



Medicine Core Clerkship Course Overview Document Term 4 AY 2021-2022

Required Review and Attestation Note:

Students must review and understand the contents of this Course Overview Document and subsequently complete the electronic attestation on Blackboard. Receipt of a course grade is contingent upon completion of the attestation; students will receive an incomplete for this course until the attestation is completed.

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I. Introduction/Clerkship Overview:

The BCM Medicine Core Clerkship will expose clinical science students to the wide breath of disease in adult medicine. Students will learn and practice the skills of history taking, the physical exam and the differential diagnosis while working on comprehensive trainee care teams throughout hospitals in the Texas Medical Center. Emphasis will be placed on both evidence-based medicine and interprofessional education and team building. While primarily inpatient, students will also have exposure to ambulatory care practices where they will gain insights into the long-term care of the adult patient by Internal Medicine physicians.

II. Clinical Sites:

Core Medicine endeavors to provide a similar experience for all students and places care in scheduling students to the following general rotation that was communicated to you prior to beginning this rotation.

- I. Ben Taub General Hospital Inpatient Wards – 4 weeks
- II. MEDVAMC Inpatient Wards – 2 weeks
- III. Baylor St Luke's Consultative, Procedure and BCM Ambulatory – 2 weeks

III. Clerkship Leadership Contact Information:

(email preferred please)

Clerkship Director: Andrew Caruso, MD

Email: caruso@bcm.edu

Phone: 817-504-3173 (cell), 713-794-7170 (VA office)

Clinical Office Location: VA on the 4th floor, room 4A 350-C

Administrative Office Location: BCM McNair Campus A10.191

Associate Clerkship Director: Lindsey Gay, MD

Email: lindseyj@bcm.edu

Phone: 832-423-8412 (cell)

Site Directors:

Ambulatory/Procedures – Richa Shukla, MD - richa.shukla@bcm.edu

Baylor St. Luke's Medical Center – Jennifer Hsu, MD – Jennifer.hsu@bcm.edu

Ben Taub Site – Doris Lin, MD – Doris.Lin@bcm.edu

VA Site duties – Lindsey Jordan Gay and Andrew Caruso

Clerkship Coordinator: Arlene Back

Email: aback@bcm.edu

Phone: 713-798-1906 (office), 713-798-0223 (FAX)

Office Location: BCM McNair Campus A10.206

Chief Resident Contact Information

Ambulatory Care

Komal Muradali, MD

Komal.Muradali@bcm.edu

407-446-4798	cell
713-798-0214	office phone
713-798-0223	FAX

Baylor St. Luke's Medical Center

Ruchit Rana, MD

rrrana@bcm.edu

469-328-5270	cell
832-355-4693	office phone
832-355-8530	FAX
713-605-8989 # 26401	SLEH page

Ben Taub General Hospital

Christian Inchaustegui Castro, MD

Christian.InchausteguiCastro@bcm.edu

954-860-6359	cell
713-873-2561	office phone
713-873-4979	FAX
281-952-4442	BTGH page

Michael E. DeBakey VA Medical Center

Joshua Hirsch, MD

Joshua.Hirsch@bcm.edu

216-440-3900	cell
713-794-7894	office phone
713-794-7377	FAX
713-841-5651	VAMC page

MD Anderson Cancer Center

Divya Verma, MD

Divya.Verma@bcm.edu

217-620-4154	cell
713-563-9108	office phone

IV. BCM Core Competency and Graduation Goals (CCGGs)

Competencies

1. Professionalism

Each student graduating from BCM will:

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

2. Medical knowledge

Each student graduating from BCM will:

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

3. Patient care

Each student graduating from BCM will:

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

4. Interpersonal and communication skills

Each student graduating from BCM will:

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

5. Practice-based learning and improvement

Each student graduating from BCM will:

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

6. Systems-based practice

Each student graduating from BCM will:

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

7. Leadership

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

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

V: Medicine Clerkship Objectives Mapped to the CCGGs

MEDICINE CORE CLERKSHIP

ROTATION-SPECIFIC LEARNING GOALS AND OBJECTIVES

The curriculum and evaluation method for each learning objective is listed in the table below using the following key:

- SP exam = Clinical Performance Examination using standardized patients
- NBME = National Board of Examiners Subject Examination in Medicine

Relevant Baylor College of Medicine Core Competency Graduation Goals are listed in italics following the individual overall clerkship objective

I. Professionalism

Objective	Method of Evaluation
<p>Employ honesty, integrity, and respect in all interactions and demonstrate sensitivity to patients and colleagues from diverse populations</p> <p><i>(1.2. Employ honesty, integrity, and respect in all interactions)</i></p> <p><i>(1.5. Demonstrate awareness of one's own biases and sensitivity to diverse patients and colleagues)</i></p>	<p>Faculty and housestaff SPAF (student performance assessment form), SP exam</p>
<p>Demonstrate caring, compassion and empathy in patient interactions and advocate for the needs and well-being of patients, colleagues and self.</p> <p><i>(1.3 – Demonstrate a commitment to advocate for the needs and well-being of patients, colleagues, and self)</i></p> <p><i>(1.4 – Demonstrate caring, compassion, and empathy)</i></p>	<p>Faculty and housestaff SPAF (student performance assessment form)</p>
<p>Fulfill professional responsibilities as a learner, colleague and member of the health care team, including adherence to ethical principles and patient confidentiality rules.</p> <p><i>(1.1 - Apply ethical decision making that upholds patient and public trust)</i></p> <p><i>(1.6 - Identify and fulfill responsibilities and obligations as a learner and a colleague)</i></p> <p><i>(1.8 - Adhere to patient confidentiality rules and regulations)</i></p>	<p>Faculty and housestaff SPAF (student performance assessment form), PR (Professional Responsibility) Points, Graded H&Ps</p>

II. Medical Knowledge

Specific Objectives:	Curriculum	Evaluation
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<p>Explain basic information on the diagnosis and management of common medical problems in the adult patient</p> <p><i>(2.1 – Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to diagnose, manage and prevent disease)</i></p> <p><i>(2.3 – Interpret diagnostic tests as they relate to common clinical, laboratory, and radiologic findings in the spectrum of health and disease)</i></p>	<p>Inpatient and ambulatory general medicine and specialty experiences</p>	<p>Housestaff and Faculty evaluations, Case Log,</p>
<p>Explain the mechanisms of action, indications, advantages, side-effects and contraindications of medications used in the management of common medical conditions</p> <p><i>(2.1 – Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to diagnose, manage and prevent disease)</i></p>	<p>Inpatient and ambulatory general medicine and specialty experiences</p>	<p>Housestaff and Faculty evaluations, Case Log,</p>

III. Patient Care

Specific Objectives:	Curriculum	Evaluation
<p>Perform and interpret the components of a complete or focused physical examination for the adult patient:</p> <p><i>(3.5 - Perform comprehensive and focused biopsychosocial exams in a variety of patient care settings and recognize when each is indicated)</i></p> <p><i>(3.2 – Develop and implement patient evaluation and management plans appropriate to all levels of patient acuity)</i></p>	<p>Inpatient and ambulatory general medicine and specialty experiences</p>	<p>Housestaff and Faculty evaluations, Case Log,</p>
<p>Demonstrate the ability to diagnose common chronic medical illnesses and manage patient care in a comprehensive manner:</p> <p><i>(3.3- Develop a prioritized problem list and differential diagnosis using patient's biopsychosocial history, medical records, physical exam findings and diagnostic studies)</i></p> <p><i>(3.7 - Select and interpret diagnostic tests accurately)</i></p> <p><i>(3.2 – Develop and implement patient evaluation and management plans appropriate to all levels of patient acuity)</i></p>	<p>Inpatient and ambulatory general medicine and specialty experiences</p>	<p>Housestaff and Faculty evaluations, Case Log,</p>

IV. Interpersonal and Communication Skills

Specific Objectives:	Curriculum	Evaluation
<p>Demonstrate effective and respectful communication with patients, families and the medical team</p> <p><i>(4.1 - Demonstrate patient centered interview skills in order to create and sustain a supportive and therapeutic relationship with patients and families)</i></p> <p><i>(4.2 – Demonstrate the ability to communicate effectively, efficiently, and accurately as a member or leader of a health care team)</i></p>	Inpatient and ambulatory general medicine and specialty experiences	Housestaff and Faculty evaluations, Case Log, SP Exam
<p>Develop effective communication skills for interpersonal interaction and documentation of patient care</p> <p><i>(4.1 – Demonstrate patient centered interview skills in order to create and sustain a supportive and therapeutic relationship with patients and families)</i></p>	Inpatient and ambulatory general medicine and specialty experiences	Housestaff and Faculty evaluations, Case Log

V. Practice Based Learning and Improvement

Specific Objectives:	Curriculum	Evaluation
<p>Use an evidence-based medicine approach where possible to answer specific clinical medical questions</p> <p><i>(5.2 – Use and manage technology to access medical information resources to expand personal knowledge and make effective decisions)</i></p> <p><i>(5.3 - Apply principles and practices of evidence-based medicine (EBM) in making decisions about prevention, diagnosis, and treatment of disease)</i></p>	Inpatient and ambulatory general medicine and specialty experiences	Housestaff and Faculty evaluations, Case Log,
<p>Self-assess progress as learners and identify specific learning needs</p> <p><i>(1.6 – Identify and fulfill responsibilities and obligations as a learner and a colleague)</i></p> <p><i>(5.1 – Identify personal strengths and deficiencies in one’s knowledge skills, and attitudes to integrate feedback and set personal improvement goals)</i></p>	Case Log, Midterm Feedback	

VI: You Said, We Did:

You Said, We Did:

Medicine Clerkship

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

	YOU SAID:	WE DID:
2021	Students reported varying ability with being able to see IM based procedures while on the clerkship generally but also specifically at BSLMC.	In January 2021 all students were given improved access to major procedural opportunities with the Cardiology, GI and Pulmonary services regardless of what consult experience they were on. Students were also provided protected time to observe these procedures.
2021	The clerkship was perceived to be clinically rigorous and lacking reflection by a portion of the students in end of course survey data.	In January 2021 the clerkship piloted a new Wellness Half Day at the end of the BSLMC experience. The time is focused around learning about wellness and then completing a wellness activity of the student's choosing.
2020	'It would be great to have the student morning report at each clinical site instead of just the VA'	By June 2020 the clerkship began standardized student reports occurring weekly at each core clinical pavilion.
2019	'Please make weekends off consistent for all students across the clerkship'.	The Eight week clerkship started in January 2019 incorporated this feedback and was able to engineer the schedule so that all students had the same number of weekends off per term and was scheduled for the students to see on the clerkship created page on Amion.com
2018	'We would like to have the opportunity to request which consult team we rotate on at Baylor St Luke's'	Starting in 2018 students were given the change to request what subspecialty option they would rotate on at St Luke's and then vast majority get their first or second choice.
2017	'The Therapeutic Lecture series is difficult to attend every week and has us miss morning report'.	In July 2017 the Medicine Clerkship changed the logistics of the Therapeutic Lecture series to a system of 'school days' that concluded a clinical period with grouped lectures. Any lectures that are no longer given live are available on vbrk.
	'The Therapeutic Lecture series is very hard to make every week when we are scheduled at the VA.'	
	Multiple student evaluations and large group sessions have revealed concerns with the evaluation tool used by the medicine clerkship and clinical courses.	The clerkship director committee convened a 'grades retreat' to analyze the current evaluation tool. The medicine clerkship is working with the Dean of Evaluations to pilot a new assessment tool in 2018.
	'The ambulatory lecture does not fully cover topics of health maintenance.'	For this academic year (2017-2018) the ambulatory workshop on health maintenance has been updated to include a greater expanse of health maintenance and outpatient cancer screening.
2016	'We would like the clerkship to be the same general experience for all students.' 'I think that having everyone do 2 weeks at St Luke's and 2 weeks on ambulatory (or 2 weeks on different services at St. Luke's) would be more beneficial than 4 weeks on the same service at St. Luke's'	In January 2016 we re-structured the clerkship to have the same exact general schedule for our students. All students now complete the same schedule: <ul style="list-style-type: none"> • 4 weeks inpatient wards at Ben Taub Hospital • 4 weeks inpatient wards at MEDVAMC • 2 weeks inpatient consultative services at Baylor St Luke's • 2 weeks spent at various ambulatory clinics
2015	'We are concerned that we are expected to work long hours at one site on the weekend before we show up at our next site full of energy'. This was referring to the need for a break in between experiences of the medicine clerkship	As of September 2015 all clerkship students are now given the major 'transition weekends' off between sites. Students are now given the fourth and eight weekends of the clerkship off to break and rest or have extra study time.

VII. Student Roles, Responsibilities and Activities:

1) Required Sessions:

- a) **Orientations:** General Clerkship Orientation will be held on the first day of the Clerkship unless prior arrangements are arranged before the clerkship start date. Time and place for each hospital or ambulatory orientation will be communicated to you via email.
- b) **Thursday afternoons during CABS course (Jan-June):** You are expected to attend CABS from 1:30 to approximately 4:30 on Thursday afternoon. These responsibilities are outside of the clerkship structure.
- c) **Core Medicine Conferences/Lectures:** We have many educational sessions planned for your time with us as part of your teaching curriculum. The following is a description of the common sessions that will occur during your term:
 - i) **BCM IM Resident Morning Report:** One of the best learning opportunities at BCM, Morning Report is a daily session Monday-Friday at 11:30am (8:30am at BSLMC) where you will be a participant. Morning Report presents interesting cases from around the medical center with very pertinent discussions on how to present a patient in a structured format, concepts on clinical reasoning and also excellent learning points from each case.
 - (1) **BCM Core Student Report:** We will also have a weekly student report at each site that will have all students at the site working through cases with a faculty member/resident. Our site leadership will coordinate these sessions with you.
 - ii) **Friday IM Teaching Sessions:** There will be 3 Friday sessions (2nd 4th and 6th Friday) that will likely be from 12p-4p. The bulk of our IM sessions/workshops will occur during this time period and when able will occur live at main BCM. When safety precautions preclude our live sessions they will be formatted for zoom virtual sessions. **Attendance is mandatory to these session.** We allow up to 10 minutes after the lecture starts as the time to sign in as a grace period, *but please arrive before the lecture starts out of courtesy for our speakers.*
 - iii) **BCM Grand Rounds:** The expectation is that you will attend and sign in for BCM Grand Rounds which is held every Thursday at 12:15pm. Attendance is expected to be 100%.
 - iv) **Additional Sessions:** In addition to morning report, the Friday sessions and Grand Rounds we will have 1-2 noon time sessions a week that will be zoom based. These will be communicated to you before the session.
 - v) Note about the **virtual environment:** presently we are still holding much of our curriculum live over virtual platforms like zoom. For attendance purposes always place your full name in the zoom window and include any other names if other students are streaming with you in the same location. Please help make the zoom environment productive by having chat capabilities, and then unmuting and being ready to discuss when appropriate.
- d) **Formal Midterm Feedback:** Clerkship leadership will be providing formal midterm feedback. Please make sure to have updated your e*value logging requirements prior to this meeting. Completed evaluations will be reviewed, as well as your e*value logging to provide goals for the remainder of your clerkship. Please be advised that we will be emailing the dates and times for your meetings via your Baylor email account.
- e) **Large Group Feedback Session:** We will schedule a large group session during week 6 or 7 to discuss how the clerkship has gone to date, preparation for our clerkship SP exam and then also review the grades process in detail. This session is required and very important from a continual clerkship improvement perspective. Many historic good changes have come from this session.

2) Clerkship Examinations and Grade Components:

- a) **NBME:** You are required to take and pass the NBME shelf exam in Medicine which is typically scheduled for the last Friday of the rotation. The registrar administers this exam once a term. A passing score as determined by Baylor College of Medicine as the 5th percentile nationally, which usually corresponds to a normed score of around 59 or 60. This score does vary according to each cohort's NBME data. The exam counts for 25% of your overall grade. If

you fail the exam, then you will be required to repeat the NBME and the highest grade you can receive for the rotation is a PASS. If you fail the exam twice you will receive a grade of fail for the clerkship. Students who are required to remediate the NBME examination will be contacted by the clerkship director and will work with Student Affairs to schedule a retake of the NBME. Students are required to sit for the remedial NBME or SP examinations within six months of the original test date.

- b) **Standardized Patient Exam (SP Exam or CPX):** You will be required to complete a standardized patient encounter during your clerkship. The exam typically occurs on the last Monday of the rotation and is scheduled directly through the BCM Sim Center. The exam will contribute to 10% of your grade. The passing rate is an overall score of 70%. The highest grade you can receive if you fail the exam is a Pass. Failure to show up to the exam will result in your final grade for the rotation being dropped by one letter grade (Honors to High Pass, High Pass to Pass, Pass to Marginal Pass). 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.

STANDARDIZED PATIENT EXAM

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

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

Following the SP examination, requests for SP examination review (without rescoring) can be made at any time. See [REVIEW OF SP ENCOUNTER VIDEO](#) guideline for more details.

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

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

If you are a returning dual-degree program student or have been on a leave of absence, please contact the Standardized Patient program spprogram@bcm.edu to be reoriented to their procedures and ensure that your login 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.
 - Overall exam failure – student *must* review own video *and* must retake the exam as per SP Exam Failure Process on Blackboard

INTERNAL MEDICINE specific:

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 the 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 their overall letter grade for the clerkship.

The exam will contribute to 10% of the overall grade.

- SP examination failure is earned by the 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 smartwatches 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 relevant history to prepare a complete HPI and perform a physical exam. As a courtesy, a chime will sound when 5 minutes remain for the encounter.	15 minutes
Post Encounter Note (PEN)	You will exit the room and complete your PEN on the computer outside the room. You will <i>not</i> receive a notification about the time remaining.	15 minutes

Communication Evaluation:

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

How to prepare:

- **No formal review is needed. You will be practicing the skills needed to pass this exam in every patient encounter in our hospitals. Please review the BCM OSCE standards, which will be the basis for the physical exam portion of the exam.**
- **Please review materials from the Simulation Learning Center link on Blackboard to prepare.**

SP Scheduling and Exam Questions or Concerns:

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

- c) **Faculty and Housestaff Evaluations:** 55% of your grade is based on your evaluations by your attendings and residents. Attendings/Fellows count as 35% with that % broken down with all attendings/fellows from BSLMC counting as 25% and then all attendings from VA/BT counting as 75%. All resident/intern evaluations count the same regardless of site/time and count as 20% of your total grade. A sample evaluation is in section X of this document.
- i) **E*VALUE:**
- (1) E*Value is a third-party site that hosts all clerkship assessment forms and surveys. All MDs that you work with during the clerkship will be asked to fill out standardized assessment forms about you that will be scored when grades are calculated. The evaluations are launched to these MDs in two different ways, one of which you are required to initiate:
- (a) **Ben Taub and VA Attendings** – these will be launched by the clerkship leadership starting in January 2021. All attendings that you work with at these inpatient sites will be asked to evaluate you.
- (b) **Who Did You Work With (WDYWW)** – For every other MD (BSLMC Attendings, fellows, residents, interns) you will be using the “Who did you work with” function to launch your evaluations for the different rotations. As you start the final week of each site in the Medicine Clerkship a 1-question evaluation called “Who Did You Work With?” (WDYWW) will launch that you need to respond to. You have the ability to choose as many attendings and residents you would like to evaluate and submit evaluations on you, but you must select them at the same time (you will not be sent another WDYWW evaluation to select additional attendings and residents). By rule of thumb please select ALL attendings and residents you worked with. No evaluations will be launched after the completion of your rotation. While at Ben Taub you will be asked at two different points (middle of week 2 and middle of week 4) to fill out a WDYWW for your residents. This is intended to get earlier feedback, but please only request residents who have finished or nearly finished working with you.
- (c) E*Value will automatically send those attendings and housestaff a Student Performance evaluation to complete about you AND an Attending/Housestaff Evaluation for you to complete about them. All you have to do is complete each evaluation and “Submit”. The evaluations you submit about your educators are vital for us to get feedback about their performance and are completely unviewable by those evaluators while they are still filling out your evaluation (so please be accurate in your assessment of them!). Your evaluations about our educators are taken very seriously and will lead to faculty/resident remediation if indicated.
- (d) In addition to WDYWW, faculty, fellows, and residents may select to evaluate you on an ad hoc basis. These evaluations will be considered equally to those which you initiate.
- (e) **PLEASE NOTE:** By BCM policy you will not be able to launch any new evaluations after the last day of your clerkship. Failure to launch the appropriate number of evaluations in a timely manner will result in a deferred grade for the clerkship.
- d) **PR (Professional Responsibility) Points + Graded History and Physicals** – These points will count as 5% of your overall grade and will be assessed as completed in the following 5 ways:
- i) Completion of all E*Value Case Logging Requirements by the last Wednesday of the term or documented email to clerkship leadership with explanation of delinquency → **1 Point**
- ii) Completion of all E*Value Direct Observation Logging by the last Wednesday of the term or documented email to clerkship leadership with explanation of delinquency → **1 Point**
- iii) No reported breach of timely professional communication (i.e. response to clerkship leadership, answering E*Value Who did you work with, COD/MTF attestations). Responses to queries should be returned as soon as able, but for this requirement at the latest within 5 days → **1 Point**
- iv) Attendance: as of 2021 the following count as part of the attendance PR point: → **1 Point**
- (a) complete attendance marked at 100% (present or received absence excuse)

- (b) submission of BSLMC Procedure Documentation prior to end of clerkship
- (c) submission of BSLMC Wellness Activity Survey
- v) Submit one complete History and Physical (+discussion) that will be graded to the clerkship coordinator by the midpoint of the rotation and one History and Physical (+discussion) by the last Wednesday of the rotation → **1 Point**

- e) **Graded History and Physicals** – Two Histories and Physicals will be collected and graded utilizing the Internal Medicine Clerkship H&P guidelines that include the standardized grade rubric. The first will count for 2 points and the second will count for 3 points for the total clerkship grade. The instruction for how to writeup and submit an H&P follow (these are similar to what you did in PPS3, but are more focused on the assessment and plan for the clerkship):

History and Physical Instructions for BCM IM Core Clerkship Students

Chief Concern

- Try to put CC in pt's own words using quotes if possible.
- Sometimes, use a few words, such as "Altered mental status" when the pt's words do not give a good picture of their presenting signs or symptoms.
- Chief concern should not include pt's age or any other information aside from the pt's chief concern.

History of Present Illness

- The first sentence in the HPI should include the patient's age, gender and pertinent PMH
 - If pt's CC is "foot ulcer," and the pt has a history of diabetes, include diabetes mellitus in the first sentence – "A 67-year-old female with a history of diabetes mellitus (last a1c 9.5) presents complaining of a foot ulcer."
- The HPI should start at the patient's baseline state of health and progress chronologically. It should flow in the same manner as a story you would tell to a friend that had no idea of what happened to the pt. Identify when the pt was last feeling well and show the progression of symptoms. The HPI does NOT need to be reported in the order the patient told the story. Many times it must be reorganized.
- The HPI should include appropriate description of the cardinal symptom. (For example, onset, location, duration, character, aggravating/alleviating factors, associated symptoms, radiation, timing, severity)
- Relevant ROS should be included. For example, if pt has a CC of headache, include if pt has fever, changes in vision, nausea/vomiting, lightheadedness/vertigo, etc.
- Information included in the HPI should allow the listener/reader to form a differential diagnosis for what is wrong with the patient.

Past Medical History

- Format the PMHx in bullet or list format rather than complete sentences - just makes it easier to read.
- For PMH, give information on level of control of various common problems. For example:
 - For diabetes, try to include a1c or insulin status
 - For CHF, try to include if it's systolic vs. diastolic and include last LVEF if known
 - For HTN, include typical BP at home
 - For HIV/AIDS, include last CD4 count, if available

Medications

- All meds should include dose, frequency, route; including why the pt takes it is not mandatory but provides insight into the pt's understanding of their meds and helps you learn immensely; be sure to include if pt takes any over the counter or herbal meds

Allergies

- Allergies must include what type of reaction (anaphylaxis vs. minor discomfort)

Social History

- In social history, include tobacco, alcohol, drugs, occupation, living environment and sick contacts.
- If a patient smokes, specify pack-years (for example, a patient who smoked 1 pack per day for 30 years has a 30 pack year history).

Family History

- Please include a family history that covers major illnesses/conditions for genetically linked family members and includes illnesses/conditions that may be related to the DDX.

Review of Systems

- Include at least 8 systems

Physical Exam

- Do not write "Vitals: not provided." HR and RR can easily be determined on all patients.
- Avoid "swelling" in the PE if you mean "peripheral edema"
- Perform a complete physical exam for the DDX of your HPI.

Labs and Imaging

- Please include all labs and imaging that you think were relevant to include for advancing the differential diagnosis (those that you would present to your attending)

Assessment and Plan

- Please complete a full assessment and plan as you have been doing on the wards.
- Your assessment should include a full impression of the differential diagnosis for your patient.
- The plan should be a well-organized, complete and prioritized accounting for the initial plan that you and your team undertook for the patient.

Discussion

- Many times in the course of patient care, we come across a question that requires further study. Think of a clinical question inspired by your H&P. Find any appropriate medical literature (e.g., textbook chapter, review article, randomized controlled trial) that answers this question. Summarize your findings and document your reference(s) in 1 page or less.
- In the discussion reference why this has a bearing on your patient's care.
- Never copy directly from a reference without using quotation marks. This is plagiarism. In general, it is most educational to summarize your findings and place them in the clinical context of your patient.

Grading

- The H&Ps are graded on a point system with a max score of 20/20
- The write ups you hand in to clerkship leadership will be graded and count toward your final medicine clerkship grade (5%)
- If submitted late you will be penalized via the Professional Responsibility (PR) Points system
- General Grading Rubric

- History – 5 points total –
 - 3 points will come from the HPI
- Physical Exam / Relevant Labs and Imaging – 3 points total
- Assessment – 4 points total
- Plan – 3 points total
- Discussion – 5 points

3) **Required Documentation:** All required documentation of experiences, feedback and observation is logged/submitted through our online E*Value system. All of the following listed below are required to be submitted into e*value as close to the occurrence of the event as possible. During your official mid clerkship feedback session the progress of logging experiences will be reviewed. Students **will not** receive a grade for the rotation if they do not submit all of the required documentation. Students who do not have all of the required documentation submitted onto e*value prior to the NBME shelf will be considered for a professionalism violation and that could lead to a grade lowering.

The Follow Are Required to be Logged During your time on Medicine:


(You will be given a checklist for all of these requirements and instructions for how to log them on E*Value during orientation. These are also included after this text and on our blackboard site.)

- a) **Clinical Experiences (LOG 1 Each for 18 Symptoms/Diseases):** Clinical Logging is an ESSENTIAL task during your clerkship. The ‘Documentation of Encounters’ form you receive during orientation lists the required diagnoses and procedures that are the **minimum** requirements the Clerkship Director and Curriculum Committee has designated as what every student should see and/or do during the course of the rotation. These logs will be reviewed with you during your Mid-Rotation feedback session. If you have any difficulty seeing any of the experiences, please email (caruso@bcm.edu) and we will set up an alternative experience to complete in place of the standard live experience.
- i) **Level of Medical Student Responsibility:** all medicine clerkship are ‘perform’ and ‘inpatient’
 - (1) **Perform:** The student performs the patient history, physical exam, differential diagnosis, treatment decision-making, **AND/OR** relevant procedural skills.
 - (2) **Assist:** The student assists with the patient history, physical exam, differential diagnosis, treatment decision-making, and/or relevant procedural skills.
 - (3) **Observe:** The student is present as an observer during the patient history, physical exam, differential diagnosis, treatment decision-making, and/or relevant procedural skills
 - (a) > No more than 50% in single clerkship
 - (b) > No more than 30% across clerkships
 - ii) **Ambulatory clinical setting:** Provides clinical care for patients who are not admitted to the hospital (e.g. clinic, emergency center)
 - iii) **Inpatient clinical setting:** Provides clinical care for patients admitted to the hospital or undergoing a procedure in an operating room

Case Logging on E*Value

Instructions for Students

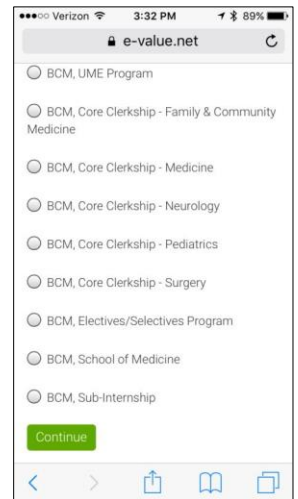
During this clerkship, you will be required to log every required patient case listed in the case log (formerly “Passport”). When you have performed, assisted or observed an activity on the list, you will log it into E*Value. You can log the activity directly from your phone or tablet following the directions below.

