



## **Pediatric Clerkship Course Overview Document (COD)**

### Required Review and Attestation Note:

Students must review and understand the contents of this Course Overview Document and subsequently complete the electronic attestation on Blackboard **by 11:59 PM of the first Wednesday of the clerkship**. Receipt of a course grade is contingent upon completion of the attestation; students will receive an incomplete for this course until the attestation is completed.

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## I. Introduction/Clerkship Overview

This **6-week clerkship** is designed to help students obtain pediatric skills, knowledge, and professional behavior appropriate for a core clerkship student. We aim to make this clerkship fun while stimulating learning, problem solving, and critical thinking in many settings.

**Students will work in inpatient and outpatient settings to gain exposure and experience in both routine well child care and the management of acute and chronic pediatric medical problems.**

Students will also begin to appreciate the importance of longitudinal relationships and observe the dynamic process unique to the pediatric patient. This clerkship aims to help students feel more comfortable in dealing with pediatric patients regardless of their ultimate choice of medical specialty.

**The clerkship is divided into four subrotations:**

### 1. Outpatient

- **Community Pediatrics (2 weeks)**
  - i. Multiple Clinics in Houston OR Children's Hospital of San Antonio (CHofSA) Clinics
- **Pediatric Emergency Medicine (PEM) (1 week)**
  - i. Texas Children's Hospital (TCH) Main Campus AND TCH West Campus

### 2. Inpatient

- **Pediatric Hospital Medicine (PHM) (2 weeks)**
  - i. Texas Children's Hospital (TCH) Main Campus, TCH West Campus OR CHofSA
- **Newborn Medicine (1 week)**
  - i. TCH Pavilion for Women (PFW) OR Ben Taub General Hospital (BTGH)

## II. Contacts, Site Information, and Helpful Numbers

### Clerkship Office Contacts

<b>Clerkship Coordinator</b>	Pia Hughes	<a href="mailto:phughes@bcm.edu">phughes@bcm.edu</a> Office: 832-822-3667 Personal Cell: 832-368-4435	TCH West Tower 19 <sup>th</sup> Floor B.1980.62 Houston, TX 77030
<b>Clerkship Director</b>	Sanghamitra Misra, MD, MEd	<a href="mailto:smisra@bcm.edu">smisra@bcm.edu</a> Office: 832-824-6805 Clinic Cell 832-470-1217 Personal cell 832-723-7680	TCH West Tower 19 <sup>th</sup> Floor B.1980.27 Houston, TX 77030 8080 North Stadium Drive, Suite 250, Houston, TX 77054
<b>Associate Clerkship Director</b>	Jenelle Little, MD, MEd	<a href="mailto:jelittle@bcm.edu">jelittle@bcm.edu</a> 713-873-3515	Ben Taub General Hospital 3D Neo Offices

### Subrotation Contacts

Subrotation	Subrotation/Site Director	Administrative Contacts	Other Helpful Numbers
<b>Community Pediatrics</b>	Betty Del Rio Rodriguez, MD, MPH <a href="mailto:betty.delriorodriguez@bcm.edu">betty.delriorodriguez@bcm.edu</a>	Sarah Goudeau <a href="mailto:Sarah.Goudeau@bcm.edu">Sarah.Goudeau@bcm.edu</a>	See community clinic contact information listed below
<b>Newborn Medicine</b>	Roshni Sambasivan, MD <a href="mailto:Roshni.sambasivan@bcm.edu">Roshni.sambasivan@bcm.edu</a>		<b>Ben Taub:</b> Neo Office: 713-873-3515 Level 2 Intern: 713-873-9383 Newborn Chief: 713-873-9386 <b>PFW:</b> Neo Office: 832-826-1380
<b>Pediatric Emergency Medicine (PEM)</b>	Brian Bassham, MD <a href="mailto:bsbassha@texaschildrens.org">bsbassha@texaschildrens.org</a>	Felicia Smith <a href="mailto:fasmith@texaschildrens.org">fasmith@texaschildrens.org</a> 6621 Fannin St. Abercrombie Bldg., Office A210 832-824-5399 For tardies/absences on weekends, call 832-733-5031	<b>Main Campus</b> PEM fellow: 832-733-5033 PEM attending: 832-733-5031 RTA attending: 832-733-5036 <b>West Campus</b> attending: 832-227-4701
<b>Pediatric Hospital Medicine (PHM)</b>	Gal Barak, MD, MEd <a href="mailto:gal.barak@bcm.edu">gal.barak@bcm.edu</a>	Daisy Aleman <a href="mailto:dxalema1@texaschildrens.org">dxalema1@texaschildrens.org</a> 832-824-0844	<b>Main Campus</b> Yellow Attending: 832-733-5748 Yellow UL 1 - 30124 Blue Attending - 35479 Blue UL 1 – 30129 Green Attending - 35480 Green UL 1 - 30134 Red Attending - 35477 Red UL 1 - 30139 <b>West Campus</b> Hospitalist #3: 832-227-4803 WC Hospitalist #1: 7-4800 WC Inpatient Unit: 7-3300
<b>Children's Hospital Of San Antonio (ChofSA)</b>	Marcela Svojsik, MD <a href="mailto:marcela.svojsik@bcm.edu">marcela.svojsik@bcm.edu</a>	Brandi Pogue <a href="mailto:brandi.pogue@christushealth.org">brandi.pogue@christushealth.org</a> 333 N. Santa Rosa, Ste. F-5626 San Antonio, Texas 78207 210-704-4408	PHM Attending: 210-618-9575 Resident phone (24/7) 210-710-7761 Pediatric Clinic: 210-704-4966 Clinic Workrm A: 210-704-2228 Clinic Workrm B: 210-704-3312

## Community Pediatrics Clinic List/Contact Information

Facility Name	Contact Information	
Blue Fish Pediatrics-Memorial (Dr. Nicholas Lindsay)	915 Gessner Rd., Suite 760, Houston, TX 77024	713-467-1741
Edgebrook Clinic (Dr. Maria Espinoza)	1007 Edgebrook Dr. Houston Texas 77034	713-943-3367
Harris Health-Cypress Health Center (Dr. Elizabeth Bosquez)	12340 Jones Road, Ste 100, Houston, TX 77070	713-873-5240
Harris Health- Pasadena Clinic (multiple preceptors)	3925 Fairmont Parkway, Pasadena, TX 77504	713-873-6300
Kelsey-Seybold Pearland (Dr. Suma Manjunath)	2515 Business Center Dr, Pearland, TX 77584	713-442-7200
Kelsey-Seybold West Clinic (Dr. Helene Sheena)	1111 Augusta Drive. Houston, TX 77057	713-442-2400
NAG Clinics, Pasadena (Dr. Ashu Sodhi)	4002 Burke Road, Pasadena, Texas 77504 6400 Memorial Drive, Texas City, Texas 77591	832-469-2073 409-209-0070
Pearland Pediatrics (Dr. Jason Decker)	2017 Broadway, Suite A, Pearland, TX 77581	281-485-3330
Pure Pediatrics (Dr. Alana A Kennedy-Nasser)	5750 West Loop South, Suite 465 Bellaire, TX 77401 7700 San Felipe, Suite 470 Houston, TX 77063	832-431-4336
Texas Family Pediatric Group (Dr. Disha Saharia)	20303 South University Blvd, Ste 101, Missouri City, TX, 77459	281-208.9503
TCH Complex Care (Dr. Charu Sehgal)	6701 Fannin Street (Mark Wallace Tower) 77030	281- 970-2338
TCH Hematology Clinic - West Campus (Dr. Jennifer Tran)	<a href="mailto:intran4@txch.org">intran4@txch.org</a> , 18200 Katy Freeway (I-10 and Barker Cypress), Houston, TX 77094	832-227-3226
TCH Infectious Disease (Dr. Catherine Healy)	102 Bates Ave(11th Floor TCH Feigin Center Suite 1120), Houston, TX 77030	832-824-1100
TCH Mobile Clinic Program (multiple preceptors)	8080 North Stadium Drive, Suite 250, Houston 77054	832-470-1217
TCH Primary Care Practice (multiple preceptors)	5400 Griggs Road, Suite 101, Houston, TX 77021	346-227-7275
Texas Children's Health Plan (TCHP) Center for Children and Women, Greenspoint	700 North Sam Houston Parkway West, Houston, TX 77067	832- 828-1005
TCHP Center for Children and Women, Southwest Houston	9700 Bissonnet St., Houston, TX 77036	832-828-1005
Texas Children's Pediatrics (TCP) Cy Fair (Dr. Asha Mandava)	11811 FM 1960 #100, Houston, TX 77065	281- 970-2338
TCP Cypress (Dr. Alyssa Kuban)	13203 Fry Road, Suite 600, Cypress, Texas 77433	281-304-5559
TCP Friendswood (Dr. Shikha Kohli & Dr. Abril Ramirez)	411 East Parkwood Friendswood, TX 77546	281-482-3486
TCP Green Park (Dr. Shannon Hayes)	2600 N. Loop W., Ste. 100 Houston, TX 77092	713-869-1692
TCP Gulfgate (Dr. JeNita Partridge & Dr. Susan Khandelwal)	740 Gulfgate, Houston Texas 77087	713-514-8060
TCP Katy (Dr. Diana R. Schulz)	705 S Fry Rd, Katy, TX 77450	281-398-3100
TCP Shadow Creek (multiple preceptors)	1901 Kirby Dr. Suite 109, Pearland, Texas 77584	713-512-8600
TCP West Chase (Dr. Lauren Baber & Dr. Zosofia Intody)	3131 Briarpark Dr. Suite 108, Houston, Texas 77042	713-782-2770
VIP Pediatrics (Dr. Sandra Cohen)	2727 Gramercy Ste 225, Houston, TX 77025	713-665-4567

