



**Obstetrics and Gynecology
Core Clerkship
Course Overview Document
2021-2022**

Revised 12/27/2021

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I. Introduction/Clerkship Overview

Welcome to the core clerkship in Obstetrics and Gynecology. You are about to enter the field of women's health care. Although only a small portion of you will choose Ob-Gyn as a career, all physicians must have certain knowledge, skills and attitudes about women's health care.

The purpose of this rotation is to provide instruction in the basic knowledge and skills specific to the reproductive health maintenance and the reproduction disorders of women. The clerkship stresses the importance of the doctor-patient relationship, interviewing skills, appropriate physical exam, and clinical problem solving in caring for patients.

We will emphasize the importance of quality obstetrics and gynecology in providing continuous, comprehensive care for women. This foundation will prepare the student for his/her future role as a physician, regardless of specialty choice.

Students will receive teaching from attendings, residents, midwives and other providers involved in the care of patients in our practice. All faculty are either full time or voluntary faculty at BCM.

II. Clinical Sites and Contact Information

Contact Information:

Clerkship Director:

Dr. Jocelyn Greely

Email: greely@bcm.edu

Clerkship Associate Director:

Dr. Tara Harris

Email: tjharris@bcm.edu

Assistant Clerkship Director/Site Director for Pavilion for Women/BSL

Dr. Sheila Hill

Email: Sheila.hill@bcm.edu

Assistant Clerkship Director/Site Director for the Centers

Dr. Sabeena Rahman

Email: Sabeena.rahman@bcm.edu

Assistant Clerkship Director/Site Director for Harris Health

TBD

Email:

Sub-Internship Director:

Dr. Kelli Barbour

Email: Kelli.barbour@bcm.edu

Specialty-Specific Mentor:

Dr. Matthew Carroll

Email: Matthew.Carroll@bcm.edu

Clerkship Coordinator: Diane Jensen

Email: mjensen@bcm.edu; Phone: 832-826-7373

Office Location: Pavilion for Women, 6651 Main Street, 10th Floor, Houston, TX 77030

Interested in pursuing an ObGyn career?

- Contact Diane Jensen (see above)
- GOBIG Interest Group
<https://www.bcm.edu/education/schools/medical-school/md-program/currentstudents/student-senate/student-organizations/gynecology-obstetrics-interest-group>

Need a **safety escort** on the TMC campus? Call 713-795-0000 (see section XI for details).

Rotation Structure

The OB/GYN Clerkship is a 6 week rotation. There are multiple teaching sites available. Each student will not rotate at every site, but will be assigned in order to increase exposure across the department.

6 wks

- Week 1-2 – orientation/ lectures/ sub rotation 1
- Week 3-4 – sub rotation 2
- Week 5-6 – sub rotation 3/ exam review/ Standardized patient exam
- Subrotations
 - Inpatient
 - Outpatient
 - Labor and Delivery/ Triage
- NBME exam (during Intersession)

Sub Rotation and Clinical Site Options

- **Inpatient**
 - Ben Taub
 - Gynecology
 - Gynecology Oncology
 - Maternal Fetal Medicine
 - PFW
 - PFW/ BSL Gynecology
 - Maternal Fetal Medicine
- **Labor and Delivery (combination of L&D and OB Triage – includes days/nights)**
 - Ben Taub
 - PFW
- **Outpatient**
 - Texas Children's Hospital
 - Center for Children & Women, Greenspoint
 - Center for Children & Women, Southwest
 - Pavilion for Women 3rd floor Clinic
 - Pavilion for Women 4th floor MFM Clinic
 - Harris Health
 - Vallbona Clinic
 - Ben Taub OB High Risk Clinic
 - Ben Taub Gynecology Clinic
 - Harris Health Outpatient Clinic
 - Martin Luther King, Jr, Health Center
 - Casa de Amigos Health Centers

III. Baylor College of Medicine, Core Competency Graduation Goals (CCGGs)

1. Professionalism

Each student graduating from BCM will:

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

2. Medical knowledge

Each student graduating from BCM will:

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

3. Patient care

Each student graduating from BCM will:

- 3.1. Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient and population-centered care
- 3.2. Develop and implement patient evaluation and management plans appropriate to all levels of patient acuity
- 3.3. Develop a prioritized problem list and differential diagnosis using patient's biopsychosocial history, medical records, physical exam findings, and diagnostic studies
- 3.4. Obtain consent for and perform basic technical procedures competently
- 3.5. Perform comprehensive and focused biopsychosocial exams in a variety of patient care settings 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

IV. Clerkship Objectives Mapped to the BCM CCGS and Modes of Assessment

- **DO:** Direct Observation
- **NBME:** National Board of Medical Examiners Subject Examination in Pediatrics
- **SP exam:** Standardized Patient exam
- **SPAF:** Student Performance Assessment Form
- **IF: Informal Feedback**
- **MTF: Mid-Term Feedback**

Medical Program Objective(s) (CCGG)	Obstetrics and Gynecology Related Clerkship Objective	Mode of Teaching	Mode of Assessment	
			Formative	Summative
1.2, 1.5	Employ honesty, integrity, and respect in all interactions and demonstrate sensitivity to patients and colleagues from diverse populations	<ul style="list-style-type: none"> • Clerkship Orientation • Clinical experiences Clerkship lectures	IF MTF DO SPAF	SPAF SP Exam
1.3, 1.4	Demonstrate caring, compassion and empathy in patient interactions and advocate for the needs and well-being of patients, colleagues and self	<ul style="list-style-type: none"> • Clerkship Orientation • Clinical experiences Clerkship lectures	IF MTF DO SPAF	SPAF SP Exam
1.1, 1.6, 1.8	Fulfill professional responsibilities as a learner, colleague and member of the health care team, including adherence to ethical principles and patient confidentiality rules	<ul style="list-style-type: none"> • Clerkship Orientation • Clinical experiences Clerkship lectures	IF MTF DO SPAF	SPAF SP Exam
2.1, 3.7	Develop a fundamental knowledge of the presenting symptoms, diagnosis, and management of common obstetric and gynecologic conditions	Clinical experiences Clerkship lectures	IF MTF SPAF	SPAF SP Exam NBME

