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Surgery Core Clerkship

Course Overview Document

2020-2021

(updated April 22, 2021)

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Table of Contents

[Introduction/Clerkship Overview 5](#_Toc60615646)

[Rotation Structure: 5](#_Toc60615647)

[Clinical Sites 5](#_Toc60615648)

[Contact and Site Information 5](#_Toc60615649)

[Michael E. DeBakey Department of Surgery Undergraduate Medical Education Faculty Leadership 5](#_Toc60615650)

[Michael E. DeBakey Department of Surgery Undergraduate Medical Education Administrative Leadership 6](#_Toc60615651)

[General Surgery Site Directors 6](#_Toc60615652)

[Sub-Specialty Rotation Directors 7](#_Toc60615653)

[Teacher Learner Compact 8](#_Toc60615654)

[Clerkship Overall Goals and Objectives: 9](#_Toc60615655)

[Baylor College of Medicine Core Competency Graduation Goals (CCGGs) 10](#_Toc60615656)

[Relationship of Clerkship Objectives to Baylor College of Medicine Graduation Competencies and Educational Program Objectives 12](#_Toc60615657)

[You Said, We Did 14](#_Toc60615658)

[Student Roles, Responsibilities, and Activities 14](#_Toc60615659)

[Checklists/Case Logs 14](#_Toc60615660)

[Direct Observations 16](#_Toc60615661)

[E-Value Direct Observation Instructions for Students 16](#_Toc60615662)

[Direct Observation Form 18](#_Toc60615663)

[Mid-Term Feedback Evaluation 20](#_Toc60615664)

[Mid-Term Feedback Form 21](#_Toc60615665)

[Required Patient Contacts 26](#_Toc60615666)

[Grand Rounds 27](#_Toc60615667)

[Didactic Sessions and Small Groups 28](#_Toc60615668)

[Online Independent Learning 28](#_Toc60615669)

[American College of Surgeons/Association for Surgical Education Medical Student Curriculum 28](#_Toc60615670)

[Access Surgery 28](#_Toc60615671)

[Reporting Weekly Duty Hours 29](#_Toc60615672)

[Schedules 30](#_Toc60615673)

[Absences and Tardiness 30](#_Toc60615674)

[Student Absences Related to COVID-19 31](#_Toc60615675)

[Grades 31](#_Toc60615676)

[Grade Descriptions 31](#_Toc60615677)

[Grade Distribution 32](#_Toc60615678)

[Grading Rubric 32](#_Toc60615679)

[CLINCAL EVALUATIONS: 33](#_Toc60615680)

[NBME EXAM 33](#_Toc60615681)

[STANDARDIZED PATIENT EXAM 33](#_Toc60615682)

[PROFESSIONALISM 34](#_Toc60615683)

[FINAL GRADE ASSIGNMENT 34](#_Toc60615684)

[Addendum 35](#_Toc60615685)

[Department of Surgery Dress Code Policy 35](#_Toc60615686)

[Student Space and Resources on Surgery 35](#_Toc60615687)

[Information for Students Interested in a Surgery Specialty 36](#_Toc60615688)

[PEAR Award 37](#_Toc60615689)

[Policies (edited 12-8-2020) 38](#_Toc60615690)

[Add/drop Policy: 41](#_Toc60615691)

[Academic Workload in the Foundational Sciences Curriculum (Policy 28.1.09): 41](#_Toc60615692)

[Attendance / Participation and Absences: 41](#_Toc60615693)

[Alternative Educational Site Request Procedure (Policy 28.1.10): 41](#_Toc60615694)

[Clinical Supervision of Medical Students (Policy 28.1.08): 41](#_Toc60615695)

[Code of Conduct: 41](#_Toc60615696)

[Compact Between Teachers, Learners and Educational Staff: 41](#_Toc60615697)

[Course Repeat Policy: 43](#_Toc60615698)

[Criminal Allegations, Arrests and Convictions Policy (28.1.13): 43](#_Toc60615699)

[Direct Observation Policy (Policy 28.1.03): 43](#_Toc60615700)

[Duty Hours Policy (Policy 28.1.04): 43](#_Toc60615701)

[Educator Conflicts of Interest Policy (Policy 23.2.04) 44](#_Toc60615702)

[Examinations Guidelines: 44](#_Toc60615703)

[Grade Submission Policy (28.1.01): 44](#_Toc60615704)

[Grading Guidelines: 44](#_Toc60615705)

[Grade Verification and Grade Appeal Guidelines: 45](#_Toc60615706)

[Learner Mistreatment Policy (23.2.02): 46](#_Toc60615707)

[Leave of Absence Policy (23.1.12): 47](#_Toc60615708)

[Medical Student Access to Health Care Service Policy (28.1.17) 47](#_Toc60615709)

[Medical Student Exposure to Infectious and Environmental Hazards Policy (28.1.15) 48](#_Toc60615710)

[Blood Borne Pathogens (Standard Precautions Policy 26.3.06): 48](#_Toc60615711)

[Institutional Policy on Infectious Disease: (Infection Control and Prevention Plan Policy 26.3.19) 48](#_Toc60615712)

[Student handbook 48](#_Toc60615713)

[Midterm Feedback Policy (28.1.02): 49](#_Toc60615714)

[Narrative Assessment Policy (Policy 28.1.11): 49](#_Toc60615715)

[Patient Safety: 49](#_Toc60615716)

[Policy Regarding Harassment, Discrimination and Retaliation (02.2.25): 49](#_Toc60615717)

[Religious Holiday and Activity Absence Policy: 49](#_Toc60615718)

[Respectful & Professional Learning Environment Policy: Standards for Student Conduct and College Oversight (Policy 23.2.01): 50](#_Toc60615719)

[Mandatory Respirator Fit Testing Procedure (28.2.01): 51](#_Toc60615720)

[Social Media Policy (02.5.38): 51](#_Toc60615721)

[Sexual Misconduct and Other Prohibited Conduct Policy (02.2.26): 51](#_Toc60615722)

[Student Appeals and Grievances Policy (23.1.08): 52](#_Toc60615723)

[Student Disability Policy (23.1.07): 52](#_Toc60615724)

[Student Progression and Adverse Action Policy (Policy 28.1.05): 52](#_Toc60615725)

[Technical standards: 52](#_Toc60615726)

[Notice of Nondiscrimination: 52](#_Toc60615727)

[Statement of Student Rights: 52](#_Toc60615728)

[Understanding the curriculum (CCGG’s; EPA’s; PCRS) 53](#_Toc60615729)

# Introduction/Clerkship Overview

Welcome to your surgery core clerkship! In this course, we strive to provide medical students with an immersive and balanced surgical experience. Our goal is to equip learners with an appreciation for the diagnosis and treatment of surgical disease and, for those interested in a surgical discipline, inspire the next generation of surgical leaders. This document details the structure and operational details of our rotation. Should you require any clarification or further information, please contact the Clerkship Director and Clerkship Coordinator at any time.

