginner)		Usually makes appropriate decisions (competent clinical student)		Consistently makes appropriate decisions (master clinical student)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The sub-internal uses evidence-based medicine and/or current literature to appropriately answer a clinical question. (PBL) (Question 8 of 26 - Mandatory)

Cannot Assess	Never critiques or applies information appropriately (novice)		Rarely critiques or applies information appropriately (clinical beginner)		Sometimes critiques and applies information appropriately (advanced clinical beginner)		Usually critiques and applies information appropriately (competent clinical student)		Consistently critiques and applies information appropriately (master clinical student)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The sub-internal modifies management plan to reflect updated clinical data. (PC) (Question 9 of 26 - Mandatory)

Cannot Assess	Plan never evolves appropriately to reflect updated data (novice)		Plan rarely evolves appropriately to reflect updated data (clinical beginner)		Plan sometimes evolves appropriately to reflect updated data (advanced clinical beginner)		Plan usually evolves appropriately to reflect updated data (competent clinical student)		Plan consistently evolves appropriately to reflect updated data (master clinical student)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The sub-internal drafts basic orders for daily patient care and transitions of care. (PC) (Question 10 of 26 - Mandatory)

Cannot Assess	Drafts no orders (novice)		Rarely drafts orders (clinical beginner)		Sometimes drafts orders (advanced clinical beginner)		Usually drafts orders (competent clinical student)		Consistently drafts orders (master clinical student)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The sub-internal organizes and prioritizes responsibilities to provide patient care that is effective and efficient. (PC, SBP) (Question 11 of 26 - Mandatory)

Cannot Assess	Never organizes or prioritizes responsibilities appropriately (novice)		Rarely organizes or prioritizes responsibilities appropriately (clinical beginner)		Sometimes organizes and prioritizes responsibilities appropriately (advanced clinical beginner)		Usually organizes and prioritizes responsibilities appropriately (competent clinical student)		Consistently organizes and prioritizes responsibilities appropriately (master clinical student)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The sub-internal collaborates with members of an interprofessional team (e.g., nurses, pharmacists, social workers, case managers, physical therapists, occupational therapists, etc.) to facilitate patient care. (PC, LEAD) (Question 12 of 26 - Mandatory)

Cannot Assess	Never collaborates with members of the interprofessional team (novice)		Rarely collaborates with members of the interprofessional team (clinical beginner)		Sometimes collaborates with members of the interprofessional team (advanced clinical beginner)		Usually collaborates with members of the interprofessional team (competent clinical student)		Consistently collaborates with members of the interprofessional team (master clinical student)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The sub-internal identifies indications, demonstrates knowledge of steps, and performs basic procedural skills in this Sub-Internship. (PC, MK) (Question 13 of 26 - Mandatory)

Cannot Assess	Little knowledge about or skill with procedures (novice)		Some knowledge about or skill with procedures (clinical beginner)		Mostly complete knowledge about procedures; Skill adequate (advanced clinical beginner)		Good level of knowledge about procedures; Strong skills (competent clinical student)		Superb level of knowledge about procedures; Advanced skills (master clinical student)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please comment on this sub-internal's delivery of patient care during the Sub-Internship. (Question 14 of 26 - Mandatory)

The sub-internal's medical record entries are organized, appropriately focused and accurate. (COMM) (Question 15 of 26 - Mandatory)

Cannot Assess	Never organized, focused or accurate (novice)		Rarely organized, focused or accurate (clinical beginner)		Sometimes organized, focused and accurate (advanced clinical beginner)		Usually organized, focused and accurate (competent clinical student)		Consistently well-organized, focused and accurate (master clinical student)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The sub-intern's oral presentations on rounds are organized, appropriately focused and accurate. (COMM, SBP) (Question 16 of 26 - Mandatory)

Cannot Assess	Never organized, focused or accurate (novice)		Rarely organized, focused or accurate (clinical beginner)		Sometimes organized, focused and accurate (advanced clinical beginner)		Usually organized, focused and accurate (competent clinical student)		Consistently well-organized, focused and accurate (master clinical student)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The sub-intern provides effective patient/family education (re: diagnosis, discharge, treatment plan) taking into account health literacy level and language differences. (COMM) (Question 17 of 26 - Mandatory)

Cannot Assess	Minimal explanation; Little ability to educate (novice)		Unclear explanation; uses considerable jargon (clinical beginner)		Adequate explanation for most lay persons, but includes too much jargon (advanced clinical beginner)		Clear explanations for most lay persons; minimal jargon (competent clinical student)		Skilled explanation to lay persons with different levels of understanding; free of jargon (master clinical student)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The sub-intern frames an effective clinical question for a consultant or ancillary staff. (COMM) (Question 18 of 26 - Mandatory)

