**Baylor College of Medicine**

**Department of Otolaryngology – Head & Neck Surgery**



**Otolaryngology – Head & Neck Surgery**

**Selective Rotation**

**Course Overview Document**

**Revised 04-16-2021**

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	* The selective rotation in Otolaryngology – Head and Neck Surgery is designed to provide exposure to the field of Otolaryngology as well as provide medical students with the knowledge and skills needed to assess and address common otolaryngologic issues that frequently present to the primary care physician.
	* During the rotation students will have the opportunity to work in both the operating room and the outpatient clinic setting to experience the variety of problems that are evaluated and treated by otolaryngologists and will gain exposure to the knowledge and skills required to manage acute and chronic ENT problems.
	* Students will be assigned to one of three clinical sites for their two week rotation:
		+ Ben Taub General Hospital
		+ Michael E. DeBakey Veterans Affairs Medical Center
		+ Texas Children’s Hospital
	* These clinical settings represent General Otolaryngology – Head and Neck Surgery practices and will provide access to a wide range of clinical and surgical experiences. Students will also have access to the residents and faculty members assigned to these hospitals.
	* Course prerequisites: none
4. **Contact, Site Information and Helpful Numbers**

|  |  |  |  |
| --- | --- | --- | --- |
| **Selective Coordinator** | Evelyn Trevino | evelyn.trevino@bcm.edu713-798-5118 | 1977 Butler Blvd.Jamail Building5th Floor E5.200 |
| **Selective Director** | Sunthosh Sivam, MD | Sunthosh.Sivam@bcm.edu713-873-3319 | 1977 Butler Blvd.Jamail Building5th Floor E5.200 |

* **Clinical Sites & Supervising Attendings**

|  |  |  |  |
| --- | --- | --- | --- |
| **Site** | **Site Directors** | **Contact** | **Helpful Info** |
| **Ben Taub General Hospital** | Angela Haskins, MDDavid Hernandez, MD | Angela.Haskins@bcm.eduDavid.Hernandez@bcm.edu | BT ENT Clinic 713-873-3319OR Front desk 713-873-2700 |
| **Michael E Debakey VA** | Robert B Parke, MD, MBAVlad Sandulache, MD, PhD | robertp@bcm.eduvlad.sandulache@bcm.edu | ENT Clinic 713-791-1414 x24305OR Front desk 713-794-7519 |
| **Texas Children’s Hospital** | Elton Ashe-Lambert , MDMatthew Sitton, MDTara Rosenberg, MD | Elton.Lambert@bcm.edumssitton@texaschildrens.orgTara.Roseberg@bcm.edu | Linda MayfieldSurgery Academic Office3rd Floor West Towers |

* **Specialty Specific Mentors**

For students interested in Otolaryngology-Head and Neck Surgery residency, please feel free to contact the faculty listed below. This contact information can also be found on the COSA Blackboard Organization: Look under Student Affairs heading on the left hand menu and scroll down to Specialty Specific Mentors. BCM students should also be aware of the Otolaryngology-Head and Neck Surgery Student Interest Group.

|  |  |
| --- | --- |
| **Faculty Name** | **E-mail Address** |
| Angela Haskins, MD | angela.haskins@bcm.edu |
| Amy Dimachkieh, MD | amy.dimachkieh.@bcm.edu |

* **Clinical Site Study Space, Storage Space, and Lounge Space**

|  |  |  |  |
| --- | --- | --- | --- |
| **Site** | **Study Space** | **Secure Storage Space** | **Lounge Space** |
| **Ben Taub General Hospital** | *Staff Lounge 546* | *Ben Taub Tower 5th Floor, ENT Team Room 535* | *Staff Lounge 546* |
| **Michael E Debakey VA** | *Resident Office 2A-215* | *Resident Office 2A-215* | *Resident Office 2A-215* |
| **Texas Children’s Hospital** | *3rd Floor Main OR Lounge* | *3rd Floor Main OR Lounge* | *3rd Floor Main OR Lounge* |