## Rotation Structure:

Three (3) weeks General Surgery AND Three (3) weeks of either Subspecialty Surgery *or* Surgical ICU at one of the following sites:

* Baylor St. Luke’s Medical Center (BSTLMC)
* Ben Taub Hospital (BTH)
* Michael E. DeBakey Veterans Affairs Medical Center (MEDVAMC)
* Texas Children’s Hospital (TCH)

# Clinical Sites

* Baylor St. Luke’s Medical Center (BSTLMC)
* Ben Taub Hospital (BTH)
* Michael E. DeBakey Veterans Affairs Medical Center (MEDVAMC)
* Texas Children’s Hospital (TCH)

**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**

# Contact and Site Information

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# Teacher Learner Compact

Compact Between Teachers, Learners, and Education Staff at Baylor College of Medicine

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

Duty, Integrity, Respect: Guiding Principles of the Educational Compact

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

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 communicate any concern about breaches of this compact

*We gratefully acknowledge the inspiration for this Compact provided by Jordan J. Cohen, M.D., President of the Association of American Medical Colleges through his "Compact between Faculty and Learners" published November 4, 2001.*

# Clerkship Overall Goals and Objectives:

1. Demonstrate familiarity with the anatomy/pathophysiology of and establish treatment of the following surgical diseases:
   1. Acute abdomen
   2. Biliary Disease
   3. Breast Disease
   4. Hernias
   5. Chest Disease
   6. Surgical Critical Care
   7. Skin Disorders
   8. Trauma
   9. Vascular Disease
   10. Morbid Obesity
2. Develop a prioritized problem list and differential diagnosis using patient’s biopsychosocial history, medical records, physical exam findings, and diagnostic studies
3. Formulate appropriate care plans, including diagnostic tests and interventions
4. Obtain consent and perform basic technical procedures competently
5. Perform the appropriate focused history and physical examinations and identify the characteristic signs associated with surgical diseases and understand appropriate interventions. Interpret physical exam findings accurately
6. Apply an evidence-based approach, when possible, in managing common surgical problems
7. Explain the mechanisms of action, indications, advantages, side-effects and contraindications of medications/procedures used in the management of preoperative and postoperative patients.
8. Demonstrate effective and respective communication skills during interpersonal interactions with patients, families and the medical team
9. Self-assess progress as learners and identify specific learning needs during the clerkship
10. Demonstrate an understanding of the perioperative preparation of patients and routine postoperative care pathways
11. Employ honesty, integrity, and respect in all interactions and demonstrate sensitivity to patients and colleagues from diverse populations
12. Demonstrate caring, compassion and empathy in patient interactions and advocate for the needs and well-being of patients, colleagues and self
13. Fulfill professional responsibilities as a learner, colleague and member of the health care team, including adherence to ethical principles and patient confidentiality rules

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

**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

**Medical Knowledge**

Each student graduating from BCM will:

2.1. Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and socio-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

**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 setting

**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

**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

**System-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

**Leadership**

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

7.1. Demonstrate the ability to work effectively as a member of an interprofessional health care team

7.2. Demonstrate the ability to give and receive behaviorally-specific feedback

7.3. Utilize skills that enhance the learning environment and team functioning

# Relationship of Clerkship Objectives to Baylor College of Medicine Graduation Competencies and Educational Program Objectives

* *Relevant Baylor CCGGs are listed in italics after each learning objective*
* **SP exam =** Standardized Patient exam
* **NBME =** National Board of Medical Examiners Subject Examination

|  |  |  |  |
| --- | --- | --- | --- |
| Clerkship Objective(s) | Mode of Teaching | Mode of Assessment | |
| **Formative** | **Summative** |
| Demonstrate familiarity with the anatomy/pathophysiology of and establish treatment of the surgical following surgical diseases:   * Acute abdomen * Biliary Disease * Breast Disease * Hernia * Chest Disease * Surgical Critical Care * Skin Disorders * Trauma * Vascular Disease * Morbid Obesity   CCGGs (2.1, 2.3) | * Clinical Experiences * Access Surgery Modules * Small Groups * Lectures * Skills lab | * Midpoint Feedback * Direct Observation * Faculty/resident feedback | * Student Performance Assessment Forms * NBME Exam |
| Develop a prioritized problem list and differential diagnosis using patient’s biopsychosocial history, medical records, physical exam findings, and diagnostic studies  CCGG (3.2,3.3, 3.7, 3.8.3.9) | * Clinical Experiences * Access Surgery Modules * Small Groups * Lectures * Skills lab | * Midpoint Feedback * Direct Observation * Faculty/resident feedback | * Student Performance Assessment Forms * Standardized Patient Exam |
| Formulate appropriate care plans, including diagnostic tests and interventions  CCGGs (3.2) | * Clinical Experiences * Access Surgery Modules * Small Groups * Lectures * Skills lab | * Midpoint Feedback * Direct Observation * Faculty/resident feedback | * Student Performance Assessment Forms * Standardized Patient Exam |
| Obtain consent and perform basic technical procedures competently  CCGG (3.4) | * Clinical Experiences * Didactic Sessions | * Intraoperative Skills * Faculty/Resident Feedback |  |
| Perform the appropriate focused history and physical examinations and identify the characteristic signs associated with surgical diseases and understand appropriate interventions. Interpret physical exam findings accurately  CCGG (3.5, 3.8) | * Clinical Experiences * Access Surgery Modules * Small Groups * Lectures * Skills lab * Direct Observation | * Midpoint Feedback * Direct Observation * Faculty/resident feedback | * Student Performance Assessment Forms * Standardized Patient Exam |
| Apply an evidence-based approach, when possible, in managing common surgical problems  CCGG (3.9) | * Clinical Experiences * Access Surgery Modules * Small Groups * Lectures * Skills lab * Morning Report * M&M/Grand Rounds | * Midpoint Feedback * Direct Observation * Faculty/resident feedback | * Student Performance Assessment Forms |
| Explain the mechanisms of action, indications, advantages, side-effects and contraindications of medications/procedures used in the management of preoperative and postoperative patients  CCGG (3.2, 3.9) | * Clinical Experiences * Access Surgery Modules * Small Groups * Lectures * Skills lab | * Midpoint Feedback * Direct Observation * Faculty/resident feedback | * Student Performance Assessment Forms * NBME Exam |
| Demonstrate effective and respective communication skills during interpersonal interactions with patients, families and the medical team  CCGGs (4.1, 4.2) | * Clinical Experiences * Small Groups * Skills lab | * Midpoint Feedback * Direct Observation * Faculty/resident feedback | * Student Performance Assessment Forms * Standardized Patient Exam |
| Self-assess progress as learners and identify specific learning needs during the clerkship  CCGG (5.1) | * Clinical Experiences * Access Surgery Modules * Small Groups * Lectures * Skills lab | * Midpoint Feedback * Direct Observation * Faculty/resident feedback | * Student Performance Assessment Forms |
| Demonstrate an understanding of the perioperative preparation of patients and routine postoperative care pathways  CCGG (5.3) | * Clinical Experiences * Access Surgery Modules * Small Groups * Lectures * Skills lab | * Midpoint Feedback * Direct Observation * Faculty/resident feedback | * Student Performance Assessment Forms |
| Employ honesty, integrity, and respect in all interactions and demonstrate sensitivity to patients and colleagues from diverse populations  CCGG (1.2, 1.5) | * Clinical Experiences * Ethics PowerPoint * Lectures | * Midpoint Feedback * Direct Observation * Faculty/resident feedback | * Student Performance Assessment Forms * Standardized Patient Exam |
| Demonstrate caring, compassion and empathy in patient interactions and advocate for the needs and well-being of patients, colleagues and self  CCGG (1.3, 1.4) | * Clinical Experiences * Ethics PowerPoint * Lectures | * Midpoint Feedback * Direct Observation * Faculty/resident feedback | * Student Performance Assessment Forms * Standardized Patient Exam |
| Fulfill professional responsibilities as a learner, colleague and member of the health care team, including adherence to ethical principles and patient confidentiality rules  CCGG (1.1, 1.6, 1.8) | * Clinical Experiences * Ethics PowerPoint * Lectures | * Midpoint Feedback * Direct Observation * Faculty/resident feedback | * Student Performance Assessment Forms * Professional-ism Points |