Cannot Assess	Never frames effective questions for consultants (novice)		Rarely frames effective questions for consultants (clinical beginner)		Sometimes frames effective questions for consultants (advanced clinical beginner)		Usually frames effective questions for consultants (competent clinical student)		Consistently frames effective questions for consultants (master clinical student)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The sub-intern plans and executes patient handoffs that ensure safe continuity of care. (SBP, PC) (Question 19 of 26 - Mandatory)

Cannot Assess	Never plans or executes handoffs (novice)		Rarely plans or executes handoffs (clinical beginner)		Sometimes plans and executes handoffs (advanced clinical beginner)		Usually plans and executes handoffs (competent clinical student)		Consistently plans and executes handoffs (master clinical student)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please comment on the sub-intern's communication skills during the Sub-Internship. (Question 20 of 26 - Mandatory)

The sub-intern exhibits professionalism with respect to patients and families: compassionate and respectful, advocates for patient/family's needs. (PROF) (Question 21 of 26 - Mandatory)

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

The sub-intern exhibits professionalism with respect to colleagues and team: reliable and prepared, cooperative, proactive. (PROF) (Question 22 of 26 - Mandatory)

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

The sub-intern exhibits professionalism with respect to self-improvement: seeks, accepts and integrates feedback; self-aware of performance. (PROF, PBL) (Question 23 of 26 - Mandatory)

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

Please comment of this sub-intern's professionalism during the Sub-Internship. (Question 24 of 26 - Mandatory)

Please consider this sub-intern's OVERALL competency and rate this sub-intern's READINESS for beginning residency. (Question 25 of 26 - Mandatory)

Cannot Assess	Needs more work to approach intern level	Should quickly achieve intern level during residency	Already performing at intern level
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide constructive feedback for this sub-intern about areas for improvement. These are essential if the sub-intern is NOT already performing at the level of an intern. (Question 26 of 26 - Mandatory)

Review your answers in this evaluation. If you are satisfied with the evaluation, click the **SUBMIT** button below. Once submitted, evaluations are no longer available for you to make further changes.

Save For Later Submit

Faculty Evaluation and Feedback Form BCM Sub-Internship EBM Presentation

Goal:

Students will identify, analyze and present a primary paper from the medical literature that guides the management of one their current patients.

Learning Objectives:

- Identify personal knowledge gaps and use technology to find primary literature that will expand knowledge and advance patient care (5.2)
- Apply the principles of evidence-based medicine to a primary paper about treatment, prevention, a diagnostic test, prognosis or a meta-analysis (5.3)
- Critically appraise and analyze a primary paper from the medical literature to support patient care decisions (3.9)

The sub-intern...	Not Done	Needs Improvement	Done
Clearly stated the problem			
Clearly stated the clinical question			
Clearly stated the study design			
Clearly presented the results of the study			
Presented appropriate analysis of the study			
Appropriately applied study findings to patient care			
Assessed credibility of information sources (peer review, funding source, impact factor of journal)			

Suggested changes to the PICO question:	Suggested changes to the literature search:

Additional feedback, including any comments on presentation style:

--

Peer Evaluation and Feedback Form

BCM Sub-Internship EBM Presentation

Goal:

Students will identify, analyze and present a primary paper from the medical literature that guides the management of one their current patients.

Learning Objectives:

- Identify personal knowledge gaps and use technology to find primary literature that will expand knowledge and advance patient care (5.2)
- Apply the principles of evidence-based medicine to a primary paper about treatment, prevention, a diagnostic test, prognosis or a meta-analysis (5.3)
- Critically appraise and analyze a primary paper from the medical literature to support patient care decisions (3.9)

The sub-intern...	Not Done	Needs Improvement	Done
Clearly stated the problem			
Clearly stated the clinical question			
Clearly stated the study design			
Clearly presented the results of the study			
Presented appropriate analysis of the study			
Appropriately applied study findings to patient care			
Assessed credibility of information sources (peer review, funding source, impact factor of journal)			

Additional feedback, including any comments on presentation style:

--

Recommended Texts/Videos/Resources

Documents and website links found on Sub-I Blackboard site in “Clinical Resources” folder:

Calling Consults Materials

- Guide to Calling Consults
- Communicating with Subspecialists

Drug Information and Formulary

Websites

- a. ACOG: www.acog.org
 - Student membership grants access to practice bulletins, committee opinions
- b. APGO: www.apgo.org
 - Student resources include videos and case scenarios
- c. Aquifer: www.aquifer.org
 - Student may access virtual cases per the SIVIC virtual curriculum