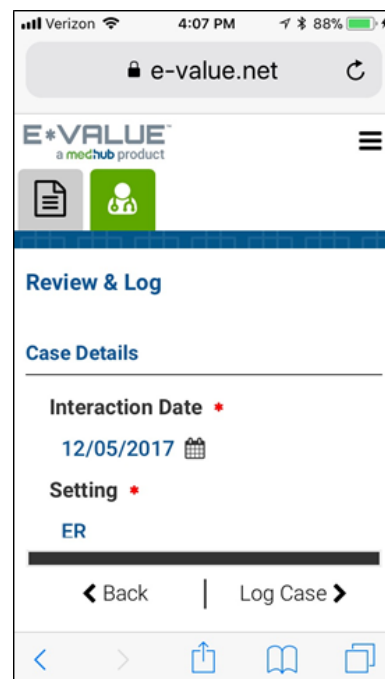
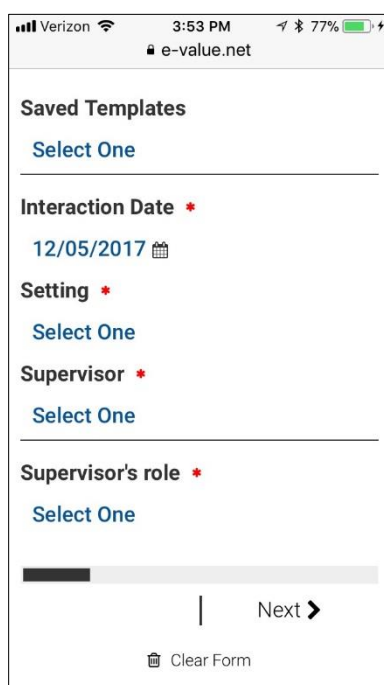
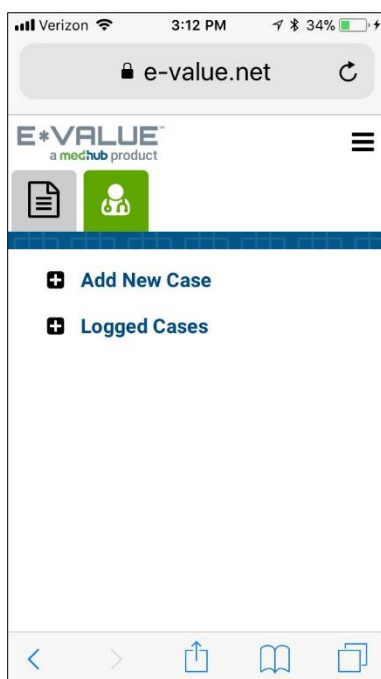
1. Search for e-value.net on a web browser (Safari, Google, etc.). There is not an app for E*Value.
2. Log in manually using your E*Value login and password
3. Select your CURRENT Core Clerkship for Program (**BCM, Core Clerkship-XX**)
4. Click **Continue** (screen shot at right).
5. Click on the “Doctor”  icon and select **+Add New Case** (screen shot #2 below)
6. On the next screen, log your activity by filling in the required information.: (screen shot #3 below)
 - a. **Interaction Date:** current date is default
 - b. **Setting**
 - c. **Supervisor Role**
 - d. **Supervisor:** name of supervisor; click **Next ▶**
 - e. **Patient Information**
 - i. Gender
 - ii. Patient Age; click **Next ▶**
 - f. **Procedures:**
 - i. **Choose a procedure:** you can multi-select if more than one procedure took place; click **Done.**
 - ii. **Select your role in the procedure;** click **Next ▶**
 - g. **Review & Log** (screen shot #4 below)
 - i. Review the information just logged
 - ii. Click on **Log Case ▶**
7. You can log another procedure or just close the screen.

Screen Shot #2

Screen Shot #3

Screen Shot #4





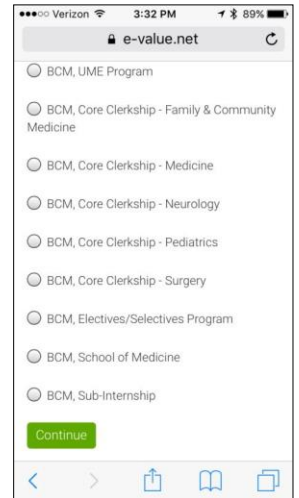
- b) **Student H&P Write-Ups (LOG 8 in e*value case logging system):** A full formal H&P write-up with discussion and problem list should be turned into your team attending weekly for review by that attending (this process is outside of the required H&Ps that you will hand in to the clerkship office twice during the rotation for grading). On the first day with your attending you should ask him/her about their expectations for your discussions and should also let them know that you need their feedback on your write-ups. The discussion should focus on the differential diagnosis of the chief problem, or if the disease is known, on an important aspect of the natural history or treatment of the patient. *It must be written in your own words. Avoid using Up to Date as your only source—use a primary source and do your own literature review.* We encourage you to base some of your discussions on an EBM approach to problems related to your individual patients. Frequently, your attending will base his or her evaluation on the quality of your H&Ps, the discussion, and your ability to present this information orally on rounds.
- c) **Informal Midterm Feedback (LOG 2 in e*value case logging system)**
- You are required to obtain feedback on your performance at least halfway through the middle of each month. You must approach your evaluators to remind them. Once you have approached your faculty and have obtained feedback, please log the experience on e*value. In order to get meaningful feedback, we advise you to ask direct and specific questions about your performance (e.g.: print out an H&P for review, ask them to watch you doing a part of the physical exam and ask for direct feedback, ask how organized your oral presentations are during rounds, etc....).
- d) **Direct Observations - Complete two faculty direct observations with at least one being a history and one an observation of a physical.**
- As part of your requirements for Medicine, you are required to have attendings observe you doing ALL or PART of a history and physical exam. There is a BCM policy mandating that any student rotating on the clinics is to be observed by a faculty member at least once during any four-week period. We have a standardized evaluation on e*value that your other core rotations will be utilizing as well to capture the observing attending's feedback for the encounter. This aspect of your clerkship is very important, tracked closely and will be discussed during your formal midterm feedback session. Let us know early if you are tracking far behind on this requirement.

Direct Observation

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/or physical examination. You can launch the direct observation form directly from your phone or tablet following the directions below.

1. Search for e-value.net on a web browser (Safari, Google, etc.). There is not an app for E*Value.
2. Login manually using your E*Value login and password
3. Select your CURRENT Core Clerkship for Program (**BCM, Core Clerkship-XX**)
4. Click **Continue** (screen shot at right).
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.

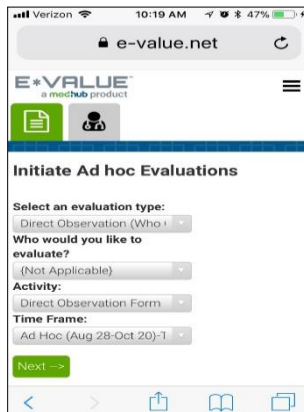


Screen Shot #2

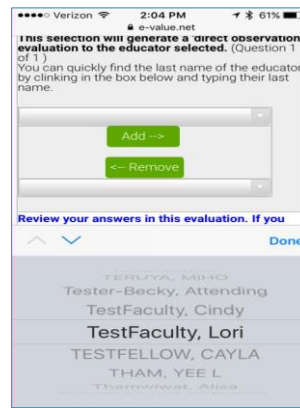


Review of Required

Screen Shot #3



Screen Shot #4



Documentation Logged to E*Value

Screen Shot #5



Documentation of Encounters / Observations Feedback Required for the Medicine Clerkship

Case/Procedure/Experience Logged to E*Value	Level of Responsibility	Minimum Required	E*Value Method & Confirmation
Acid Base Disorder	Perform	1 <input type="checkbox"/>	Logged by student – No confirmation required
Acute Kidney Injury	Perform	1 <input type="checkbox"/>	Logged by student – No confirmation required
Altered Mental Status	Perform	1 <input type="checkbox"/>	Logged by student – No confirmation required
Anemia	Perform	1 <input type="checkbox"/>	Logged by student – No confirmation required
Atrial Fibrillation/Arrhythmia	Perform	1 <input type="checkbox"/>	Logged by student – No confirmation required
Cancer	Perform	1 <input type="checkbox"/>	Logged by student – No confirmation required
Chest Pain	Perform	1 <input type="checkbox"/>	Logged by student – No confirmation required
Cirrhosis	Perform	1 <input type="checkbox"/>	Logged by student – No confirmation required
Congestive Heart Failure	Perform	1 <input type="checkbox"/>	Logged by student – No confirmation required
Constipation or Diarrhea	Perform	1 <input type="checkbox"/>	Logged by student – No confirmation required
Coronary Vascular Disease	Perform	1 <input type="checkbox"/>	Logged by student – No confirmation required
Diabetes Mellitus	Perform	1 <input type="checkbox"/>	Logged by student – No confirmation required
Electrolyte Abnormality	Perform	1 <input type="checkbox"/>	Logged by student – No confirmation required
GI Bleeding	Perform	1 <input type="checkbox"/>	Logged by student – No confirmation required
HIV/Immunocompromised state	Perform	1 <input type="checkbox"/>	Logged by student – No confirmation required
Hypertension	Perform	1 <input type="checkbox"/>	Logged by student – No confirmation required
Obstructive Lung Disease (COPD/Asthma)	Perform	1 <input type="checkbox"/>	Logged by student – No confirmation required
Sepsis	Perform	1 <input type="checkbox"/>	Logged by student – No confirmation required
Informal Faculty Feedback on Performance	Initiate	2 <input type="checkbox"/>	Logged by student – Passive Faculty/Resident Email
Review of History & Physical	Initiate	8 <input type="checkbox"/>	Logged by student – Passive Faculty/Resident Email
Direct Observation by Faculty	Initiate	2 <input type="checkbox"/>	Initiated by student – E*Value Completed by Faculty