# 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: |
| 2019 | Miscommunications on clerkship requirements and the site locations | Restructure both COD and Blackboard page to clearly delineate course requirements and due dates. Clear, regular communication from clerkship administration regarding clerkship requirements as well as contact information for each site. |
| 2019 | Students were critical of their role on the team | Develop a clearly defined set of written subrotation-specific roles and responsibilities that will be shared with students, housestaff, and faculty. |
| 2019 | The quality of feedback was varied by faculty and sites | Develop and implement twice-annual feedback and evaluation training for all faculty and staff. |
| 2019 | Clinical learning environment/professionalism of faculty and housestaff | Provide specific mistreatment training to housetaff and faculty. Give students mechanisms to address mistreatment in real time, embrace reporting as a tool for improvement, promote a culture of collaborative learning. |
| 2021 | Duty Hours on request by the rotation were redundant and did not align with Baylor College of Medicine policies | The requirement for weekly submission of work hours was removed |

# Student Roles, Responsibilities, and Activities

## Clinical Experiences and Other Clerkship Requirements

Logging all required clinical experiences and other clerkship requirements is mandatory and should be completed using E\*Value (see details on how to log an experience/requirement below). Failure to log these requirements by the last day of the rotation may result in an **incomplete** grade.

The list of required clinical experiences and other clerkship requirements are the **minimum** requirements the Clerkship Director and Curriculum Committee have designated for every student to see and/or do during the surgery clerkship rotation. We strongly advise students to log your clinical experiences and other clerkship requirements as you progress along the clerkship. Your log will be reviewed with you during your Mid-Rotation feedback session.

Definition of your role for each clinical experience or other clerkship requirement:

**PERFORM** = Student actively participated in obtaining essential part of History and/or Physical Exam for diagnosis listed or participated in essential components of procedure performed

**OBSERVE** = Student is present as History/Physical Exam performed, or when a diagnosis is obtained, or a procedure is performed by others on the team

**SIMULATE** = Alternative experience available on Blackboard or other Simulated setting (to be used only when actual patient experience is not available and with the permission of the Clerkship Director)

Please contact the Clerkship Director if any clarification is needed on any of the above logging expectations and definitions. A summary of the required clinical experiences and other clerkship requirements is provided below.

|  |  |
| --- | --- |
| Course Requirement | Responsible Personnel |
| Required Clinical Experiences | |
| Abdominal Pain-INPATIENT: Perform Hx & PE  Biliary Tract Disease-INPATIENT: Perform Hx & PE  Breast Cancer or Disease (Breast Clinic Visit)-AMBULATORY pt: Assist w/ Hx & PE  Cardiothoracic Disease-INPATIENT: Perform Hx & PE  Hernia-INPATIENT: Assist w/ Hx & PE  Soft Tissue Infection-INPATIENT: Perform Hx & PE  Surgical Wound Care-INPATIENT: Perform  Suture a Surgical Wound-INPATIENT: Perform  Trauma Patient (Trauma Shift)-INPATIENT: Perform Hx & PE  Vascular Catheter Management-INPATIENT: Perform  Venous Thromboembolism Prevention-INPATIENT: Assist | May be assigned to resident or faculty. |
| Other Clerkship Requirements | |
| Admission/Transfer Order: Performed  Brief Operative Notes: Completed  H&P General Surgery-Unsupervised: Completed  H&P Subspecialty-Unsupervised: Completed \*  ICU Procedure: Assisted\*  Presentation of Gen. Surgery OR Case: Completed  Presentation of OR Sub-Specialty Case: Completed\*  Presentation of an ICU Patient: Completed\*  Foley Catheter Insertion-INPATIENT: Performed  NG Tube Placement: Performed (Optional) | May be assigned to resident or faculty. |
|  | |

\*If applicable, depending on whether you are on a sub-specialty rotation or an ICU rotation.

It is our job as Clerkship Director and Site Directors to ensure that you can see/do the required items listed. If a required clinical experience or other clerkship requirement cannot be met, we will provide an approved alternative experience or adjust sites as necessary. *\*PLEASE NOTE: STUDENTS SHOULD ONLY LOG ALTERNATE EXPERIENCES IF THEY HAVE NOT MET THE MINIMUM ROLE REQUIREMENT AND HAVE GOTTEN PERMISSION FROM THE CLERKSHIP DIRECTOR\**

|  |  |
| --- | --- |
| **Clinical experience and other clerkship requirement** | **Alternate clinical experience and other clerkship requirement** |
| Abdominal Pain | WISE-MD: Appendicitis, Bowel Obstruction, Colon Cancer, Diverticulitis |
| Biliary Tract Disease | WISE-MD: Cholecystitis, Pancreatitis |
| Breast Cancer or Disease | WISE-MD: Breast Cancer  WISE-MD Skills: Ultrasound for Breast |
| Cardiothoracic Disease | WISE-MD: Lung Cancer |
| Hernia | Inguinal Hernia, Pediatric Hernia |
| Soft Tissue Infection | WISE-MD: Burn Module, Skin Cancer |
| Surgical wound care | WISE-MD: Burn Module |
| Suture a surgical wound | WISE-MD Skills: Suturing and Instrument Tie  WISE-MD Skills: Two Handed Knot Tie |
| Trauma Patient | WISE-MD: Trauma Resuscitation  WISE-MD: EFAST exam |
| Vascular Catheter Management | WISE-MD Skills: Ultrasound for Vascular Access  WISE-MD: Ultrasound Venous |
| Venous Thromboembolism prevention | WISE-MD: Venous Thromboembolism, AAA, Carotid Stenosis |
| ICU procedure | WISE-MD Skills: Ultrasound for Vascular Access  WISE-MD: Ultrasound Venous |
| Foley catheter insertion | WISE-MD: Skills Foley Catheter |

How to log a clinic experience or other clerkship requirement in E\*Value

1. Log in to E\*Value with your username and password.
2. On the main page, under “Tasks” select “log new case". Alternatively, you can select the “Case log” tab and click on “log new case” under “Manage case log.”
3. Fill in the required fields “including “date”, “supervisor” and their “role.” Select a required clinical experience or other clerkship requirement from the “Procedure” list.
4. Under “Select your role in the skill/teaching session” you will indicate “standard method” or “alternate method.” By default, this will be “standard method” unless you have been granted permission to do an “alternative clinical experience” by the Clerkship director.
5. Click “Add procedure” and “save record.”
6. You may add more than one clinical experience or other clerkship requirement at a time.

