



**Neurology Core Clerkship
Course Overview Document
2021-2022**

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I. Introduction/Clerkship Overview:

Purpose

- The required Clerkship in Neurology is a rotation designed to teach the neurological exam and the skill of localizing pathology within the nervous system. **(See Rotation Specific Goals and Objectives)**

II. Clinical Sites:

- You will be assigned to a clinical team at one of the sites. You will be asked to see, interview, and examine patients who are new to the service and then present your findings and analysis to the team. Prior to presenting any new patient to the attending you should discuss it with your resident (either the lower level or the upper level). You should make every effort to be helpful in the spirit of teamwork, but should never be overworked. Your primary purpose for being there is to learn.
- The available clinical sites at which students may rotate include:
 - Ben Taub General Hospital
 - St. Luke's Hospital
 - Texas Children's Hospital
 - DeBakey VA Medical Center

III. Contact and Site Information:

Clerkship Leadership:

Clerkship Coordinator	Carolyn Lewis	carolyn.lewis@bcm.edu 713-798-5942	McNair Campus 7200 Cambridge St. Floor 9 Houston, TX 77030
Clerkship Director	Doris Kung	kung@bcm.edu 713-798-2273	McNair Campus 7200 Cambridge St. Floor 9 Houston, TX 77030
Associate Clerkship Director	Nicolaas Anderson	ncanderson@bcm.edu 713-798-2273	McNair Campus 7200 Cambridge St. Floor 9 Houston, TX 77030

Site Directors Contact Information:

Site	Faculty Contact/Director	Info
Ben Taub General Hospital	Fernando Cuascut	Fernando.cuascut@bcm.edu
DeBakey VA Medical Center	Fariha Jamal	Fariha.Zaheer@bcm.edu
Baylor St. Luke's/CHI Hospital	Jacob Mandel	Jacob.mandel@bcm.edu
Texas Children's Hospital	Nikita Shukla	Nikita.shukla@bcm.edu

IV. COVID Concerns

Our top priority is your safety! Please follow your designated hospital's policies and guidelines regarding care of patients. Please be flexible as we all adjust during the evolving pandemic. Policies can change from day to day or week to week.

1. Students will be allowed to see patients who are COVID positive or Persons Under Investigation (PUI) as long as proper PPE is provided.
2. Students will bring and wear a surgical mask.
3. Maintain 6 feet of separation, (e.g. when rounding with team, when interviewing patients).
4. Wear masks at all times, unless eating or drinking.
5. Please eat alone and not in team rooms.
6. Limit number of people in workrooms. Limit the number of people in patient rooms to 4 or less (not including patient and family member).

What if I get sick?

1. Any student who develops symptoms which may be consistent with COVID-19 should NOT report for duty, and should contact OHP for testing and further guidance
2. Any student with known exposure to a person with confirmed COVID-19 should contact OHP for guidance.
3. You will need to fill out an Absence form and adhere to the Absence policy.
4. Student absences related to COVID-19 (infection or exposure requiring isolation or quarantine) will be excused
5. Students must complete all course requirements in order to successfully pass the course; students will receive an incomplete if course requirements remain pending at the end of the rotation (example: direct observations; required clinical experiences)

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

V. BCM Core Competency and Graduation Goals

1. Professionalism

Each student graduating from BCM will:

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

2. Medical knowledge

Each student graduating from BCM will:

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

3. Patient care

Each student graduating from BCM will:

- 3.1. Demonstrate the ability to engage in an 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