2.1	Explain the mechanisms of action, indications, advantages, side-effects and contraindications of medications used in the management of common medical conditions	Clinical experiences Clerkship lectures	IF MTF SPAF	SPAF SP Exam NBME
2.2	Apply recommended prevention strategies to women throughout the life-span	Clinical experiences Clerkship lectures	IF MTF SPAF	SPAF SP Exam NBME
2.1, 3.4	Demonstrate knowledge of perioperative care and familiarity with obstetric and gynecological procedures and post procedural care	Clinical experiences Clerkship lectures	IF MTF SPAF	SPAF SP Exam NBME
3.5, 4.1	Develop competence in the medical interview and physical examination of women	Clinical experiences Clerkship lectures Simulation Skills Lab	IF MTF DO SPAF	SPAF SP Exam
3.3, 3.8	Formulate relevant problem list and differential diagnosis for obstetric and gynecologic patients given their specific history and physical findings	Clinical experiences Clerkship lectures	IF MTF SPAF	SPAF SP Exam NBME
3.1, 4.1, 4.2	Demonstrate effective and respectful communication with patients, families and the medical team	Clinical experiences	IF MTF DO SPAF	SPAF SP Exam
5.1	Self-assess progress as learners and identify specific learning needs during the clerkship	Clinical experiences MTF	IF MTF	SPAF SP Exam

5.3	Use an evidence-based medicine approach where possible to answer common and specific questions concerning women's health	Clinical experiences Clerkship lectures	IF MTF SPAF	SPAF SP Exam NBME
3.1, 7.1	Collaborate as a member of an interprofessional team to facilitate patient care	Clinical experiences Clerkship orientation	IF DO	IPE Evaluation Form SPAF

V. You Said, We Did

We value your feedback and the following changes have been made in response to student concerns and suggestions. Obstetrics and Gynecology Clerkship course changes for 2020 -2021:



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

Evaluation Year	YOU SAID:	WE DID:
2019	"The IPE shift needs to be shorter" Some students reported that the IPE shift was mostly shadowing	Shortened the IPE shift from 12 hours to 6 hours Worked with nursing staff to pilot a checklist of potential activities to clarify expectations for both medical student and nursing staff
2019	"Not much interaction with attendings..."	Added more clinical sites that do not have resident learners, thereby increasing the opportunities for direct interaction between medical students and attending physicians
2019	"I wish faculty were more involved in teaching and feedback on the rotation..."	Clerkship focusing more on education and improving feedback; examples, Grand Rounds highlighting use of Direct Observation and form as constructive opportunities for feedback, departmental recognition of outstanding faculty teaching and faculty feedback

VI. Student Roles, Responsibilities and Activities

On the first day of the clerkship during orientation, each student will receive a binder with the following:

1. Course Overview Document
2. Sub rotation guidelines/ expectations
3. Student Rotation schedules
4. Clinical Activities List (Will log completion in E-Value)
5. Duty hour log (Upload to Box)
6. Lecture Schedule
7. Resident schedules and contact information
8. IPE Evaluation Form (Upload to box)
9. Self-Assessment Forms (Turn in paper form)

Clerkship Roles and Responsibilities

- Show up on time for all scheduled clinical responsibilities and all educational activities. Students are expected at all didactic lectures and clinical skill sessions. Attendance will be taken at all sessions and is part of the clinical evaluation grade.
- Participate fully in the care of your patients. Follow up on assessments and results of any diagnostic tests for your patients; be prepared to update your preceptor when asked.
- **Absences:** Notify your attending physician, supervising resident, and the clerkship office if you are absent for any reason. The clerkship coordinator, Diane Jensen, can be reached at 832-826-7373 and by email at mjensen@bcm.edu.
- Medical students are part of a team. They are expected to participate fully as a team member. They must treat patients, their families and all hospital staff with unfailing courtesy and respect. Students need to take responsibility for patients assigned to their care, and communicate with the clinical team.
- Maintain patient confidentiality. Do not discuss patient information to non-medical team members. Do not discuss patient information while on the elevator.
- Chaperones are required at ALL times for ALL patients during sensitive physical exams such as the breast and pelvic exam.
- Attend all scheduled rounds, lectures, and teaching conferences offered during each sub rotation, as well as all Core Clerkship lectures. A list of scheduled conferences and teaching sessions are included in this document.
- Dress Code
 - As representatives of Baylor College of Medicine and the Department of Ob-Gyn, you are all expected to uphold a professional level of conduct and appearance in the workplace, including clinical and non-clinical (i.e. core clerkship lecture) settings.
 - Always keep your BCM ID/student badge in clear view
 - Scrubs are for when working in the operating room or L&D. Do not wear scrubs in private clinics.
 - Wear work appropriate clothes in all clinics. This includes dress shirts (neck ties are optional), slacks, dresses/skirts at/below the knee, and close-toed shoes.
 - Wear white coat with either scrubs or dress clothes.
 - No dirty scrubs or white coats anywhere.
- **TIPS FOR THE ROTATION:**
 - Medical students are responsible for the quality of their educational experience. Be proactive during clinical experiences.
 - Return to clinical duties after didactic lectures and BCM required activities such as LACE, CABS, etc.
 - Introduce yourself to the patients, nurses, and other clinical team members.
 - Know your patients at all times by reviewing their medical records prior to caring for them.
 - Plan to see the patient even if you don't speak the language. All clinical sites have translation services available.
 - Medical students should reflect on their performance. Ask for and integrate feedback to improve clinical skills at every opportunity.
- **DO'S AND DONT's of the Clerkship:**
 - Read the Ob/GYN medical student guidelines.
 - Return to clinical duties after lectures, LACE, CABS, etc. – this point is not optional.
 - Introduce yourself!
 - Know your patients.

- Do not expect to scrub into a case unless you have met the patient and reviewed the chart.
 - Show interest (this is your educational experience).
 - Be present and accountable (It is unprofessional to shirk responsibilities).
 - Do not expect to sleep if you are on night float.
 - Ask for an orientation (expectations) from your team.
 - Ask questions at appropriate times.
 - Avoid being argumentative, especially during rounds with patients.
 - See the patient even if you don't speak the language (phone translation service always available).
 - If you are the only one sitting there, chances are you may be missing a clinical experience.
- **Evaluations:** Complete evaluations of your attendings, residents, and the overall clerkship via E*value
 - **Midterm feedback (MTF):** 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 forms, clinical log, evaluations and feedback (to date), 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 based on professionalism or clinical performance, including **after** MTF.
 - **Direct Observations (DO):** Students are required to have at LEAST one faculty-observed history and one faculty-observed physical exam documented in E*Value in the 8-week clerkship. **One DO should be completed before MTF.** The H&P need not, and should not, be a full H&P – it should be focused. They also need not be on the same patient – a faculty can observe a history on one patient and an exam on another. **Recommendation to complete pelvic at any outpatient clinic site/ history can be completed on any sub rotation.**
 - **Interprofessional Education (IPE):** IPE is defined as learning about, with, or from other disciplines, and it is an important part of the BCM curriculum. In this course, IPE activities include:
 - Each medical student will be assigned a shift with a Labor & Delivery nurse during the clerkship. The goal of this experience is to improve communication, teamwork, and awareness of roles and responsibilities within a health care team. The assigned L&D nurse preceptor will complete the IPE evaluation form for formative feedback. (See IPE evaluation form in the Evaluation Form section.)
 - IPE Activity Checklist form – designed as tool to help Nurse and Students decide expectations at start of shift. Nurse to complete and student turn it prior to end of clerkship. (Pilot)