## Additional Clerkship Requirements

## The following table summarizes additional clerkship assignments required for successful completion of the rotation:

|  |  |
| --- | --- |
| Course Requirement | Responsible Personnel |
| Required Observation/Feedback Sessions/Evaluations | |
| Direct Observation from General Surgery Subrotation (Supervised)  Direct Observation from ICU Subrotation or Surgical Subspecialty (Supervised)  Mid-Term Feedback (completed by Site/Subrotation Director)  Mid-Term Feedback Attestation Form  Student Performance Assessment Form (SPAF)- Minimum of 4 required:  General Surgery Subrotation  1 from faculty  1 from housestaff  ICU or Subspecialty Subrotation  1 from faculty  1 from housestaff | Direct Observation and Mid-term Feedback must be completed by faculty only.  SFAF must be completed by Department of Surgery faculty or housestaff only. |
| Didactic Requirements | |
| Grand Rounds  Didactic Sessions (Attending Lectures)  Small Group Sessions  Skills Labs  Online Independent Learning (Completed Independently) | Completion/attendance by each student |

## Direct Observations

A Direct Observation (DO) is to be completed by each student twice during the term. This task is to be completed once on the general surgery sub-rotation and once on the subspecialty or ICU sub-rotation. Students should use BCM standards in their history and physical exams. These standards are available at <https://bcm.box.com/s/txl1ko6pgxl5rx6zt25onwp7tbvmpc2>. The evaluation is to be completed and logged on E\*value. **The activity AND evaluation launch in E-value for each successive DO should be completed prior to the end of the second week of each sub-rotation.** *Failure to complete the required direct observations in a timely fashion may result in a loss of professionalism points. Further, failure to complete the required activities by the end of the course will result in a grade of incomplete until these requirements are fulfilled.*

## E-Value Direct Observation Launch Instructions for Students

During this clerkship, we ask that you launch at least two (2) Direct Observation forms to faculty who have observed you performing any part of a history and physical examination. You can launch the direct observation form directly from your phone or tablet following the directions below.

1. Search for e-value.net on a web browser (Safari, Google, etc.). There is not an app for E\*Value.

2. Login manually using your E\*Value login and password

3. Select your CURRENT Core Clerkship for Program (BCM Core Clerkship-Surgery)

A screenshot of a cell phone

Description automatically generated

4. Click Continue (screen shot above).

5. Choose Ad Hoc from the choices on the screen (screen shot #2 below)

6. On the next screen complete the following: (screen shot #3 below)

a. Select an Evaluation type: Direct Observation (Who Observed You?)

b. Who would you like to evaluate you?: (Not Applicable)

c. Activity: Direct Observation

d. Time Frame: AD HOC, Term XX. This is the Default Timeframe that you should use.

e. Click Next

7. To select the name of the person who observed you, (screen shot #4 below)

a. Click on the bar above Add

b. The names will appear below the ‘Done’ button

c. Scroll through the names from the list and stop on the name you want to select

d. Touch Add® (You may not see a name in the box, but if you click on the bar below Remove, you will see the name of the person you chose).

e. Click Submit

8. You will see a message that says Thank you for completing this evaluation. (screen shot #5 below)

9. Your instructor should immediately receive an email (which looks like it came from the clerkship coordinator) with a direct link to the form.



## Direct Observation Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **OBSERVATION OF *HISTORY TAKING***  ***KEY ELEMENTS:***   * Establishes and maintains rapport with patient/family * Appropriately applies use of open-ended and closed-ended questions * Obtained focused history of present illness and past medical/psychiatry history * Elicits sufficient information to define problems * Logical flow and sequence of interview questions  |  | | --- | | *(Question 1 of 6 )* |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Cannot Do | Can Do With  *Significant* Guidance | Can Do With *Limited*  Guidance | Can Do  Alone | This Type  Not Observed | | **History of Present Illness** |  |  |  |  |  | | **Past Medical History** |  |  |  |  |  | | **Past Surgical History** |  |  |  |  |  | | **Psych History** |  |  |  |  |  | | **OB-Gyn History** |  |  |  |  |  | | **Personal/Social History** |  |  |  |  |  | | **Family History** |  |  |  |  |  | | **Review of Systems** |  |  |  |  |  | | ***Other History (Please indicate type in comments, below)*** |  |  |  |  |  | | | |
| |  | | --- | | *History-Taking Comments:*    *(Question 2 of 6 )* | | | |
| **OBSERVATION OF*PHYSICAL EXAM***  ***KEY ELEMENTS:***   * Examines appropriate regions of the body pertinent to the symptoms * Correct exam technique * Logical exam sequence * Elicited relevant abnormal findings * Minimizes patient discomfort  |  | | --- | | *(Question 3 of 6 )* |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Cannot Do | Can Do With *Significant* Guidance | Can Do With *Limited* Guidance | Can Do Alone | This Type Not Observed | | **Mental Status Exam** |  |  |  |  |  | | **HEENT** |  |  |  |  |  | | **Cardiovascular Exam** |  |  |  |  |  | | **Breast Exam** |  |  |  |  |  | | **Lung Exam** |  |  |  |  |  | | **Abdominal Exam** |  |  |  |  |  | | **GU/Pelvic Exam** |  |  |  |  |  | | **Peripheral Vascular Exam** |  |  |  |  |  | | **Neurologic Exam** |  |  |  |  |  | | **Musculoskeletal Exam** |  |  |  |  |  | | **Other PE (Please indicate type in comments, below)** |  |  |  |  |  | | | |
| |  | | --- | | *Physical Exam Comments:*    *(Question 4 of 6 )* | | | |
| ***PROFESSIONALISM***  ***KEY ELEMENTS:***   * Recognizes areas for improvement, accepts constructive feedback * Courteous and respectful to patient, family, healthcare team members  |  | | --- | | *(Question 5 of 6  - Mandatory )* |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | | Not Observed | Area of Concern | Area for Development | Demonstrates Competence | Demonstrates Excellence | | 1. | **Professionalism** | 0 | 1 | 2 | 3 | 4 | | | |
| |  | | --- | | *Professionalism Comments:*    *(Question 6 of 6 )* | | | |
| 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. |  |  |

## Mid-Term Feedback Evaluation

Each student is required to participate in a formal mid-term feedback (MTF) session with the Site Director or Sub-Specialty Rotation Director at the 3-week mark. **Students should contact their Site Director or Sub-Specialty Rotation Director to schedule MTF, with a goal of completion by Thursday of week 3.** If you have difficulty scheduling, please contact the clerkship coordinator and director for assistance. The formal mid-term feedback evaluation (assigned to your site director/subrotation director through the education office), located on E-value, is to be completedand logged. Mid-term Feedback is a mandatory activity designed as a “checkpoint” in order to review a student’s progress towards completion of class requirements. Mid-term feedback is not meant to be a predictor of your final grade. A student may meet criteria for a failing grade at any time during the clerkship based on professionalism or clinical performance, including after MTF. Failure to complete MTF in a timely fashion may result in loss of professionalism points. Failure to complete MTF prior to the end of the clerkship will result in a grade of incomplete for the course until MTF is logged. For your information and familiarity, the Mid-Term Feedback form is attached below.