VI: Rotation Specific Goals and Objectives

Clerkship Objective	Mode of Teaching	Mode of assessment	
		Formative	Summative
Objective 1: Employ honesty, integrity, and respect in all interactions and demonstrate sensitivity to patients and colleagues from diverse populations			
Professionalism 1.2, 1.5	Clerkship Overview Document Clerkship Orientation Clinical experiences	Midcourse Feedback	Evaluations SP exam
Objective 2: Demonstrate caring, compassion and empathy in patient interactions and advocate for the needs and well-being of patients, colleagues and self			
Professionalism 1.3, 1.4	Clerkship Overview Document Clerkship Orientation Clinical experiences	Midcourse Feedback	Evaluations
Objective 3: Fulfill professional responsibilities as a learner, colleague and member of the health care team, including adherence to ethical principles and patient confidentiality rules			
Professionalism 1.1, 1.6, 1.8	Clerkship Overview Document Clerkship Orientation Clinical experiences	Midcourse Feedback	Evaluations
Objective 4: Develop a fundamental knowledge of common conditions and diseases and their primary modes of presentation seen by neurologists			
Medical Knowledge 2.1 Patient Care 3.3	Clinical experiences	Midcourse Feedback Clinical Experiences Form	Evaluations SP exam NBME
Objective 5: Differentiate lesions at all levels of the neuraxis.			
Medical Knowledge 2.1	Clinical experiences	Midcourse Feedback Clinical Experiences Form	Evaluations NBME
Objective 6: Perform the components of a complete or focused Neurologic patient history and exam.			
Patient care 3.5	Clinical experiences	Midcourse Feedback Clinical Experiences Form	Evaluations SP exam
Objective 7: Interpret the findings from the neurological history and exam of patients into an appropriate differential diagnosis			
Patient Care 3.3	Clinical experiences	Direct Observation Clinical Experiences Form	Evaluations NBME
Objective 8: Recognize and describe the evaluation and management of common neurologic conditions			
Medical Knowledge 2.1, 3.7	Clinical experiences	Midcourse Feedback Clinical Experiences Form	Evaluations NBME
Objective 9: Communicate respectfully, compassionately, and effectively with patients, families, and the medical team			
Interpersonal and Communication Skills 4.1, 4.2	Clinical experiences	Midcourse Feedback Direct Observation	Evaluations SP exam
Objective 10: Present and document a succinct and accurate neurological history and examination			
Interpersonal and communication skills 4.3, 4.4	Clinical experiences	Direct Observation Midcourse Feedback Clinical Experiences Form	Evaluations SP exam
Objective 11: Apply an evidence-based approach, when possible, in managing common neurologic medical problems			

<i>Practice-Based Learning and Improvement: 5.3</i>	Clinical experiences	Midcourse Feedback	Evaluations NBME
Objective 12: Self-assess progress as learners and identify specific learning needs during the clerkship			
<i>Practice-based learning and improvement 5.1</i>	Clinical experiences	Midcourse Feedback Clinical Experiences Form	Evaluations SP exam

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

VII. You Said, We Did:

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

Evaluation Year	YOU SAID:	WE DID:
2020-21	The assignments and didactic sessions were not clearly outlined.	A calendar of assignments and didactic sessions were added to the welcome email and the COD was revised to clearly outline required assignments.
2020-21	Improve resident involvement in teaching	CD will send monthly teaching topics to the residents to ensure that content is relevant and appropriate for medical students.
2020-21	Standardized Patient Encounter expectations more clearly explained.	At orientation and on the last week of the clerkship, the CD reviews the SP exam and details regarding the expectations, procedures, and grading.

VIII. Student Roles, Responsibilities and Activities:

CLERKSHIP RESPONSIBILITIES:

Student responsibilities:

- You will be asked to see, interview, and examine patients who are new to the service and then present your findings and analysis to the team. Prior to presenting any new patient to the attending you should discuss it with your resident (either the junior or chief residents).
- We comply with the BCM duty hour policy. Please see the [Duty Hour policy](#) in the Student Handbook.

- There is no overnight call or weekend responsibility at any of the sites.
- No procedures are required for this rotation.

Each student will do:

- 2 weeks of Inpatient service (or ICU at St. Luke's)
- And 2 weeks of Consult service

Please note that you should continue to be available for clinical/educational responsibilities from 6AM-6PM every working day. We will always comply with duty hour policies.

Ambulatory Clinics

- Each student will do some days of ambulatory clinics. Depending on availability, each student will be assigned to a clinic and details will be sent to the students prior to the start of the rotation. Clinics start at 8AM every morning. Please be on time.
- McNair clinics are at 7200 Cambridge St. 9th Floor – Pod A-C
- VAMC clinics are at the 2nd floor Resident clinic
- Ben Taub clinics are at Smith Clinic 2525 Holly Hall 2nd Floor Neurology clinic
- TCH clinics are at the Neurology Blue Bird Clinic – Wallace Tower 9th floor

Inpatient Hospital Information:

Facility name	Lounge/Conf. rooms	Study areas	Secure Storage Space	Computers and Internet Access	Call room
Ben Taub General Hospital	5D classroom	5D Team Room	5D Team Room	5D Team Room	N/A
Veterans' Affairs Hospital	2B Conference Room	2B Team Room	2B Team Room	2B Team Room	N/A
Baylor/St. Luke's Hospital	2233A & 07-1A (ICU)	2202	22 nd Floor Team Room	22 nd Floor Team Room	N/A
Texas Children's Hospital	12th floor MWT fellows room, 12th floor MWT conference rooms, 9th floor MWT conference rooms	PFW, MWT Cafeteria area	10 th Floor workroom, 12 th floor MWT fellows room	Conference rooms on 12MWT, 10WT work room and unit	N/A

- *Please note that these spaces may not be available during the COVID pandemic. We encourage students to return home for studying and lounging for the safety of yourselves and others. Please contact the clerkship director if you have questions about space availability.*

- **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**

Interprofessional Experience

- Interprofessional Education (IPE), defined as learning about, with or from other disciplines, is an important part of the BCM curriculum.
- In this course, IPE activities are being piloted and separate emails will be sent to students who will be participating.

Midterm Feedback:

- [Midterm Feedback](#) (MTF) is a mandatory activity designed as a "checkpoint" in order to review a student's progress towards completion of course requirements. Items to be reviewed during this session include the following: Direct Observation on E-value, Case Logs, Feedback Comment Card, student goals/self-assessment, and plans for improvement and/or remediation. MTF is NOT a predictor of your final grade. A student may meet the criteria for a failing grade at any time during the clerkship, including after MTF.
- You will meet for a **Midterm Feedback** session with the Clerkship Director or Associate Director.
- **Attestation:** After MTF session, each student must attest in E*Value that session was completed.

Required Assignments (see [schedule](#) below for due dates):

All required E-value online forms are due by the end of business day on the last Friday of the rotation. If not completed, it will result in an Incomplete grade on the rotation and can be considered as unprofessional behavior.

- **Case Logs:** Students should see one patient from at least 8 different symptoms as listed in the **Case Log Requirements**. The patient should have the symptom as 1 of their top 2 chief

Do's and Don'ts of the Clerkship:

Do:

- **Do** make every effort to be helpful in the spirit of teamwork.
- **Do** ask for frequent feedback. A Weekly Feedback Form has been created for your use and will be reviewed at the Midterm Feedback session.
- **Do** your Direct Observation in a timely manner.

Don't

- **Don't** assume your team knows about your absences. Communicate with your team about any absences. Please see Attendance and Participation policy.
- **Don't** feel overworked. Your primary purpose for being there is to learn. Enthusiasm and interest are key to both enjoying your clinical time and to maximizing your learning.

complaints. You can use the same patient only 2 times. Log these cases into **E-value**. Additionally, students can **Case Log** a written history and physical exam reviewed by the CD or Associate CD. (see [Case Log Requirements](#)).

- **Direct Observation:**

- **Two** Direct Observations in total are required. **Each** direct observation requires that part or all of a history **and** neurological exam is observed. It is highly recommended that you complete at least one direct observation by the first week.
- One Direct Observation (history and exam) by a Faculty Member. This is done via E-value.
- One Direct Observation (history and exam) by a Resident is also required. This is done via E-value.
- **The Two Direct Observations** are due by the end of business day on the last Friday of the rotation.
- If the Direct Observation is not completed, it will result in an Incomplete grade on the rotation.

- **Quizzes**

- Complete a **weekly quiz** on Blackboard every week prior to each TBL.

- **Written H&P**

- Email 1 copy of a de-identified H&P (including A&P) to the CD or Associate CD to review at Midterm Feedback

Exams - Standardized Patient Exam and NBME Shelf Exam:

- Students are required to take and pass the Neurology Standardized Patient Exam.
- Students are required to take and pass the NBME Shelf exam.
- Students will be contacted to schedule their time slot for the exams.
- See [Section X](#) for more details.