* **Safety Escort**

**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**

1. **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 supports both learners and teachers. This Compact serves both as a pledge and a reminder to teachers, learners, and educational staff that moral, ethical and professional behavior by all 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 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
1. **BCM Core Competencies and Graduation Goals (CCGGs)**

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 andrecognize 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 setting

**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 communciate 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 agenices

4.4. Apply verbal and written medical communication skils 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 in other 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 enviroment and team

functioning

1. **Selective Objectives Mapped to BCM CCGGs (and modes of assessment)**

|  |  |  |  |
| --- | --- | --- | --- |
| BCMCCGGs | Related Selective Objective | Perform/Assist/Observe | Mode of Assessment |
| Formative | Summative |
| 2.1 | Describe the anatomy of the head and neck. | Clinical - Perform | √ |  |
| 3.3, 3.5 | Perform a head and neck examination using equipment available to a primary care practitioner (e.g. flashlight, tongue blade, and otoscope). | Clinical - Perform | √ |  |
| 3.3, 3.5 | Perform an ear examination including tympanometry and interpretation of an audiogram. | Clinical - Perform | √ |  |
| 2.1, 2.2, 2.3, 3.3, 3.7, 3.8, 3.9 | Analyze clinical presentations, key physical examination findings, differential diagnosis, initial treatments, and referrals for common otolaryngological conditions and diseases. | Clinical - Observe | √ |  |
| 2.1, 2.2 | Review surgical procedures and techniques in Otolaryngology. | Clinical - Observe | √ |  |
| 3.1, 4.2, 4.3 | Demonstrate the ability to collaborate with members of the health care team in the care and treatment of the patient. | Clinical - Perform | √ |  |

1. **You Said, We Did:**

|  |  |  |
| --- | --- | --- |
| **Evaluation Year** | **YOU SAID:** | **WE DID:** |
| 2018 | “Would have liked to have selective site options available before one week prior to starting elective” | Our coordinator, Evelyn Trevino, is soliciting selective site requests more than two weeks in advance |
| 2019 | “Expectations for inpatient consultations are unclear” | Worked with TCH site directors and TCH chief resident to better guide students on these days |
| 2019 | “Lack of longitudinal feedback at the VA” | Chief residents are present during the duration of your rotation and have been asked to prioritize providing more longitudinal feedback |

1. **Student Roles, Responsibilities and Activities**
	* **Before the rotation begins**
		+ Students will be notified by the course coordinator as to which hospital site they are assigned prior to the start date of the rotation
		+ Students are responsible for obtaining necessary identification, badges, computer access prior to the first day of the rotation

Contact Information:

Ben Taub General Hospital: MedicalStaffServices@harrishealth.org

Michael E. Debakey: Carol Young 713.794.8737 Carol.Young@va.com

Texas Children’s Hospital: Linda Mayfield 832.826.5779 ljmayfie@texaschildrens.org

* + **Roles and Responsibilities**
		- Students will be assigned to a team at each hospital site. They will accompany their team to the operating room as well as to the clinic. They will participate in all surgical and clinical activities during the rotation.
		- Students will perform focused history and physical examinations pertinent to otolaryngology and the patients’ chief complaint. They will present their H&P to senior level residents and attending physicians
		- By the end of the rotation, students must demonstrate the ability to perform a complete head and neck physical examination using equipment available to a primary care practitioner (e.g. flashlight, tongue blades, otoscope).
		- Students must also demonstrate the interpretation of an audiogram.
		- Students are expected to function as a member of the health care team in the operating room as well as in the clinic. Students will be informed by their supervising residents or attendings of the week’s scheduled surgical cases. Students will be expected to prepare for the operating room by reviewing pertinent head and neck anatomy that has been taught during gross anatomy and is relevant to the scheduled case. Students are expected to be familiar with the disease process being treated during elective cases.
		- Students are expected to understand the risk factors for head and neck cancer including tobacco use and HPV and recognize early signs that should prompt a referral to an otolaryngologist-head and neck surgeon.
		- Students should be familiar with typical clinical presentations, key physical exam findings, differential diagnosis, initial treatment, and referral indications for common otolaryngological diseases:
			* Acute otitis media
			* Serous otitis media
			* Otitis externa
			* Tympanic membrane perforation
			* Cerumen impaction
			* Conductive hearing loss
			* Sensorineural hearing loss
			* Vertigo
			* Nasal septal deviation
			* Epistaxis
			* Sinusitis
			* Allergic rhinitis
			* Tonsillitis
			* TMJ arthritis
			* Thyroid nodule
			* Neck mass
			* Upper aerodigestive tract malignancy

