



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

***\*\*The Course Overview Document is subject to change. Revisions will be sent to students as changes are made and new information becomes available\*\****

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# **I. Introduction/Clerkship Overview**

*The Psychiatry Clerkship is a 4-week clinical rotation at our affiliate hospitals and clinics.* The clerkship is designed to build on the foundations course in behavioral science where knowledge about psychiatric evaluation, diagnoses and treatments were introduced. In the clerkship, students will obtain information from patients via the psychiatric interview, work on primary and differential diagnoses, learn to manage psychiatric illnesses, critically evaluate treatments in Psychiatry, and improve overall communication skills with patients. Most students enjoy the rotation as it is one of the few opportunities to work directly with patients with mental illness in medical training.

## **II. Clinical Sites**

### **Harris Health System**

- **Inpatient Psychiatry**
- **Emergency Psychiatry**
- **Consultation Liaison Psychiatry**
- **Outpatient Psychiatry**

### **Michael E. DeBakey VA Medical Center**

- **Inpatient Psychiatry**
- **Consultation Liaison Psychiatry**
- **Outpatient Psychiatry**

### **Texas Children's Hospital**

- **Outpatient Psychiatry**
- **Consultation Liaison Psychiatry**

### **Memorial Park Psychiatry**

- **Outpatient Child Psychiatry**

### **St. Luke's Hospital**

- **Consultation Liaison Psychiatry**

### **SUN Behavioral Houston/Houston Adult Psychiatry**

- **Inpatient Psychiatry/Outpatient Psychiatry**

### **Houston Methodist Hospital**

- **Inpatient Psychiatry**
- **Consultation Liaison Psychiatry**

### **The Harris Center CRU/Partial Hospital**

- **Crisis Residential Unit/ Inpatient**

## **Baylor Psychiatry Clinic**

- **Outpatient Psychiatry**

## **Santa Maria Hostel**

- **Residential Substance Use Disorder Treatment Center**

# **III. Contact and Site/Space Information**

**Clerkship Director:** Jin Y. Han, MD  
Email: [jyhan@bcm.edu](mailto:jyhan@bcm.edu)  
Phone: 713-798-5695

**Associate Clerkship Director:** Julie Williams, MD  
Email: [Julie.Williams@bcm.edu](mailto:Julie.Williams@bcm.edu)

**Clerkship Coordinator:** Brittany Platt  
Email: [Brittany.Platt@bcm.edu](mailto:Brittany.Platt@bcm.edu)  
Phone: 713-798-4876

**Office Location:**  
Jamail Specialty Building  
1977 Butler Blvd. Suite E4.400  
Houston, TX 77030

Site	Site Director Site Attending	Administrative Contact	Code Info	Spaces for Students
<b>Ben Taub Hospital</b>  <b>Harris Health System</b>	Anu Matorin, MD <a href="mailto:matorin@bcm.edu">matorin@bcm.edu</a>  713-873-2636  One South Psych Unit Ben Taub Hospital 1504 Taub Loop Houston, TX 77030	Uzma Khalid <a href="mailto:ukhalid@bcm.edu">ukhalid@bcm.edu</a>  713-873-5145  Room 2.127, 2nd floor NPC Building 1502 Taub Loop Houston, TX 77030	<u><b>Facility Alerts</b></u> <b>Red</b> – Fire <b>Utilities Failure</b> <b>Hazardous Spill</b> <b>Evacuation</b>  <u><b>Medical Alerts</b></u> <b>Blue</b> – Medical emergency <b>Crisis Intervention Team</b>  <u><b>Security Alert</b></u> <b>Prisoner Escape</b> <b>Active Shooter</b> <b>Infant Abduction</b> <b>Child Abduction</b> <b>Hostage Situation</b>  <u><b>Weather Alert</b></u> <b>Severe Weather</b>   <b>*All codes displayed on hospital phones</b>	<b>Study space:</b> BTER work area/office BTMHS work areas/offices C/L Office/group room (Unit 5C) Each Clinic office and conference available rooms  <b>Secure storage space:</b> C/L group room BTMHS work areas/offices  <b>Lounge space:</b> BTER area, BTMHS area, C/L group room, Cafeteria at BT basement, BT and Community Clinic lounges  <b>BTER:</b> EP 61 006 (Psych EC study / lounge / storage) - badge access for Psych EC; lockers in lounge. Psych EC work room has individual study desks plus lounge space / tables/ chairs/ computers  <b>C/L:</b> 5C 51020 office (locked, study / lounge / storage space) - work room with tables, computers; 5C 51 017 staff lounge / storage - lockers; 5B 31 013 lounge  <b>NPC:</b> workrooms 4th floor 4.125 and 4.126 (locked/secure; study / lounge / storage space); 4.104 (lounge / storage - lockers)
<b>Michael E. DeBakey VA Medical Center</b>	Ali Asghar-Ali, MD <a href="mailto:asgharal@bcm.edu">asgharal@bcm.edu</a>  713-791-1414 x26771  6B-360 ("blue side"); close to unit 6F Michael E. DeBakey VA Medical Center 2002 Holcombe Houston, TX 77030	Tameka Howard <a href="mailto:Tameka.Howard@va.gov">Tameka.Howard@va.gov</a>	<b>Blue:</b> Cardiac arrest/Medical emergency <b>Green:</b> Behavioral emergency <b>Purple:</b> Missing/wandering patient or high-risk person <b>Dr. Red:</b> Fire <b>Brown:</b> Bomb threat <b>Code Adam:</b> Missing child <b>Dr. Dash:</b> Active threat <b>Rapid Response Team:</b> Early clinical deterioration/ Medical urgency <b>Sepsis Team:</b> Sepsis patient <b>Stroke Team:</b> Stroke patient <b>STEMI Team:</b> Heart attack	<b>Study space:</b> C/L office, inpatient trainee office, outpatient trainee office, library; lecture and conference rooms, individual study carrels  <b>Secure storage space:</b> Outpatient trainee office  <b>Lounge space:</b> Coffee shop on first floor and cafeteria/dining area  Office spaces have multiple computers, and combination of fridges, microwaves, and lockers.