Dress Code:

- You are expected to uphold a professional level of conduct and appearance in the workplace, including clinical and non-clinical settings.
- Always keep your BCM ID/student badge in clear view
- **Attire for clinical duties:** professional attire, slacks, dresses/skirts at/below the knee, close-toed shoes. **Scrubs are permitted.**

Required Sessions and Lectures (see [schedule](#) below):

- Mandatory attendance is expected at Neurology Grand Rounds (can be remote attendance via Zoom).
- Team Based Learning sessions every week
- NeuroLyte Resident Case Discussions – 2 sessions per month, see schedule below
- Lecture topics to review on Blackboard
 - Orientation
 - Neurological History and Physical
 - Neuroanatomy
 - Headache
 - Neuromuscular diseases
 - Dementia
 - Stroke
 - Demyelinating Diseases
 - Pediatric Neurology/Epilepsy
 - Movement disorders

IX. Schedules:

Lectures and Conferences - Please check your email for any changes to the calendar.

	Monday	Tuesday	Wednesday	Thursday	Friday
WEEK 1	<ul style="list-style-type: none"> • Orientation • Grand Rounds @ noon 	<ul style="list-style-type: none"> • Review Stroke lecture on Blackboard (12-1PM) 	<ul style="list-style-type: none"> • Review Demyelinating Disease lecture on Blackboard (12-1PM) • NeuroLyte Case Discussion @ 12pm (TBL groups 1&2 only) 		<ul style="list-style-type: none"> • Complete Week 1 WDYWW
WEEK 2	<ul style="list-style-type: none"> • Grand Rounds @ noon • TBL via Zoom 1pm • Complete weekly quiz prior to TBL 	<ul style="list-style-type: none"> • Review Pediatric Neurology & Epilepsy lectures on Blackboard (12-1PM) 	<ul style="list-style-type: none"> • Review Movement Disorders lecture on Blackboard (12-1PM) • NeuroLyte Case Discussion @ 12pm (TBL groups 1&2 only) 		<ul style="list-style-type: none"> • Midcourse Feedback Via ZOOM • H&P and Weekly Feedback Form: email to CD – cc Associate CD • Complete Week 2 WDYWW • At least 1 DO Completed
WEEK 3	<ul style="list-style-type: none"> • Grand Rounds @ noon 	<ul style="list-style-type: none"> • Review Neuromuscular and Headaches lectures on Blackboard (12-1PM) • Complete weekly quiz prior to TBL • TBL via Zoom 4-5pm 	<ul style="list-style-type: none"> • Review Dementia lecture on Blackboard (12-1PM) • NeuroLyte Case Discussion @ 12pm (TBL groups 3&4 only) 		<ul style="list-style-type: none"> • Complete Week 3 WDYWW
WEEK 4	<ul style="list-style-type: none"> • Grand Rounds @ noon • TBL via Zoom 1pm • Complete weekly quiz prior to TBL 		<ul style="list-style-type: none"> • NeuroLyte Case Discussion @ 12pm (TBL groups 3&4 only) • SP exam starting at 1PM 		<ul style="list-style-type: none"> • Complete Week 4 WDYWW • 2 DO Completed • Weekly Feedback Form Completed and Submitted • All Case Logs Completed • SHELF exam

Baylor College of Medicine
Neurology Core Clerkship
Case Log Requirements

During this clerkship, you will be required to log all of the requirements below. When you have completed an activity on the list, log it into E*Value, including your level of participation and the name of the resident/faculty that precepted you. You may print the checklist below to assist you for tracking purposes. Contact the Clerkship Director no later than the last week of the course for assistance in completing any of these requirements. **Note: Diagnosis/Conditions listed below can be completed virtually via alternative experiences, but in-person and/or live patient interactions should be prioritized and are preferred.**

Diagnosis/ Condition Name	Minimum Role Required	Minimum#	Clinical Setting	Options/Alternative Experiences (specify)
Weakness caused by central lesion	Perform the History and Neurological Exam: The patient should have the symptom as 1 of their top 2 chief complaints.	1 patient	Inpatient	Review topic in Clinical Neurology Lange (Chapter 9 Motor Disorders) https://accessmedicine.mhmedical.com/book.aspx?bookID=2274 And take Quiz provided by Course Director
Weakness caused by peripheral lesion	Perform the History and Neurological Exam: The patient should have the symptom as 1 of their top 2 chief complaints.	1 patient	Inpatient	Complete Aquifer case Internal Medicine case 34
Numbness	Perform the History and Neurological Exam: The patient should have the symptom as 1 of their top 2 chief complaints.	1 patient	Inpatient	Review topic in Clinical Neurology Lange (Chapter 10 Sensory Disorders) https://accessmedicine.mhmedical.com/book.aspx?bookID=2274 And take Quiz provided by Course Director
Gait disturbance	Perform the History and Neurological Exam: The patient should have the symptom as 1 of their top 2 chief complaints.	1 patient	Inpatient	Review topic in Clinical Neurology Lange (Chapter 8 Equilibrium Disorders) https://accessmedicine.mhmedical.com/book.aspx?bookID=2274 And take Quiz provided by Course Director
Headache	Perform the History and Neurological Exam: The patient should have the symptom as 1 of their top 2 chief complaints	1 patient	Inpatient	Complete Aquifer case Family Medicine Case 18