Journals:

- a. Obstetrics and Gynecology (The Green Journal)
- b. American Journal of Obstetrics and Gynecology (The Gray Journal)
- c. Contemporary OB-GYN
- d. OBG Management

Textbooks:

- a. Hacker & Moore's Essentials of Obstetrics and Gynecology
- b. Williams Obstetrics
- c. High Risk Pregnancy: Management Options
- d. Obstetrics, Gynecology, and Infertility: Handbook for Clinicians
- e. Multiple textbooks available on L&D at both hospitals

Policies

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

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

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

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

Additional information may be found in the student handbook:

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

Brief descriptions of relevant policies and procedures are provided below; however, please refer to the full policies and procedures for additional information. Please copy and paste the links into your browser for optimal use. While every effort is made to keep the links up to date, please inform the course director if you are unable to locate the policies due to a broken link or other technical problem.

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

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

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

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

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

Attendance / Participation and Absences:

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

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

Alternative Educational Site Request Procedure (Policy 28.1.10):

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.10

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

Blood Borne Pathogens (Standard Precautions Policy 26.3.06):

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

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

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

Please see guidelines and embedded links for additional information.

Clinical Supervision of Medical Students (Policy 28.1.08):

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.08

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

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

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

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

Code of Conduct:

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

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

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

Compact Between Teachers, Learners and Educational Staff:

<https://www.bcm.edu/education/academic-faculty-affairs/academic-policies/compact>

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

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

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

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

Course Repeat Policy:

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.1.09

Direct Observation Policy (Policy 28.1.03):

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.03

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

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

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

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

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

Duty Hours Policy (Policy 28.1.04):

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.04

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

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

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

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

Educator Conflicts of Interest Policy (Policy 23.2.04)

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.2.04

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

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

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

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

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

Examinations Guidelines:

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

Grade Submission Policy (28.1.01):

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.01

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

Grading Guidelines:

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

Grading rubrics and graded components are determined by the individual course and course directors.
See other section(s) of the Course Overview Document for course-specific grading information.

Grade Verification and Grade Appeal Guidelines:

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

Grade Verification

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

Grade Appeal Application

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

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

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

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&policy_number=26.3.19.

See also information on Student Health in the student handbook:

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

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.

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

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.2.02

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

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

[Options for Reporting Learner Mistreatment:](#)

[Informal Reporting Mechanisms:](#)

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

[Formal Reporting Mechanisms:](#)

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

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

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.02

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

Foundational Sciences:

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

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

Clinical Courses:

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

During the midterm feedback evaluation, if any component of the Student Midterm Feedback Form has not been completed, the course director contacts appropriate faculty with whom the student has been working to address the deficiency.

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

Please refer to other sections of the Course Overview Document for course-specific instructions related to 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).

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.

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.

Student Appeals and Grievances Policy (23.1.08):

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.1.08

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

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

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

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

Student Disability Policy (23.1.07):

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.1.07

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

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

Student Progression and Adverse Action Policy (Policy 28.1.05):

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.05

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

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

The policy outlines the appeal of adverse action procedure.

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

Statement of Student Rights:

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

Frequently Asked Questions

What do I do if I don't know the answer when a nurse calls or pages? You should always run things by your upper level and/or team, especially when holding the pager for cross cover. Never feel uncomfortable asking a question, the team is always there to support you. As the month goes on, we do expect you to try and formulate your own response and running that by the Upper Level

What do I do if I am sick or need to change something with my schedule? All absences or schedule changes MUST be approved by Course Director/Associate Director. It is ok to email/notify your team, but this does not replace notifying Ms. Tiara Gatewood and Dr. Barbour. They must approve all absences and schedule changes no matter what.

What do I do if my badge doesn't work on certain floors/units? If you have any access issues, whether it is within hospital or EPIC, please notify Ms. Tiara Gatewood who can assist you.

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

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

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

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

Why are these concepts important?

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

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

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

CCGG	PCRS	EPA
2.1	KP3	EPA 7: Form Clinical Questions and Retrieve Evidence to Advance Patient Care
5.3	PBLI6	
5.1	PBLI1	
5.1, 5.2	PBLI3	
5.2	PBLI7	
2.2	KP4	
4.1	ICS1	
4.3	ICS2	
4.2, 4.3, 7.3	PBLI8	
3.1	PBLI9	
4.1	PC7	
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	