				<p><b>C/L office (6C-350):</b> keyed; provides space for storage, study, lounging. <u>Location:</u> Blue side, main corridor, across from the staircase and water fountain)</p> <p><b>Inpatient office 6B-320:</b> keyed; provides space for storage, study, lounging. <u>Location:</u> Blue side, close to blue elevators and adjoining unit 6F</p>
<b>Texas Children's Hospital</b>	<p>Sindhu Idicula, MD <a href="mailto:idicula@bcm.edu">idicula@bcm.edu</a> 832-822-3750</p>	<p>Sheryl Croix <a href="mailto:scroix@bcm.edu">scroix@bcm.edu</a> 713-798-4068 Or Whitney Jackson <a href="mailto:wrjackso@texaschildrens.org">wrjackso@texaschildrens.org</a> 832-822-4065 TCH-8080 N. Stadium Drive, Suite 180 Houston, TX 77054</p>	<p><b>Dr. Pyro Stat:</b> Fire</p> <p><b>Pink:</b> Abducted or missing child</p>	<p><b>Study space:</b> Consult Room Wallace Tower 16th Floor; TCH Autism Clinic area</p> <p><b>Secure storage space:</b> consult room has cabinets with keys on them; TCH Autism Clinic area</p> <p><b>Lounge space:</b> 16th floor of Wallace tower; TCH Autism Clinic area</p>
<b>Memorial Park Psychiatry</b>	<p>Alice Mao, MD <a href="mailto:amao@bcm.edu">amao@bcm.edu</a></p> <p>Sindhu Idicula, MD <a href="mailto:idicula@bcm.edu">idicula@bcm.edu</a> 832-822-3750</p>	<p>550 Westcott, Suite 520, Houston, TX 77007</p> <p>713-864-6694</p>		<p><b>Study Space:</b> Room MPP 550</p> <p><b>Secure Storage Space:</b> MPP 550</p> <p><b>Lounge Space:</b> MPP 550</p>
<b>St. Luke's</b>	<p>Jose Ribas, MD <a href="mailto:jose.ribasroca@bcm.edu">jose.ribasroca@bcm.edu</a> 857-205-8030</p>	<p>Crystal Sutton <a href="mailto:csutton4@stlukeshealth.org">csutton4@stlukeshealth.org</a> 832-355-4050 Baylor St. Luke's Medical Center – Ste# G 130 – Floor 1 6720 Bertner Ave M/C 4-264 Houston, TX 77030</p>		<p><b>Study space:</b> Cooley 5<sup>th</sup> floor library; Doctor's workstation room GT-133</p> <p><b>Secure storage space:</b> Doctor's workstation room GT-133</p> <p><b>Lounge space:</b> Cooley 5<sup>th</sup> floor Atrium</p>
<b>Sun Behavioral Houston</b>	<p>Michael Barber, MD <a href="mailto:barberpsych@yahoo.com">barberpsych@yahoo.com</a> 713-962-9845</p>	<p>Shirley Saulsberry <a href="mailto:ssaulsberry@sunhouston.com">ssaulsberry@sunhouston.com</a> 713-795-8801  7601 Fannin St Houston, TX 77054</p>	<p><b>Red</b> Fire/Smoke <b>Green</b> Behavioral Emergency <b>Blue</b> Medical Emergency <b>Grey</b> Severe Weather <b>Yellow</b> Elopement <b>Silver</b> Armed Intruder <b>Pink</b> Patient Abduction <b>Orange</b> Hazardous Materials <b>Black</b> Bomb Threat</p>	<p><b>Study space:</b> Cafeteria, administration and front lobby</p> <p><b>Secure storage space:</b> Lockers in lobby</p> <p><b>Lounge space:</b> Cafeteria, administration and front lobby</p>



<b>Houston Adult Psychiatry</b>	<p>Michael Barber, MD  <a href="mailto:barberpsych@yahoo.com">barberpsych@yahoo.com</a>  713-962-9845  2180 North Loop West, Suite 450  Houston, TX 77018</p>			<p><b>Study space:</b> Conference room</p> <p><b>Secure storage space:</b> Locked cabinet in office manager's office</p> <p><b>Lounge space:</b> Lounge and eating area</p>
<b>Methodist Hospital</b>	<p>Alric Hawkins, MD  <a href="mailto:adhawkins@houstonmethodist.org">adhawkins@houstonmethodist.org</a>  Methodist Hospital, Room 944</p>	<p>Shelby Raven  Trainee Affairs Coordinator  Office of Education  O: 713-363-7280  6670 Bertner Ave. R2-201  Houston, TX 77030  <a href="mailto:saraven@houstonmethodist.org">saraven@houstonmethodist.org</a>    *Contact Linda Barloon, Psych NP, for orientation questions: 832-549-4384  <a href="mailto:lbarloon@houstonmethodist.org">lbarloon@houstonmethodist.org</a></p>		<p><b>Study space:</b> Main 7N library</p> <p><b>Secure storage space:</b> Main 7N area</p> <p><b>Lounge space:</b> Dunn lobby; Walter tower lobby; Cafeteria</p>
<b>The Harris Center</b>	<p>Chanda Mayers-Elder, MD  <a href="mailto:Chanda.Mayers-Elder@TheHarrisCenter.org">Chanda.Mayers-Elder@TheHarrisCenter.org</a>  713-295-1127  Crisis Residential Unit (CRU)  2627 Caroline St.  Houston, TX 77004</p>	<p>Crystal Jimenez  <a href="mailto:crystal.jimenez@TheHarrisCenter.org">crystal.jimenez@TheHarrisCenter.org</a>  713-970-4607    Post Hospital Crisis Residential Unit (PHCRU)  2505 Southmore Blvd.  Houston, TX 77004  713-970-6077 (tech desk);  RN 713-970-6076; Lead RN: Karen Botkin 832-722-4780 (cell)</p>		<p><b>Study space:</b> Rm# 2.309 &amp; Rm# 1.51; Conference Room</p> <p><b>Secure storage space:</b> There are lockers in the physicians call room 1.406; offices</p> <p><b>Lounge space:</b> Room 1.408; CRU break room</p>
<b>Baylor Psychiatry Clinic</b>	<p>Jeffrey Khan, MD  <a href="mailto:Jeffrey.Khan@bcm.edu">Jeffrey.Khan@bcm.edu</a>  713-798-2877  Jamail Care Center  1977 Butler Blvd  Houston, TX 77030</p>	<p>Yolonda Bean  <a href="mailto:Yolonda.Bean@bcm.edu">Yolonda.Bean@bcm.edu</a>  713-798-6228</p>		<p><b>Study space:</b> Any available office</p> <p><b>Secure storage space:</b> Offices</p> <p><b>Lounge space:</b> Offices in clinic and cafeteria on 1<sup>st</sup> floor</p>

<b>Santa Maria Hostel</b>	Alicia Kowalchuk, DO <a href="mailto:aliciak@bcm.edu">aliciak@bcm.edu</a> or Daryl Shorter, MD <a href="mailto:shorter@bcm.edu">shorter@bcm.edu</a>  (713) 899-6394	Ashley Siverand <a href="mailto:ashley.siverand@bcm.edu">ashley.siverand@bcm.edu</a>  (713)798-1090		<b>Study space:</b> Conference room  <b>Secure storage space:</b> Locked medication room on detox unit  <b>Lounge space:</b> Front lobby and detox unit lobby
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- *Students are encouraged to contact the Clerkship Director / Coordinator with any concerns related to the availability of these spaces / resources during the rotation. DURING COVID CONTINGENCY PLAN, space availability might vary depending on site situation.*

### Student Escorts within the TMC Campus

The Texas Medical Center (TMC) Police Department is available 24/7 for those students who have a legitimate fear that would prevent a student from feeling safe while crossing the TMC campus.

**Safety Escorts:** The purpose of this escort is to provide a measure of safety for those students that are uncomfortable, fearful or uneasy about walking alone on campus. The Safety Escort is not intended to replace existing transportation services such as the Campus Shuttles, for inclement weather or to discourage individuals from walking in groups, but a safety option for those that have a genuine concern for their personal safety.