**Otolaryngology – Head & Neck Surgery Passport**

|  |  |  |
| --- | --- | --- |
| **Student:** |  | **Student signature:** |
| **Clerkship: Otolaryngology Selective** |  | **Term:**  |
|  |  |  |  |
| **Patient or** **Clinical condition** | **Clinical experience** | **Level of Student Responsibility** | **Faculty or** **Chief Resident Observer** | **Feedback for Improvement** **and/or Action Plan** |
| **Any ENT patient** | Evaluation of patient (History, Head & Neck Physical Exam) | Perform  | Initials: |  |
| **ENT patient** | Head & neck endoscopy (flexible laryngoscopy, direct laryngoscopy, or nasal endoscopy, etc) | Observe  | Initials: |  |
| **Patient with tracheostomy tube** | Physical exam | Perform | Initials: |  |
| **Hearing loss** | Interpret audiogram | Perform | Initials: |  |

It is the student’s responsibility to turn the passport in to Ms. Thomas at the end of their selective rotation. This can be done either in person to the Academic office or by scanned email attachment.

If the student is not able to complete any of the clinical experiences during the 2 week selective, alternative learning methods will be offered/ required.

* + **Lectures and Quiz**
		- Students will have 11 lectures covering various otolaryngology topics that are available to be viewed online through the Blackboard application
		- Viewing this material is mandatory and will be monitored. Failure to complete all lectures will result in an incomplete grade
		- It is recommended that the students watch these lectures during their

allotted 7am-8am lecture time.

* + - There is no quiz for this selective rotation. There is an attestation to complete on BlackBoard.
	+ **Call Requirement**
		- Students are not expected to take call during this rotation
	+ **Course Schedule**
		- The selective rotation is two weeks in duration. Students are to be present for clinical and surgical activities Monday through Friday. They are not expected to be present on weekends.
		- Students are invited but are not required to attend any departmental didactic lectures, grand rounds, or academic activities while on rotation.
		- Students are expected to arrive to their clinical site each day promptly after their allotted 7am-8am lecture time. It is understood that students traveling to the VA should arrive no later than 8:45 am. Students assigned to BTGH should arrive no later than 8:30 am
		- Students will be dismissed daily by their assigned team once the daily operative and clinical responsibilities are completed.
		- Student rotations will follow BCM policies for work hour restrictions. Duty hours must be limited to an average of 80 hours per week over a four-week period, with at least 10 hours off between scheduled duties. Any violations of work hours should ideally be reported in real-time to the selective coordinator and director (Thembi.thomas@bcm.edu, Sunthosh.Sivam@bcm.edu) to remedy issues. <https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.04>

Sample schedule

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Weekend** |
| 7:00-8:00 | Lecture | Lecture | Lecture | Lecture | Lecture | **No duties** |
| 8 :30 | Report to Clinic | OR | Clinic | OR | Clinic |
| 8:30-5pm | Cinic | OR | Clinic | Noon: MS2s: CABSMS3s: DDASH | Clinic |
| 4-6pm | Finish rounds with team | Finish rounds with team | Finish rounds with team | **MS2s:** CABS**MS3s: DDASH** | **Finish rounds with team** |