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

#### **1. Professionalism:**

- 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:**

- 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:**

- 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:**

- 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 healthcare 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:**

- 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:**

- 6.1. Analyze the roles insurance plans and health care providers play in the health care system and how they affect providers and patient behaviors
- 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:**

- 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: Pediatric Clerkship Objectives Mapped to BCM CCGGs (and methods of assessment)

*Relevant CCGGs are listed in italics after each learning objective*

- **DO:** Direct Observation; **MTF:** Midterm Feedback; **NBME:** National Board of Medical Examiners Subject Examination in Pediatrics; **SP exam:** Standardized Patient exam; **SPAF:** Student Performance Assessment Form, **CE:** Clinical Experiences

Clerkship Objective	Mode of Teaching	Assessment Method	
		Formative	Summative
Objective 1: Demonstrate trustworthiness and accountability in carrying out responsibilities as a learner, colleague, and member of an interprofessional healthcare team including adherence to ethical principles and patient confidentiality rules. <i>(1.1, 1.2, 1.5, 1.6, 1.8, 7.1)</i>	Orientation CE COD	Professionalism rubric* MTF	SPAF
Objective 2: Obtain knowledge necessary for the diagnosis and management of common acute and chronic childhood illnesses. <i>(2.1, 2.3)</i>	Didactics CE FCR	DO H&P MTF	NBME SPAF SP exam
Objective 3: Obtain clinically-relevant patient histories and perform logically-sequenced physical examinations for pediatric patients in a variety of contexts and settings <i>(3.5, 4.1)</i>	Didactics CE	Case log DO	SPAF SP exam
Objective 4: Assess milestones of growth and development for the newborn, infant, toddler, school-aged child, and adolescent, and recognize common abnormalities <i>(3.5, 3.8)</i>	Didactics CE	Case log DO	NBME SPAF SP exam
Objective 5: Construct a prioritized problem list and/or differential diagnosis using findings from the patient's history, physical exam, and medical record <i>(3.5, 3.8)</i>	Didactics CE	Case log DO	NBME SPAF SP exam
Objective 6: Select and interpret diagnostic and screening tests using evidence-based and value-based principles <i>(3.7, 5.3)</i>	Didactics CE PICO/EBM assignment	Case log Online modules (e.g. path, rad)	NBME SPAF SP exam
Objective 7: Develop patient-centered management plans, incorporating considerations of family, culture, and socioeconomic status, up-to-date scientific evidence, risk-benefit analysis, and principles of value-based care <i>(3.2, 3.9, 5.3,6.1)</i>	Didactics CE PICO/EBM assignment	Case log	NBME SPAF SP exam
Objective 8: Provide age-specific anticipatory guidance and injury prevention education for a newborn, toddler, child, and adolescent patient <i>(1.3, 3.6)</i>	Didactics CE	Case log	NBME SPAF
Objective 9: Demonstrate effective and respectful communication skills during interpersonal interactions with patients, families, and the medical team in a variety of contexts and settings with an emphasis on caring, compassion, and empathy <i>(1.4, 3.1, 4.2)</i>	FCR orientation CE	Case log	SPAF
Objective 10: Identify strengths, deficiencies, and limits in one's knowledge and expertise; incorporate feedback into practice <i>(5.1, 7.2)</i>	CE MTF	DO MTF	SPAF

## V: You Said, We Did:

We value student feedback. Students should discuss problems and provide suggestions for improvement throughout the clerkship. The following are examples of how we used student feedback to implement changes in the course:

Year	YOU SAID:	WE DID:
2020	"I don't think we were given very clear directions as to what to expect on various sub-rotations for this clerkship."	We revised our welcome emails for our subrotations and have instituted in-person subrotation orientations for the more complicated subrotations

2020	"Giving medical students TCH Epic access would be very helpful during PHM. The team rooms....do not have enough computers.....to access electronic health records..."	We are providing EPIC remote access to all students on the clerkship.
2020	"The PHM schedule may need to be adjusted. The evening shifts did not provide the same learning opportunities as the morning shifts. "	We revised the structure of the afternoon PHM shift so that students are actively engaging in patient care throughout the shift.
2021	Afternoon PHM shifts were not beneficial due to low numbers of admissions and lack of team structure for learning.	We removed the afternoon PHM shifts and incorporated all students teams during the day shifts.
2021	I loved being in a subspecialty clinic for community peds, but I didn't get to see well child checks that I would have seen in a general peds clinic.	We modified the schedules so all students will spend at least one week in a general peds outpatient clinic during the community peds subrotation.

## VI. Student Roles, Responsibilities, and Activities

### ○ Clinical Care

- Participate fully in care of your patients including follow up/assessments/results of diagnostic tests
- Be prepared to update your preceptor when asked
- **Complete EValue evaluations** of your educators and the overall clerkship in a timely fashion

### ○ Didactics

- Attend all core clerkship lectures, rounds, lectures, and teaching conferences per subrotations.

### ○ Absences

- You must notify (1) the clerkship coordinator, (2) attending physician, and (3) supervising resident (if applicable) BEFORE your shift if you are going to be absent for any reason. Failure to do so results in an unexcused absence.



### ○ Dress Code

- As BCM representatives, you are expected to always uphold a professional level of appearance
- Always keep your BCM ID/student badge in clear view
- **Attire for clinical duties and clerkship lectures (in-person and virtual):**
  - **Yes:** Professional attire (neck ties optional), slacks, dresses/skirts at/below the knee, close-toed shoes.
  - **No:** short skirts, shorts, open toed shoes, sweat pants, work out clothing, jeans (TCH does not allow jeans), exposed undergarments, or dirty anything...especially your white coat!
  - **NOTE:** for virtual conferences/lectures, students should always turn on their cameras
- **Subrotation/Location-specific Attire Recommendations**
  - **Newborn:** Scrubs preferred for Level 2 (Group B), No white coats for Level 2 (Group B). White coats optional for Group A&C
  - **Community:** Check with preceptor, but pediatricians wear professional clothing with or without the white coat.
  - **PHM:** scrubs or professional attire. White coat recommended.
  - **PEM:** Scrub are recommended; white coat per student preference, but not required. In the ER, AVOID neckties, necklaces, dangly earrings and loose hairstyles.
  - **CHofSA:** For PHM, wear scrubs with white coat. For community peds, professional attire with white coat.



## ○ Study Space

- Ben Taub
  - Dedicated resident workrooms in locked units (3D and 3G) with additional locks on doors, student space available in workrooms or immediately next to them
  - 3D level 2 workroom (physicians work area 3-NT 93 006), 3G level 1 workroom (physicians lounge 3-N0 32 013), 3D Neo Office library (3-N1 91 002f) and 3D conference room, 3D Neo Classroom (3-NT 91 001 A-B), 3D Neo Office library
- TCH
  - PFW 14th floor student workroom (Physician Dictation F.1450.15), TCH-PEM conference rooms, CCC Cafeteria area and resident lounge
  - TCH 2nd floor Abercrombie offices, Education room
  - Seating lounge on 3rd & 4th floor of PFW, PFW workroom has computer access, study materials, and is in locked unit
- ChofSA- Private student apartment on site which includes study room; Access to Medical Library; Study space in Resident Lounge

## ○ Lounge/Relaxation Space, Personal Lockers and Storage Space

- Ben Taub
  - 3D and 3G workrooms, 3D Neo library, cafeteria (3rd floor 3D and 3G workrooms are on locked units, have locks on doors, and have locked cabinets)
- TCH
  - Seating lounge on 3rd & 4th floor of PFW, PFW NICU lunchroom and resident lounge on 21st Floor or West Tower, Resident workroom (West Campus and Pavilion for Women)
  - Locked cabinets (West Campus and PFW 14th floor workroom); Resident Lounge (TCH Main Campus); Physician workspace (TCH Main Campus ER)
  - Students are also given the option of keeping their personal belongings in locked office space in clerkship office (West Tower 19<sup>th</sup> floor)
- ChofSA- Resident Lounge, Badge entry Resident Lounge and Keypad Secured Resident Workroom. Students rotating at CHofSA will need to bring a pad lock to use the available lockers.