**For a Safety Escort call 713-795-0000**

## IV. BCM Teacher-Learner Compact

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

### 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.

### **As a teacher, I pledge to:**

- **Maintain** currency in my professional knowledge and skills
- **Ensure** excellence of the educational curriculum
- **Be a Model** of professionalism in all of my interactions with faculty, learners, patients, colleagues, and staff
- **Respect** all faculty, learners, patients, colleagues, and staff as individuals, without regard to gender, age, race, national origin, religion, or sexual orientation ; and oppose observed disrespect or bias
- **Nurture** learner commitment to achieve personal, family, and professional balance
- **Recognize** and acknowledge expressions of professional attitudes and behaviors as well as the achievement of quantifiable academic excellence
- **Respond** vigorously to unprofessional behavior and indications of abuse or exploitation of faculty, learners, patients, colleagues, or staff
- **Create** a safe environment in which faculty, learners, and staff can communicate any concern about breaches of this compact
- **Accept responsibility** for instilling these attributes in learners and faculty for whom I have responsibility

### **As a learner, I pledge to:**

- **Acquire** the knowledge, skills, attitudes, and behaviors necessary to fulfill all established educational objectives
- **Embody** the professional virtues of integrity, empathy, altruism, compassion, respect, honesty, courage, and trustworthiness
- **Respect** as individuals, without regard to gender, race, national origin, religion, or sexual orientation, all patients, peers, faculty and staff
- **Uphold** the highest professional standards and conduct myself accordingly in all interactions with patients, peers, faculty and staff
- **Assist** my fellow learners in meeting their professional obligations, while fulfilling my own obligations as a professional
- **Help** create a safe environment in which faculty, learners, and staff can communicate any concern about breaches of this compact

## **V. BCM Core Competencies and Graduation Goals (CCGG)**

### **Educational Program Objectives:**

#### **1. Professionalism**

**Each student graduating from BCM will:**

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

## **2. Medical knowledge**

**Each student graduating from BCM will:**

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

## **3. Patient care**

**Each student graduating from BCM will:**

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

## **4. Interpersonal and communication skills**

**Each student graduating from BCM will:**

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

## **5. Practice-based learning and improvement**

**Each student graduating from BCM will:**

- 5.1. Identify personal strengths and deficiencies in one's knowledge, skills, and attitudes to integrate feedback and set personal improvement goals
- 5.2. Use and manage technology to access medical information resources to expand personal

knowledge and make effective decisions

- 5.3. Apply principles and practices of evidence-based medicine (EBM) in making decisions about prevention, diagnosis, and treatment of disease

## 6. Systems-based practice

**Each student graduating from BCM will:**

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

## 7. Leadership

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

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

# VI. Clerkship Objectives Mapped to BCM CCGG

Medical Program Objective(s)	Related Clerkship Objective	Mode of Teaching	Mode of Assessment	
			Formative	Summative
Patient Care 3.1, 3.2	Demonstrate important aspects of patient care provided by psychiatrists to patients, including developing and implementing patient evaluation and management plans.	Clinical Experiences  Didactics	Faculty Feedback	Clinical Evaluations  Standardized Patient Exam  NBME Exam
Medical Knowledge 2.1  Patient Care 3.3, 3.7	Develop a differential diagnosis and identify the most likely diagnosis for patients based on history, mental status, and laboratory findings.	Clinical Experiences  Didactics	Faculty Feedback	Clinical Evaluations  Standardized Patient Exam  NBME Exam
Interpersonal and Communication Skills 4.1, 4.3	Develop effective communication skills for personal interaction and documentation of patient care.	Clinical Experiences  Didactics	Faculty Feedback	Clinical Evaluations  Standardized Patient Exam

Professionalism 1.2, 1.5, 1.7	Employ honesty, integrity, and respect in all interactions and demonstrate a commitment to carrying out professional responsibilities and sensitivity to a diverse patient population.	Clinical Experiences  Didactics	Faculty Feedback	Clinical Evaluations  Standardized Patient Exam  Professionalism Rubric
Professionalism 1.3, 1.4	Demonstrate caring, compassion and empathy in patient interactions and advocate for the needs and well-being of patients, colleagues and self.	Clinical Experiences	Faculty Feedback	Clinical Evaluations  Standardized Patient Exam  Professionalism Rubric
Professionalism 1.1, 1.6, 1.8	Fulfill professional responsibilities as a learner, colleague and member of the health care team, including adherence to ethical principles and patient confidentiality rules	Clinical Experiences	Faculty Feedback	Clinical Evaluations  Professionalism Rubric
Patient Care 3.9  Practice Based Improvement 5.3	Apply an evidenced based approach, when possible, to managing common psychiatric problems.	Clinical Experiences  Didactics	Faculty Feedback	Clinical Evaluations  Standardized Patient Exam  NBME Exam
Systems Based Practice 6.2	Demonstrate understanding of the role and identity of a psychiatrist in today's healthcare system.	Clinical Experiences	Faculty Feedback	Clinical Evaluations
Patient Care 3.5, 3.8	Perform and interpret the components of a complete or focused history and mental status exam for a psychiatric patient.	Clinical Experiences  Didactics	Faculty Feedback	Clinical Evaluations  Standardized Patient Exam  NBME Exam

## VII. You Said, We Did

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

Evaluation Year	YOU SAID:	WE DID:
2018-2019	Students would like more transparency in grading process	We have established a grading committee to review grades prior to grade submission. We have established standardized grading procedures across clerkships.
2018-2019	There are too many traditional style lectures in didactic series and students would prefer more independent learning plus interactive sessions	We have moved all traditional lectures online for independent study and kept only the most highly reviewed interactive sessions as required in-person sessions.
2018-2019	"The clerkship is too long"	The new clerkship was converted to 4-week rotation
2018-2019	"Also, lectures are too long and too many and several were overlapping lectures on the same contents or very similar content"	Our traditional lectures were uploaded in blackboard as reference. We will have less didactic time, but they will be highly interactive with case discussion relevant to clinical practice.
2019-2020	Students would like more time at outpatient settings	The rotation was re-designed to spend comparable time during inpatient and outpatient settings.
2020-2021	Students asked for more guidance to prepare for SP Exam	We have included CPX Q&A session to help students prepare for the exam
2020-2021	"I would have liked rotating through a different setting on order to get the experience of both inpatient and outpatient psychiatry"	All students will have 2 weeks of inpatient experience and 2 weeks of ambulatory experience considering students' preferences and availability of spots
2020-2021	"Limited patient load and learning opportunities in some inpatient sites"	Those inpatient sites with lower census than usual will host less students until census returns to normal
2020-2021	"The less telehealth and the more in person patient encounter we can have as learners, the better for our education"	All inpatient experiences are in-person. Those students who are assigned to BT ER will have in-person experiences. Some clinics have resumed a hybrid model with telehealth and in-person encounters.

## VIII. Student Roles, Responsibilities and Activities

### General

1) **Required Sessions** (*orientations and didactics will be conducted remotely via Zoom, another BCM approved software and/or blackboard pre-recorded lectures*):

- i) **Orientation** : General Clerkship Orientation will be held on the first day of the Clerkship unless prior arrangements are made before the clerkship start date. Time and place for each hospital or ambulatory orientation will be communicated to students via e-mail.