● **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 last Wednesday of the clerkship**). 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 15% 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.*
- **THIS EXAM ENTAILS A COMPLETE/FULL HISTORY OF A TYPICAL OB/GYN PATIENT. YOU WILL NOT PERFORM A PHYSICAL 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	You will elicit a full history from the patient. As a courtesy, a chime will sound when 5 minutes remain for the encounter.	15 minutes
Review Physical Exam results and Labs	After your 15 minutes SP encounter, you will exit the exam room. There will be a laminated card on your laptop. You will have 2 minutes to review the PE and Lab results.	2 minutes
Patient Counseling/ Management Plan	You will re-enter the exam room to counsel the patient on the diagnosis and management plan. You will <i>not</i> receive a notification about the time remaining. You will review with your SP your brief assessment and brief plan. (i.e. "what you think might be going on with the patient" (differential) and "what are next steps" (plan)).	5 minutes
Post Encounter Note (PEN) (Complete/ Full written H&P minus Physical exam)	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:

- Please review the APGO YouTube video, Topic 1: History. Participation in clinical experiences for the clerkship also provides preparation for this examination.
- 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

- **ALL of the following must be completed/turned in to the Clerkship Office on or before the last day of the clerkship.** If all assignments are not complete by the official end date of the clerkship, the student will receive an INCOMPLETE in the course. If the student completes the assignment within seven days of the end of the clerkship, a grade will be assigned accordingly. Students will receive a DEFERRED and are subject to failure if assignments are >7 days past due.
 - Case Log in E*Value (formerly “Passport”) – 100% completion required
 - Two (2) Direct Observations in E*Value
 - IPE evaluation form (upload to Box)
 - IPE Activity Checklist (upload to Box)
 - Mid-term self-assessment (upload to Box)
 - Duty hour log (upload to Box)

Activities

OB/GYN Clinical Experience Log

BCM OB/GYN Core Clerkship Clinical Experience Activity Requirements				
Diagnosis/Condition Name	Minimum Role Required	Minimum # Required	Clinical Setting	Options/Alternative Experiences (specify)
Pelvic Exam	Perform	1	Outpatient	Simulation / NEJM video on Pelvic Examination: https://www.nejm.org/doi/full/10.1056/NEJMvcm061320
Urinary Catheter Insertion	Perform	1	Inpatient	Simulation
Verbal Handoff (L&D IPASS)	Perform	1	Inpatient	Verbal presentation to clerkship team
Vaginal delivery	Assist	1	Inpatient	Simulation/ APGO intrapartum management Video : Case
Suture	Perform	1	Inpatient	Simulation
Cesarean section	Assist	1	Inpatient	Cesarean section video
Pre-eclampsia	Perform	1	Inpatient	APGO Preeclampsia: Video : Case
Ruptured membranes	Perform	1	Inpatient	APGO Rupture of membranes Video : Case
Preterm labor	Perform	1	Inpatient	APGO Preterm labor Video : Case
Contraceptive counseling	Assist	1	Outpatient	Contraceptive counseling Video : Case
Vulvovaginal complaint	Perform	1	Outpatient	APGO Vulvovaginal complaint Video : Case
Abnormal uterine bleeding	Perform	1	Outpatient	APGO AUB Video : Case
Pelvic Pain	Perform	1	Outpatient	APGO Pelvic pain Video : Case
ADDITIONAL CLERKSHIP ACTIVITIES				
Obstetrics H&P	Complete	1	In or Out-patient	Written note to clerkship team
Postpartum Progress Note	Complete	1	Inpatient	Written note to clerkship team
Post-operative Progress Note	Complete	1	Inpatient	Written note to clerkship team

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. You will log your completed activities in E-Value.

THE CLINICAL ACTIVITIES LISTED ARE CRITICAL TO YOUR OB/GYN EXPERIENCE. YOU WILL ONLY LOG ACTIVITIES THAT YOU HAVE PARTICIPATED IN AND CONTRIBUTED TO THE CARE OF THE PATIENT. WE ARE TRUSTING YOU TO BE HONEST WITH YOUR EXPERIENCES. DISHONESTY IS A MAJOR PROFESSIONALISM CONCERN.

The Activities will be reviewed with you during your mid-term feedback session. It is our job to ensure that you are able to see/do the necessary items listed, so we can provide alternative experiences or adjust sites as necessary prior to the conclusion of the rotation. Please notify Clerkship office one week prior to the end of rotation if you are unable to complete any logging requirement. By the last day of the Clerkship, you should have completed all activities and have them logged in.

The defined roles for logging are:

***PERFORM:** The student performs the patient history, physical exam, differential diagnosis, treatment decision-making, and/or relevant procedural skills (DOES, PERFORMS, OBTAINS, FULFILLS).

Examples:

Student performs a history/exam and/or develops the differential diagnosis on a patient with AUB; student gathers and/or interprets pertinent data for a surgical patient

***ASSIST:** The student assists with the patient history, physical exam, differential diagnosis, treatment decision-making, and/or relevant procedural skills (ASSISTS, HELPS).

Examples:

Student assists with or participates as a team member in developing a differential diagnosis or management plan for a patient. Student is scrubbed in for surgical procedure and assists with the case.

***OBSERVE:** The student is present as an observer during the patient history, physical exam, differential diagnosis, treatment decision-making, and/or relevant procedural skills (WATCHES, SHADOWS).

Examples:

Student observes the resident performing a history or exam; student is present during a team discussion of the management plan of a patient with AUB (e.g. on rounds); student observes a surgery/ procedure but is not scrubbed in.

- **COMPLETE** = completion activity, can be on any pertinent sub rotation.
- **ALTERNATIVE EXPERIENCE** = (to be used only when actual patient experience is not available) Please contact Clerkship Director and Coordinator by email if you are unable to complete a logging requirement.