***Due to the COVID-19 pandemic and social distancing requirements, please check with your Attending/teams for availability of the above study spaces, lounge spaces, and relaxation spaces.***

***Students should contact the clerkship director and/or coordinator with any concerns related to the availability of spaces / resources during the rotation.***

- **Safety Escorts:** The TMC Police Department is available 24/7 to escort students who 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 with genuine concern for personal safety. For a Safety Escort call 713-795-0000



## Direct Observations (DO's):

- In accordance with the [BCM Direct Observation policy](#), all students must complete the following:
  - **Minimum of four total DO's:**
    - **2 History DO's and 2 Physical Exam DO's**
    - **ONE DO must be launched in each subrotation.**
    - **Minimum of 1 history DO from 1 Attending and 1 physical exam DO from a different Attending.** (All other DO's may be with residents (all levels), fellows, or Attendings).
  - **TIPS for DO SUCCESS:**
    - DO's should be focused (e.g. atopy history or a focused respiratory exam on an asthmatic patient).
    - Launch the DO in EValue **before** starting the DO in real-time
    - Make sure the educator received your DO link from EValue.
    - Receive verbal feedback in real-time
    - Remind your educator that he/she should complete the online EValue form asap.

## Direct Observation (DO) E\*Value Form

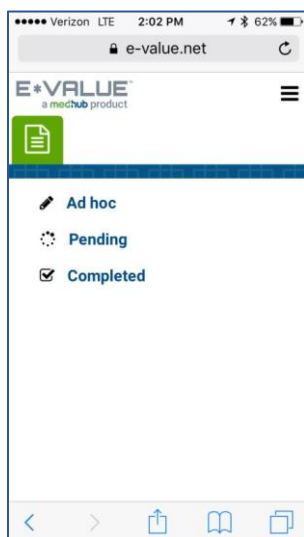
- This exercise should facilitate the feedback and coaching process to help you improve your clinical performance and prepare you for SP Exams.
- The form has three distinct parts:
  - Observation of **HISTORY TAKING** (all or part)
  - Observation of **PHYSICAL EXAM** (all or part)
  - **PROFESSIONALISM**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

## E\*Value Direct Observation (DO): Instructions for Students

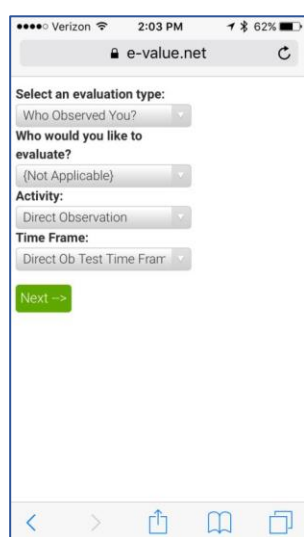
You should launch the DO form directly from your phone or tablet following the directions below.

1. Search for e-value.net on a web browser (Safari, Google, etc.). There is no app for E\*Value.
2. Login manually using your E\*Value login and password, select the correct program; click continue.
3. Choose Ad Hoc from the choices on the screen (screen shot #1)
4. On the next screen complete the following: (screen shot #2)
  - a. Select an Evaluation type: **Direct Observation (Who Observed You?)**
  - b. Who would you like to evaluate you?: (Not Applicable)
  - c. Activity: **Direct Observation Form**
  - d. Time Frame: **Ad Hoc term XX 2021-2022** (choose the appropriate term/year for your course)
  - e. Click **Next→**
5. To select the name of the person who observed you, (screen shot #3)
  - 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**
6. You will see a message that says **Thank you for completing this evaluation.** (screen shot #4)
7. Your instructor should immediately receive an email (which looks like it came from the clerkship coordinator) with a direct link to the form.

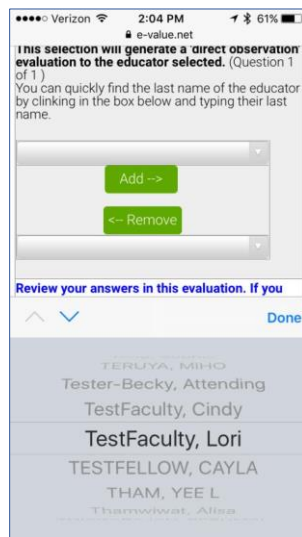
Screen Shot #1



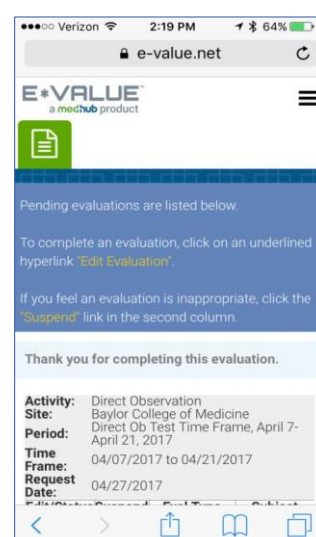
Screen Shot #2



Screen Shot #3



Screen Shot #4



## Clinical Experiences (Case Logging) Requirements:

Students are required to log all of the requirements below. When you have completed an activity on the list, log it into E\*Value, including your level of responsibility (defined below) and the name of the resident/faculty who was your supervisor. You may print the checklist below to assist you for tracking purposes.

### **Level of Student Responsibility:**

**Perform:** The student performs the patient history, physical and/or mental status exam, differential diagnosis, treatment decision-making, and/or relevant communication or procedural skill.

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

**Observe:** The student is present as an observer during the patient history, physical and/or mental status exam, differential diagnosis, treatment decision-making, and/or relevant communication or procedural skill.

***\*If you are unable to complete the required clinical experiences during your clinical placements, you must contact Clerkship Course Director (CD). CD will assist you in completing requirements or will assign the alternative experience for credit. You cannot opt for the alternative experience unless you have permission from CD.***


***NOTE: The pediatric hospital medicine and newborn medicine are inpatient subrotations. Community peds and pediatric emergency medicine are outpatient subrotations.***

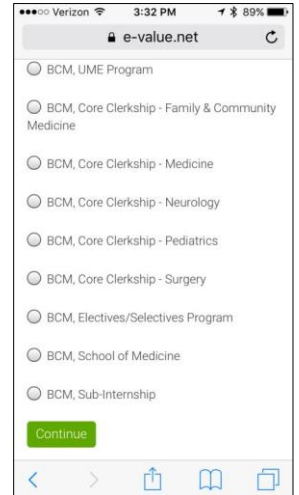
**Case Logging Tip:** *If logging multiple procedures at once and if several procedures were with different supervisors, click "Save Record" after each entry, not just "Add Procedure."* Not doing this will cause all procedures to be logged under same supervisor (i.e. the last supervisor selected in the logging process).

Patient Type/ Clinical Condition/ Age of Patient	Procedure/ Skill	Clinical Setting(s)	Level of Student Responsibility	Minimum # Required	*Alternative Experiences (Assignments/quizzes must be turned in to the Clerkship Director for credit)
<b>Complete Newborn Exam</b> (Newborn)	Complete Physical Exam	Inpatient (Newborn)	Perform	1	Contact CD
<b>Full H&amp;P</b> (0-18 yrs)	Full H&P	Inpatient (PHM)	Perform	2	Contact CD
<b>Nutrition Counseling</b> (0-1 yrs.)	Counseling	Inpatient (Newborn)	Assist	1	Complete 1 Aquifer Case: <u>Case #2: Infant Well Child Visits (2,6 and 9 month visits)</u>
<b>Respiratory Condition</b> (0-18 yrs)	Hx & PE	Inpatient	Perform	1	Complete 2 Aquifer Cases: <u>Case #7- 2 hour old with respiratory distress</u> <u>Case #12- 10 month old with cough</u>
<b>Abdominal Pain</b> (0-18 yrs)	Hx & PE	Inpatient	Perform	1	Complete 2 Aquifer Cases: <u>Case #27- 8 y/o with abdominal pain</u> <u>Case #22-16 y/o with abdominal pain</u>
<b>Heart murmur</b> (0-18 yrs)	Hx & PE	Inpatient or Ambulatory	Perform	1	Watch Video/podcast: <u>Murmur Evaluation</u> Watch Video/podcast: <u>Tetralogy of Fallot</u> Take the following quizzes and submit to CD: <u>2 month old murmur</u> <u>6 month old murmur</u>
<b>Rash</b> (0-18 yrs)	Hx & PE	Ambulatory	Perform	1	Watch Video: <u>Viral Rashes in Children</u> Take quiz and submit to CD: <u>Prolonged Fever in an 11 month old</u> Complete: <u>Aquifer case #32-5 y/o with rash</u>
<b>Ear Pain</b> (0-18 yrs)	Hx & PE	Ambulatory	Perform	1	Watch: Video: <u>otoscopy</u> Take quiz: <u>Ear Pain</u>
<b>Well child visit with growth interpretation, immunization record review, Tanner staging, &amp; HEADDS</b> (10-18 yrs)	Hx & PE	Ambulatory	Perform	1	Complete 1 Aquifer Case: <u>Case #5: 16 y/o health maintenance visit</u> Watch Video/podcast: normal puberty Watch Video/podcast: precocious puberty Take the following quiz and submit to CD: <u>Possible Growth Delay</u> Video/podcast: <u>Childhood Immunizations 1</u> Video/podcast: <u>Childhood Immunizations 2</u> Video/podcast: <u>Childhood Immunizations 3</u> Take the following quiz and submit to CD: <u>Vaccine hesitancy</u>
<b>Well child visit including growth interpretation, immunization record review &amp; developmental assessment</b> (0-4 yrs)	Hx & PE	Ambulatory	Perform	1	Complete <u>Aquifer case #28: 18 month old male with developmental delay</u> Video/podcast: <u>Childhood Immunizations 1</u> Video/podcast: <u>Childhood Immunizations 2</u> Video/podcast: <u>Childhood Immunizations 3</u> Take the following quiz and submit to CD: <u>Vaccine hesitancy</u>
<b>Injury prevention</b> (0-18 yrs.)	Counseling	Ambulatory	Perform	1	Video/podcast: <u>Injury Prevention</u> Video/podcast: <u>pediatric health supervision</u> Assignment: oral case presentation with CD
<b>Mental/ Behavioral Health Evaluation and Counseling</b> (0-18 yrs)	Evaluation/ Counseling	Ambulatory	Assist	1	<u>Video/podcast</u> : An approach to dealing w/ challenging behavior and mood changes in adolescents <u>Video/podcast</u> : Suicidal Ideation and Behavior
<b>Obesity</b> (2-18 yrs.)	Evaluation or Counseling	Ambulatory	Assist	1	Watch <u>Video/podcast</u> : obesity Watch <u>Video/podcast</u> : Type 2 diabetes Assignment: write a 1-page summary of the impact of obesity on a child's mental/physical health
<b>SubQ/IM medication administration</b> (0-18 yrs)	Procedure	Ambulatory	Assist	1	Contact CD