- ii) **Thursday afternoon:** Some students are expected to attend central BCM activities on Thursday afternoon. Students are expected to return to their clinical duties afterwards unless otherwise discussed with their teams. Students should discuss with their teams about specific instructions regarding patient care during off site time.

iii) **Core Psychiatry Conferences/Lectures/Didactics:**

- (a) **Core Psychiatry Didactic Series** are held on Wednesday afternoons (starts at 1PM). **Attendance to each session is MANDATORY** to respect the time of our educators. **Missing any required didactic session without prior approval from Clerkship Director(s) will result in discussion regarding professionalism issues and possible remediation. If there are additional professionalism concerns, a discussion with UEC (Department's Undergraduate Education Committee) may be warranted which can result in a decision to drop student's overall grade by one letter (e.g., Pass to Marginal Pass) or failure of rotation.** Information for the session will be published on the Blackboard academic website. *Students should join live stream sessions before the lecture starts out of courtesy for our presenters. Attendance will be checked so please join using your name via computer (no phone calls) if session is streamed live. If session is pre-recorded, your submission of post presentation questionnaire will be used as proof of attendance.*
- (b) **Optional Session:** CPX Q&A. You may access the ppt file used during CPX Q&A session via Blackboard.
- (c) **Site Lecture Series:** Each hospital and the ambulatory sites may have site lectures that students are expected to attend ***remotely or in person following safety guidelines in place***. These sessions will be communicated to the students by the Site Coordinators/Directors.
- (d) **BCM Psychiatry Grand Rounds (\*Only held from September through May):** Students will attend ***via Zoom*** and sign in via automated telephone/text system for BCM Psychiatry Grand Rounds, which is held every Wednesday at 11:30 AM. Remember, if you have not set up a new profile with the Division of Continuing Professional Development (DCPD), please do so (this is how we track attendance).

iv) **Midterm Feedback (MTF):**

MTF is a mandatory activity designed as a "checkpoint" in order to review a student's progress towards completion of course requirements. Items to be reviewed during this session include the following: Direct Observation form(s), Clinical Experiences Log, Evaluations (if available) and Feedback (to date), Student Goals and Plans for improvement and/or remediation. MTF is NOT a predictor of your final grade. A student may meet the criteria for a failing grade **at any time** during the clerkship based on professionalism or clinical performance, including **after** MTF. Students will be required to update the Clinical Experiences Log (approximately halfway through of cases is expected), launch and ask the educator to complete the Direct Observation Form(s) in E-Value prior to attending the MTF session if possible.

v) **Addiction Medicine/Substance Use Disorder Clinic (SUD Clinic-BEAMS Project) Half-Day:**

SUD Clinic is a **mandatory** clinical experience scheduled for one half day during the 4-weeks rotation. Students will spend the half day working with addiction specialist faculty at the Ben Taub, VA or Santa Maria Hostel, and will receive formative feedback from the faculty. This section of the rotation is part of grant based BCM initiative (BEAMS: Buprenorphine Education among Medical Students).

2) **Evaluations (E-Value):** These are completed by Attendings/Residents/Fellows. A sample evaluation is located in a section below.

- a) Students will be **assigned** to evaluate and be evaluated (via E-Value) by Attending(s) **on their inpatient site and ambulatory site. Students must launch E-value evaluation forms to these educators. Ben Taub ER assignment will not specify mandatory evaluators due to faculty schedule variability so please launch WDYWW evaluation(s) to the faculty/trainee of your choice based on your actual working schedule.**
- b) **Additional** evaluations may be launched by the student or faculty/resident/fellow.



c) No paper-based evaluations will be accepted.

3) **Required Documentation:** The Psychiatry Clerkship requires completion of the Clinical Experiences Log Form and Direct Observation Form(s). *These forms must be submitted to us by the last Friday of the rotation.* These forms are required in full, or student is at risk of receiving an **Incomplete** for the rotation.

- a) **Clinical Experiences:** Case Logging is an essential task during the clerkship. The list of required diagnoses and procedures is the minimum requirement the Clerkship Director(s) and Curriculum Committee has designated as what every student should see and/or do during the course of the rotation regardless of assigned clinical sites. These logs will be reviewed with student during Formal Midterm Feedback session. *If students are not able to see the required cases by the last Thursday before the end of rotation, they must notify the Directors as soon as possible so Alternative Clinical Experiences can be approved.* Students can refer to School Policy on Clinical Logging for further details on grading policy. By the last day of the clerkship, a complete Clinical Experiences Log is required.
- b) **Student Progress Notes/Write-Ups:** Students are responsible for writing up initial evaluations and follow up notes to go over with their Attending(s) during the rotation. *2 notes must be logged in E-value as a requirement for the completion of the rotation.* It will be students' responsibility to show them the work and proactively ask for feedback. Students will be evaluated on note-writing skills by Educator(s) on E-Value. Students should ask Attending(s) or Trainee(s) about the format they prefer for notes. We encourage students to work on the Bio-Psycho-Social formulation in write-ups, but we defer to their Educators about the formats they prefer.
- c) **Direct Observations :** Students are required to have at least *1 Attending per 4-week rotation* observe him/her doing a **complete** history and mental status exam (*at least one form with history and mental status exam or two partial forms with separate history or mental status exam*). We have a standardized form that other core clerkships have been utilizing as well to capture the observing Attending's' feedback and confirmation for the encounter. These forms can be launched by the student on E-Value to their respective Attending. We are unable to give a final grade until all forms are completed, including these Direct Observation Forms. Students should let us know early if they are tracking far behind on these requirements so we can find ways of completing the goals.

#### 4) Feedback:

- a) **E-Value Evaluations:** Students will be able to actively review their evaluations as they are filled out by Attendings/Residents/Fellows. **Note:** Mandatory evaluators are not required to fill out E-Value until the end of the rotation so students may not have access to their evaluations until they have been submitted.
- b) **Midterm Feedback (MTF):** This is the feedback session that **every student will do with the clerkship leadership** during the midpoint of the rotation. This is a good place to discuss overall goal achievements and progress on meeting the clerkship requirements.
- c) **Formative Feedback:** Students are required to obtain feedback on their performance during the rotation. Students must approach their evaluators to remind them. In order to get meaningful feedback, we advise to ask direct and specific questions about the performance (e.g., review notes, ask them to watch doing a part of the history or mental status exam and ask for direct feedback, ask how organized oral presentations are during rounds).

#### 5) Other:

- a) **Work:** *The workday on the Psychiatry Clerkship is generally 8:00 AM to 5:00 PM except for those students assigned to Ben Taub ER or alternative ambulatory/inpatient hours. Our clerkship is designed to fully adhere with BCM duty hours policy.* Some clinical assignments work longer hours than others. If there is a concern, students should address this with the Attending(s). Students will find the faculty to be flexible and understanding. Students should plan to be readily available by phone/pager during working hours. There is a social contract: you can learn from a patient if you are functioning as a member of the team; working for the patient—not just observing. Finally, we take your concerns seriously! If you have any concerns about patient care, team dynamics, any other issues that weigh on your mind, please do not hesitate to contact the unit chiefs or clerkship directors to help advocate for your point of view!
- b) **Liability/Documentation:** All patients seen by students must be also seen by Resident, Fellow or Attending. All of encounter notes, if entered into the EMR, must be co-signed by Resident, Fellow or Attending.