Internal Medicine Clerkship
CLINICAL LOG REQUIREMENTS

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

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

Patient Type/ Clinical Condition	Procedure/ Skills	Clinical Setting(s)	Level of Student Responsibility	Minimum # Required	Alternative Experience (Inform Clerkship Director)
Acid Base Disorder	Hx & PE	Inpatient	Perform	1	Complete Cases 7 & 33 in Aquifer Internal Medicine
Altered Mental Status	Hx & PE	Inpatient	Perform	1	Complete Cases 25 & 26 in Aquifer Internal Medicine
Anemia	Hx & PE	Inpatient	Perform	1	Complete Case 19 in Aquifer Internal Medicine
Chest Pain	Hx & PE	Inpatient	Perform	1	Complete Cases 1 & 2 in Aquifer Internal Medicine
Electrolyte Abnormality	Hx & PE	Inpatient	Perform	1	Complete Cases 25 & 26 in Aquifer Internal Medicine
Acute Kidney Injury	Hx & PE	Inpatient	Perform	1	Complete Case 33 in Aquifer Internal Medicine
A Fib / Arrhythmia	Hx & PE	Inpatient	Perform	1	Complete Case 3 in Aquifer Internal Medicine
Cancer	Hx & PE	Inpatient	Perform	1	Complete Cases 21 & 27 in Aquifer Internal Medicine
Cirrhosis	Hx & PE	Inpatient	Perform	1	Complete Case 36 in Aquifer Internal Medicine
Congestive Heart Failure	Hx & PE	Inpatient	Perform	1	Complete Case 4 in Aquifer Internal Medicine
Constipation or Diarrhea	Hx & PE	Inpatient	Perform	1	Complete Case 20 & 24 in Aquifer Internal Medicine
Obstructive Lung Disease	Hx & PE	Inpatient	Perform	1	Complete Case 28 in Aquifer Internal Medicine
Coronary Artery Disease	Hx & PE	Inpatient	Perform	1	Complete Cases 1 & 2 in Aquifer Internal Medicine
Diabetes Mellitus	Hx & PE	Inpatient	Perform	1	Complete Cases 7 & 8 in Aquifer Internal Medicine
GI Bleeding	Hx & PE	Inpatient	Perform	1	Complete Cases 10 & 12 in Aquifer Internal Medicine
HIV/ Immunocompromised patient	Hx & PE	Inpatient	Perform	1	Complete Case 20 in Aquifer Internal Medicine
Hypertension	Hx & PE	Inpatient	Perform	1	Complete Case 6 in Aquifer Internal Medicine
Sepsis	Hx & PE	Inpatient	Perform	1	Complete Case 21 in Aquifer Internal Medicine

Level of Medical Student Responsibility:

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

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

Observe: The student is present as an observer during the patient history, physical exam, differential diagnosis, treatment decision-making, and/or relevant procedural skills

- No more than 50% in single clerkship
- No more than 30% across clerkships

Ambulatory clinical setting: Provides clinical care for patients who are not admitted to the hospital (e.g. clinic, emergency center)

Inpatient clinical setting: Provides clinical care for patients admitted to the hospital or undergoing a procedure in an operating room

How a Student Can View their Overall Case Log completion:

Log Into E*value →

Reports (*not case logs*) →

Case Log Reports →

Procedure Summary by Trainee →

Select Trainee / Last Name Filter →

Click Next

Baylor College of Medicine

Core Clerkship - Medicine

Procedure Summary Report





Subject: XXXXX XXXXX





Time Period: 01/04/2019 to 04/04/2019

Report Date: 04/04/2019

Status: All Entered Procedures

Example of Report:

Procedure Name 	Required 	Total Completed 	Remaining 
Acid Base Disorder: Perform Hx & PE	1	1	Requirement Met
Acute Kidney Injury: Perform Hx & PE	1	1	Requirement Met
Altered Mental Status: Perform Hx & PE	1	1	Requirement Met
Anemia: Perform Hx & PE	1	1	Requirement Met
Atrial Fibrillation/Arrhythmia: Perform Hx & PE	1	1	Requirement Met
Cancer Patient: Perform Hx & PE	1	1	Requirement Met
Chest Pain: Perform Hx & PE	1	1	Requirement Met
Cirrhosis: Perform Hx & PE	1	1	Requirement Met
Congestive Heart Failure: Perform Hx & PE	1	1	Requirement Met
Constipation or Diarrhea: Perform Hx & PE	1	1	Requirement Met

Procedure Name 	Required 	Total Completed 	Remaining 
Coronary Artery Disease: Perform Hx & PE	1	1	Requirement Met
Diabetes Mellitus: Perform Hx & PE	1	1	Requirement Met
Electrolyte Abnormality: Perform Hx & PE	1	1	Requirement Met
GI Bleeding: Perform Hx & PE	1	1	Requirement Met
HIV/Immunocompromised Patient: Perform Hx & PE	1	1	Requirement Met
Hypertension: Perform Hx & PE	1	1	Requirement Met
Informal Faculty Feedback on Performance: Completed	2	1	1
Obstructive Lung Disease: Perform Hx & PE	1	1	Requirement Met
Review of History & Physical: Completed	8	6	2
Sepsis: Perform Hx & PE	1	0	1

4) Formal Mid Term Feedback

- a) **Formal Feedback:** This is the required feedback session that you will do with clerkship leadership during the midpoint of the clerkship. This is a good place to discuss overall goal achievement and progress on meeting the clerkship requirements. Students will be contacted a few weeks before the middle of the rotation to set up a time to meet the clerkship leadership and discuss their progress to date. You will be asked to complete an attestation that this event occurred after the meeting and also indicate on a survey that this occurred.

5) Medicine Miscellaneous

- a) **Patient Care Work:** There is clinical care work on Medicine, particularly in the public hospitals. Most students have the opportunity to do a certain number of procedures and participate in the care and management of a sizable group of patients. This becomes a social contract when on this rotation: you can learn from a patient if you are functioning as a member of the team; working for and advocating for the patient—not just observing. Also, we expect you to be available to your patients on the day or night of their admission until their medical condition is stabilized (without breaking BCM duty hours).
- b) **Mistreatment:** If at any time you have witnessed or been the recipient of unprofessional behavior or mistreatment you are urged to report it immediately. You may report this behavior to the medicine Chief Resident or to the Clerkship Director. Furthermore, avenues to report mistreatment include reporting to the Residency Program Director and Vice-Chair of Education (presently Dr. Richard Hamill) or to the Chair of Medicine (presently Dr. Hashem El-Serag). If you are not sure if what you witnessed or perceived was inappropriate, don't hesitate to make an appointment to discuss it with any of us on the clerkship leadership team. See our Blackboard page for details about the policy and how to submit concerns.

- 6) **Interprofessional Educational opportunities on the Medicine clerkship:** Interprofessional Education (IPE), defined as learning about, with or from other disciplines, is an important part of the BCM curriculum and the IM Clerkship. Since 2020 Interprofessional educational opportunities have been modified to be completed as virtual learning experiences that will be communicated to you.

- 1) No Place Like Home (NPLH) is an interprofessional educational activity where BCM medical students and University of Houston pharmacy students will work as a team to assess the patient's compliance and /or concerns related to their medications and perform a targeted physical assessment. Students will share their findings and plan of care with the attending faculty who may be either a nurse practitioner, physician assistant or physician. Your specific date for when you will attend this experience will be emailed to you along with other salient details during the week before it occurs.

- 2) The Patient Safety and Quality Improvement Workshop is an interprofessional educational activity where BCM medical students, BCM physician assistant students, TWU nursing students, and University of Houston pharmacy students work in teams to develop their understanding of patient safety and practice utilizing quality improvement tools to analyze a case of a patient with a medical error.
- 7) **Social Media:** Please refer to the BCM social media policy when completing all aspects of this clerkship. On a daily basis you will be dealing with patient's personal health information and it is of the utmost importance that you properly protect that information.
- 8) **Computer Training/Badging**
- i) **EPIC training:** You should have already completed EPIC training for Ben Taub. You will be required to have further EPIC training at SLEH which will be arranged for the first day of the four-week period that you will be taking part in activities at St Luke's (this may be held during the two weeks when you are scheduled for Ambulatory).
 - ii) **VA Badging/Computer Access:**
 - (1) **VA BADGE:** The PIV badge is a recognized governmental form of ID. It's like a driver's license or passport. Therefore, losing it is something to report and rectify immediately. The badging process takes months and is why it is initiated during your MS 1 year. If you don't have a badge, contact Dr. Caruso immediately. Please also contact our BCM contact person, Ms. Dianne Ohnstad (Dianne.Ohnstad@bcm.edu), as well. The badge and credentialing process is required prior to your rounding at the VA.
 - (2) **Computer access/training:** Computer access from the VA will be requested in advance of your rotation and is often dependent on you maintaining yearly HIPAA training at the VA through their online training system called TMS (email notification will be sent to you to renew this training). On the first day of your rotation you will receive training on the VA computer system called CPRS.
- 9) **Student Commitments / Absence Policies:** You are expected to be available for inpatient rounds and patient care 6 out of 7 days of the week unless otherwise instructed. If you need to be absent from the rotation for additional time for any reason you need to please reach out to the Clerkship Director and Coordinator 4 weeks before the expected absences. If you have an unexpected absence (i.e. you are sick) you must contact your team (upper level and attending), your Chief Resident, the Clerkship Director, and clerkship coordinator. Any unexcused absence will be considered a serious breach of professionalism that can impact your final clerkship grade.
- a) **Weekends on Medicine:** It's important for you to see the full scope of inpatient care which includes the weekend management of our patients. IM will include some weekend work, but new for 2022 we will have a new approach to standardizing weekends off so that our expectations are easier to understand and are universal throughout the clerkship cohort. From now on the following schedule, regardless of clinical site, will be:
- i) Weekend 1 – work one day
 - ii) Weekend 2 – weekend off with Wellness AM / School PM on Friday
 - iii) Weekend 3 – work one day
 - iv) Weekend 4 - weekend off with Resilience AM / School PM on Friday
 - v) Weekend 5 – work one day
 - vi) Weekend 6- weekend off with Reflection AM / School PM on Friday
 - vii) Weekend 7 - work one day
 - viii) Weekend 8 – off after NBME
- 10) **Email Announcements:** Please pay attention to your BCM email account as we will email updates and announcements throughout the term. In addition, make use of our BCM sponsored Blackboard website. You are all entered into the systems user database. You must self-enroll in the Internal Medicine Core Clerkship course in order to view materials, use Communication or Student Tools or take quizzes or surveys. If you have any difficulties with login or password, please contact William McKinney (wwwmckinn@bcm.edu) in the Undergraduate Medical Education office. Please also pay attention to your BCM email account which I tend to email semi regularly during the clerkship.