***Please contact the Clerkship Director if any clarification is needed on any of the above logging expectations and definitions. Students are to notify the clerkship office PRIOR to the last week of the clerkship for assistance in finding patients and/or to determine alternative learning methods in order to meet every objective.**

Case Logging in 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 **Log new case**
5. On the next screen, log your activity by filling in the required information:
 - a. Send Email notifications: No
 - b. Interaction Date: current date is default
 - c. Supervisor (If not listed, select “No supervisor or Supervisor not listed”)
 - d. Supervisor’s Role
6. Select Procedure and Role (standard or alternative)

Procedures

Group:

All Groups ▼

Procedure: *

CLINICAL EXPERIENCE: Preterm Labor-INPATIENT: Perform Hx & PE
CLINICAL EXPERIENCE: Rupture of Membranes-INPATIENT: Perform Hx & PE
CLINICAL EXPERIENCE: Suture-INPATIENT: Perform
CLINICAL EXPERIENCE: Vaginal Delivery-INPATIENT: Assist
CLINICAL EXPERIENCE: Verbal Handoff (L&D IPASS)-INPATIENT: Perform
CLINICAL EXPERIENCE: Vulvovaginal Disease-AMBULATORY pt: Perform Hx & PE
OTHER CLERKSHIP REQUIREMENTS: Obstetrics History & Physical: Performed
OTHER CLERKSHIP REQUIREMENTS: Post-Operative Progress Note: Performed
OTHER CLERKSHIP REQUIREMENTS: Postpartum Progress Note: Performed

Select your role in the procedure: *

1-Standard Method (per procedure description) ▼

Add Procedure

OR

2-Alternative Method (discuss with clerkship director before selecting) ▼

Add Procedure

7. Click Add Procedure. **If entering more procedures with the same supervisor, repeat step 6.** To finish logging, click **Save Record**. NOTE: If entering cases from your computer (and not your phone), click **Save Record** before entering procedures done with a different supervisor.

Core OB/GYN Conference/ Lecture Schedule

Each student will participate in scheduled didactics. These include case based discussions, small group discussions, and hands on skills workshops.

Please refer to the lecture schedule distributed on the first day of the clerkship (or the clerkship Blackboard site) for a copy of the schedules associated with the clerkship. The daily lecture schedule changes per clerkship, but the topics are consistent and are listed below.

	Lectures
1	Abnormal Uterine Bleeding
2	Benign Gyn (self-study) APGO Video: (online youtube access) <i>Topic 35: Vulvar and Vaginal Disease</i> <i>Topic 49: Premenstrual Syndrome (PMS) and Premenstrual Dysphoric Disorder (PMDD)</i>
3	Contraception
4	Diabetes and Hypertension in Pregnancy.
5	Early Pregnancy Complications
6	HPV/Cervical Cancer
7	Infertility
8	Informed Consent Workshop
9	Intro to Fetal Heartrate Monitoring
10	Intro to L&D
11	Intro to the Gyn Exam (self-study) APGO Video: (online YouTube access) <i>Topic 1: History</i> <i>Topic 3: Pap Test and DNA Probes/Cultures</i> <i>Topic 7: Preventative Care and Health Maintenance</i>
12	IPV/Sexual Assault
13	Judy's Mission: Survivors Teaching Students
14	Late Pregnancy Complications
15	Maternal Physiology
16	Ovarian/Uterine Cancers
17	Pelvic Pain
18	STIs
19	Urogynecology
20	Women's Health Care Part 1
21	Women's Health Care Part 2

Student Schedules and Subrotation Expectations

Student Schedules:

Please refer to the schedule distributed on the first day of the clerkship (or the clerkship Blackboard site) for a copy of the schedules associated with the clerkship.

ORIENTATION	1 ST day of clerkship
Grand Rounds	Wednesday 8-9a
Didactics	See lecture schedule on Blackboard
Simulation Workshop	See schedule
Pelvic Exam Training	1 st week of Clerkship (if not completed during PPS3)
TCH Scrub Training	1 st week of Clerkship (if not previously completed prior to clerkship)

BCM Ob/GYN Core Clinical Clerkship Medical Student Sub rotation Guidelines/Expectations

See Appendix

Simulation skills workshop

- Vaginal delivery workshop
- Foley Catheter insertion
- Breast examination
- Suture skills workshop
- Pelvic exam training

VII. Grades

Grading Rubric

Requirements	% of Final Grade	Minimum Score to Pass
NBME Subject Exam	30%	Set by BCM at the national 5% performance score
SP Exam	15%	Score of $\geq 70\%$
Clinical Evaluations (E*value)	50%	Clinical score is within 2 standard deviations of the mean of all students
Professionalism*	5%	<ol style="list-style-type: none"> Consistently “No Concerns” on SPAF professionalism questions Adherence to the Student Attendance/Dress Code Policy (23.2.01 - Respectful & Professional Learning Environment Policy: Standards for Student Conduct and College Oversight) Timely Launching/ Completion of the following (by the last day of the clerkship) <ol style="list-style-type: none"> Direct Observations (2) Duty hour form (attested) Completion of all activities in case log Completion of IPE evaluation form Clinical evaluations completion Professional Communication (response to emails/ phone) No other reported concerns (unsolicited)
Items that must be completed by the end of the clerkship: <ul style="list-style-type: none"> Clinical Experience log (online) Direct Observations (2 = 1H/1P, online) Duty Hour Log (paper) IPE evaluation form (paper) All Clinical evaluations 		If all assignments are not complete by the official end date of the clerkship, the student will receive an INCOMPLETE in the course and will lose a “Professionalism point” on their final grade. If the student completes the assignment within 7 days of the end of the clerkship, a grade will be assigned accordingly. Students will receive a DEFERRED and are subject to failing if assignments are >7 days past due.
<p>--</p> <p>All students are expected to fulfill their responsibilities and obligations as a learner and a colleague. Lapses in professionalism will result in a report to the Integrity Hotline and may result in lowering of the final grade. EXAMPLES include repeated tardiness, failure to complete or turn in assignments, unexcused absences, inappropriate behavior, and lack of judgment regarding safety to self or others, as well as other professionalism issues.</p> <p>--</p>		

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)	Satisfactory overall performance	30%
Marginal Pass	Below average overall performance	Per discretion of Clerkship
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 Failing the SP or the NBME will result in a Deferred grade to be submitted and the student is required to successfully pass the exam. <i>The highest grade that can be received for the course is a Pass.</i>	

Fail (F)	<p>Earning a failure in the clerkship by any of the following manners will require the student to repeat the course in its entirety:</p> <ol style="list-style-type: none"> 1. Clinical performance alone, regardless of test scores, that is 2 SD below the mean will be reviewed and may result in failure. 2. Lapses or issues with professionalism alone independent of clinical performance. 3. Failing 2 or more graded components on the clerkship (i.e.: the NBME and SP exam) 4. Failing only the SP or NBME Exam: <ul style="list-style-type: none"> • 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. • 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 grade that can be received upon repeat of the course is a Pass. • 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. 5. Overall performance that is 2 SD below the mean will be reviewed and may result in failure.
----------	--

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.