- c) **Dress Code (during COVID contingency plan):** *It is recommended that students wear scrubs while on clinical rotations. If scrubs are not available, students should wear clothing that is easily laundered. Students should follow the protocols for appropriate attire as per each clinical affiliate. Students should wear closed toed shoes as they are required by the VA*
- d) **Credentialing/Computer Training/Badging:**
- 1) **Importance of Credentialing Procedures:** Failure to follow through with credentialing instructions on time is a professionalism concern. If we learn that credentialing is not completed in a timely manner and it was due to your lack of follow-through with instructions, we will not be able to reassign you to another site. This means you may not have access to patient records and your ability to engage with patient care will be limited. Less engagement with patient care as well as professionalism concerns may in turn affect your clerkship grade.
  - 2) **VA Badging/Computer Access:** VA access is an extensive process. All student components must be completed **prior** to the first day of the block. Otherwise, students will jeopardize the ability to rotate at the VA and possibly the ability to complete the rotation.
    - i. **VA Badge:** The PIV badge is a recognized governmental form of ID. It's like a driver's license or passport. Therefore losing it is something to report and rectify immediately. The badging process takes months and is why it is initiated during MS 1 year. If a student does not have a badge, he/she should contact Dr. Han, Dr. Williams, Ms. Platt and VA Site Director Dr. Asghar-Ali ([asgharal@bcm.edu](mailto:asgharal@bcm.edu)) immediately. Student should also contact our BCM contact person, Ms. Dianne Ohnstad ([dianne.ohnstad@bcm.edu](mailto:dianne.ohnstad@bcm.edu)), as well. **The badge and credentialing process are required prior to the VA rotation.**
    - ii. **Computer access/training:** Computer access from the VA will be requested in advance of the rotation and is often dependent on student maintaining yearly HIPAA training at the VA through their online training system called TMS (email notification will be sent to students to renew this training). On the first day of your rotation, students will receive training on the VA computer system called CPRS. For issues regarding computer access, students should contact Ms. Tameka Howard ([Tameka.Howard@va.gov](mailto:Tameka.Howard@va.gov)) or Dr. Uma Ayyala ([Uma.Ayyala@va.gov](mailto:Uma.Ayyala@va.gov)). For issues regarding TMS training, students should contact Ms. Valerie Williams ([WILLIAMS.VALERIE@va.gov](mailto:WILLIAMS.VALERIE@va.gov)).
  - 3) **Methodist Badging/Computer Access:** Methodist access is an extensive process. All student components must be completed **prior** to the first day of the block. Otherwise, students will jeopardize the ability to rotate at Methodist and possibly the ability to complete the rotation.
    - i. For any Methodist credentialing issues, students should contact Ms. Ramona Abrego ([rabrego@houstonmethodist.org](mailto:rabrego@houstonmethodist.org)), including approving all necessary paperwork submitted in MERLIN system, submitting paperwork to EPIC team for access, establishing provision access, completing Laborworkx and Time ID.
    - ii. After above has been completed, for all other troubleshooting regarding password/EPIC access, students should contact IT department at (832)667-5600
- e) **Student Commitments:** Students are expected to be available for patient care per schedule. If a student must be absent from the rotation for any reason, he/she must contact the team, the Attending, and inform the Clerkship Director(s)/Coordinator(s). **Any unexcused absence will be considered a breach of professionalism and it can result in remediation and dropping grades including risk of failing the rotation. Please refer to Policies section for Absence Policy.**
- f) **Announcements:** Students should pay attention to their BCM email account as we will email updates and announcements. In addition, students should make use of our BCM sponsored Blackboard website. Students are all entered into the system's user database. Students must self-enroll in the Psychiatry Core Clerkship Course in order to view materials. If a student has any difficulties with login or password, he/she should contact William McKinney ([wwwmckinn@bcm.edu](mailto:wwwmckinn@bcm.edu)) in the Undergraduate Medical Education office.

## Clinical Log Requirements

Students should participate in the care of a patient with each of the following diagnoses and upon completion have an Attending or Resident sign below for the following level of responsibility:

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

**Examples:** student performs a history/exam, develops the differential diagnosis and treatment plan on a patient with MDD

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

**Examples:** student participates as a team member in developing a differential diagnosis or management plan for a patient with MDD

You may use one patient for more than one category but please only use it for the category if that specific diagnosis was discussed and addressed during your care of the patient.

Clinical Experiences Log	
Mood Disorders (1 case Ambulatory P)	Including, but not limited to Major Depressive Disorder, Bipolar I or II Disorders, Persistent Depressive Disorder, Cyclothymic Disorder, Other Specified/Unspecified Depressive/Bipolar and Related Disorders
Thought Disorder (1 case Inpatient P)	Including, but not limited to Schizophrenia, Schizoaffective Disorder; Schizophreniform Disorder, Delusional Disorder, Brief Psychotic Disorder; Other Specified/Unspecified Schizophrenia Spectrum and Other Psychotic Disorders
Anxiety Disorder (1 case Ambulatory P)	Including, but not limited to Generalized Anxiety Disorder, Panic Disorder, Post-Traumatic Stress Disorder; Social Anxiety Disorder, Other Specified/Unspecified Anxiety/Trauma and Stress/Obsessive-Compulsive and Related Disorders
Substance Related Disorder (1 case Inpatient A)	Including, but not limited to a diagnosis of withdrawal, intoxication or Substance Use Disorder
Personality Traits (1 case Ambulatory A)	Traits of any Cluster A, B or C Personality Disorder
Cognitive Disorder (1 case Inpatient A)	Including, but not limited to Delirium, Neurocognitive Disorders, Intellectual Disability
Additional Clerkship Activities to be Logged	
2 Patient SOAP notes submitted to faculty (Inpatient or Outpatient)	May be a follow-up or initial evaluation note. Please do not include any identifying information (i.e. Names, DOB, etc.)
Biopsychosocial Formulation (Inpatient or Outpatient)	Written formulation of patient organized in biological, psychological, sociological sections.
Evidence-based Medicine Presentation/Discussion/Written Report (Inpatient or Outpatient)	May be done verbally or in electronic format. May be done formally or informally. Examples may include but are not limited to: PowerPoint presentation, brief verbal discussion of literature findings applicable to a patient's care, a written summary of literature findings applicable to a patient's care that is included as part of a patient note.
1 Direct Observation of Patient Interview by Faculty (History portion) (Inpatient or Outpatient)	History portion of the psychiatric interview observed by faculty member. May be done piecemeal over multiple sessions.
1 Direct Observation of Patient Interview by Faculty (Mental Status Exam portion) (Inpatient or Outpatient)	Mental Status Exam portion of the psychiatric interview observed by faculty member.

ER setting counts as Ambulatory experience. **\*\*If student encounters any difficulty in completing these experiences, he/she should e-mail the Clerkship Director(s) who will facilitate the encounter with a patient, simulated case or other alternative experience.\*\***

## IX. Schedules

### Clinical Schedules

Clinical schedules will be sent via e-mail by our clerkship office. Students will be informed of any schedule adjustments via e-mail.