11) Study / Secure Storage / Lounge and/or Call Room spaces available for students:

	BTGH	BSLMC	MED VAMC
Study space	6 th floor Morning Report Room; 2 nd floor Pathology classroom; 5 th and 6 th floor team rooms. These spaces are available for study and lounge space when lectures are not occurring.	Cooley Library; Two resident lounges; The Atrium (5 th floor green elevators) These spaces are available when the library and atrium are not reserved for private events.	Team rooms A to H; Call room lounges; Rm 4A-400D & 4A-400G.
Secure storage space	5 th and 6 th floor team rooms	2 resident lounges behind locked doors (one with badge access and one with keypad access) and there are lockers with locks in one of the lounges.	Team rooms A to H: every team room has a locking door and individual lockers available
Lounge space	6 th floor lounge	Cooley Library, Two resident lounges, and the Atrium	Resident call room areas

Site: Ben Taub General Hospital

Study space: 6th floor Morning Report Room; 2nd floor Pathology classroom; 5th and 6th floor team rooms. These spaces are available for study and lounge space when lectures are not occurring.

Secure storage space: 5th and 6th floor team rooms

Lounge space: 5th floor lounge

Call room space (if applicable): N/A

Site: BSLMC

Study space: Cooley Library which is a formal medical library with open seating and table space. Two resident lounges which are rooms with sitting space, tables, and computer access used for study and completing clinical work. The Atrium is a very large open room with sitting and table space that is available for use if there is not a private reserved event being held.

Secure storage space: 2 resident lounges behind locked doors (one with badge access and one with keypad access) and there are lockers with locks in one of the lounges.

Lounge space: Cooley Library, Two resident lounges, and the Atrium

Call room space (if applicable): N/A

Site: MEDVAMC

Study space: Team rooms A to H, call room lounges, Room 4A-400D and 4A-400G.

Secure storage space: Team rooms A to H: every team room has a locking door and individual lockers available

Lounge space: Resident call room areas

Call room space (if applicable): N/A

12) 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**


VIII. Overall Schedule:

Site Schedules and Team Assignments:

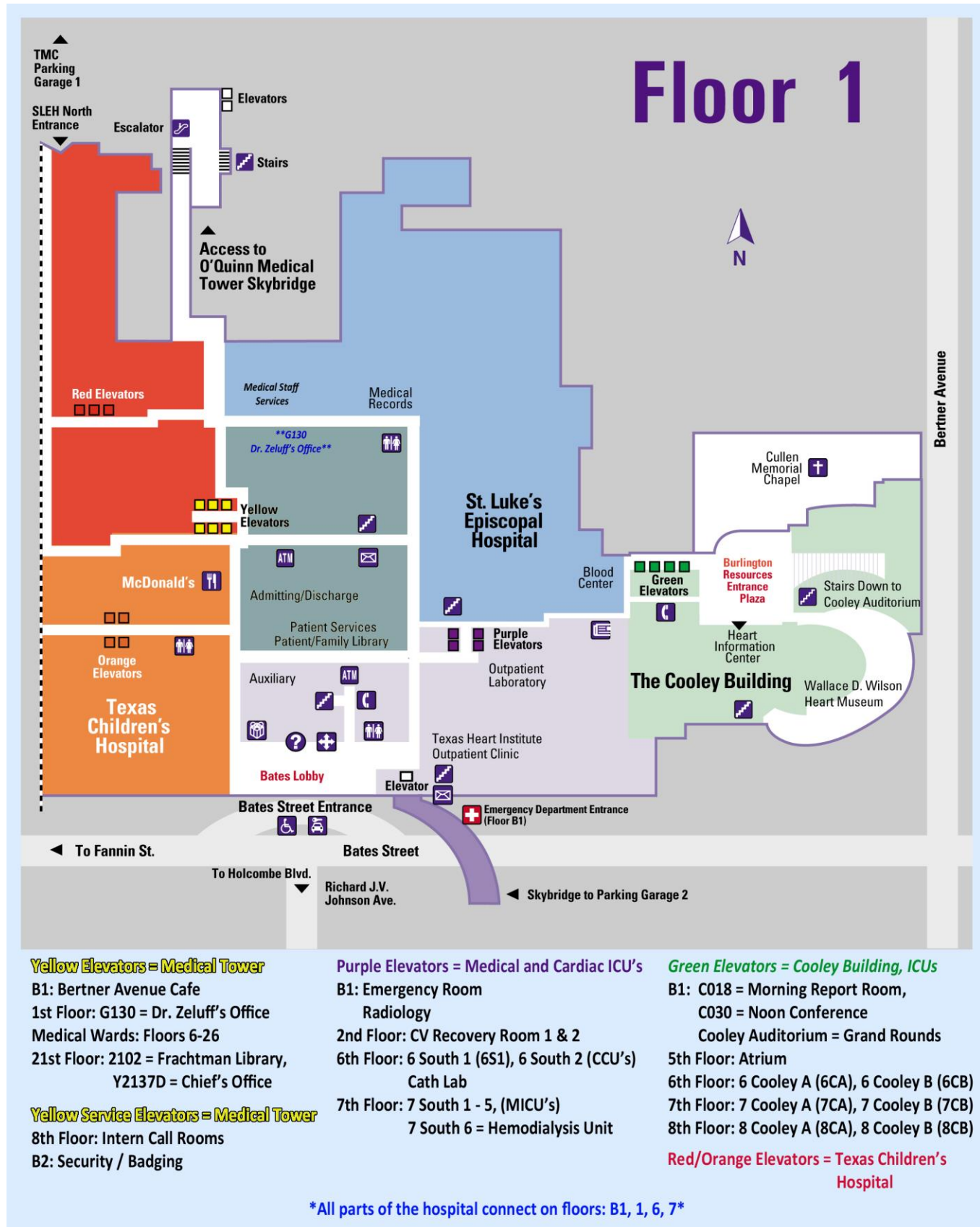
Each site has its' own representation who assigns each student to a service, team or clinic. You should expect to receive email notification of what team you are assigned to and details about the site orientation prior to your first scheduled day.

Amion.com: Amion is a website that the BCM IM residency program utilizes for scheduling its' residents on their rotations. We have an account with amion where we will post your general rotation schedule and ambulatory clinic schedule as well some of the major activities to attend. All 'golden weekends' (full weekend of Saturday and Sunday off) are now being placed on Amion. The schedule is typically posted to amion 1-2 weeks prior to our start date. In order to log in to amion please navigate to amion.com and enter the password 'baylorimstudent'.

Term 4 Roster and Schedule:

		Medicine Core Clerkship	refer to www.amion.com for schedule details	
		Term 4 2021-2022	enter baylorimstudent in the login box	
		Jan 3 - Feb 25, 2022	 choose My schedule	
		grad 6/1/2023 MS 3; grad 6/1/2024 MS 2		
		rev 12/15/2021		
			Period 1a / Period 1b	Period 2a / Period 2b
			Jan 3-Jan 16 / Jan 18-Jan 28	Jan 31-Feb 13 / Feb 14-Feb 25
1	208108	Agahi, Kevin Neema	BTGH Team A / BTGH Team A	VAMC Team A / BSLMC HemOnc III
2	235072	Alvarez, Alexandra Victoria	BTGH Team A / BTGH Team A	VAMC Team B / BSLMC ID II
3	234973	Bashir, Amna Ijaz	BTGH Team B / BTGH Team B	VAMC Team C / BSLMC Cards VI
4	234997	Bohac, Sarah Elizabeth	BTGH Team B / BTGH Team B	VAMC Team D / BSLMC HemOnc III
5	235097	Cox, Amber Lynn	BTGH Team C / BTGH Team C	VAMC Team E / BSLMC GI III
6	208099	Daruwalla, Cyrus Darius	BTGH Team C / BTGH Team C	VAMC Team F / BSLMC GI Neph III
7	199787	De las Casas, Augusto Bartolor	BTGH Team D / BTGH Team D	VAMC Team G / BSLMC Pulm IV
8	235066	Diab, Danny Ryan	BTGH Team D / BTGH Team D	BSLMC Cards VI / VAMC Team A
9	235068	Ehsan, Saad Aamir	BTGH Team E / BTGH Team E	BSLMC Pulm IV / VAMC Team B
10	235020	Elisarraras, Francisco Xavier	BTGH Team E / BTGH Team E	BSLMC ID II / VAMC Team C
11	234970	English, Collin William	BTGH Team F / BTGH Team F	BSLMC Neph III / VAMC Team D
12	235111	Farr, Morgan Alexa	BTGH Team G / BTGH Team G	BSLMC ID II / VAMC Team E
13	208191	Fierro, Alaska Mac		BSLMC GI III / VAMC Team F
14	235150	Gonzalez, Alejandro Javier	BTGH Team H / BTGH Team H	BSLMC ID II / VAMC Team G
15	235088	Ho, Sara Anne	VAMC Team A / BSLMC GI III	BTGH Team A / BTGH Team A
16	235047	McCarter, Jacob Harmon	VAMC Team B / BSLMC Cards VI	BTGH Team A / BTGH Team A
17	204068	Pham, Timothy Vinh	VAMC Team C / BSLMC HemOnc III	BTGH Team B / BTGH Team B
18	235003	Ramkumar, Nandita	VAMC Team D / BSLMC Cards VI	BTGH Team B / BTGH Team B
19	235092	Richards, McKenna Caroline	VAMC Team E / BSLMC ID II	BTGH Team C / BTGH Team C
20	234984	Rumbaut, Elijah Isaac	VAMC Team F / BSLMC Neph III	BTGH Team C / BTGH Team C
21	235083	Samuel, Sarah J	VAMC Team G / BSLMC Pulm IV	BTGH Team D / BTGH Team D
22	234995	Shwaiki, Israa Abdel	BSLMC HemOnc III / VAMC Team A	BTGH Team D / BTGH Team D
23	204024	Ugoh, Peter Michael	BSLMC Cards VI / VAMC Team B	BTGH Team E / BTGH Team E
24	197799	Valenzuela, Ivan Rene	BSLMC Pulm IV / VAMC Team C	BTGH Team E / BTGH Team E
25	235004	Ward, Ryan	BSLMC GI III / VAMC Team D	BTGH Team F / BTGH Team F
26	235067	Wright, Michael	BSLMC Neph III / VAMC Team E	BTGH Team F / BTGH Team F
27	208135	Yu, Andy Christopher	BSLMC HemOnc III / VAMC Team F	BTGH Team G / BTGH Team G
28	231430	Zhang, Gary	BSLMC ID II / VAMC Team G	BTGH Team G / BTGH Team G