SP Exam Cut Scores (score needed to pass each domain):

Hx History	PE N/A	MP Management Plan	COMM Communication	PEN/PEA Post Encounter Note/ Activity	OVERALL
61%		70%	80%	PEN=50%	70%

SP Exam Weighting:

Hx History	PE N/A	MP Management Plan	COMM Communication	PEN/PEA Post Encounter Note/ Activity	OVERALL
30 %		30 %	30 %	10 %	100 %

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

Standardized Patient Score Report:

Students will receive a summary of the SP examination performance directly from the Simulation Learning Center office. If you have questions/concerns, please see Blackboard for official policies.

NBME Remediation Policy

Students who are required to remediate the **NBME examination** should contact Yvette Pinales (Yvette.Pinales@bcm.edu) and Gician “Shaun” Roberson-Ury (Gician.Roberson@bcm.edu) to arrange a retake of the NBME.

Students are required to sit for the remedial NBME examination within six months of the original test date.

OB/GYN Undergraduate Medical Education Committee

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).

VIII. Evaluation Forms

The clinical evaluations will follow the standard E-value evaluation format instituted by the medical school. All students will have 6 evaluations: one will be assigned and one chosen by the student (“Who Did You Work With?”) for each subrotation. Assigned attendings are “scribes” and have been instructed to compile feedback from the entire team, other than the one person doing the “WDYWW” evaluation. The evaluation schedule will be sent by email every two weeks to the respective medical students, residents and faculty.

E*Value Student Evaluation Form for OB/GYN

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 obstetric and/or gynecologic diseases including pathophysiology and diagnosis.

Cannot Assess	Little knowledge		Some knowledge		Mostly complete knowledge base		Good level of knowledge		Superb level of knowledge
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

COMP2: Rate this student's knowledge of the appropriate treatment(s) for common obstetric and/or gynecologic diseases.

Cannot Assess	Little knowledge		Some knowledge		Mostly complete knowledge base		Good level of knowledge		Superb level of knowledge
0	0	0	0	0	0	0	0	0	0

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

Cannot Assess	Little knowledge		Some knowledge		Mostly complete knowledge base		Good level of knowledge		Superb level of knowledge
0	0	0	0	0	0	0	0	0	0

COMP4: Rate this student's ability to elicit a complete obstetric and gynecologic 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
0	0	0	0	0	0	0	0	0	0

COMP5: Rate this student's ability to perform a complete obstetric and/or gynecologic 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
0	0	0	0	0	0	0	0	0	0

COMP6: Rate this student's ability to accurately interpret findings from the history and the obstetric and/or gynecologic examination.

Cannot Assess	Significant gaps in ability		Limited ability		Some ability		Good ability		Superb ability
0	0	0	0	0	0	0	0	0	0

COMP7: Rate this student's ability to localize problems in obstetric and/or gynecologic patients and to formulate a differential diagnosis.

Cannot Assess	Significant gaps in ability		Limited ability		Some ability		Good ability		Superb ability
0	0	0	0	0	0	0	0	0	0

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
0	0	0	0	0	0	0	0	0	0

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
0	0	0	0	0	0	0	0	0	0

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

Cannot Assess	Significant gaps in ability		Limited ability		Some ability		Good ability		Superb ability
0	0	0	0	0	0	0	0	0	0

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
0	0	0	0	0	0	0	0	0	0

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
0	0	0	0	0	0	0	0	0	0

COMP 13: Rate this student's skill at appropriately protecting patient 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
0	0	0	0	0	0	0	0	0	0

Please provide constructive feedback for this student about how to develop further and/or discuss areas for improvement. (Competencies: professionalism, medical knowledge, patient care, interpersonal and communication skills, practice-based learning and improvement, systems-based practice, leadership).

This section is used for the evaluator to give you personal feedback. It is not used for your Clerkship summary letter or MSPE Dean's letter. The comments do NOT contribute to your numerical grade.

Please comment on any notable strengths demonstrated by the student. (Competencies: professionalism, medical knowledge, patient care, interpersonal and communication skills, practice-based learning and improvement, systems-based practice, leadership).

This section is used to extract comments for your Clerkship summary letter and for your MSPE Dean's letter. The comments do NOT contribute to your numerical grade.

Clinical Evaluation (E-Value)

- 6 Evaluations total
 - 2 Evaluations per sub rotation (3)
 - 1 assigned
 - 1 WDYWW
- All weighted equally

- Will be averaged to calculate your evaluation portion of the grade
- Do not ask for extra. Clerkship will ensure they are completed.

WDYWW

- **May only select a faculty member, fellow, or 3rd or 4th year resident.**
(PGY1/ PGY2s will contribute to the assigned/scribe evaluation.
- Contact Clerkship Director if no PGY3/PGY4 on the team to approve use of PGY1/PGY2.

Assigned

- Evaluations are assigned by subrotation to an attending
- E-values are completed by the subrotation team (i.e. other attendings/residents) with the attending acting as a scribe
- Released in real time during clerkship
- Students encouraged to print paper evals to distribute throughout subrotations.
- Scribe may select 1-2 wks as the time spent with the student b/c it is a summary of the entire 2 wk team.

- Do NOT approach faculty with concerns
- Contact Clerkship Director/ Associate Clerkship Director with your concerns.

Direct Observation E-Value Form

- This exercise should facilitate the feedback and coaching process in order to help you improve your clinical performance and prepare you for future SP Exams and USMLE Clinical Skills.
- The form has three distinct parts:
 - Observation of **HISTORY TAKING** (all or part)
 - Observation of **PHYSICAL EXAM** (all or part)
 - **PROFESSIONALISM**
- The faculty member should rate you *only on the items they observe*. Examples below:

Observation of History Taking

Baylor College of Medicine Core Clerkship - OB/GYN

Subject:
Evaluator:
Site:
Period:
Dates of Activity:
Activity: Direct Observation Form
Form: Direct Observation

Please indicate whether this Direct Observation evaluation was based on observation of the student performing a History, a Physical/Mental Status Exam, or both. (Question 1 of 10 - Mandatory)

Selection	Option
<input type="checkbox"/>	I observed the student taking a PATIENT HISTORY.
<input type="checkbox"/>	I observed the student performing a PHYSICAL/MENTAL STATUS EXAM.
<input type="checkbox"/>	I observed the student performing BOTH a patient history AND a physical/mental status exam.