*\*The SUD Clinic (BEAMS) schedule will be sent separately by the grant coordinator. It will be a 4 hour/rotation experience (Students who are on the BPC/VA hybrid rotation will not be on the BEAMS schedule since they are already assigned to Dr. Fermo who is the Medical Director of the Opioid Treatment Program at the VA).*

### Didactic Schedules

Didactic schedules will be e-mailed to students in advance before the start of the rotation. Students will be notified of any changes to the schedule via e-mail.

## X. Grades

### Psychiatry Clerkship Grading Rubric

Requirements	% of Final Grade	Minimum Score to Pass
NBME Subject Exam	25	≥5th percentile as defined by NBME
SPE	15	See “SP Cut Scores, Review, Regrade and Remediation” Section
Clinical Evaluations*	55	Mean evaluation ≥ (class mean - 2 standard deviations)
Professionalism	5	Professionalism breaches may warrant a FAILURE independent of total points

*\*27.5% from inpatient and 27.5% from ambulatory*

### Professionalism Rubric

Full points on professionalism items on <b>clinical assessment form</b>	<b>1 Point</b>
Completion of all <b>E*Value Case Logging</b> by the last Wednesday of the term or documented email to clerkship leadership with explanation of delinquency	<b>1 Point</b>
No reported breach of <b>timely professional communication</b> (i.e. timely response to clerkship leadership, and timely launching of E*Value WDYWW forms and Direct Observation forms)	<b>1 Point</b>
Full adherence to the <b>attendance policy</b>	<b>1 Point</b>
No additional reported concerns in <b>professional interactions with peers, patients, staff, and educators</b> (outside of the clinical assessment form)	<b>1 Point</b>

- ❖ *Severe cases of professionalism concerns will be considered separately and may result in a failing grade*
- ❖ *Ethicspoint report may be made in addition to points deducted depending on nature of behavior*
- ❖ *Students who have deficiencies in professionalism will not be eligible for clerkship-specific awards*

Grade	Description	
<b>Honors (H)</b>	Exceptional performance in all areas	
<b>High Pass (HP)</b>	Performance clearly exceeds the Pass requirements but does not reach Honors level	
<b>Pass (P)</b>	Good overall performance in most areas	
<b>Marginal Pass (MP)</b>	Performance meets the minimum rotation requirements	
<b>Incomplete (I)</b>	<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.	
<b>Deferred (D)</b>	<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. For example, failing a Standardized Patient examination encounter or the National Board of Medical Examiners Examination will result in a Deferred grade. The student will be given an opportunity to take the failed element a second time. If a passing score is obtained on the second attempt, the student will be issued a final course grade. However, <i>the highest final course grade that can be received in this situation is a Pass.</i>	
<b>Fail (F)</b>	<p>Earning a failure in the clerkship by any of the following manners will require the student to repeat the course in its entirety:</p> <ol style="list-style-type: none"> <li>1. Clinical performance alone, regardless of test scores, that is 2 SD below the mean will be reviewed and may result in failure.</li> <li>2. Lapses or issues with professionalism alone, after confirmation by due process, independent of clinical performance.</li> <li>3. Failing 2 or more graded components on the clerkship (i.e.: the NBME and SP exam)</li> <li>4. Overall performance on the clerkship that is 2 SD below the mean will be reviewed and may result in failure.</li> <li>5. Failing only the SP or NBME Exam:</li> </ol> <p><b>a) 1st Failure:</b> Failing the SP exam or the NBME will result in a <b>Deferred</b> 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 <b>Pass</b>.</p> <p><b>b) 2nd Failure:</b> A second Fail of the SP exam or the NBME will require the student to repeat the course in its entirety. An <b>F</b> will appear on the transcript and the highest grade that can be received upon repeat of the course is a <b>Pass</b>.</p> <p><b>c) 3rd Failure:</b> On repeat of the course, students who fail any SP or NBME examination on the overall third attempt will fail the course for a second time and be referred to the Student Promotions Committee for adjudication.</p> <p><i>A Fail will result in repeating the course in its entirety. An F will appear on the transcript and the highest grade that can be received is a Pass.</i></p>	

- **Faculty and house staff evaluations (residents, fellows) are weighted equally**
- If a student wants a **grade breakdown** after grades are posted, he/she can contact the Clerkship Coordinator or complete and submit the “How may we help” form (<https://media.bcm.edu/documents/2017/65/how-may-we-help-you.pdf>) to the Registrar ([registrar@bcm.edu](mailto:registrar@bcm.edu)).

## 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.
    - 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)
    - Z-score adjustments (i.e., adjustment of scores based on historical grading patterns for each educator)
    - Dropping "outlier" evaluations (i.e., if an evaluation is 2 SDs below the mean, the evaluation is dropped, AND the highest evaluation is also dropped) [only possible for clerkships with 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).



## 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 on the main BCM campus.** Students must arrive 30 min before the examination; late arrival or failure to show up for the examination may require students to reschedule the examination (including the associated costs) and/or a reduction in their overall letter grade for the clerkship.

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

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

Exam Components	Description	Time Allotted
Patient Info Door Note	You will have two minutes to review the patient's presenting information.	2 minutes
History	You will obtain a complete <b>history and a mental status exam (MSE)</b> . As a courtesy, a chime will sound when 5 minutes remain for the encounter.	30 minutes
Post Encounter Note (PEN)	You will exit the room and complete your PEN on the computer outside the room. You will <i>not</i> receive a notification about the time remaining.	15 minutes
Counseling Session	You will re-enter the exam room to discuss/explain the diagnosis and treatment plan with the patient. As a courtesy, a verbal announcement will play when 2 minutes remain for the encounter.	8 minutes

### **Communication Evaluation:**

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

### How to prepare:

- Please review materials from the History Taking/Mental Status Exam Lectures given at orientation to prepare and practice during the rotation. You may access the content via Blackboard (Orientation Day Lectures folder). Information is also provided at the CPX Q&A session.
- Please review materials from the Simulation Learning Center link on Blackboard to prepare.

### SP Scheduling and Exam Questions or Concerns:

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

### SP Cut Scores, Review, Regrade and Remediation

	Hx	MP	COMM	PEN	Overall
Psychiatry	75%	71%	80%	50%	70%

- Information about SP examinations for clerkships is available on the course Blackboard page (see The Simulation Learning Center page on BB\* may be listed as SP Program). This Blackboard page is managed by the Simulation Learning Center. It provides general information regarding SP examinations, including the Physical Exam and Communication Standards as well as Simulation Learning Center policies (such as the Late/Cancellation policy). Students are responsible for reviewing and adhering to these policies.
- As per the Exam Absence policy (<https://www.bcm.edu/education/school-of-medicine/m-d-program/student-handbook/m-d-program-curriculum/examinations>), students are required to sit for examinations as scheduled. ***Unauthorized absences will result in a grade of Fail for the examination.***
- Following the SP examination, requests for SP examination review (without rescoring) can be made at any time. See REVIEW OF SP ENCOUNTER VIDEO guideline for more details.
- Requests for SP examination regrade (i.e., rescoring) must be made within 10 calendar days of receiving the score report, resulting in a grade increase or decrease depending on the re-evaluation. See CLINICAL PERFORMANCE EXAM RESCORING guideline for more details. Please note that a request for SP examination regrade is not equal to an official grievance or grade appeal for the course; see the POLICIES section of this document for more information regarding the Student Appeals and Grievances Policy (23.1.08).
- **SP examination failures:** All videos of failing student encounters are reviewed by an SP Educator to confirm scoring accuracy before releasing of the score report. Students who are required to remediate the SP examination should contact their Clerkship Director and Student Affairs to initiate the retake of the SP examination. See CLINICAL PERFORMANCE EXAM FAILURE guideline for more details. Students are required to sit for the remedial SP examination within six months of the original test date.
- If you are a returning dual-degree program student or have been on leave of absence, please contact the Standardized Patient program [spprogram@bcm.edu](mailto:spprogram@bcm.edu) to be reoriented to their procedures and ensure that your log in information is correct.