## Mid-Term Feedback Form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| |  | | --- | | **Are you ready to proceed with completion of the midterm feedback form?    *(Question 1 of 15  - Mandatory )*** |  |  |  | | --- | --- | | Yes | No | |  |  | |
| **This mid-term feedback form is intended to provide feedback about performance, in order to facilitate improvement.  This form and associated processes at mid-point are not intended to predict the final grade, and are not suited for that purpose.  Pre-populated responses on this form reflect aggregated or summarized results from other inputs (e.g. Direct Observation forms, Student Performance Evaluation forms).   SECTION 1. SUMMARIZED RESULTS FROM DIRECT OBSERVATION FORMS**   |  | | --- | | *(Question 2 of 15 )* |  |  |  |  | | --- | --- | --- | | **The results below are populated using previous Direct Observation evaluations on this student** |  |  | | **History of Present Illness** |  |  | | **Past Medical History** |  |  | | **Past Surgical History** |  |  | | **Psych History** |  |  | | **OB-Gyn History** |  |  | | **Personal/Social History** |  |  | | **Family History** |  |  | | **Review of Systems** |  |  | | **Other History (Please indicate type in comments, below)** |  |  | |
| |  | | --- | | ***Direct Observation History-Taking Comments:*    *(Question 3 of 15 )***  Do not ADD, REMOVE or CHANGE any comments in this box. | |
| |  | | --- | | *(Question 4 of 15 )* |  |  |  |  | | --- | --- | --- | | **The results below are populated using previous Direct Observation evaluations on this student** |  |  | | **Mental Status Exam** |  |  | | **HEENT** |  |  | | **Cardiovascular Exam** |  |  | | **Breast Exam** |  |  | | **Lung Exam** |  |  | | **Abdominal Exam** |  |  | | **GU/Pelvic Exam** |  |  | | **Peripheral Vascular Exam** |  |  | | **Neurologic Exam** |  |  | | **Musculoskeletal Exam** |  |  | | **Other PE (Please indicate type in comments, below)** |  |  | |
| |  | | --- | | ***Direct Observation Physical Exam Comments:*    *(Question 5 of 15 )***  Do not ADD, REMOVE or CHANGE any comments in this box. | |
| |  | | --- | | *(Question 6 of 15 )* |  |  |  |  | | --- | --- | --- | | **The results below are populated using previous Direct Observation evaluations on this student** |  |  | | **Professionalism** |  |  | |
| |  | | --- | | ***Direct Observation Professionalism Comments:*    *(Question 7 of 15 )***  Do not ADD, REMOVE or CHANGE any comments in this box. | |
| **SECTION 2. SUMMARIZED RESULTS FROM STUDENT PERFORMANCE EVALAUTIONS**   |  | | --- | | *(Question 8 of 15 )* |  |  |  |  | | --- | --- | --- | | **The results below are populated using previous Student Performance evaluations on this student** |  |  | | **PROF1:** The student exhibits **professionalism with respect to patients and families**: compassionate and respectful, advocates for patient/family's needs. |  |  | | **PROF2:** The student exhibits **professionalism with respect to colleagues and team:** reliable and prepared, cooperative, proactive. |  |  | | **PROF3:** The student exhibits **professionalism with respect to other students**: Serves as a positive role model. |  |  | | **PROF4:** The student exhibits **professionalism with respect to self-improvement:** Seeks, accepts and integrates feedback; self-aware of performance. |  |  | |
| |  | | --- | | **Comments regarding professional behavior from Student Performance Evaluations.    *(Question 9 of 15 )***  Do not ADD, REMOVE or CHANGE any comments in this box. | |
| |  | | --- | | *(Question 10 of 15 )* |  |  |  |  | | --- | --- | --- | | **The results below are populated using previous Student Performance evaluations on this student** |  |  | | **Medical Knowledge *(Item 1)*** |  |  | | **Patient Care *(Items 2-7)*** |  |  | | **Communication *(Items 8-11)*** |  |  | | **Systems-Based Practice  *(Items 12-13)*** |  |  | |
| |  | | --- | | **Constructive feedback comments from Student Performance Evaluations.    *(Question 11 of 15 )***  Do not ADD, REMOVE or CHANGE any comments in this box. | |
| |  | | --- | | **Comments about notable strengths from Student Performance Evaluations.    *(Question 12 of 15 )***  Do not ADD, REMOVE or CHANGE any comments in this box. | |
| **SECTION 3. GOALS IDENTIFIED BY STUDENT Please list goals below**   |  | | --- | | *(Question 13 of 15 )* |  |  | | --- | | Goal #1 | | Goal #2 | | Goal #3 | |
| **SECTION 4. STRENGTHS, PLANS FOR FURTHER DEVELOPMENT**   |  | | --- | | *(Question 14 of 15  - Mandatory )* |  |  | | --- | | Strengths | | Areas for Development | | Action Steps | |
| |  | | --- | | **Enter date reviewed with student.    *(Question 15 of 15 )*** | |

## Grand Rounds

## The Department of Surgery Grand Rounds are held Wednesday mornings from 7:00 a.m. – 8:00 a.m. during the months of September – June. Location and mechanism (I.e room number at BCM if in-person attendance is permitted vs Zoom login) will be sent via calendar and email invitation. Attendance is mandatory. For in-person sessions, please wear either business attire or scrubs with your white coat.

## Didactic Sessions and Small Groups

Medical student didactic sessions will be held every Wednesday morning directly following Grand Rounds. There will be two (2) sessions per Wednesday: an expert didactic session led by a faculty member followed by a small group learning session facilitated by a faculty member. Typically, these sessions held from 8:00 am – 10:00 am. Location and mechanism (i.e. room number at BCM if in-person sessions are allowed vs. Zoom link) will be sent to you via calendar invitation and email. To prepare for the faculty didactic session, students, will be provided study material both online through Blackboard and in email form in the calendar invitation. Students are strongly encouraged to review this information before the live session. For small-groups, you will be assigned to a group and faculty facilitator. The small-group cases are sent to you via email and are available on Blackboard for your preparation beforehand. Students will also be required to complete an evaluation on their faculty in E\*Value.