## E\*Value Case Logging: Instructions for Students

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 following the directions below.

1. Search for e-value.net on a web browser (Safari, Google, etc.). There is no app for E\*Value.
2. Log in manually using your E\*Value login and password
3. Select your CURRENT Core Clerkship for Program (**BCM, Core Clerkship-XX**)
4. Click **Continue** (screen shot at right).
5. Click on the “Doctor”  icon and select **+Add New Case** (screen shot #2 below)
6. On the next screen, log your activity by filling in the required information.:  
(screen shot #3 below)
  - a. **Interaction Date:** current date is default
  - b. **Setting**
  - c. **Supervisor Role**
  - d. **Supervisor:** name of supervisor; click **Next ▶**
  - e. **Patient Information**
    - i. Gender
    - ii. Patient Age; click **Next ▶**
  - f. **Procedures:**
    - i. **Choose a procedure:** you can multi-select if more than one procedure took place; click **Done.**
    - ii. **Select your role in the procedure;** click **Next ▶**
  - g. **Review & Log** (screen shot #4 below)
    - i. Review the information just logged
    - ii. Click on **Log Case ▶**

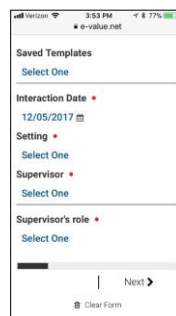


7. You can log another procedure or just close the screen.

Screen Shot #2



Screen Shot #3



Screen Shot #4



## VII. Clinical Evaluations

- **E\*Value Who Did You Work With (WDYWW)**
  - **Students are required to launch an evaluation to all faculty members with whom they worked.**
    - If a faculty member feels that they do not have enough information to complete an evaluation, they will suspend the evaluation or complete only the portions they observed.
  - **A MINIMUM of 1 faculty evaluator must be selected for EACH subrotation**
  - Students are required to launch evaluations to all the residents (PGY-2 and up) with whom they work.
  - **Interns (PGY-1's) CANNOT complete WDYWW's.**
  - Students on a subrotation like community pediatrics or newborn TCH PFW may have only one evaluator (their faculty attending) for the full subrotation.
  - Since the clerkship ends on a Friday, all WDYWW's for the last week of the rotation should be launched by the last Friday of the clerkship.
  - Reciprocal evaluations launch after students select their evaluator(s)
- **Ad-Hoc Evaluations (a.k.a. "On-the-fly")**
  - Any educator (faculty, fellows, and residents (PGY2 and up)) can launch an On-the-fly for any student with whom they have worked
  - On-the-fly evaluations are weighted equally to WDYWW evaluations
- Evaluations completed by faculty  $\geq 2$  weeks after end of course will not be considered for grading

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

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

Cannot Assess	Major Concerns	Minor Concerns	No Concerns
○	○	○	○

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

Cannot Assess	Major Concerns	Minor Concerns	No Concerns
○	○	○	○

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

Cannot Assess	Major Concerns	Minor Concerns	No Concerns
○	○	○	○

**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
○	○	○	○

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

[illegible]

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

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

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

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

**COMP4: Rate this student's ability to elicit a complete infant, child, or adolescent history.**

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

**COMP5: Rate this student's ability to perform a complete infant, child, or adolescent physical examination.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**COMP 14: Rate this student's knowledge, skills, and professional attributes needed for providing culturally competent health care.** (Question 26 of 29 - Mandatory )

	Significant gaps in associated knowledge, skills or attributes		Limits in associated knowledge, skills or attributes		Some associated knowledge, skills or attributes		Good associated knowledge, skills or attributes		Superb associated knowledge, skills or attributes
Cannot Assess									
0	1	2	3	4	5	6	7	8	9

**COMP 15: Rate this student's knowledge and skills associated with methods for addressing health care disparities.** (Question 27 of 29 - Mandatory )

	Significant gaps in associated knowledge or skills		Limits in associated knowledge or skills		Some associated knowledge or skills		Good associated knowledge or skills		Superb associated knowledge or skills
Cannot Assess									
0	1	2	3	4	5	6	7	8	9

## PEDIATRIC CORE CLERKSHIP DIDACTIC SESSION SCHEDULE

(ATTENDANCE IS MANDATORY)

*Our lecture series is designed to introduce clerkship students to the practice of pediatrics and help build skills of pediatric patient care (it is not designed just for shelf review).*

***This is a tentative schedule. Check emails from clerkship coordinator for confirmed dates/times.***

***\*\*Terms 1 and 4 have peds clerkship orientation AFTER the SOM required orientation, so start time is later.***

*Presenter Bios are posted in Blackboard along with session PPT's.*

**Orientation Day and Introductory Sessions (First Monday of Clerkship) \* \***

7:45-8:00 * *	Welcome/Sign in	Pia Hughes (clerkship coordinator)
8:00-9:00	Orientation	Sanghamitra Misra, MD, MEd (clerkship director)
9:00-9:45	Coming up with Differential Diagnoses	Elaine Fielder, MD (peds ER doctor and peds residency program director)
9:45-10	Break	
10:00-11:00	Difficult Conversations in Pediatrics Workshop	Holly Lindsay, MD (section of peds Heme-onc)
11:00-12:00	Growth and Development	Holly Harris, MD (section of developmental peds)

**Lectures for Week 1 (First Thursday of Clerkship) \***

8:15-9:00	Respiratory Noises	Amee Patel, DO (pediatric pulmonology)
9:00-10:00	Immunizations Workshop	Julie Boom, MD (academic general pediatrician)



10:00-10:15	BREAK	
10:15-11:00	Adolescent Medicine	Adolescent medicine physician
11:00-11:45	Endocrinology	Aikaterini Nella, MD (pedi endocrinologist)

### Lectures for Week 3 (Third Thursday of Clerkship) \*

8:15-9:15	Health Disparities /Global Health in Peds Workshop	Lynda Aririguzo, MD, MPH/Michelle Lopez, MD
9:15-10:00	PEM Case Scenarios	Asha Morrow, MD (peds ER doctor)
10:00-10:15	BREAK	
10:15-11:15	Infectious Diseases	Catherine Foster, MD (ID specialist)
11:15-12:15	Oncology	Timothy Porea, MD, MPH (section of peds Heme-onc)

### Lectures for Week 5 (Fifth Thursday of Clerkship) \*

8:15-9:15	Access to Care in Peds Workshop	Aditi Gupta, DO/Marina Masciale, MD
9:15-10:15	Allergy & Immunology	Lenora Noroski, MD (A&I specialist)
10:15-10:30	BREAK	
10:30-11:00	Nephrology	Shweta Shah, MD (peds nephrologist)
11:00-11:45	Cardiology	Pediatric Cardiologist

### Other Required Lectures:

- **Pediatric Diagnostic Rounds (PDR):** **During PEM and PHM**- students are required to attend **8-9 am--4<sup>th</sup>** Tues of each month - Feigin 1st Floor Conference Room (zoom link to be sent by Pia)
- **TCH Grand Rounds**-**During Newborn and PHM**, students are required to attend. Held every Friday (unless cancelled for holiday)

### In addition to scheduled clerkship lectures, there are strongly recommended educational activities posted in Blackboard.

1. Pedscases.com cases on gastroenterology, fluids/electrolytes, rheumatology & ingestions. (Links in Blackboard)
2. Pediatric High-Value Care (posted in High-Value Care tab in Blackboard)
3. Neonatal counseling education session “Healthy Moms, Healthy Babies”—created by medical students—all links posted in Blackboard—in “clerkship documents” and then “subrotation/site information” under the newborn medicine tab.