***SP examination failure may be earned by:***

- *Failure of overall SP exam score*

**REMEDIATION / RETAKES:**

- *1 or 2 domain failure(s): -Student may review own video*
- *Overall exam failure: -Student must review own video and must retake the exam as per SP Exam Failure Process on Blackboard*

## NBME

- Students are required to take and pass the NBME shelf exam in Psychiatry given at the end of the rotation. A passing score as determined by Baylor College of Medicine is the 5<sup>th</sup> percentile nationally. This score does vary according to each cohort's NBME data. **The exam counts for 25% of student's overall grade.** Please refer to "Grades" Section above regarding failure related procedures.
- The NBME scheduling will be managed by the Division of Evaluation, Assessment and Research Office.
- Failure to show up for the exam will require student to be referred to Student Affairs to help determine if absence is considered authorized or not. An unauthorized absence for this exam, will be counted as a FAILURE for the exam (<https://www.bcm.edu/education/school-of-medicine/m-d-program/student-handbook/m-d-program-curriculum/examinations>)
- Students who are required to remediate the NBME examination should contact Yvette Pinales ([Yvette.Pinales@bcm.edu](mailto:Yvette.Pinales@bcm.edu)); Shaun Roberson ([Gician.Roberson@bcm.edu](mailto:Gician.Roberson@bcm.edu)) and Dr. Phuong Huynh at [phuong.huynh@bcm.edu](mailto:phuong.huynh@bcm.edu) to arrange a retake of the NBME or if you have any other questions.

## Grade Verification

Due process involves providing students with a clear description of course expectations, including grading requirements, as well as behavioral and professionalism guidelines. Students may have questions about their final grade or the grading process. If students want to verify their final grade, they are first encouraged to meet with the course/clerkship directors informally to discuss those questions. After grade verification and discussion, the student may choose to proceed with a formal grade appeal if they believe they have received a grade unjustly. Grievances are not the same as disagreements. A student cannot file a grievance merely because s/he disagrees with the grade. A student can file a grievance if they believe the grade was unfair, for example, if it is felt to be an act of discrimination.

## Grade Appeal

[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)

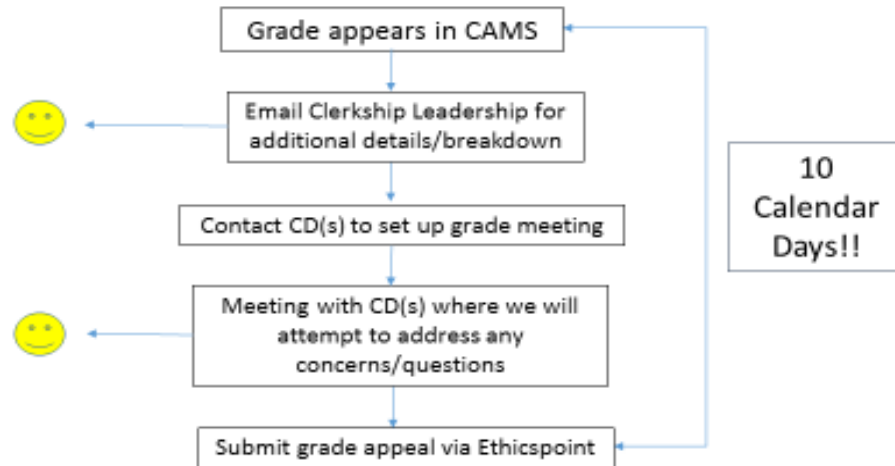
1. Students must file an Appeal through the Integrity Hotline within 10 calendar days of the grade's posting in the student portal. All students receive grade notification electronically.
2. The Associate Dean/Program Director or Designee consults the Course or Clerkship Director concerning the contested grade within 15 calendar days after the appeal is filed and communicates the findings to the student in writing. Exceptions to this time frame may be authorized by the Provost or Designee.
3. If dissatisfied with the initial determination, the student must request escalation of the Appeal in writing within 7 calendar days to the Dean of School or Designee. The Dean of School or Designee reviews the determination and makes the decision within 15 calendar days.
4. If a student elects to Appeal the decision of the Dean or Designee, the student must file contest in writing within 7 calendar days to the Office of the Provost. The Associate Provost of Student Services or Designee will convene a 7-member ad hoc Subcommittee of the Student Appeals & Grievances Committee to review the final Appeal, within 15

calendar days. The ad hoc Appeal Subcommittee will review the Appeal, conduct an independent review, and provide a recommendation to the Provost or Designee within 20 calendar days. Exceptions to this time frame may be authorized by the Provost or Designee.

5. The Provost or Designee determines and distributes the final Appeal decision in writing to the student and the Dean of School or Designee within 10 calendar days.

## School Wide Policies

### Grade verification Process



## XI. Evaluation Forms (E-Value)

- **Mandatory evaluations**
  - Students **must** launch E-value evaluation form(s) to the specific faculty they are assigned to on the clinical assignment sheet (except Ben Taub ER as explained above)
- **Additional evaluations**
  - Students **may** launch additional E-value evaluation forms to another non-assigned residents/fellows/faculty
  - You must select all evaluators by the end of the rotation.
- **Ad hoc evaluations**
  - Faculty, fellows, and residents **may** select to evaluate students and launch E-value evaluation forms
- **Please avoid requesting evaluations from people with whom you have a preexisting relationship that may influence their ability to evaluate you impartially**
- The way an evaluation is launched will not have any determination on weighting of that evaluation
- ***Non-mandatory evaluations submitted  $\geq 1$  week after the last day of the rotation will not be considered in the student's grade***
- We will not be responsible for ensuring that non-mandatory evaluations are completed in time to be considered in the student's grade

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

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

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

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

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

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

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

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

**COMP1: Rate this student's knowledge of diagnostic criteria for common psychiatric diagnosis**

Cannot Assess	Little Knowledge	Some Knowledge	Mostly Complete Knowledge Base	Good Level of Knowledge	Superb Level of Knowledge
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Cannot Assess	Little Knowledge	Some Knowledge	Mostly Complete Knowledge Base	Good Level of Knowledge	Superb Level of Knowledge
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Cannot Assess	Little Knowledge	Some Knowledge	Mostly Complete Knowledge Base	Good Level of Knowledge	Superb Level of Knowledge
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**COMP4: Rate this student's ability to elicit a complete psychiatric 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	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**COMP5: Rate this student's ability to perform a complete mental status 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	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Cannot Assess	Significant gaps in ability	Limited ability	Some ability	Good ability	Superb ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**COMP7: Rate this student's ability to identify significant findings in the history and mental status exam, and to formulate a differential diagnosis and assess the patient's risk of danger.**