Altered Mental Status	Perform the History and Neurological Exam: The patient should have the symptom as 1 of their top 2 chief complaints.	1 patient	Inpatient	Complete Aquifer case Family Medicine 29
Seizure	Perform the History and Neurological Exam: The patient should have the symptom as 1 of their top 2 chief complaints.	1 patient	Inpatient	Complete Aquifer case Pediatrics 19
Visual disturbance	Perform the History and Neurological Exam: The patient should have the symptom as 1 of their top 2 chief complaints.	1 patient	Inpatient	Review topic in Clinical Neurology Lange (Chapter 7 Neuro-ophthalmic Disorders) https://accessmedicine.mhmedical.com/book.aspx?bookID=2274 And take Quiz provided by Course Director
Neurologic Emergency (e.g. acute stroke, status epilepticus, Guillain-Barre)	Perform the History and Neurological Exam: The patient should have the symptom as 1 of their top 2 chief complaints.	1 patient	Inpatient	Complete Aquifer case Pediatrics 19
Written H&P	Perform	1 patient	Inpatient	Discuss with Clerkship Director
Ambulatory Clinic	Perform	2 clinic days	Outpatient	Discuss with Clerkship Director

STUDENTS SHOULD ONLY LOG ALTERNATE EXPERIENCES IF THEY HAVE NOT MET THE MINIMUM ROLE REQUIREMENT

Clinical Logging is an ESSENTIAL task during your clerkship. The list of required diagnosis and procedures 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 regardless of assigned clinical sites. Please contact the Clerkship Director if any clarification is needed on any of the above logging expectations and definitions.

- **PERFORM:** The student performs the patient history, physical exam, differential diagnosis, treatment decision-making, and/or relevant procedural skills. **Example:** Student performs a history and exam and/or develops the differential diagnosis on a patient.
- **ASSIST:** The student assists with the history, physical exam, differential diagnosis, treatment decision-making, and/or relevant procedural skills (CONTRIBUTES, HELPS). **Example:** student assists with a portion of a NIHSS exam
- **OBSERVE:** The student is present as an observer during the patient history, physical exam, differential diagnosis, treatment decision-making, and/or relevant procedural skills. **Example:** Student is present during a team discussion of the management plan of a patient

X. Neurology Standardized Patient Exam

Instructions for on-site Standardized Patient (SP) Exam

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

The exam will contribute to 15% of the overall grade.

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

Exam Components	Description	Time allotted
Patient Info Door Note	You will have two minutes to review the patient's presenting information.	2 minutes
History & Physical Exam	You will elicit a full history and perform a screening Neuro exam. A general exam (ie: heart, lungs) is NOT required. As a courtesy, a chime will sound when 5 minutes remain for the encounter.	30 minutes
Verbal Patient Presentation (VPP)	When finished with the Hx & PE, remain in the room. You will have a total of 15 min to prepare and present your patient to a Standardized Faculty Member (SFM). When 8 min remain, the SFM will enter the room. When 5 min. remain, if you have not started presenting, the SFM will provide a verbal reminder to prevent running out of time.	15 minutes

Communication Evaluation:

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

How to prepare:

- The verbal presentation must include the CC, HPI, Past history, Medications, FH, SH, Neurological Exam, Localization, Differential Diagnosis, Rationale, and Management Plans.
- Participation in the clerkship provides opportunities to practice history, detailed Neurologic exam and localization within the nervous system, which should prepare students for this examination.
- Please review materials from the Simulation Learning Center's Blackboard page under the Medical Student Experiences heading > [Clerkship Exam Information](#)

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.

Standardized Patient Exam General Information

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 and provides general information regarding SP examinations, including the Physical Exam and Communication Standards, as well as Simulation Learning Center policies (such as the Late/Cancellation policy). Students are responsible for reviewing and adhering to these policies.