## Online Independent Learning

Students are required to complete the following online learning sessions independently prior to the end of the clerkship:

### **American College of Surgeons/Association for Surgical Education Medical Student Curriculum**

The American College of Surgeons and the Association for Surgical Education have developed a Medical Student Curriculum. Students are required to complete the following sessions:

#### Peri-Operative Care

Recorded Lecture:

<https://videos.facs.org/w/MxoAAA/>

Printed Content:

<https://www.facs.org/-/media/files/education/core-curriculum/perioperative_care.ashx>

#### Nutrition

Recorded Lecture:

<https://videos.facs.org/w/TxoAAA/>

Printed Content and Review Questions:

<https://www.facs.org/-/media/files/education/core-curriculum/nutrition_module_content.ashx>

#### Communication of Bad News

Printed Content and Review Questions:

<https://www.facs.org/-/media/files/education/core-curriculum/communication_bad_news_go.ashx>

**Case Files: Surgery (via Access Surgery)**

The following modules are mandatory, the others are optional but we encourage you to do all of them as part of your clerkship studying:

**Mandatory Case Files on Access Surgery:**

* Esophageal Perforation
* Esophageal Carcinoma
* Insulinoma and Pancreatic neoplasm
* Malignant Melanoma
* Lower extremity occlusive disease
* Venous Thromboembolism
* Acute Pancreatitis



To enter Access Surgery, use the TMC library access (access the learning module through the TMC library account NOT the VA, UTH, or MD Anderson websites). Issues regarding Access Surgery? Call 1-888-307-5984.

<http://library.tmc.edu> => view more databases => Access Surgery

Log In with your BCM Credentials

Cases => Case Files: Surgery

# Schedules

|  |  |  |
| --- | --- | --- |
| *Orientation* | 7:30 a.m. – 09:00 a.m.;  1st day of Clerkship | All students attend, held at BCM main campus vs Zoom |
| *Grand Rounds* | 7a.m. – 8 a.m.,  Wednesdays, Sept.-June only | All students attend, held at BCM main campus vs Zoom |
| *Chairman’s Rounds* | 1 p.m. – 2 p.m.;  Wednesdays | General Surgery/Surgical Oncology sub-rotation students attend |
| *Ben Taub Attending Rounds* | 1 p.m. – 2 p.m.;  Mondays | Ben Taub General Surgery Students |
| *Morbidity and Mortality Conference* | Held weekly at TCH, VA, BSTLMC, BTH | Time varies by location |
| *Trauma Shifts* | Ben Taub Hospital  7 p.m. to 7 a.m. Friday 7 a.m. to 7p.m. Saturday  7 p.m. to 7a.m. Saturday  7 p.m. to 7 a.m. Sunday 7 p.m. to 7a.m. Monday | Students are assigned to Friday night, Saturday, or Saturday night trauma shifts.  BTH General Surgery students are assigned to Sun & Mon |
| *Outpatient Breast Clinic Experience* | All students will be assigned to an afternoon breast clinic at Baylor Clinic or Smith Clinic. | All students are assigned to a breast clinic shift during their General Surgery rotation. Students will be emailed with the date, time, and location of this clinic. |

\*Additional details for the above schedules may be found on Blackboard and are updated each term. Schedules/activities are submit to change\*

## Duty Hours

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. (see BCM Policies and Procedures link at the end of this document for more details).

## Absences and Tardiness

In order to maximize the learning experience on Surgery, regular attendance on the rotation is expected. Days may be missed for excused absences only. [Per BCM policy, excused absences include the following](https://www.bcm.edu/education/schools/medical-school/student-affairs/student-handbook/policies-guidelines/attendance-and-participation):

* Medical illness experienced by the student (physician note required if three or more days of illness experienced)
* Personal crisis (e.g., death or illness of immediate family member)
* Child birth (maternity and paternity policy of the College takes precedence)
* Presentation at professional meetings (up to two days with attendance up to department's discretion)
* Residency Interviews
* An Absence Form must be filled out, signed by the chief resident/attending on service, and turned into the Clerkship director or coordinator.
* Planned absences which are not cleared in advance will be treated as unexcused regardless of cause as will any absence for illness that we are not informed of immediately. *An unexcused absence is considered grounds for failure of a core rotation. Please report any unexcused absences to the Clerkship Director and coordinator.*
* Unanticipated absences must be reported to the clerkship director as soon as possible. When requesting time off or if you’ve called in because of an illness, please complete the time-off request/absence notification form (located on Blackboard). The form will need to be emailed to the Clerkship Coordinator, your attending, and the chief resident.

We follow the BCM Holiday Calendar:

* + New Year’s Day
  + Martin Luther King Day
  + Memorial Day
  + Independence Day
  + Labor Day
  + Thanksgiving Day
  + Christmas Day

## Student Absences Related to COVID-19

* Student absences related to COVID-19 (infection or exposure requiring isolation or quarantine) will be excused.
* Students must complete all course requirements in order to successfully pass the course; students will receive an incomplete if course requirements remain pending at the end of the rotation (example: direct observations; required clinical experiences).

Students who do not attend / participate in 50% or more of the clinical rotation will be required to participate in additional clinical shift(s) per the discretion of the CD in order for the student to meet course requirements, with consideration of the students’ other schedule requirements / conflicts.

# Grades

## Grade Descriptions

|  |  |
| --- | --- |
| **Grade** | **Description** |
| Honors (H) | Exceptional performance in all areas |
| High Pass (HP) | Performance clearly exceeds the Pass requirements but does not reach Honors level. |
| Pass (P) | Good academic work |
| Marginal Pass (MP) | Performance meets the minimum rotation requirements |
| Incomplete (I) | **Temporary grade** given when a student is unable to complete the requirements for a rotation because of illness or other extenuating circumstances AND is considered to be passing the rotation at the time the grade is given. |
| Deferred (D) | **Temporary grade** given when a student has not successfully completed all of the requirements at the end of the rotation AND requires remediation in order to meet the minimum rotation requirements. For example, failing a Standardized Patient examination encounter or the National Board of Medical Examiners Examination will result in a Deferred grade. The student will be given an opportunity to take the failed element a second time. If a passing score is obtained on the second attempt, the student will be issued a final course grade. However, *the highest final course grade that can be received in this situation is a Pass.* |
| Fail (F) | Performance is clearly below the passing standards of the rotation  **How a failure may be earned:**  Earning a failure in the clerkship by any of the following manners will require the student to repeat the course in its entirety:   1. Clinical performance alone, regardless of test scores, that is 2 SD below the mean will be reviewed and may result in failure. 2. Lapses or issues with professionalism alone, after confirmation by due process, independent of clinical performance. 3. Failing 2 or more graded components on the clerkship (ie: the NBME and SP exam) 4. Overall performance on the clerkship that is 2 SD below the mean will be reviewed and may result in failure. 5. Failing only the SP or NBME Exam:    1. 1st Failure: Failing the SP exam or the NBME will result in a Deferred grade to be submitted and the student is required to retake and successfully pass the exam. The highest grade that can be received for the course will be a Pass.    2. 2nd Failure: A second Fail of the SP exam or the NBME will require the student to repeat the course in its entirety. An F will appear on the transcript and the highest final overall course grade that can be received upon repeat of the course is a Pass.    3. 3rd Failure: On repeat of the course, students who fail any SP or NBME examination on the overall third attempt will fail the course for a second time and be referred to the Student Promotions Committee for adjudication.   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 received is a Pass. |