Cannot Assess	Significant gaps in ability	Limited ability	Some ability	Good ability	Superb ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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/ other	Effective w/ some patients from diverse groups
	Effective w/ most patients from diverse groups		Effective w/ all patients, no matter the patient's background
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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		
	<input type="radio"/>	<input type="radio"/>

**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		
	<input type="radio"/>	<input type="radio"/>

## XII. Recommended Texts/Videos/Resources

1. Stahl's Essential Psychopharmacology: Neuroscientific Basis and Practical Applications (latest edition)
2. Kaplan & Sadock's Pocket Handbook for Clinical Psychiatry (latest edition)
3. Introductory Textbook of Psychiatry by Black and Andreason (latest edition)
4. Any USMLE/NBME style question book
5. Uploaded Lectures on Blackboard

## XIII. Policies

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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**Notice of Nondiscrimination:**

**Statement of Student Rights:**

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

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

Academic Workload in the Foundational Sciences Curriculum (Policy 28.1.09):  
[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=28.1.09](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	EPA 5: Document a Clinical Encounter in the Patient Record
4.1	ICS1	
3.10, 4.4	ICS5	
6.2, 3.5	SBP1	

3.7	PC4	
3.2	PC6	
4.3	ICS2	
3.5, 3.7, 3.8	PC2	EPA 6: Provide an Oral Presentation of a Clinical Encounter
5.1	PBLI1	
7.2	PPD4	
1.2	P1	
4.3	ICS2	
3.2	PC6	
4.1	ICS1	
4.2	PPD7	
1.2,1.8	P3	
1.2	P1	

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



7.1	ICS3	
1.2, 1.8	P3	
6.2	PC8	
7.2	PBLI5	

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

CCGG	PCRS	EPA
3.2, 3.4	PC6	EPA 11: Obtain Informed Consent for Tests and/or Resources
2.1	KP3	

2.2	KP4	
5.2	KP5	
1.1, 1.8	P6	
4.1	PC7	
4.1	ICS1	
1.4, 4.1	ICS7	
3.9	PC5	
1.3	PPD1	
4.2	PPD7	
5.1	PPD8	
3.1	PC1	EPA 12: Perform General Procedures of a Physician
4.1	PC7	
7.1, 7.3	ICS6	
1.1, 1.8	P6	
1.3	PPD1	
4.2	PPD7	

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

## Absences and Tardiness

### Handling of Student Absences in Light of COVID-19:

- Student absences related to COVID-19 (infection or exposure requiring isolation or quarantine) will be excused.
- Students must complete all course requirements in order to successfully pass the course.
- Students will receive an incomplete if course requirements remain pending at the end of the rotation (example: direct observations; required clinical experiences)
- Students who do not attend / participate in 50% or more of the clinical rotation will be required to participate in additional clinical shift(s) per the discretion of the CD in order for the student to meet course requirements, with consideration of the students' other schedule requirements / conflicts

- Regular attendance and participation in every aspect of the rotation is required. Advance notice of any planned absences must be directed to the clerkship office before the beginning of the rotation.
- Excused and Unexcused absences are defined in the handbook: <https://www.bcm.edu/education/schools/medical-school/student-affairs/student-handbook/policies-guidelines/attendance-and-participation>
- If a student must miss any part of the rotation, they should notify the Clerkship Office immediately. A message left on voice mail or sent via email is acceptable.
- It is the student's responsibility to inform their upper-level resident and preceptor of any absences – planned or otherwise. **Failure to communicate with the Clerkship Office and preceptor about an absence will result in the absence being considered unexcused and is grounds for failure.**
- *If a student misses > 4 days of the Clerkship for any reason, she/he will receive an Incomplete grade and will be required to repeat part or all of the rotation. Such arrangements will be made after discussion with the Clerkship Director.*

### Clinical Rotation Absence Policy (Clerkships, Sub-Internships, Selectives, and Electives)

**An excused absence** is one in which the student has a legitimate reason for being absent and he/she obtains appropriate permission, **in advance**, from the course director for the days in question.

- Students must inform the course coordinator, the course director, and the appropriate attending physician or chief resident on the team to which they are assigned for any scheduled absences and any absence arising from an emergency situation unless physically unable to communicate. **Failure to communicate an absence as directed may be considered an unexcused absence and may be grounds for failure of the rotation.**
- Reasons for excused absenteeism may include:
  - Medical illness experienced by the student (**physician note required on the 3<sup>rd</sup> day of illness**)
  - Personal crisis (e.g., death or illness of immediate family member)
  - Child birth (maternity and paternity policy of the College takes precedence)
  - Presentation at professional meetings (**up to two days with attendance up to department's discretion**)
  - Residency Interviews
  - USMLE Exams / Completion and/or remediation of exams required by BCM
- Absences NOT covered by the categories above (such as attending a wedding or graduation of a friend or family member) may or may not be granted following review by the Clerkship Director(s).

**An unexcused absence** is any absence in which the student fails to gain prior permission or falls outside of the guidelines outlined above for excused absences. **Unexcused absences are grounds for failure of a clinical rotation and should be reported to the Dean of Student Affairs.**

**NOTE:** Frequent absences, regardless of the reason, may be used as one component in calculating a student's overall grade, and may result in grades of Marginal Pass or Fail. Misrepresenting absences or absence requests is a breach of professionalism and is grounds for failure.

Students who miss more than the minimum allowed absences may still pass the rotation if: a) performance on days attended is satisfactory; **AND**, b) students make-up the excess days missed in a manner acceptable to the course director. Make-up time will not exceed the number of days missed.

### **Excused Absences and Remediation**

Each clinical rotation allows a limited number of excused absences based on the length of rotation. Refer to the table below to determine the number of excused absences allowed before remediation is required.

Clinical Course	Excused absences	Resulting consequences
1 week rotation	0.5 days	No remediation
	1 day	Remediation required
	>1 days	Repeat the rotation or sub-rotation
2 week rotation	1 day	No make-up time
	2 days	Remediation required
	>2 days	Repeat the rotation or sub-rotation
4 week rotation	1-2 days	No make-up time
	3-4 days	Remediation required
	>4 days	Repeat the rotation or sub-rotation

**NOTE:** Students requesting more than 2 days of excused absences per 4 weeks will need to include a supporting documentation (e.g., e-mail confirmation or invitation) for further consideration. Approval may or may not be granted following review by the Clerkship Director(s). If approved, students will be required to make up/remediate for such absences.

### **ARE YOU INTERESTED IN PSYCHIATRY?**

*Students interested in Psychiatry may contact the Directors for further recommendations regarding mentoring or networking opportunities. You may also find additional Specialty Specific Mentors on COSA Blackboard Organization under Students Affairs heading on the left-hand menu.*

### **PEAR AWARDS**

These awards were created as a student-led initiative to allow students to recognize educators. Please use following links.

<https://form.jotform.com/202256428683055>

or

<https://www.bcm.edu/education/academic-faculty-affairs/center-professionalism/awards>