As per the Exam Absence policy (<https://www.bcm.edu/education/school-of-medicine/m-d-program/student-handbook/m-d-program-curriculum/examinations>), students are required to sit for examinations as scheduled.

Unauthorized absences will result in a grade of Fail for the examination.

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

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

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

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

STANDARDIZED PATIENT EXAM CUT SCORES

	Hx	PE	COMM	PEN/VPP	Overall
NEURO	75%	71%	80%	VPP = 50%	70%

STANDARDIZED PATIENT EXAM REMEDIATION & RETAKES

SP examination failure is earned by:

- Failure of overall SP exam score
- REMEDIATION / RETAKES:
 - 1 or 2 domain failure – student may review own video and Gold Standard video
 - Overall exam failure – student *must* review own video and Gold Standard video *and* must retake exam as per SP Exam Failure Process on Blackboard

XI. Grades:

Grading Rubric: Core Clerkship

Requirements	% of Final Grade	Minimum Score to Pass
NBME Subject Exam	30	≥ 5 th percentile as defined by NBME
Standardized Patient Exam	15	≥ 70% overall
Clinical Evaluations	50	
Professionalism*	5	See rubric below
Due to Clerkship Office: 1. Clinical Experiences Form 2. ONE Direct Observation Forms		If not completed by the end of the clerkship, the student will receive an INCOMPLETE in the course. If not turned in by the end of the clerkship, the student will receive a DEFERRED and are subject to failing if turned in more than 7 days past due.
*Professionalism		Unprofessional behavior can be grounds for failure of the clerkship independent of clinical grade.

Professionalism Rubric

% of Final Grade	SOURCE	IMPLEMENTATION
2	PROF 1 ITEM Student Evaluation	Full Credit for No concerns; Deduct 0.5 for each minor concern; Deduct 1 for each major concern on any evaluation or additional reported concerns to the clerkship leadership (outside of the clinical assessment form).
	PROF 2 ITEM Student Evaluation	
	PROF 3 ITEM Student Evaluation	

	PROF 4 ITEM Student Evaluation	
1	BCM Attendance Policy Compliance	Full Credit for compliance with Policy as written. Points deducted per policy breach at the discretion of the course director.
2	Proper completion of required documentation	Full Credit awarded for timely completion of all required documentation (i.e. E-Value Case Logging and Direct observation forms turned in by 5PM on the last Friday of the rotation, timely response to clerkship leadership, and timely and complete launching of E-Value WDYWW for ALL evaluators with whom you worked). Points deducted for any tardy or missing documentation at the discretion of the course director.

** Severe cases of professionalism concerns will be considered separately and may result in a failing grade*

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

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

Grade Distribution

Grade Distribution

Grade	Description	*Approximate % of students in academic year
Honors (H)	Exceptional performance in all areas	30%
High Pass (HP)	Performance exceeds the Pass requirements but does not reach Honors level	40%
Pass (P)	Good academic work	30%
Marginal Pass (MP)	Performance meets the minimum rotation requirements	
Incomplete (I)	Temporary grade given when a student is unable to complete the requirements for a rotation because of illness or other extenuating circumstances AND is considered to be passing the rotation at the time the grade is given.	
Deferred (D)	Temporary grade given when a student has not successfully completed all of the requirements at the end of the rotation AND requires remediation in order to meet the minimum rotation requirements. For example, failing a Standardized Patient examination encounter or the National Board of Medical Examiners Examination will result in a Deferred grade. The student will be given an opportunity to take the failed element a second time. If a passing score is obtained on the second attempt, the student will be issued a final course grade. However, <i>the highest final course grade that can be received in this situation is a Pass.</i>	
Fail (F)	How a failure may be earned: Earning a failure in the clerkship by any of the following manners will require the student to repeat the course in its entirety: 1. Clinical performance alone, regardless of test scores, that is 2 SD below the mean will be reviewed and may result in failure.	