This form is used for formative feedback and will not be used for grade calculations.

OBSERVATION OF HISTORY TAKING

KEY ELEMENTS:

- Establishes and maintains rapport with patient/family
- Appropriately applies use of open-ended and closed-ended questions
- Obtained focused history of present illness and past medical/psychiatry history
- Elicits sufficient information to define problems
- Logical flow and sequence of interview questions

(Question 2 of 10)

	Cannot Do	Can Do With Significant Guidance	Can Do With Limited Guidance	Can Do Alone	This Type Not Observed
History of Present Illness	1.0	2.0	3.0	4.0	0
Past Medical History	1.0	2.0	3.0	4.0	0
Past Surgical History	1.0	2.0	3.0	4.0	0
Psych History	1.0	2.0	3.0	4.0	0
OB-Gyn History	1.0	2.0	3.0	4.0	0
Personal/Social History	1.0	2.0	3.0	4.0	0
Family History	1.0	2.0	3.0	4.0	0
Review of Systems	1.0	2.0	3.0	4.0	0
Other History (Please indicate type in comments, below)	1.0	2.0	3.0	4.0	0

History-Taking Comments: What did the student do well? (Question 3 of 10 - Mandatory)

History-Taking Comments: What can the student do to improve? (Question 4 of 10 - Mandatory)

Observation of Physical Exam

OBSERVATION OF PHYSICAL EXAM

KEY ELEMENTS:

- Examines appropriate regions of the body pertinent to the symptoms
- Correct exam technique
- Logical exam sequence
- Elicited relevant abnormal findings
- Minimizes patient discomfort

(Question 5 of 10)

	Cannot Do	Can Do With Significant Guidance	Can Do With Limited Guidance	Can Do Alone	This Type Not Observed
Mental Status Exam	1.0	2.0	3.0	4.0	0
HEENT	1.0	2.0	3.0	4.0	0
Cardiovascular Exam	1.0	2.0	3.0	4.0	0
Breast Exam	1.0	2.0	3.0	4.0	0
Lung Exam	1.0	2.0	3.0	4.0	0
Abdominal Exam	1.0	2.0	3.0	4.0	0
GUI/Pelvic Exam	1.0	2.0	3.0	4.0	0
Peripheral Vascular Exam	1.0	2.0	3.0	4.0	0
Neurologic Exam	1.0	2.0	3.0	4.0	0
Musculoskeletal Exam	1.0	2.0	3.0	4.0	0
Other PE (Please indicate type in comments, below)	1.0	2.0	3.0	4.0	0

Physical Exam Comments: What did the student do well? (Question 6 of 10 - Mandatory)

Physical Exam Comments: What can the student do to improve? (Question 7 of 10 - Mandatory)

PROFESSIONALISM

KEY ELEMENTS:

- Recognizes areas for improvement, accepts constructive feedback
- Courteous and respectful to patient, family, healthcare team members

(Question 8 of 10 - Mandatory)

	Not Observed	Area of Concern	Area for Development	Demonstrates Competence	Demonstrates Excellence
1 Professionalism	0	1.0	2.0	3.0	4.0

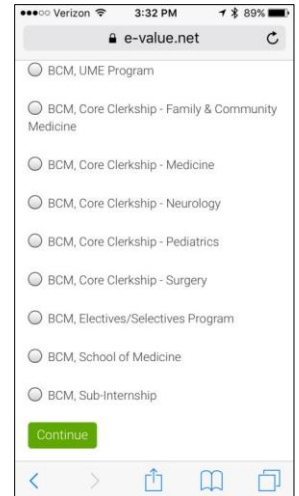
Professionalism Comments: What did the student do well? (Question 9 of 10)

Professionalism Comments: What can the student do to improve? (Question 10 of 10)

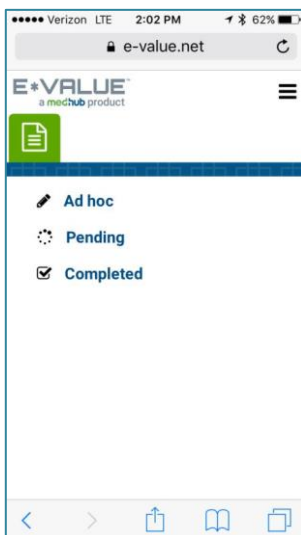
E*Value Direct Observation Instructions for Students

During this clerkship, we ask that you launch at least two (2) **Direct Observation forms** (one for a history and one for a physical – if done with one attending at the same time, you can just launch one) 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.

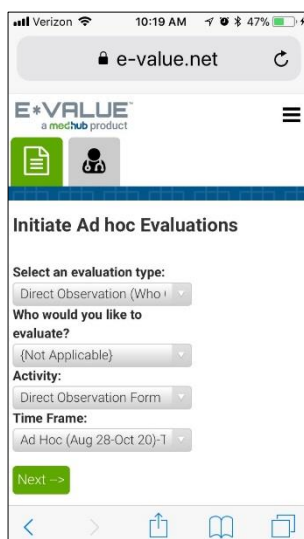
1. Search for e-value.net on a web browser (Safari, Google, etc.). There is not an app for E*Value.
2. Login manually using your E*Value login and password
3. Select your **CURRENT** Core Clerkship for Program (**BCM, Core Clerkship-XX**)
4. Click **Continue** (screen shot at right).
5. Choose Ad Hoc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



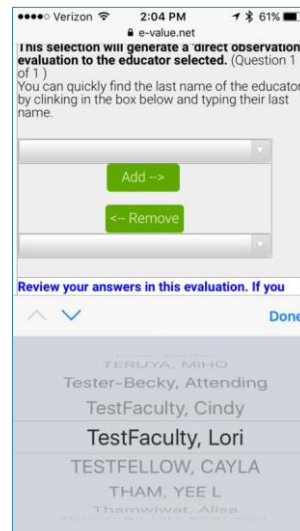
Screen Shot #2



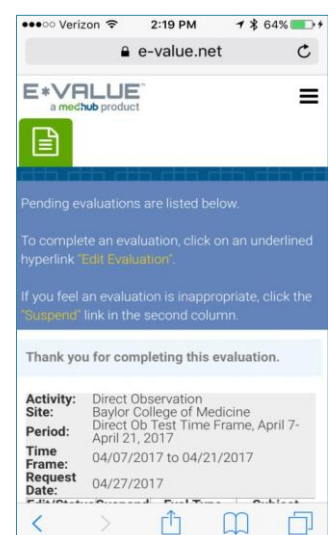
Screen Shot #3



Screen Shot #4



Screen Shot #5



IX. IPE Information

Obstetrics/ Gynecology Clerkship **Inter professional Educational (IPE) Experience** **Nurse Instructions**