- **Midterm feedback (MTF)**
  - BCM MTF Policy requires that a student receive feedback at the mid-point of a rotation to assess their progress towards completion of course requirements.
    - MTF includes review of Direct Observations, Clinical case logs, Evaluations and feedback (to date), Student goals/self-assessment, and plans for improvement and/or remediation.
  - Students will complete a written MTF self-assessment and goal setting worksheet---and **email it to appropriate MTF faculty member 24-48 hours before MTF session**. Do NOT send it too early or too late.
    - Remember when setting goals—**goals should be SMART- Specific, Measurable, Achievable, Relevant, and Time-bound!**
  - 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.
  - **Attestation:** Once MTF session is completed, you must attest in E\*Value that you received MTF.

## VIII. Subrotation Expectations and Schedules

### Community Pediatrics

#### Prior to the rotation:

- **Contact your preceptor at least 1 week (ideally 2 weeks) prior to your subrotation to e-introduce yourself and find out specific site details and when/where to report on first day.**
- Familiarize yourself with the location of your assigned community site and plan for transportation.
- Review resources, PPTs, screening materials, and orientation materials in Blackboard.
- Review the **Community Pediatrics Orientation Packet** located on Blackboard to access valuable resources for this subrotation.

#### Daily Schedule:

- **For students at Harris Health Pasadena**, arrive by 7:45 am Monday to Thursday and 8:30am on Fridays.
- **For students on the mobile clinics, you will receive instructions from Dr. Aditi Gupta prior to your subrotation.**
- **For all other sites, check with your preceptor for start time.** In general, most pediatric clinics open at 8 am.
- NOTE: Clinic schedules may vary based on your clinical site and preceptor's schedule. BE PROACTIVE in finding out when clinic starts (can check in EHR the day before to see what time the first patient is scheduled)!

#### The First Day:

- NOTE: For students starting the peds clerkship with the Community Pediatrics subrotation: you are expected to arrive at your community site at 1pm after clerkship orientation (unless otherwise directed by clerkship coordinator). If you are starting community peds in terms 1 or 4, you will not report to your clinical site until Tuesday.
- Introduce yourself to your preceptor and the clinic staff upon arrival to your assigned clinical site.
- With your preceptor:
  - Review the clinic's office system such as clinic hours, expected arrival time daily, overview of the practice, where to store personal things, contact information in case of questions, and expectations of students
  - Discuss your schedule (including any expected absences)

### Expectations:

- You are expected to be in clinic ~40 hours per week.
- You should be actively taking histories and performing physicals daily in clinic.
- **Most of the required clerkship clinical experiences are outpatient experiences**, so make sure you are logging all your experiences. ***Specifically, for the requirement of assisting with an IM or Sub-Q injection, it is your responsibility to work with your preceptor's medical assistant for at least 1-2 patients to complete the experience!***
- If your preceptor is seeing patients via telehealth on site, you should participate.
- ***VERY IMPORTANT: If your preceptor is on vacation or has cancelled clinic for a half-day or full day, you must alert the clerkship coordinator AND director as soon as possible so that you may be reassigned to a backup clinic or assigned virtual learning modules.***

## Newborn Medicine

### Prior to the rotation:

- Review the Newborn Medicine rotation schedules and anticipate when & where you are scheduled based on your assigned location (A, B, or C). Schedules are included in this document.
- Review “Expectations” per your assigned site (below).
- **Prior to Tuesday afternoon procedure session, review the following videos:**
  - Bag Mask Ventilation  
[Mask ventilation in pediatrics](https://www.youtube.com/watch?v=YhE5BbQ-1wo) (<https://www.youtube.com/watch?v=YhE5BbQ-1wo>)  
[Positive pressure ventilation in the Neonatal Resuscitation setting](https://www.youtube.com/watch?v=72ngAsVmD5w) (<https://www.youtube.com/watch?v=72ngAsVmD5w>)
  - Lumbar Puncture  
[Infant lumbar puncture](https://www.youtube.com/watch?v=0G-u1Q-Sb_c) ([https://www.youtube.com/watch?v=0G-u1Q-Sb\\_c](https://www.youtube.com/watch?v=0G-u1Q-Sb_c))

### Expectations:

#### TCH Pavilion for Women (PFW)

- **PFW Level I (Mother Baby Unit - MBU)**
  - Arrive at 8:30 am (or after orientation if first day of clerkship) to the 14th floor PFW Workroom. Upon arrival please ask unit Secretary to notify an Attending of your arrival (Pedi 1, 2 or 3 on Voalte). While waiting for attending to meet you in the 14th floor workroom please review posted articles.
  - Workroom: 14th floor Physician Dictation Room- F.1450.15. Enter through the single door behind the security desk located on the 14th floor; make your first left and the room will be the first door on the left.
  - Wear scrubs or professional clothing
  - Follow 2-4 patients at a time
  - Write daily notes. Notes should be titled “Medical Student Note”. Notes should be signed and dated by the student. Notes do NOT need to be cosigned by a resident or attending.
  - Bring your own stethoscope

#### Ben Taub General Hospital

- **Ben Taub Level I (Mother Baby Unit-MBU)**
  - Report at 6:30am (or after orientation if starting on the first day of the clerkship) to 3G doctor's area. To get to this area enter into 3B. The first door on the left (it has a lock that has to be activated by your Harris Health badge). Once you enter this hallway continue down hall until you reach a work area. On the left of the work area is the NB Supervisor office. NB Supervisor # is 713-873-9386
  - Follow 1-2 patients your first day and 3 or more each day thereafter
  - Write daily notes. Notes should be titled “Medical Student Note”. Notes should be signed and dated by the student. Notes do NOT need to be cosigned by a resident or attending.

- Bring your own stethoscope
- **Ben Taub Level II (Intermediate Care Nursery)**
  - Report at 6:30am (or after orientation if starting on the first day of the clerkship) to doctor's area in 3D. Go through 2 double doors, go down the hallway and take the second left. The doctor's area will be on the left in the middle of that hallway. Report to Level II upper level resident: 713-873-9394.
  - Wear Harris Health System light blue scrubs. If wearing long sleeves/coat, ensure sleeves are pulled up above your elbows. No jewelry, including watches.
  - Follow 1 patient your first day and 2 or more (census permitting) each day thereafter.
  - Write daily notes. Notes should be titled "Medical Student Note". Notes should be signed and dated by the student. Notes do NOT need to be cosigned by a resident or attending
  - Pre-round on your patients and discuss the plan with the resident prior to attending rounds

**By the end of the newborn medicine rotation, you should be able to:**

- Perform supervised physical exams on normal newborn infants (minimum 1 per rotation).
- Perform gestational age assessments on newborn infants and differentiate between SGA, AGA, and LGA and between SGA and IUGR.
- Understand the differential diagnosis of common high risk newborn problems: tachypnea, cyanosis, jaundice Lethargy, abdominal distention, failure to gain weight, jitteriness, and poor feeding
- Understand common issues of newborn care, including:

Vitamin K Umbilical cord care Skin and eye care Circumcision pros/cons Normal feeding/growth patterns Temperature Control	Newborn screening Infection screens: RPR, Hep B, HIV, GBS, rubella Immunization administration Breast feeding benefits Nutritional content of breast milk vs. formula	Risk factors for sepsis Physiologic jaundice Delivery room management of normal newborn Resuscitation of the newborn
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**Tips for a Successful Newborn Medicine Rotation**

- Attending rounds begin at 9am unless specified otherwise. Pre-rounding including chart review, discussions with parents, and physical examinations should be completed prior to attending rounds.
- Review following American Academy of Pediatrics Articles:
  - Management of Infants at Risk for Group B Streptococcal Disease, Management of Neonates Born at  $\geq 35$  0/7 Weeks' Gestation With Suspected or Proven Early-Onset Bacterial Sepsis
  - Jaundice: Newborn to Age 2 months
- Review the following UpToDate Articles:
  - Overview of the routine management of the healthy newborn infant
  - Assessment of the newborn infant
  - Breastfeeding: Parental education and support
- Daily intake should be computed as *cc/kg/day* and *calories as cal/kg/day (Level 2)* or *breastfeeding attempts per day or ml of formula/expressed breast milk (MBU, Level 1)*
- Daily output should be calculated in *cc/kg/hr (Level 2)* or *wet/stool diapers (MBU, Level 1)*

**Newborn Medicine Schedules:**

Mon	Tues	Wed	Thurs	Fri
<b>Group A:</b> <b>Ben Taub Level 1</b>  <b>6:30a:</b> (or after orientation if 1 <sup>st</sup> day of clerkship): Orientation BT 3G physician work room; refer to expectations for location details  <b>9a -12p:</b> Attending Rounds				<b>AM:</b> Pre-round  <b>8:30a-9:30a:</b> Grand Rounds- BT 3D Conf Room  <b>9a -12p:</b> Attending Rounds
	<b>AM:</b> Pre-round	<b>AM:</b> Pre-round	<b>AM:</b> Pre-round	
	<b>9a -12p:</b> Attending Rounds	<b>9a -12p:</b> Attending Rounds	<b>9a -12p:</b> Attending Rounds	<b>9a -12p:</b> Attending Rounds