1. **Grades**
	* **Lecture Attendance**
		+ The student must have viewed all lectures through the Blackboard Application to receive their final grade. Failure to do so will result in an incomplete grade
	* **Clinical Performance**
		+ The student will be evaluated by the site attendings and house staff at the end of the rotation using the standard evaluation form for clinical rotations from the College of Medicine though the E\*Value application.
		+ The clinical performance consists of 10 items, each on a 9 point scale which are averaged across all evaluators to give a final score.
		+ The clinical performance grade will be assessed using the following scale:
			- Honors 7.65 – 9.00
			- High Pass 6.00 – 7.64
			- Pass 5.00 – 5.99
			- Marginal Pass 3.00 – 4.99
			- Fail 1.00 – 2.00
	* **Final Grade**
		+ The student will receive a final grade of Honors, High Pass, Pass, Marginal Pass, or Fail based upon their clinical evaluation and completion of the requirements of the course.
		+ Absences or lapses in professionalism may result in a lesser final grade given to the student or course failure. Students can fail based on professionalism alone.
		+ The student may verify or dispute their final grade based upon the policy delineated in the Grade Verification section.
		+ Grades will be administered in a timely fashion in accordance with the policies of Baylor College of Medicine**.**

\*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 course.

1. **Evaluations**
	1. Formal and informal feedback can be provided during the rotation by house staff and supervising attendings. Students are encouraged to seek out feedback throughout their rotation. Students are expected to review their progress on the Passport with a site director one week into the selective rotation.
	2. Formal evaluations will be based on feedback solicited by the site-specific supervising attendings, from the house staff, and other clinical faculty who have worked with the students throughout the rotation.
	3. The students will self-select the faculty and residents they worked with the most through E\*Value
	4. Students will be able to evaluate the course, site faculty, and residents confidentially through the E\*Value system

### E\*value Student Performance Assessment Form:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PROF1: 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)?**

|  |  |
| --- | --- |
| No | Yes |
| **◦** | **◦** |

 |
| **PROF2: Please provide specific comments regarding professional behavior (either serious concerns requiring remediation or exemplary behavior).**

|  |
| --- |
|  |

 |
| **COMP1: *Rate this student's* knowledge of pathophysiology and diagnosis of diseases common to the patients seen in your specialty.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *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.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *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 laboratory tests, diagnostic procedures, and imaging techniques related to the patient’s encounter.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *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.**

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

 |
| **COMP5: *Rate this student's* ability to perform a focused physical examination that is appropriate for encounters in ENT**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Cannot Assess* | Unable to recall all exam elements |  | Omits important exam elements |  | Omits minor exam elements |  | Conducts complete exam |  | Consistently performs all exam elements well |
| **◦** | **◦** | **◦** | **◦** | **◦** | **◦** | **◦** | **◦** | **◦** | **◦** |

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *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.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Cannot Assess* | Significant gaps in ability |  | Limited ability |  | Some ability |  | Good ability |  | Superb ability |
| **◦** | **◦** | **◦** | **◦** | **◦** | **◦** | **◦** | **◦** | **◦** | **◦** |

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

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

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

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

 |
| **COMP10: *The student identifies indications, demonstrates knowledge of steps, and performs basic procedural skills in the selective.***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *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 |
| **◦** | **◦** | **◦** | **◦** | **◦** | **◦** | **◦** | **◦** | **◦** | **◦** |

 |

1. **Recommended Educational Resources**
	* Pasha, Raza, Golub, Justin S. Otolaryngology – Head and Neck Surgery : Clinical Reference Guide. San Diego, CA: Plural publishing. 2013
	* <https://www.entnet.org/sites/default/files/Oto-Primary-Care-WEB.pdf>
	* Scholes, Melissa A, Ramakrishnan, Vijay R. ENT Secrets. Philadelphia, PA: Elsevier. 2016.
	* Lalwani, Anil. Current Diagnosis & Treatment Otolaryngology – Head and Neck Surgery, 3rd Edition. New York City, NY: McGraw Hill. 2012
	* Bailey, Byron J. Atlas of Head & Neck Surgery - Otolaryngology. Philadelphia, PA: Lipincott Williams & Wilkins. 2001
	* One open access reference can be found here:

<https://urldefense.proofpoint.com/v2/url?u=http-3A__www.entdev.uct.ac.za_guides_open-2Daccess-2Datlas-2Dof-2Dotolaryngology-2Dhead-2Dneck-2Doperative-2Dsurgery_&d=DwIGaQ&c=ZQs-KZ8oxEw0p81sqgiaRA&r=8bXbaL6iQr4GSEMyeAx0RA&m=IBeXSXuppIFegCc8iOyVzFPz6HaE_EZ8p>

1. **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.