Instructions for Nurse

1. Please allow the student to participate in all nursing activities appropriate for patient care. Try to avoid having the student standing on the side solely observing.
2. The purpose of this activity is to expose and educate the medical student about the roles and responsibilities of nurses. Please avoid situations that could be perceived as “pimping” the student.
3. Nursing documentation is a very important component of patient care that the medical student should be exposed to during the shift. However, we would like to avoid the student observing documentation for long periods of time. If you find that you have extensive documentation to complete, please try to give the student helpful patient care tasks during this period.
4. We understand that you have specific times for breaks and lunch during your shift. The medical student can be excused during this time as well, or you can negotiate meal and break time at the beginning of the shift.
5. The student is responsible for providing the Medical Student IPE evaluation form to the nurse and turning it in to the clerkship. Please assist in completing the form and providing constructive feedback to the student.
6. NEW “PILOT” Checklist – in an attempt for improved clarity regarding the activities/ expectations of the IPE experience, we have created a checklist of “possible” activities that the student may experience. The student is not expected to complete all activities on list, use it as a guide for options. **The nurse preceptor will “sign off” on activities completed during the shift and return the checklist to the student. The student will turn this in to clerkship team prior to completing the clerkship.**

Medical Student Instructions

Instructions for Student

1. Try to come to the experience with an open mind and willingness to learn. The nurses are critical members of the healthcare team and are an expanse of knowledge. Please be respectful of the nurse’s time and expertise.
2. IPE badges (clip on) identifying you as the IPE student are available in the L&D workrooms. This is to alert all patient care providers of your role.
3. You are excused from any duties pertaining to the OB Team during your (6hr) shift. This includes rounding and scrubbing in for surgeries and deliveries. The other half of the shift you should work with you normal L&D team.
4. The nurse will have specific times for lunch and breaks as a part of her shift. Please be respectful of this time. You can also use the allotted time for the same activities or you can negotiate those at the beginning of your shift
5. You are responsible for giving the Medical Student IPE evaluation form to the nurse and turning it in to the clerkship. This is a valuable opportunity to receive feedback from the nurse.
6. NEW “PILOT” Checklist – in an attempt for improved clarity regarding the activities/ expectations of the IPE experience, we have created a checklist of “possible” activities that you may experience. You are not expected to complete all activities on list, use it as a guide for options. Your nurse preceptor will “sign off” on activities that you completed during your shift. **The nurse will complete and give back to you. Please turn this in to clerkship team prior to completing clerkship.**

IPE Evaluation Forms and Checklists

Medical Student Inter-professional Experience Department of Obstetrics and Gynecology

IPE Evaluation Form

The goal of this experience is to improve communication, teamwork and awareness of roles and responsibilities within a healthcare team for our medical students. Please complete this form at the completion of the Inter-professional experience (IPE).

Instructions:

1. Observe the student over the course of the experience.
2. Using the 9 point scale, assess the student's ability to demonstrate the 9 objectives listed. The expectation for the student is to demonstrate most of the competencies outlined. [Baylor CCGs]

Student Name: _____

PFW or **Ben Taub** (please circle one)

Date of IPE: _____

		Well below expected		Below Expected		As Expected	Above expected		Well above expected	
		1	2	3	4	5	6	7	8	9
Communication	1. Communicates with colleagues and other healthcare professionals in a respectful and professional manner. [ICS 4.2]									
	2. Communicates with patients and families in a form that is understandable, avoiding discipline-specific terminology when possible. [ICS 4.1]									
	3. Communicates clearly in a logical and structured manner with other healthcare team members. [ICS 4.3]									
	4. Displays a willingness to listen to patients and family members. [ICS 4.1]									
	5. Uses respectful language when discussing patients. [PR 1.4]									
Teamwork	6. Establishes/maintains collaborative working relationships with other providers, patients and families. [L 7.1]									

	7. Reports increased identification with one another, resulting in respect and trust for members of other disciplines. [L 7.1]									
Reflection of roles and responsibilities	8. Reports increased identification of the roles and responsibilities of labor and delivery nurses. [PC 3.1]									
	9. Able to name at least one contribution by other professions that they weren't fully aware of before the session. [PR 1.6]									
Overall Rating										

Evaluator (printed) _____ Evaluator's Signature

Comments: _____

“Labor & Delivery” OBGYN Clerkship / IPE Checklist

**** Please review checklist with your nurse preceptor at the BEGINNING of your shift. ****

**** Please complete only activities that you experience during your shift. ****

Metric Item	Verbalizes	Demonstrates	Comments
General Nursing Procedures: (directly supervised by preceptor)			
A. Admits Patient			
B. Transfers Patient			
C. Discharges Patient			
Technical Procedures			
A. Administers Medication			
1. Intramuscular			
2. Intravenous			
3. IV Piggyback			
4. Oral			
5. Subcutaneous			
6. Suppository			
B. Demonstrates			
1. IV insertion			
2. IV piggyback			
3. IV site care/maintenance			
4. Discontinuing IV			
5. Saline lock maintenance			
6. Phlebotomy			
C. Perform sterile vaginal exam			
D. Perform catheterization (urinary)			
E. Demonstrates point of care waived testing:			
1. Blood glucose			
F. Perform/Document Fetal Monitoring Strip Assessment			
G. Demonstrates stretcher preparation			
1. Cleans stretcher with Oxivir Wipes			
2. Dresses stretcher with linen			
Initial assessment: (start of shift)			
A. Weight and height			
B. Review of obstetrical history			
1. Allergies			
2. Medications			
3. Past medical history			
C. Vital signs (including Temperature, BP, HR, RR, and pulse oximetry)			
Postpartum Assessment: (w/in 2 hrs of delivery)			
A. Perform Postpartum Fundal Exam			
B. Documents Delivery Preference in EMR			
Student Printed Name:	Student Signature:		
Competency validator(print/sign):	Date:		