<b>12p-1p:</b> Neo noon conference- BT 3D Conf Room or via Zoom <b>Zoom Meeting ID:</b> 99123882319, <b>PW:</b> 146681  <b>1p-4p:</b> Patient Care	<b>12p-1p:</b> Neo noon conference- BT 3D Conf Room or via Zoom  <b>2p-3p:</b> Procedure Session- BT 3D Conf Room Review videos prior as above	<b>12p-1p:</b> Neo noon conference- BT 3D Conf Room or via Zoom  <b>1p-4p:</b> Attend newborn deliveries with Level 2 Intern	<b>12p-1p:</b> Neo noon conference- BT 3D Conf Room or via Zoom  <b>1p-4p:</b> CABS/DDASH or Patient care	<b>12p-1p:</b> Neo noon conference- BT 3D Conf Room or via Zoom  <b>1p-4p:</b> Patient Care
<b>Group B:</b> <b>Ben Taub Level 2 NICU</b>  <b>6:30a:</b> (or after orientation if 1 <sup>st</sup> day of clerkship): Orientation – BT 3D physician work room; refer to expectations for location details  <b>9a -12p:</b> Attending Rounds  <b>12p-1p:</b> Neo noon conference- BT 3D Conf Room or via Zoom <b>Zoom Meeting ID:</b> 99123882319, <b>PW:</b> 146681  <b>1p-4p:</b> Attend newborn deliveries with Level 2 Intern				<b>AM:</b> Pre-round  <b>8:30a-9:30a:</b> Grand Rounds- BT 3D Conf Room  <b>9a -12p:</b> Attending Rounds  <b>12p-1p:</b> Neo noon conference- BT 3D Conf Room or via Zoom  <b>1p-4p:</b> Patient Care
<b>Group C:</b> <b>PFW Mother Baby Unit</b>  <b>8:30a:</b> (or after orientation if 1 <sup>st</sup> day of clerkship): Orientation- 14 <sup>th</sup> floor PFW; refer to expectations for location details  <b>9a-12p:</b> Attending Rounds  <b>12p-1p:</b> Pedi Resident Noon Conference-19 <sup>th</sup> floor West Tower- House Staff Auditorium or via Zoom <b>Zoom link for AM report &amp; Noon conference:</b> <b>Zoom Meeting ID:</b> 92419904553  <b>1p-4p:</b> Patient care				<b>AM:</b> Pre-round  <b>8a-9a:</b> Pedi Resident Morning- Report 19 <sup>th</sup> floor West Tower- House Staff Auditorium or via Zoom  <b>9a -12p:</b> Attending Rounds  <b>12p-1p:</b> Pedi Resident Noon Conference-19 <sup>th</sup> floor West Tower- House Staff Auditorium or via Zoom  <b>2p-3p:</b> Procedure Session- BT 3D Conf Room Review videos prior as above
				<b>AM:</b> Pre-round  <b>8:30-9:30a:</b> Grand Rounds- via Zoom (link to be provided)  <b>9a -11a:</b> Attending Rounds  <b>11:15a-1p:</b> Pedi Resident Combined AM report & Noon Conference 19 <sup>th</sup> floor West Tower- House Staff Auditorium or via Zoom  <b>1p-4p:</b> CABS/DDASH or Patient care
				<b>AM:</b> Pre-round  <b>9:30a -12p:</b> Attending Rounds  <b>12p-1p:</b> Pedi Resident Noon Conference via Zoom  <b>1p-4p:</b> Patient Care

## Pediatric Emergency Medicine (PEM)

### Expectations:

- Prior to the rotation**, listen to or read the following podcast episodes:
  - [Non-Accidental Trauma and Infant Abdominal Emergencies](#) – NAT, NEC, volvulus, Hirschsprungs, intussusception, pyloric stenosis
  - [Pediatric Airway and Breathing Emergencies](#) – Foreign Body Aspiration, Peritonsillar Abscess, Tracheitis, Epiglottitis, Retropharyngeal Abscess, Bronchiolitis, Asthma, Croup, Pneumonia, Cystic Fibrosis
  - [Pediatrics Exam](#)
  - [Pediatrics History](#)

- **Overall Expectations:**

- **Attendance at all assigned shifts (for the entire duration of the assigned shift)**
- Discuss ***your learning goals*** for each shift with your preceptor, including 1-2 specific competencies you would like to work on
- Ask your preceptor about ***their expectations*** of you, including the number of patients they expect you to carry, oral presentation style preferences, and patient charting expectations
- You should obtain Direct Observations (DOs), develop differential diagnoses, and discuss management plans with the guidance of your resident/attending.
- **Your work is not done after you present!**
  - Take ownership of your patients up to the point of disposition/handoff
  - Follow up on lab results/imaging and communicate results to the resident/attending.
  - Communicate with consultants (discuss with preceptor first)
  - Provide updates or status changes to the family
  - Provide appropriate discharge instructions.
- **Participate in Pediatric Diagnostic Rounds (PDR)- 4<sup>th</sup> Tues of each month - 8 am - Feigin 1st Floor Conference Room**

**First day:**

- Your personal schedule and detailed instructions will be emailed to you at least a week before rotation starts. Please contact the PEM coordinator Felicia Smith BEFORE your first day if you have questions.
- **Students have different locations/shift times, so please pay close attention to your personal schedule.**
- Please review all of your orientation documents and PPT PRIOR to your first day. There is no formal in-person orientation, and faculty you encounter may not be able to answer scheduling questions.

**STaR teaching shifts and PEM fellow teaching shifts**

- You will have short teaching sessions with an upper level resident or a PEM fellow as part of your educational experience. These will be marked on the schedule for your particular group. Meet in the TCH Main EC at the assigned time.
- Bedside teaching, direct observation of H&Ps, undifferentiated DDx

**West Campus:**

- West Campus (WC) EC 18200 Katy Freeway (I-10 and Barker Cypress), Houston TX 77094
- Follow the instructions at check-in and then make your way to the EC.
- Introduce yourself to the Attendings on arrival
- H&Ps, develop DDx and management plans, procedures, call consults, sign out directly to Attendings

**RTA Shifts (a.k.a. South)**

- The RTA or EC South is a supplemental area for patient care in the EC that may or may not be open during your time in the EC. If you assigned to this area, it will be clearly marked on your schedule. There are not usually any residents assigned to this location, so if you are assigned a shift there, introduce yourself to one of the Attendings to be properly paired.

**Personal Protection in the EC**

- The main campus EC is a busy place. Do NOT stand in hallways and thoroughfares for extended periods.
- There are limited computer stations for faculty, residents, and students to share. Do not sit at a computer station for more than 5 minutes so that faculty and residents can chart on their patients. You are encouraged to bring your tablets and phones to use as supplemental devices.
- To be mindful of PPE waste, limit your encounters to one PPE set per patient unless a special situation arises (procedures, emergent resuscitation).

**Accompanied and Unaccompanied Shifts**

- If a dedicated preceptor is present, they will direct your shift
- If no dedicated preceptor is assigned to you – Please introduce yourself to the residents, fellows, and attendings on arrival and request to be paired with a resident for the duration of your shift.

*NOTE: The night before your CPX exam, your ER shift will end at 8 pm.*

## Pediatric Hospital Medicine (PHM)

NOTE: This section reviews PHM at TCH Main and West Campus. If you are assigned to CHofSA for PHM, please refer to the CHofSA section of the COD.

### Prior to the rotation:

- Review the PHM rotation schedules. Pay particular attention to shift times, report times and locations, and locations/links of conferences.
- Review the following PHM subrotation information on Blackboard (in subrotation folder)
  - Family Centered Rounds (also included in the next section of this document)
  - Evidence-Based Medicine (EBM) Curriculum requirements/instructions
- All PHM students will attend STaR resident teaching session once a week.
- For students at TCH Main Campus, this will occur on Tuesdays 2-4 pm in person in the West Tower 19<sup>th</sup> floor conference room.
- For students at West Campus, this will occur on Wednesdays 2-4 pm in person at the 3<sup>rd</sup> floor West Campus conference room.
- Some PHM students will be selected to participate in an Inter Professional Education (IPE) day with nursing students for one day during the rotation. Additional information will be provided to those who are selected. This will not require additional work or hours in comparison to students who are not selected.

### PHM Schedule

- **Main Campus**
  - Shift 6:45am-4 pm. This includes time for STaR teaching as well as participating in patient handoff on non-STaR teaching days.
  - **First day of the Clerkship**
    - Attend Clerkship Orientation with Dr. Misra and Ms. Hughes. Then report to the 15<sup>th</sup> floor West Tower and locate any of the resident teams to help you find your team.
  - **All other Days (Not First day of Clerkship)**
    - Report by 6:45 am to the 15<sup>th</sup> floor of West Tower main resident work room.
    - Attend PHM specific orientation (in person or via Zoom) at 7:15 AM.
- **West Campus**
  - Shift is 6:45am-4 pm. This includes time for STaR teaching as well as participating in patient handoff on non-STaR teaching days.
  - **First day of the Clerkship**
    - Attend Clerkship Orientation with Dr. Misra and Ms. Hughes. Then report to 3 West Inpatient floor physician work room and locate any of the resident teams to help you find your team. If needed you may also ask any nurse on the floor to locate a PHM attending to help find your assigned team.
  - **All other Days (Not First day of Clerkship)**
    - Report by 6:45 am to the 3 West Inpatient floor physician work room.
    - Attend PHM specific orientation (in person or via Zoom) at 7:15 AM.