*Policies: Table of Contents*

[Add/drop Policy:](#_Toc58331052)

[Academic Workload in the Foundational Sciences Curriculum (Policy 28.1.09):](#_Toc58331053)

[Attendance / Participation and Absences:](#_Toc58331054)

[Alternative Educational Site Request Procedure (Policy 28.1.10):](#_Toc58331055)

[Clinical Supervision of Medical Students (Policy 28.1.08):](#_Toc58331056)

[Code of Conduct:](#_Toc58331057)

[Compact Between Teachers, Learners and Educational Staff:](#_Toc58331058)

[Course Repeat Policy:](#_Toc58331059)

[Criminal Allegations, Arrests and Convictions Policy (28.1.13):](#_Toc58331060)

[Direct Observation Policy (Policy 28.1.03):](#_Toc58331061)

[Duty Hours Policy (Policy 28.1.04):](#_Toc58331062)

[Educator Conflicts of Interest Policy (Policy 23.2.04)](#_Toc58331063)

[Examinations Guidelines:](#_Toc58331064)

[Grade Submission Policy (28.1.01):](#_Toc58331065)

[Grading Guidelines:](#_Toc58331066)

[Grade Verification and Grade Appeal Guidelines:](#_Toc58331067)

[Learner Mistreatment Policy (23.2.02):](#_Toc58331068)

[Leave of Absence Policy (23.1.12):](#_Toc58331069)

[Medical Student Access to Health Care Service Policy (28.1.17)](#_Toc58331070)

[Medical Student Exposure to Infectious and Environmental Hazards Policy (28.1.15)](#_Toc58331071)

[Blood Borne Pathogens (Standard Precautions Policy 26.3.06):](#_Toc58331072)

[Institutional Policy on Infectious Disease: (Infection Control and Prevention Plan Policy 26.3.19)](#_Toc58331073)

[Student handbook](#_Toc58331074)

[Midterm Feedback Policy (28.1.02):](#_Toc58331075)

[Narrative Assessment Policy (Policy 28.1.11):](#_Toc58331076)

[Patient Safety:](#_Toc58331077)

[Policy Regarding Harassment, Discrimination and Retaliation (02.2.25):](#_Toc58331078)

[Religious Holiday and Activity Absence Policy:](#_Toc58331079)

[Respectful & Professional Learning Environment Policy: Standards for Student Conduct and College Oversight (Policy 23.2.01):](#_Toc58331080)

[Mandatory Respirator Fit Testing Procedure (28.2.01):](#_Toc58331081)

[Social Media Policy (02.5.38):](#_Toc58331082)

[Sexual Misconduct and Other Prohibited Conduct Policy (02.2.26):](#_Toc58331083)

[Student Appeals and Grievances Policy (23.1.08):](#_Toc58331084)

[Student Disability Policy (23.1.07):](#_Toc58331085)

[Student Progression and Adverse Action Policy (Policy 28.1.05):](#_Toc58331086)

[Technical standards:](#_Toc58331087)

[Notice of Nondiscrimination:](#_Toc58331088)

[Statement of Student Rights:](#_Toc58331089)

[Understanding the curriculum (CCGG’s; EPA’s; PCRS)](#_Toc58331090)

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://bcm.blackboard.com/webapps/portal/execute/tabs/tabAction?action=renderLinkModule&url=https%3A//www.bcm.edu/education/academic-faculty-affairs/student-services/student-appeals-grievances/grade-verification-grade-appeal): <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](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.1.12#IVb),

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](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.1.12#IVc);

4.     establish the authority of the [Wellness Intervention Team](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.1.12#Va) (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](https://bcm.blackboard.com/webapps/portal/execute/tabs/tabAction?action=renderLinkModule&url=https%3A//bcm.blackboard.com/bbcswebdav/xid-290843_1) 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](file:///C%3A%5CUsers%5Csrrose%5CDesktop%5Cwww.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.

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| **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 |

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| **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 |

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| **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 |

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| **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 |

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| **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 |

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| **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 |