“Transition Care Nursery” OBGYN Clerkship / IPE Checklist

Metric Item	Met	Not Met	Comments
Newborn Vital Signs			
D. Vital signs			
a. Q 30 min X 2 hours			
b. Q 1 hour X 2 hours			
E. Breastfeeding/Intake & Output			
Newborn identification:			
A. ID bands			
B. Footprints			
C. Security tag			
Newborn assessment:			
A. Weight and length			
B. FOC & Chest circumference			
Newborn medications:			
A. Erythromycin			
1. Don clean gloves			
2. Open eye and place an inch ribbon of medication in the lower conjunctival sac (from inner to outer canthus)			
3. After 1 min excess medication may be wiped off			
B. Vitamin K			
1. Gather supplies: Vit. K, alcohol pad			
2. Don clean gloves and locate injection site in vastus lateralis			
3. Assemble pre-filled syringe and prepare dose as ordered			
4. Clean site with alcohol pad and let dry			
5. While stabilizing leg, inject vitamin K into the vastus lateralis slowly			
Blood glucose screening			
1. Gather supplies: glucometer, alcohol pad, lancet, gauze pad, bandage, reagent strip, heel warmer			
2. Choose puncture site on heel; use lateral aspect of either heel			
3. Don clean gloves. Clean heel site with alcohol pad and let dry completely			
4. Puncture with lancet			
5. Let first drop of blood form and wipe it off with gauze pad			
6. Apply the second drop of blood to the reagent strip			
7. Apply bandage to heel			
8. Clean glucometer after use			
Student Printed Name:	Student Signature:		
Competency validator(print/sign):	Date:		

X. Study / Storage / Lounge and/or call room Spaces for Students

Obstetrics & Gynecology				
Ben Taub		BSLMC	TCH	MEDVAMC
COVID Social Distancing				
Students to use rooms highlighted in Red. All other workrooms may be used depending on capacity.				
Study space	<ul style="list-style-type: none"> • Gynecology Office "Old" GYN ONC Workroom (3 SP 40-001) • MFM (3C) Workroom (3C-51 006) • GYN Workroom (near 3F) • L&D Workroom (3-LD-70 002) • L&D 3F-13, 2LD 63 001 • 3D Classroom • 3A Conference Room (3A-32-001) • Basement Cafeteria 	<ul style="list-style-type: none"> • 3rd floor BSL medical student workroom (Y346 - near Yellow elevators - CODE 1579) • Cooley library/atrium, 5th floor 	<ul style="list-style-type: none"> • 9th floor L&D Work room (F.0940.58. L&D team) • PFW 5th floor Surgery workroom (next to Staff lunchroom, F.0540.44) (PFW/BSL Surgery team) • PFW 11th floor WASU workspace, (F.1140.23, MFM team,) • PFW 10th floor library • PFW 3rd and 4th floor café areas • Mark Wallace Tower 3rd floor café and conference rooms (Blattner, Room B) • PFW outpt area w/ physician workrooms 	N/A

Lounge / relaxation space	<ul style="list-style-type: none"> • Gynecology Office “Old” GYN Onc Workroom (3 SP 40-001) • Other service-specific team rooms also provide lounge space (L&D 3F-13 3LD 63 001; Gyn near 3F; 3-LD-70 002; MFM 3C 51 006) 	<ul style="list-style-type: none"> • 3rd floor BSL medical student workroom (Y346 - near Yellow elevators - CODE 1579) • Cooley library/atrium, 5th floor 	<ul style="list-style-type: none"> • PFW 3rd and 4th floor café areas • 5th floor PFW Gyn Physician lounge (F.0540.44) • 9th floor L&D Work room (F.0940.58) 	N/A
Secure Storage space	Personal lockers in room adjacent to L&D work room (3F-13 #LD 63001); other service-specific team rooms provide secure storage space (keypad lock on doors) – Gyn near 3F; 3-LD 70 002; MFM 3C 51 006; Gyn Onc 3 SP 40 001	<ul style="list-style-type: none"> • 3rd floor BSL medical student workroom (Y346 - near Yellow elevators - CODE 1579) 	<ul style="list-style-type: none"> • 5th floor PFW Gyn Physician lounge (F.0540.44) • 9th floor L&D Work room • Outpatient area w/ physician work room (hall w/ badge access) 	N/A
Call Room	N/A	N/A	N/A	N/A

Students are encouraged to contact the clerkship director / coordinator with any concerns related to the availability of these spaces / resources during the rotation.

XI. 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.

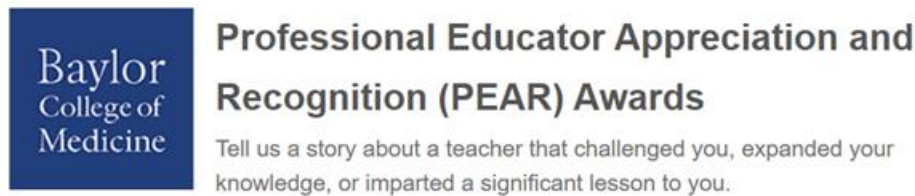
For a Safety Escort call 713-795-0000

XII. Recommended Texts/Videos/Resources

- Hacker and Moore’s Essential’s of Obstetrics and Gynecology, 5th Edition
- Obstetrics and Gynecology, Beckman and Ling, 7th Edition

- Association of Professors of Gynecology and Obstetrics website question bank “U Wise” along with other useful resources which can be accessed at <https://www.apgo.org/student.html>
- A website with description of common Obstetrics and Gynecology procedures can be found at <http://atlasofpelvicsurgery.com/home.html>
- APGO Ob/GYN Clerkship: Your Guide to Success
 - <https://www.apgo.org/binary/ObGynClerkshipGuidetoSuccess.pdf>
- APGO Medical Student Educational Objectives (Videos)
 - https://www.youtube.com/playlist?list=PLy35JKgvOASnHHXni4mjXX9kwVA_YMDpq
- Case Files Obstetrics and Gynecology, Fifth Edition, Toy et al.
- Blueprints Obstetrics and Gynecology, 7th Revised Edition, Callahan and Caughey
- Aquifer.org

XIII. PEAR award



The PEAR awards were created as a student-led initiative to allow students to recognize educators. This can be done on any rotation. <https://form.jotform.com/202256428683055>

XIV. BCM Physical Examination Standards:

Physical exam standards are created for educators to have a standard for the physical exam components that medical students should be instructed upon. These are standards to also help educators adequately observe students on physical exam skills (part of DO) (LCME

9.4). <https://bcm.box.com/s/txl1ko6pgxl5rx6zt25onwp7tbvmmpc2q>

XV. Handling of student absences in light of COVID-19:

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

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

XVI. 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	EPA 4: Enter and Discuss Orders and Prescriptions
3.7	PC4	
3.2	PC6	
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	

CCGG	PCRS	EPA
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	
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	
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	

CCGG	PCRS	EPA
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	
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	