Map of Baylor St Luke's Medical Center



IX. Grades:

The Core Medicine Clerkship Grading Committee comprised of 10-15 faculty from the department of medicine meets after the end of the rotation to consider evaluations and exam grades to determine grades. We utilize the following rubric:

Grading Rubric: Medicine Core Clerkship

Requirements	% of Final Grade	Minimum Score to Pass
NBME Exam	25	Exact number is dependent on exam period. Must exceed 5% nationally.
SP Exam	10	70
Other Points	10	
PR Points	5	
Graded H&Ps	5	N/A
Clinical Evaluations	55	
Residents/Interns	20	Exceed 2 standard deviations below the mean
Attendings	35	
Professionalism	0	See below

Grade Process Details:

- A. ****Issues with professionalism alone MAY result in a drop in letter grade or failure of the course.****
- B. Stage of clinical training (i.e.: MS2 vs. MS3) is taken into consideration in determining final grades
- C. We continue to evaluate and **drop significant outliers** in performance evaluations as long as there are adequate numbers of evaluations requested (for 2021 that number is 12).
- D. Clinical Evaluations: count as 55% of total grade. Attendings/Fellows count as 35% with that % broken down with all attendings/fellows from BSLMC counting as 25% and then all attendings from VA/BT counting as 75%. All resident/intern evaluations count the same regardless of site/time and count as 20% of your total grade.
- E. 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 verified 2 SD below the mean
 - 2. Lapses or issues with professionalism alone independent of clinical performance.
 - 3. Failing 2 or more graded components on the clerkship
 - 4. Failing only NBME Exam:
 - a. 1st Failure: Failing the SP or NBME will result in a Deferred grade to be submitted and the student is required to successfully pass the exam. The highest grade that can be received for the course is a Pass.
 - b. 2nd Failure: 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 upon repeat of the course is a Pass.
 - c. 3rd Failure: On repeat of the course, students who fail the 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.
 - 5. Overall performance on the clerkship that is verified as being 2 SD below the annual mean.

Clerkship processes to assure fairness in grading:

Core clerkship grades are determined by the corresponding undergraduate medical education committee (UMEC). To ensure valid and fair grades, grades are based on the grading rubric and all available student performance data.

Final grades are based on individual student performance; in addition to numerical data, the UMEC reviews narrative comments from evaluators to help inform the final grade. The UMEC may modify the final grade (up or down) after review of all student performance and evaluation data.

Cut-scores for Honors / High Pass / Pass / Marginal Pass / Fail are determined by analyzing student performance data from prior year(s) to approximate a 30/40/30% distribution for H/ HP/ P. However, in a given term, there is no restriction to how many students can earn a grade of Honors or High Pass or Pass.

The UMEC's determination of the final grade includes the following measures to assure fairness of performance assessment:

- **All clerkships include an adjustment for Early Clinical Learners** (defined as students within the first 6 months of clinical training or who have been out of training for three years or more and are on their first clerkship upon re-enrollment)
- **All clerkships account for identifiable variability in educator grading patterns (i.e. adjustments for “hawks” and “doves”).** Clerkships utilize one or more of the following tools as determined by the individual clerkship's UMEC, and as appropriate based on the context and structure of the rotation.
 - a. Review of **educator bias reports** by the UMEC (i.e. if a student is graded by a predominance of “stringent” graders, this is considered when determining the final grade)
 - b. **Z-score adjustments** (i.e. adjustment of scores based on historical grading patterns for each educator)
 - c. **Dropping “outlier” evaluations** (i.e. if an evaluation is 2 SD's below the mean, the evaluation is dropped, AND the highest evaluation is also dropped) [*only possible for clerkships with a sufficient number of evaluations*]
- For clerkships with more than one site, **data on student performance by site is reviewed on an annual basis to assure comparability.** Any identified discrepancies are acted upon by the clerkship leadership.

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Processes for students with concerns about their clerkship grade:

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 submitted student performance assessment form completed by a clerkship leadership member due to, for example, 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 UMEC for 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).

X. Evaluation Form:

The following is a sample evaluation form that will be used to evaluate your time on the core clerkships:

A. E*value Student Evaluation form:

PROF1: The student exhibits professionalism with respect to patients and families: compassionate and respectful, advocates for patient/family's needs.

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

PROF2: The student exhibits professionalism with respect to colleagues and team: reliable and prepared, cooperative, proactive.

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

PROF3: The student exhibits professionalism with respect to other students: Serves as a positive role model.

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

PROF4: The student exhibits professionalism with respect to self-improvement: Seeks, accepts and integrates feedback; self-aware of performance.

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

COMP1: Rate this student's knowledge of common adult diseases including pathophysiology and diagnosis.

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

COMP2: Rate this student's knowledge of the appropriate treatment(s) for common adult diseases.

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

COMP3: Rate if this student knows appropriate use and limitations of common laboratory tests, diagnostic procedures, and imaging techniques.

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

COMP4: Rate this student's ability to elicit a complete history.

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

COMP5: Rate this student's ability to perform an adult physical examination.

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

COMP6: Rate this student's ability to accurately interpret findings from the history and physical examination.

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

COMP7: Rate this student's ability to formulate a differential diagnosis for adult patients

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

COMP8: Rate this student's verbal patient presentations.

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

COMP9: Rate this student's written notes.

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

COMP10: Rate this student's ability to communicate effectively with patients and families in both routine and complex cases.

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

COMP11: Rate this student's ability to communicate with patients who represent diverse cultures.

Cannot Assess	Ineffective		Effective w/ patients most like themselves but not w/ others		Effective w/ some patients from diverse groups		Effective w/ most patients from diverse groups		Effective w/ all patients, no matter the patient's background
○	○	○	○	○	○	○	○	○	○

COMP12: Rate this student's ability to critically evaluate and appropriately apply medical resources in practice.

Cannot Assess	Unable to access, critique, or apply information		Uses basic resources; critiques & applies information if prompted		Uses & critiques basic resources; can sometimes apply in practice		Uses & critiques diverse resources and applies in practice		Uses, critiques, & applies a broad set of resources to improve practice
○	○	○	○	○	○	○	○	○	○

COMP13: Rate this student's skill at appropriately protecting confidentiality according to HIPAA rules.

Cannot Assess	Does not understand importance; unaware of breaches		Understands importance; recognizes most breaches		Understands importance; recognizes & notes breaches		Understands importance; avoids breaches		Understands importance; promotes protection of confidentiality among others
○	○	○	○	○	○	○	○	○	○

Please provide constructive comments about the student's performance (not for the dean's letter):

Please provide comments about the student's overall performance (these will be used for the dean's letter):

XI. Recommended Texts/Videos/Resources:

A. For Overall Content:

- a. Step Up to Medicine – Version 4

B. For Thorough Internal Medicine Knowledge:

- a. Cecil's Medicine
- b. Harrison's Medicine
- c. Frameworks

C. Q Banks

- a. Most Student's utilize UWorld 2 (there are about 1400-1500 between inpatient and outpatient medicine)
- b. I recommend as a second bank of questions the MKSAP For Students Question Banks or AMBOSS

D. Physical Exam References

- a. Stanford 25 Exam Videos (through Stanford Medical website)

E. Online Resources

- a. Online Med ED Videos in Internal Medicine
- b. Twitter MedEd Follows:
 - i. Dr. Zaven Sargsyan (BCM Hospitalist) @sargsyanz
 - ii. BCM Residency Program @BCM_InternalMed
 - iii. #MedTwitter
- c. Podcasts: Clinical Problem Solvers

Presentation Tips Article:

Presentation Pet Peeves

Adam Cifu, MD, FACP

It is a common trope that medical trainees learn a new language. The quantity of vocabulary mastered during medical training is staggering. Trainees must master words that are unusual in common parlance (perineum, edema) and those never uttered outside the hospital (neurosarcoidosis, encephalomalacia). Just like any language, medical speech is more than just vocabulary. Students learn a new grammar and syntax as part of their acculturation. They learn new connotations, such that “crushing substernal chest pain,” “rusty sputum,” or “black tarry stools” refer to unique conditions. The language allows us to transmit information in a way that is concise and accurate. A picture may be worth a thousand words, but “He is a 45-year-old with alcohol-related cardiomyopathy presenting with paroxysmal nocturnal dyspnea,” is certainly worth more than its 15.

Like any language, ours is alive. As physicians, we know more than anyone that with time living things acquire imperfections. Odd constructions, shortcuts, and linguistic maneuvers to conceal laziness or ignorance accumulate in our medical vernacular. While our language acquires imperfections, so do physicians. Most of us develop idiosyncratic, practice-related aggravations. On bad days these are an annoyance; on good days they are a source of amusement.

As an academic general internist I listen to hundreds of case presentations each year. Certain aspects of our language have become my pet peeves, and I would like to share them with you:

Please do not refer to patients as *males* and *females*. We are men and women.

I do not need to hear the patient's *race* in the chief complaint. It is almost never important and probably fits best in the social history. When a black patient with cystic fibrosis or a white patient with sickle cell disease is admitted, let me know the race—otherwise, leave it out.

“The patient denied . . .” You are taking a history. If the patient said she did not experience a symptom, she did not experience it. If you are saying this to impress me by letting me know that you asked the question, realize that I have more faith in your knowledge than

you think. If you think the patient is concealing something, let me know that.