## Grade Distribution

Grade distribution as follows each term: 30% Honors, 40% High Pass, 30% Pass/Marginal Pass/Fail. Consideration is given to early clinical learners (with the first 6 months of clinical clerkships). Final grades are determined by the Department of Surgery Undergraduate Medical Education Committee

## Grading Rubric

|  |  |  |
| --- | --- | --- |
| Requirements | % of Final Grade | Minimum Score to Pass |
| Clinical Evaluations (SPAF) | 50% | ≥ 2 standard deviations below the class mean. Clinical performance that is 2 SD below the mean will be reviewed and may result in failure. |
| NBME Subject Exam | 25% | ≥ 5%ile as defined by NBME |
| Standardized Patient Exam | 20% | See below ; Failure results from overall failure score <70% |
| Professionalism | 5% | Unprofessional behavior can be grounds for failure of the clerkship independent of clinical grade. |
| Due to Clerkship Office:   * 2 Direct Observation Forms (One per sub-rotation) * Midterm Feedback * Documentation of completion of all course requirements * ‘Who Did You Work With’ for clinical evaluations (SPAF) | | If not completed by the end of the clerkship, the student will receive an INCOMPLETE in the course. If not turned in by the end of the clerkship, the student will receive a DEFERRED and are subject to failing if turned in more than 7 days past due. |

*\* Ethicspoint report may be made in addition to points deducted depending on nature of behavior*

*\* Students who have deficiencies in professionalism will not be eligible for clerkship-specific awards*

### **CLINCAL EVALUATIONS:**

Clinical evaluations of clerkship students are obtained via the Student Performance Assessment Form (SPAF). SPAFs are assigned by the surgery education office based on student selection via “Who Did You Work With." A minimum of 1 faculty and 1 housestaff SPAF must be completed per sub-rotation. All SPAFs from each subrotation and each evaluator will count equally towards the final grade. An example SPAF is listed for reference below. *REMINDER*: housestaff and faculty must be from the Department of Surgery (not Plastic surgery, ER, Ob/gyn, etc).

### **NBME EXAM**

All web-based Medical School Clinical National Board Subject Examinations (NBME) are managed by the Office of Evaluation, Assessment and Education Research. This office will set the schedule for exam administration for all clerkships. Passing is defined as ≥ 5%ile.

**STANDARDIZED PATIENT EXAM**

Information about SP examinations for clerkships is available on the course Blackboard page (see The Simulation Learning Center page on Blackboard \*may be listed as SP Program). This Blackboard page is managed by the Simulation Learning Center and provides general information regarding SP examinations, including the Physical Exam and Communication Standards, as well as Simulation Learning Center policies (such as the Late/Cancellation policy). Students are responsible for reviewing and adhering to these policies.

As per the Exam Absence policy (<https://www.bcm.edu/education/school-of-medicine/m-d-program/student-handbook/m-d-program-curriculum/examinations>), students are required to sit for examinations as scheduled. ***Unauthorized absences will result in a grade of Fail for the examination.***

Following the SP examination, requests for SP examination review (without rescoring) can be made at any time. See [REVIEW OF SP ENCOUNTER VIDEO](https://bcm.box.com/s/hfutorhlklryo71wjryuzgzuhxg642za) guideline for more details.

Requests for SP examination regrade (i.e. rescoring) must be made within 10 calendar days of receiving the score report, and can result in a grade increase or decrease depending on the re-evaluation. See [CLINICAL PERFORMANCE EXAM RESCORING](https://bcm.box.com/s/t305y4k5iecwg98xht3wukz1suovqm9e) guideline for more details. Please note that a request for SP examination regrade is not equal to an official grievance or grade appeal for the course; see the POLICIES section of this document for more information regarding the Student Appeals and Grievances Policy (23.1.08).

SP examination failures: All videos of failing student encounters are reviewed by an SP Educator to confirm scoring accuracy prior to release of the score report. Students who are required to remediate the SP examination should contact their Clerkship Director and Student Affairs to initiate the retake of the SP examination. See [CLINICAL PERFORMANCE EXAM FAILURE](https://bcm.box.com/s/27jt8qywcpy0ufwevbmatp9vcowex41o) guideline for more details. Students are required to sit for the remedial SP examination within six months of the original test date.

If you are a returning dual-degree program student or have been on leave of absence, please contact the Standardized Patient program [spprogram@bcm.edu](mailto:spprogram@bcm.edu) to be reoriented to their procedures and to ensure that your log in information is correct.

**STANDARDIZED PATIENT EXAM CUT SCORES**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Clerkship** | **Hx** | **PE** | **MP** | **COMM** | **PEN/VPP** | **Overall** |
| MED | 65% | 65% |  | 80% | PEN=50% | 70% |
| SURG | 81% | 79% |  | 80% | VPP = 50% | 70% |
| NEURO | 75% | 71% |  | 80% | VPP = 50% | 70% |
| OB/GYN | 61% |  | 70% | 80% | PEN=50% | 70% |
| PEDS | 71% |  | 93% | 80% | PEN=Pilot | 70% |
| PSYCH | 75% |  | 71% | 80% | PEN=50% | 70% |
| FCM | 74% |  | 72% | 80% | PEN=50% | 70% |

**STANDARDIZED PATIENT EXAM REMEDIATION & RETAKES**

**SP examination failure is earned by:**

• **Failure of overall SP exam score**

• **REMEDIATION / RETAKES:**

• **1 or 2 domain failure – student may review own video and Gold Standard video**

• **Overall exam failure – student *must* review own video and Gold Standard video *and* must retake exam as per SP Exam Failure Process on Blackboard**

**Instructions for on-site Standardized Patient (SP) Exam**

Students are required to complete a standardized patient encounter (SP exam) at the end of the rotation. The SP exam is scheduled and administered by the BCM Simulation Learning Center. **This exam will be conducted on main BCM campus**. Students must arrive 30 min before the examination; late arrival or failure to show up for the examination may require students to reschedule the examination (including the associated costs) and/or a reduction in your overall letter grade for the clerkship.