### Expectations: PHM Main Campus and West Campus

- **All students must complete the EBM self-guided module.** This is available for download on Baylor Box or Dropbox.



- Communicate regularly with your team leaders (residents and attending)
- Students should follow **at least 4 patients** at a time, depending on complexity (and based on patient census).
- **All students** are expected to work Monday through Friday AND one weekend shift per week. Since the clerkship term ends on a Friday, if you are assigned to PHM for the final subrotation, you will work only one weekend shift at the end of the first week only.
- **Students are expected to work their entire shift (6:45-4).**
- All students will also work one late-stay shift per week. On those days shifts are 6:45 am to 7 pm.
- Attend StaR resident teaching from 2-4 pm on Tuesday (for Main Campus students) or Wednesday (for West Campus students). If the StaR teaching shift is cancelled, then students will continue their clinical work till the end of the shift at 4pm.
- Notes
  - **Admission H&Ps:** required for all patients at the time of admission **and** those picked up the morning after admission. Notes should be **relevant** and include:
    - Complete chronological history (HPI)
    - ROS
    - Past medical and surgical hx, family hx, social hx
    - Meds, allergies, immunizations
    - Complete physical exam
    - Assessment
    - Relevant labs and imaging
    - Differential diagnosis
    - Initial management/treatment plan (to discern between the differential diagnoses)
  - **Formal written H&Ps:**
    - Should include everything for an admission H&P (as above)
    - Students are required to submit 2 H&Ps during PHM. Email to Pia Hughes and Daisy Aleman for subrotation credit and your Attending for feedback.
      - **First H&P** – including a 1-2 paragraph discussion (with citations) on an element of interest relating to the case. Turn in to the Attending (and cc Pia Hughes and Daisy Aleman) by **Wednesday** of the first week of service for your Attending to review and give you feedback by the Friday of the first week of your subrotation.
      - **Second H&P** – including CAT worksheet (see [EBM Curriculum](#) on Blackboard). Turn in to the Attending (and cc Pia Hughes and Daisy Aleman) by **Wednesday** of the second week of service for your Attending to review and give you feedback by the Friday of the second week of your subrotation.
  - **Daily SOAP progress notes** are required on **all patients** that a student is following. Ask your attending whether or not they want you to send your notes to them for co-signature.
  - Students should independently perform H&Ps.
  - **Copying any note is a professionalism breach. Your written progress notes and H&P's should be your own work.**
  - All notes should be read by the upper level resident or attending.

## **FAMILY CENTERED ROUNDS (FCR)**

Please watch these videos to familiarize yourself with the process

before Tuesday: <http://www.cincinnatichildrens.org/professional/referrals/patient-family-rounds/videos/>

### **What is FCR?**

- FCR occur with the patient, family, physicians, and the ancillary staff in the same room

- Includes a discussion/presentation of the patient's story, results of tests and treatment outcomes, and developing a plan of care for the patient

### **Benefits of FCR**

- 1. Encourages information sharing.**
  - Addresses the concerns/questions of all parties involved in the care of the patient
  - Unifies the information and plan that is being shared with the patient/family
  - This decreases the number of calls from nurses and other medical personnel
- 2. Provides opportunities to teach the medical learner and the family at the bedside.**
  - Increases patient/family understanding of the disease process and empowers them to ask questions
  - Increases patient compliance with medical care
  - Improves the amount and quality of bedside teaching provided to learners
  - Encourages learners to use evidence-based practices
- 3. Increases the efficiency of patient care.**
  - Improves timeliness of written orders and consults
  - Encourages timely and effective hospital discharge
  - Improved efficiency is associated with improved patient satisfaction of health care delivery

### **How do you do FCR?**

- 1. Obtain permission from the patient/family upon hospital admission**
  - Should be done by the admitting student and intern, as well as the unit Charge nurse
  - Explain FCR to the patient/family
- 2. During rounds, the primary student/resident should:**
  - First verify that the patient/family still wants to participate in FCR. Especially with new patients, you can do this while you are pre-rounding by telling them what rounds will look like so they can be prepared.
  - Introduce the team (key 4-5 members) to the patient/family
  - Briefly summarize the purpose of FCR: "We would like your input in taking care of your child. We are the medical experts, but you are the expert on your child. Together we can do a better job"
- 3. Start talking TO THE PARENT/PATIENT (NOT the team):**
  - Start by asking families how they feel their child is doing today, and asking a few targeted questions about progress (e.g. how do they feel like his/her appetite has been? Have they noticed any change in their breathing? etc.). Then, ask the nurse add his/her input as well. Afterwards, you can summarize any additional overnight events.
  - Then, present the patient case. This can be in SOAP format. This includes your pertinent exam and lab results in language that would make sense to families.
  - Once you feel like you've covered all the information before your assessment/plan, you can open the opportunities for nurse, other team members, and families to add their input by saying "Before I summarize your child's case and discuss the treatment options and plan, I want to see if anyone else has anything to add?"
- 4. Present the assessment and treatment options/plan.**
  - First, summarize the case with a brief and focused one-liner for the families to understand a) what their child is here for and b) whether they are improving/the same/not improving.
  - Then, describe what the next steps are for treatment. If you are unsure, you can present then am options. For example, you can say "I think because your son's infection is looking better, perhaps we'll be able to change to oral antibiotics today. Dr. X, what do you think?"
  - Finally, with the help of the patient/family and team members, formulate the plan. Invite questions/input of the family and staff before finalizing the plan
  - End by saying "Mr. X, I know we talked about a lot of things. To make sure I was clear, can you summarize for me what the plan for today is?"

### **Roles**

#### **Medical students:**

- For patients that you are presenting/following:
  - Review relevant information and see the patient/family in the morning while pre-rounding.

- Check in with the intern following the patient with you about your plan. The intern should be your first point of contact for any questions. The senior resident is also available to help you.
- Present the patient on rounds. Your presentation should be directed at the families. If you have questions on rounds, direct them to the intern first, and then the senior resident.
- Call consults immediately after you are done talking about the patient.
- For patient you are not presenting/following:
  - Call bedside nurse a few minutes before going into a room
  - Update the white board in patient rooms
  - Help intern to enter orders on patients when you are not presenting. Repeat the orders back for verification
  - Help obtain lab results, x-rays, etc.

**Intern following the patient:**

- Every morning identify the patients who want to participate in FCR
- Review plans with medical student
- Assist medical student as the point person on rounds e.g. actively make decisions on patient care and disposition

**Senior resident:**

- Lead rounds: interns/medical students should present to the senior resident, who is there to give input on plans, keep the team running efficiently, and make sure explanations are clear to families
- Follow up with interns/medical students after rounds to ensure all patient care tasks are completed
- Seek help from fellow/attending as needed

**Fellow/Attending:**

- Supervise the senior resident as they lead the team, stepping in only when needed
- Help with patient care and teaching
- Provide feedback to learners

## Children's Hospital of San Antonio (CHofSA)

The Children's Hospital of San Antonio is the only freestanding children's hospital in San Antonio serving the San Antonio area and surrounding communities. Students can train at CHofSA in the outpatient clinics (across the street from the hospital) or with the inpatient team. Students have the opportunity to be housed in a private student apartment within the hospital, close to downtown and all its amenities. Clerkship requirements including patient progress notes, 2 formal H&P's, and family centered rounds are the same as for students rotating in Houston.

All faculty and residents are Baylor College of Medicine faculty and residents.

PLEASE NOTE THAT BOTH H&P's NEED TO SUBMITTED TO MS. PIA HUGHES for credit and to your ATTENDING for feedback. If you volunteer to rotate in San Antonio, you will receive a separate email with further instructions including when and where to report, parking information, badging, etc.

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## IX. Grades

**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).

## Pediatric Clerkship Grading Rubric

Requirements	% of Final Grade	Minimum Score to Pass
SP Exam	15	$\geq 70\%$ overall
NBME Subject Exam	25	$\geq 5\text{th percentile}$ as defined by NBME
Clinical Evaluations (E*value)	55	Mean evaluation $\geq$ (class mean - 2 standard deviations)
Professionalism	5	Breakdown below
Professionalism		Professionalism breaches may warrant loss of all 5 professionalism points, a DECREASE IN FINAL COURSE GRADE or COURSE FAILURE independent of total points. Examples include repeated tardiness, failure to complete or turn in assignments, unexcused absences, inappropriate behavior, and lack of judgment regarding safety to self/others.
Due to Clerkship Office by 11:59 pm on last day of clerkship (Friday):		
<ul style="list-style-type: none"> <li>Clerkship library materials</li> <li>All case logging requirements</li> <li>MTF Attestation</li> <li>All Direct Observations</li> <li>All clinical evaluations launched</li> </ul>		If all assignments are not complete by the last day of the clerkship, the student will receive an INCOMPLETE in the course. 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 $\geq 7$ days late.