“This is a 50-year-old man with . . .” a list of 12 diagnoses, and *then* the chief concern. This is distracting. I assume it is done only to avoid committing to 1 or 2 important aspects of the medical history. The best way to learn is to commit and be corrected.

“Deferred.” If you did not do a rectal examination, you did not defer it. You did not do it. It was a choice you made, and you might or might not have made a good one. I will tell you.

“Complaint.” Some people are complainers, and some patients are complainers—most are not. Use this word only when you need to provide its negative connotations.

“Compliant.” I think every one of us would strive to be adherent to a physician's recommendations. I cannot imagine that any of us would like to be described as compliant.

“The vital signs are stable.” Over the years, my colleagues have reminded me that the condition associated with the most stable vital signs is death.

“The patient endorses . . .” Who talks like that?

“The labs are normal.” Tell me the labs; I'll tell you if they are normal.

“Do you want to hear the meds?” My specialty is internal medicine.

“The patient is a poor historian.” You are the historian; the patient is the informant. Besides, I do not really think there are poor informants, just poor history takers.

“Provider/client.” I went to medical school to become a physician who cares for patients, not a provider who serves clients.

I'm happy to report that I am not the only one who harbors these irritations. Most of my colleagues, including my surgically oriented friends, are happy to reel off lists of their own.

On the one hand, these objections may seem unreasonable or even bizarre—but is that not what pet peeves are supposed to be?

On the other hand, these points, and many others that my precepting colleagues might add, are important. We reason with language. Thus, how we express ourselves affects what we think. Using phrases like “poor historian” and “noncompliant” cannot benefit our relationship with those for whom we care.

DOI:<http://dx.doi.org/10.4300/JGME-D-16-00625.1>

Allowing trainees to present “stable vital signs” and “normal labs,” but to skip reporting the medication list teaches them laziness in a field where careful attention is critical.

Precision, another trait that should be a hallmark of our field, is lost when we say “denies” to mean “lacks” or “deferred” to mean “opted not to.”

It’s not just for the benefit of today’s patients (and preceptors) that we need to teach these lessons. We need to teach them for the benefit of future patients. I hope to avoid the day that a young physician at my bedside begins his presentation, “This is an elderly, bald, noncompliant, white, male, retired physician

who appears much older than his stated age. He denies chest pain but endorses dyspnea.”

I can only hope that he will defer the rectal examination.



Adam Cifu, MD, FACP, is Professor of Medicine, Department of Medicine, University of Chicago.

The author would like to thank Drs Andrew Smaggus, John P. Leonard, Cedric Dark, Vivek Prachand, and Dan Hocson for sharing their thoughts on this subject.

Corresponding author: Adam Cifu, MD, FACP, The University of Chicago, MC 3051, 5841 South Maryland Avenue, Chicago, IL 60637, 773.834.1745, fax 773.834.3950, adam.cifu@uchicago.edu

<mailto:adamcifu@uchicago.edu>

XII. Policies and Procedures:

Interested in Internal Medicine? – The department of Medicine would like to help mentor you through the process of choosing a specialty and seeing if Internal Medicine is the right fit for you. Through collaboration with the Deans of Student Affairs BCM offers the Specialty Specific Mentors program. Please review the list of Specialty Specific Mentors list held on the COSA blackboard page that is updated regularly. At time of COD update the current 4 BCM Internal Medicine mentors are:

- ☐ Katie Scally – scally@bcm.edu
- ☐ Marc Robinson – mdrobins@bcm.edu
- ☐ Mini Varughese – mvarughe@bcm.edu
- ☐ Andrew Caruso – caruso@bcm.edu (please only contact after the IM Core Clerkship has completed)

XII. Policies (edited 12/1/2021)

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

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

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

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

Additional information may be found in the student handbook: <https://www.bcm.edu/education/schools/medical-school/md-program/student-handbook>

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

Policies: Table of Contents

Add/drop Policy:

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

Attendance / Participation and Absences:

Alternative Educational Site Request Procedure (Policy 28.1.10):

Clinical Supervision of Medical Students (Policy 28.1.08):

Code of Conduct:

Compact Between Teachers, Learners and Educational Staff:

Course Repeat Policy:

Criminal Allegations, Arrests and Convictions Policy (28.1.13):

Direct Observation Policy (Policy 28.1.03):

Duty Hours Policy (Policy 28.1.04):

Educator Conflicts of Interest Policy (Policy 23.2.04)

Examinations Guidelines:

Grade Submission Policy (28.1.01):

Grading Guidelines:

Grade Verification and Grade Appeal Guidelines:

Learner Mistreatment Policy (23.2.02):

Leave of Absence Policy (23.1.12):

Medical Student Access to Health Care Service Policy (28.1.17)

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

Blood Borne Pathogens (Standard Precautions Policy 26.3.06):

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

Student handbook

Midterm Feedback Policy (28.1.02):

Narrative Assessment Policy (Policy 28.1.11):

Patient Safety:

Policy Regarding Harassment, Discrimination and Retaliation (02.2.25):

Religious Holiday and Activity Absence Policy:

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

Mandatory Respirator Fit Testing Procedure (28.2.01):

Social Media Policy (02.5.38):

Sexual Misconduct and Other Prohibited Conduct Policy (02.2.26):

Student Appeals and Grievances Policy (23.1.08):

Student Disability Policy (23.1.07):

Student Progression and Adverse Action Policy (Policy 28.1.05):

Technical standards:

Notice of Nondiscrimination:

Statement of Student Rights:

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

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

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

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

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

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

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

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

Alternative Educational Site Request Procedure (Policy 28.1.10):

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

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

Clinical Supervision of Medical Students (Policy 28.1.08):

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

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

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

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

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

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

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

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

Compact Between Teachers, Learners and Educational Staff: <https://www.bcm.edu/education/academic-faculty-affairs/academic-policies/compact>

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

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

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

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

Course Repeat Policy:

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

Criminal Allegations, Arrests and Convictions Policy (28.1.13):

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

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

Direct Observation Policy (Policy 28.1.03):

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

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

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

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

Duty Hours Policy (Policy 28.1.04):

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

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

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

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

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

Educator Conflicts of Interest Policy (Policy 23.2.04)

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

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

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

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

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

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

Examinations Guidelines:

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

Grade Submission Policy (28.1.01):

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

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

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

Grading rubrics and graded components are determined by the individual course and course directors.

See other section(s) of the Course Overview Document for course-specific grading information.

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

Grade Verification

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

Grade Appeal Application

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

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

Learner Mistreatment Policy (23.2.02):

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

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

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

Options for Reporting Learner Mistreatment:

Informal Reporting Mechanisms:

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

Formal Reporting Mechanisms:

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

Leave of Absence Policy (23.1.12):

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

The purposes of this policy are to:

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

Medical Student Access to Health Care Service Policy (28.1.17)

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

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

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

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

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

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

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

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

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

See also:

Blood Borne Pathogens (Standard Precautions Policy 26.3.06):

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

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

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

Influenza & COVID-19 Vaccination Policy (18.1.04)

https://intranet.bcm.edu/policies/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=18.1.04

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

Midterm Feedback Policy (28.1.02):

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

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

Foundational Sciences:

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

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

Clinical Courses

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

During the midterm feedback evaluation, if any component of the Student Midterm Feedback Form has not been completed, the course director works to address and rectify any deficiencies.

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

Please refer to other sections of the Course Overview Document for course-specific instructions related to mid-term feedback requirements and documentation.

Narrative Assessment Policy (Policy 28.1.11):

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.11

This policy outlines how the School of Medicine Deans and Course / Clerkship Directors work to ensure that when teacher-student interaction permits, a narrative assessment of a student's performance, including their non-cognitive achievement is provided.

This assessment is in the form of narrative descriptions of medical student performance, including references to non-cognitive achievement, as a component of the overall assessment in the respective course and/or clerkship.

Patient Safety:

Information for Reporting Patient Safety Incidents at BCM Affiliated Institutions:

<https://media.bcm.edu/documents/2016/e5/guide-to-reporting-patient-safety-incidents-7.20.2016.pdf>

Policy Regarding Harassment, Discrimination and Retaliation (02.2.25):

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=02.2.25

Religious Holiday and Activity Absence Policy: <https://www.bcm.edu/education/schools/medical-school/md-program/student-handbook/academic-program/attendance-and-absences/religious-holiday-and-activity-absence-policy>

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

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.2.01

The Baylor College of Medicine (BCM) is committed to the values of integrity, respect, teamwork, innovation, and excellence, and requires all BCM Learners to practice these values consistently during the completion of requirements for educational progression and performance of scholarly and professional duties.

Creating and sustaining an environment reflective of BCM values is the responsibility of every individual at BCM.

This policy outlines the expectations of academic honesty and integrity; professionalism issues relating to alcohol and substance abuse; expectations for proper management of social media and internet use along with use of BCM resources; options for reporting lapses in professionalism against learners.

Reporting Breaches in Professional Behavior:

Learners may report alleged violations of this policy through the Integrity Hotline either by calling the toll-free Hotline number (855-764-7292) or by accessing the Integrity Hotline website (www.bcm.ethicspoint.com).

Mandatory Respirator Fit Testing Procedure (28.2.01):

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

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

Social Media Policy (02.5.38):

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

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

Sexual Misconduct and Other Prohibited Conduct Policy (02.2.26):

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

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

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

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

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

Student Appeals and Grievances Policy (23.1.08):

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

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

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

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

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

Student Disability Policy (23.1.07):

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

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

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

Student Progression and Adverse Action Policy (Policy 28.1.05):

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

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

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

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>

Diversity, Equity and Inclusion policies: <https://www.bcm.edu/about-us/diversity-equity-and-inclusion/policies>

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

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

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

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

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

Why are these concepts important?

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

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

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

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

CCGG	PCRS	EPA
2.1	KP3	EPA 7: Form Clinical Questions and

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

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

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

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