	<p>2. Lapses or issues with professionalism alone, after confirmation by due process, independent of clinical performance.</p> <p>3. Failing 2 or more graded components on the clerkship (ie: the NBME and SP exam)</p> <p>4. Overall performance on the clerkship that is 2 SD below the mean will be reviewed and may result in failure.</p> <p>5. Failing only the SP or NBME Exam:</p> <p>a. 1st Failure: Failing the SP exam or the NBME will result in a Deferred grade to be submitted and the student is required to retake and successfully pass the exam. The highest grade that can be received for the course will be a Pass.</p> <p>b. 2nd Failure: A second Fail of the SP exam or the NBME will require the student to repeat the course in its entirety. An F will appear on the transcript and the highest final overall course grade that can be received upon repeat of the course is a Pass.</p> <p>c. 3rd Failure: On repeat of the course, students who fail any SP or NBME examination on the overall third attempt will fail the course for a second time and be referred to the Student Promotions Committee for adjudication.</p> <p>A Fail will result in repeating the course in its entirety. An F will appear on the transcript and the highest grade that can be received is a Pass.</p>
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Evaluations on E-value

- You will be using the “Who did you work with” (WDYWW) function to launch your evaluations for the rotation. Evaluations will be launched **weekly**.
- You are required to list **all** attendings and residents with whom you have worked. Do not “cherry-pick” your evaluations. You must select the evaluators at the same time (you will not be sent another WDYWW evaluation to select additional attendings and residents).
- Please note that you do **NOT** need to submit multiple evaluations for the same person.
- After you submit the WDYWW evaluations, an Attending/Housestaff Evaluation for you to complete on them will be opened. You will need to submit the evaluation before it is sent to the attending/housestaff. You **MUST** have at least one attending evaluation submitted in order to receive a grade.
- **NOTE: You will not be able to launch any 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. You will then be required to repeat the rotation in order to obtain your evaluations. Your final grade will be no higher than a Pass, and your actions will be reported to the SPRINT committee.
- Questions about clinical evaluations or grades should be directed to the clerkship director. Contacting a clinical evaluator directly regarding an evaluation will be considered unprofessional behavior.

NBME Exam

- If you do not pass the Shelf then you will be required to re-take it and pass the exam. Your overall grade will be no higher than a Pass.
- Failing the NBME Shelf twice, failing the Standardized Patient exam twice or failing both the NBME Shelf and Standardized Patient exam will result in an overall grade of a Fail for the clerkship. You will be required to retake the entire clerkship and the highest grade that can be received in the course is a Pass.
- Students are required to sit for the remedial NBME examination within six months of the original test date.
- Students who are required to remediate the NBME examination should contact Yvette Pinales at Yvette.Pinales@bcm.edu and Meishon Bell at Meishon.Bell@bcm.edu to arrange a retake of the NBME.

Overall Grading Information

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.

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).

Evaluation Forms:

- The Student Performance Evaluation is provided on Blackboard

XII. Recommended Texts/Videos/Resources:

- There is no required text for the course.
- Reading material for each of the above topics can be found in the appropriate folder in the Course Documents section on Blackboard. This material is taken from the clerkship syllabus developed by faculty in the neurology department. Files in many of the folders are labeled “supplemental”, which means that they may prove useful but you do not have to utilize them.
- Other supplemental texts which students have found useful include: Lange Clinical Neurology (*available online via the library*), Blueprints Series Neurology, Neurology Secrets, and Clinical Neuroanatomy Made Ridiculously Simple.

XIII. YAY I love Neurology!

Interested in Neurology?

- Information for students interested in Neurology should contact our Neurology Specialty Mentor, Dr. Atul Maheshwari – atul.maheshwari@bcm.edu
- Please also feel free to reach out to the Neurology Student Interest Group (SIGN).
- Information and links for Academic Support and Student Success resources are available on the Curriculum Office and Student Affairs organization.

Have an educator you want to recognize?

- **PEAR award:** Pear awards were created as a student-led initiative to allow students to recognize educators. <https://www.bcm.edu/education/academic-faculty-affairs/center-professionalism/awards>

XIV. 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)

Influenza & COVID-19 Vaccination Policy (18.1.04)

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:

Diversity, Equity and Inclusion policies:

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>. **Also, see *Student Appeals and Grievances Policy (23.1.08)***

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>.

Also, see the following:

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	
3.9	PC5	EPA 3: Recommend and Interpret Common Diagnostic Tests
3.6, 3.2	PC9	
6.1, 6.3, 2.2	SBP3	
3.1	PBLI9	
2.3	KP1	
2.2	KP4	
4.1	PC7	
3.7	PC4	

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

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

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

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

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