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

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

|  |  |  |
| --- | --- | --- |
| **Exam Components** | **Description** | **Time allotted** |
| **Patient Info Door Note** | You will have two minutes to review the patient’s presenting information. | **2 minutes** |
| **History & Physical Exam** | You will elicit a full history and perform a focused physical examination based on the chief complaint. A general exam (ie: heart, lungs) is NOT required. As a courtesy, a chime will sound when 5 min. remain for the encounter. (There will be no verbal notification.) | **15 minutes** |
| **Verbal Patient Presentation (VPP)** | When finished with the Hx & PE, remain in the room.  You will have a total of 15 min to prepare and present your patient to a Standardized Faculty Member (SFM). When 7 min remain, the SFM will enter the room. When 5 min. remain, If you have not started presenting, the SFM will provide a verbal reminder to prevent running out of time. | **15 minutes (10 minutes to prepare your notes;**  **5 minutes to present)** |

**Communication Evaluation:**

* You are expected to demonstrate the same communication skills you learned in previous clinical courses. Your communication with the standardized patient and Standardized Faculty member will be evaluated using the same checklist used by previous clinical courses (Patient, Physician, and Society Course).
* More information is available on the Blackboard site for the Simulation Learning Center under the General Information heading > [Physical Exam Standards and Communication Skills Guide.](https://bcm.blackboard.com/ultra/courses/_225_1/cl/outline)

**How to prepare:**

* Practice with clinical experiences on the clerkship, including focused physical examinations based on the clinical presentation, will help prepare students for this examination.
* Please review materials from the Simulation Learning Center's Blackboard page under the Medical Student Experiences heading > [Clerkship Exam Information](https://bcm.blackboard.com/ultra/courses/_225_1/cl/outline)

**SP Scheduling and Exam Questions or Concerns:**

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

### **PROFESSIONALISM**

A point will be deducted from the 5 point total professionalism score should any of the following infractions occur:

1. Failure to complete (or failure to notify course leadership of difficulty in completing) direct observation of a history and physical by the end of each sub-rotation (loss of one point per occurrence).
2. Failure to complete (or failure to notify course leadership of difficulty in completing) midterm feedback by the end of week 3 of the clerkship.
3. Failure to complete (or failure to notify course leadership of difficulty in completing) all required clinical experiences by the end of the clerkship, including unexcused absence of didactic lectures, small group sessions, or skills lab.

## FINAL GRADE ASSIGNMENT

For each core clerkship, the final grade is determined by the Department of Surgery 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 clerkship leadership member, or other perceived conflict of interest, the student should contact the clerkship coordinator regarding the concern. The coordinator will contact an alternative clerkship leadership member to meet with the student and discuss the concern. Following the meeting, the issue may be brought to the undergraduate medical education committee for further review and adjudication.

If the above measures are insufficient in addressing the student’s concern, the student may file a grievance or grade appeal, as per the procedures outlined in the Student Appeals & Grievances Policy (23.1.08).

# Addendum

## Department of Surgery Dress Code Policy

Michael E. DeBakey Department of Surgery

Dress Code Policy

**Dress Code**

Dress and Appearance Guidelines:

The following guidelines are meant to serve as a general outline for dress and appearance for the Department of Surgery faculty, staff, and trainees, and are not meant to be an all-inclusive list of acceptable or unacceptable forms of professional attire. When in doubt, or in the case of special needs, program directors or supervisors should be consulted.

Failure to comply with these guidelines may result in disciplinary action.

* It is expected that all personnel dress in a professional manner and present an appearance consistent with our roles as physicians, medical staff, medical trainees and/or staff.
* When hospital scrubs must be worn outside of the OR because of medical necessity, a clean white lab coat should be worn over the scrubs. Scrubs should be cleaned and laundered when appropriate.
* Hospital OR scrubs should not be worn outside the Texas Medical Center.
* Sweatshirts or jackets, if needed during colder weather, should be worn under white coats.
* Shorts, denim fabrics, (jeans, jackets, skirts or pants), tee-shirts or leggings are not acceptable attire.
* Footwear may include clean sneakers, nursing shoes or clogs (closed toe). Flip-flops are not acceptable footwear.
* BCM or hospital identification badge must be worn in a visible location.

## Student Space and Resources on Surgery

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Baylor St. Lukes Medical Center | Ben Taub General Hospital | Michael E. DeBakey VA Medical Center | Texas Children’s Hospital |
| Lectures / conference rooms | Multiple throughout clinical services | 4th Floor Conference Room | 5b-166 | 3rd Floor Surgery Academic Office Conference Room |
| Lounge / relaxation space | 3rd Floor Medical Student Room  5th Floor Cooley Atrium | 4th floor student workroom, resident workroom | currently 5b-166 (COVID)  5b-215 is being -repurposed as working-relaxation space with own computers  VA library is also being repurposed in same direction | 3rd Floor Main OR Lounge  9th Floor Legacy OR Lounge |
| Secure storage space | 3rd Floor Medical Student Room | 4th floor student workroom with lock code | lockers in call room | 3rd Floor Main OR Lounge  9th Floor Legacy OR Lounge |
| Information technology (computers and internet access) | 3rd Floor Medical Student Room | 4th floor student workroom, resident workroom | call rooms and SICU  5b-215 is being repurposed as working-relaxation space with own computers  VA library is also being repurposed in same direction | 3rd Floor Main OR Lounge  9th Floor Legacy OR Lounge  3rd Floor Surgery Academic Office |

## Information for Students Interested in a Surgery Specialty

**Student Contact:**

Anoosha Moturu, MS4

Student Surgical Society Mentorship Co-Chair

[anoosha.moturu@bcm.edu](http://anoosha.moturu@bcm.edu)

Hudson Holmes, MS3

Student Surgical Society Mentorship Co-Chair

[hudsonh@bcm.edu](http://hudsonh@bcm.edu)

**Faculty Contact:**

Mario Vera, MD

General Surgery Specialty Specific Mentor

[roberto.vera@bcm.edu](mailto:roberto.vera@bcm.edu)

Please also refer to the Specialty Specific Mentors List on the COSA Blackboard Organization (updated regularly by Student Affairs)

## PEAR Award

The PEAR awards were created as a student-led initiative to allow students to recognize educators. Please use the following link to recognize either a faculty of housestaff member of the department of surgery. <https://form.jotform.com/202256428683055>. (note updated link as of 8-25-20)

# 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:\Users\srrose\Desktop\www.bcm.ethicspoint.com)).

## Mandatory Respirator Fit Testing Procedure (28.2.01):

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

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

## Social Media Policy (02.5.38):

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

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

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

<https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=02.2.26>

See also relevant sections of the student handbook: <https://www.bcm.edu/education/academic-faculty-affairs/academic-policies/title-ix-and-gender-discrimination/education/sexual-harassment>

Sexual Harassment is unwelcomed verbal or physical conduct of a sexual nature that is sufficiently severe, pervasive or persistent that it interferes with, denies or limits a person’s ability to participate in or benefit from the College’s academic environment, educational programs and/or activities, and is based on power differentials or quid pro quo, results in the creation of a hostile environment, or retaliation.

Examples of sexual harassment include but are not limited to: an attempt to coerce an unwilling person into a sexual relationship or experience; repeated subjection to egregious, unwelcomed sexual attention; punishment in response to a refusal to comply with a sexual request; a conditioned benefit in response to submission to sexual advances or requests; acts of sexual violence; domestic violence; dating violence; stalking.

This policy outlines: several types of prohibited conduct, privacy protection for reporters, complainants, and respondents and options for reporting prohibited conduct to the college.

## Student Appeals and Grievances Policy (23.1.08):

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

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

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

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

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

## Student Disability Policy (23.1.07):

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

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

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

## Student Progression and Adverse Action Policy (Policy 28.1.05):

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

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

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

The policy outlines the appeal of adverse action procedure.

## Technical standards:

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

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

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

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

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

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

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

Why are these concepts important?

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

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

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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 |