### Professionalism Points Breakdown (5 points total—only full points can be earned –partial points cannot be earned)

Component	Points
Full points on professionalism items on Student Performance Assessment Form (no concerns about professionalism) and no additional reported concerns in professional interactions with peers, patients, staff, and educators	1
Full adherence to attendance policy including on-time arrival (not more than 10 minutes late) to ALL clerkship lectures and clinical shifts	1
Timely completion and submission of COD attestation, 2 H&Ps, Midterm Feedback form to CD/ACD (one day prior to meeting date), and MTF attestation in EValue	1
Timely launching of (1) E*Value WDYWW forms, (2) Direct Observation forms (must launch one by second Monday of each subrotation) and (3) Completion of all case logging by 11:59 pm of the last Friday of the term	1
No reported breach of timely professional communication including timely (within 24 hours) response via email and via phone (if needed) to clerkship leadership	1

### 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 (MP)	Minimal performance standards for a pass	
Incomplete (I)	<b>Temporary grade</b> 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)	<b>Temporary grade</b> 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	
Fail (F)	<b>Earning a failure in the clerkship by any of the following manners will require the student to repeat the course in its entirety:</b> 1. Clinical performance alone, regardless of test scores, that is confirmed as being 2 SD below the mean	

	<ol style="list-style-type: none"> <li>2. Lapses or issues with professionalism alone (after due process), independent of clinical performance</li> <li>3. Failing 2 or more graded components on the clerkship (i.e. NBME and/or SP exam)</li> <li>4. Overall performance that is confirmed as being 2 SD below the mean</li> <li>5. Failing only the SP or NBME Exam: <ul style="list-style-type: none"> <li>• 1<sup>st</sup> 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.</li> <li>• 2<sup>nd</sup> 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.</li> <li>• 3<sup>rd</sup> 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.</li> </ul> </li> </ol>
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\*Grades are reviewed annually with respect to approximate grade distribution. When this review occurs, students' final grades will not be lowered, but some grades may be raised. The student's final grade is determined by the Pediatric Clerkship Committee.

## NBME Examination Failure Guidance

Students who are required to remediate the NBME examination should contact Shaun Roberson (Gician.Roberson@bcm.edu) and Phoung Huynh at [Phuong.Huynh@bcm.edu](mailto:Phuong.Huynh@bcm.edu) to arrange a retake of the NBME. Students are required to sit for the remedial NBME or SP examinations within six months of the original test date.

## Standardized Patient (SP) Exam

### Instructions for Standardized Patient (SP) Exam

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

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

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

Exam Components	Description	Time Allotted
Patient Info Door Note	You will have two minutes to review the patient's presenting information (including vital signs).	2 minutes
History	You will obtain a focused history from the parent. There will be no physical exam of a child during this exam. You will be given a verbal announcement when 2 minutes remain.	10 minutes
Post Encounter Note (PEN)	You will receive a link to Learning Space to complete your PEN.. No time remaining notification will be given.	15 minutes
Counseling Session	You will counsel the parent on your findings and plan, with the bulk of your time informing the parent of the most likely diagnosis but touch on the	10 minutes

differential. You will be given a verbal announcement when 2 minutes remain.	
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### 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:

- Participation in the clerkship (including patient history / physical examination and write-ups) should help prepare students for this examination. Additionally, students may review the COMSEPT PDPhysical video (on Blackboard).
- Please review materials from Simulation Learning Center link on Blackboard to prepare.

**Students are excused from clinical duties to complete the CPX exam. This includes travel time to BCM, exam time, and return travel time to clinic/hospital.**

### SP Scheduling and Exam Questions or Concerns:

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

Following the SP examination, requests for SP examination review (without rescoring) can be made at any time. See [STUDENT REVIEW PROCESS](#) policy for more details.

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

SP examination failures: All videos of failing student encounters are reviewed by an SP Educator to confirm scoring accuracy prior to release of the score report. Students who are required to remediate the SP examination should contact their Clerkship Director and Student Affairs to initiate the retake of the SP examination. A meeting with the Clerkship Director is also required prior to an examination retake. See [SP EXAM FAILURE PROCESS](#) policy for more details. Students are required to sit for the remedial SP examination within six months of the original test date. If you are a returning dual-degree program student or have been on leave of absence, please contact the Standardized Patient program to be reoriented to their procedures and to ensure that your log in information is correct.

### STANDARDIZED PATIENT EXAM CUT SCORES

	Hx (30% of grade)	PE	MP (30% of grade)	COMM (30% of grade)	PEN (10% of grade)	Overall
PEDS	71%		93%	80%	50%	70%

### STANDARDIZED PATIENT EXAM REMEDIATION & RETAKES

SP examination failure is earned by failure of overall SP exam score.

#### REMEDIATION / RETAKES:

- 1 or 2 domain failure – student may review own video and Gold Standard video
- Overall exam failure – student must review own video and Gold Standard video and must retake exam as per SP Exam Failure Process on Blackboard



## X. Recommended Educational Resources:

Students are encouraged to access evidence-based information from the following suggested textbooks, journals, and online resources. Students may check out books from our library located in the Clerkship Office.

### Before the clerkship:

- Listen to [Onthewards podcast: Assessing and treating pediatric patients](#) (May 24, 2017 episode)
- Read: 12 Tips for Students to Succeed on Wards. Medical Teacher, October 2017 (sent by Ms. Pia Hughes)
- Review “Taking a pediatric history” –posted in Blackboard with orientation materials

### Online resources

- [www.uptodate.com](http://www.uptodate.com)
- [Texas Children’s Hospital – Clinical Guidelines](#) (access available via TCH intranet/home page)
- [AAP Policies/Guidelines Updates](#)
- [PedsCases.com](http://PedsCases.com)
- [AAP Adolescent medicine overview](#) –use TMC library access
- Aquifer online cases (free for BCM students)

### Podcasts

- [EM Clerkship](#)
- [PedsCases.com](http://PedsCases.com)
- [On the Wards](#)

### Practice questions/case scenarios

- <http://www.pedsccases.com/>

- **FINISHING UP THE CLERKSHIP: ALL of the following must be completed/turned in before midnight of the last Friday of the clerkship.** Failure to submit all documents on time will result in loss of professionalism points, and students ***are subject to grade failure if assignments ≥7 days late.***
  - COD Attestation
  - MTF Attestation
  - Clinical Experiences Case Log – 100% completion of checklist is required
  - Direct Observations launched as required
  - Clinical evaluations “WDYWW’s” launched for each subrotation
  - Return all checked-out library materials and PPE to the Clerkship office

### Academic Support/Counseling

One-on-one counseling is available for students in need of assistance with time management, developing a study plan, brainstorming test taking strategies and/or adjusting to the graduate school training environment. Whether a student is proactively trying to avoid lapses in academic performance or they’ve noticed that they’re not performing to the level of their expectations, they have the option to meet and discuss the challenges they’re facing, as well as practical methods for addressing those challenges. To access the service, email Reggie Toussant at [reginald.toussant@bcm.edu](mailto:reginald.toussant@bcm.edu)

## XII. Policies (edited 12/1/2021)

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

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

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

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

Additional information may be found in the student handbook:

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

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

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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](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](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](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](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](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](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](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](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](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](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](http://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](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](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](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](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](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](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](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](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](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](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](http://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](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](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](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](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](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](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](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	
2.1	KP3	EPA 2: Prioritize a Differential Diagnosis Following a Clinical Encounter
2.2	KP4	
2.1	KP2	
3.7	PC4	
5.1	PPD8	
5.1	PBLI1	
4.3	ICS2	
3.9	PC5	EPA 3: Recommend and Interpret Common Diagnostic Tests
3.6, 3.2	PC9	
6.1, 6.3, 2.2	SBP3	
3.1	PBLI9	
2.3	KP1	
2.2	KP4	
4.1	PC7	
3.7	PC4	

CCGG	PCRS	EPA
3.2	PC6	EPA 4: Enter and Discuss Orders and Prescriptions
5.1	PBLI1	
3.9	PC5	
3.5, 3.7, 3.8	PC2	
5.2	PBLI7	
4.1, 1.5	ICS1	
6.3, 2.2	SBP3	
1.3, 1.6	P4	

4.1	ICS1	EPA 5: Document a Clinical Encounter in the Patient Record
3.10, 4.4	ICS5	
6.2, 3.5	SBP1	
3.7	PC4	
3.2	PC6	
4.3	ICS2	
3.5, 3.7, 3.8	PC2	EPA 6: Provide an Oral Presentation of a Clinical Encounter
5.1	PBLI1	
7.2	PPD4	
1.2	P1	
4.3	ICS2	
3.2	PC6	
4.1	ICS1	
4.2	PPD7	
1.2,1.8	P3	
1.2	P1	

CCGG	PCRS	EPA
2.1	KP3	EPA 7: Form Clinical Questions and Retrieve Evidence to Advance Patient Care
5.3	PBLI6	
5.1	PBLI1	
5.1, 5.2	PBLI3	
5.2	PBLI7	
2.2	KP4	
4.1	ICS1	
4.3	ICS2	
4.2, 4.3, 7.3	PBLI8	
3.1	PBLI9	
4.1	PC7	

5.2	PBLI7	EPA 8: Give or Receive a Patient Handover to Transition Care Responsibility
4.3	ICS2	
7.1	ICS3	
1.2, 1.8	P3	
6.2	PC8	
7.2	PBLI5	

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

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

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

6.4	SBP5	
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