Surgery Core Clerkship
Course Overview Document
2021-2022
Updated January 03, 2022

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Introduction/Clerkship Overview

Welcome to your surgery core clerkship! In this course, we strive to provide medical students with an immersive and balanced surgical experience. Our goal is to equip learners with an appreciation for the diagnosis and treatment of surgical disease and, for those interested in a surgical discipline, inspire the next generation of surgical leaders. This document details the structure and operational details of our rotation. Should you require any clarification or further information, please contact the Clerkship Director and Clerkship Coordinator at any time.

Rotation Structure:

Three (3) weeks General Surgery AND Three (3) weeks of either Subspecialty Surgery *or* Surgical ICU at one of the following sites:

- Baylor St. Luke's Medical Center (BSTLMC)
- Ben Taub Hospital (BTH)
- Michael E. DeBakey Veterans Affairs Medical Center (MEDVAMC)
- Texas Children's Hospital (TCH)

CLINICAL SITES

- Baylor St. Luke's Medical Center (BSTLMC)
- Ben Taub Hospital (BTH)
- Michael E. DeBakey Veterans Affairs Medical Center (MEDVAMC)
- Texas Children's Hospital (TCH)

Student Escorts within the TMC Campus

- The Texas Medical Center Police Department is available 24/7 for those students who have a legitimate fear that would prevent a student from feeling safe while crossing the TMC campus.
- **Safety Escorts**: The purpose of this escort is to provide a measure of safety for those students that are uncomfortable, fearful or uneasy about walking alone on campus. The Safety Escort is not intended to replace existing transportation services such as the Campus Shuttles, for inclement weather or to discourage individuals from walking in groups, but a safety option for those that have a genuine concern for their personal safety.
- **For a Safety Escort call 713-795-0000**

CONTACT AND SITE INFORMATION

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TEACHER LEARNER COMPACT

Compact Between Teachers, Learners, and Education Staff at Baylor College of Medicine
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 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 BCM personnel is essential to the basic principles of this institution.

Duty, Integrity, Respect: Guiding Principles of the Educational Compact

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

As educational staff, I pledge to:

- Maintain currency in my professional knowledge and skills
- Help ensure excellence of the educational curriculum
- Embody 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
- Help create a safe environment in which faculty, learners, and staff can communicate any concern about breaches of this compact

We gratefully acknowledge the inspiration for this Compact provided by Jordan J. Cohen, M.D., President of the Association of American Medical Colleges through his "Compact between Faculty and Learners" published November 4, 2001.

BAYLOR COLLEGE OF MEDICINE CORE COMPETENCY GRADUATION GOALS (CCGGS)

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

Medical Knowledge

Each student graduating from BCM will:

2.1. Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and socio-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

Patient care

Each student graduating from BCM will:

3.1. Demonstrate the ability to engage in an inter-professional 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 setting

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

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

System-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

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

Relationship of Clerkship Objectives to Baylor College of Medicine Graduation Competencies and Educational Program Objectives

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

Clerkship Objective(s)	Mode of Teaching	Mode of Assessment	
		Formative	**Summative**
Demonstrate familiarity with the anatomy/pathophysiology of and establish treatment of the surgical following surgical diseases: • Acute abdomen • Biliary Disease • Breast Disease • Hernia • Chest Disease • Surgical Critical Care • Skin Disorders • Trauma • Vascular Disease • Morbid Obesity CCGGs (2.1, 2.3)	• Clinical Experiences • Access Surgery Modules • Small Groups • Lectures • Skills lab	• Midpoint Feedback • Direct Observation • Faculty/resident feedback	• Student Performance Assessment Forms • NBME Exam
Develop a prioritized problem list and differential diagnosis using patient's biopsychosocial history, medical records, physical exam findings, and diagnostic studies CCGG (3.2,3.3, 3.7, 3.8.3.9)	• Clinical Experiences • Access Surgery Modules • Small Groups • Lectures • Skills lab	• Midpoint Feedback • Direct Observation • Faculty/resident feedback	• Student Performance Assessment Forms • Standardized Patient Exam
Formulate appropriate care plans, including diagnostic tests and interventions CCGGs (3.2)	• Clinical Experiences • Access Surgery Modules • Small Groups • Lectures • Skills lab	• Midpoint Feedback • Direct Observation • Faculty/resident feedback	• Student Performance Assessment Forms • Standardized Patient Exam
Obtain consent and perform basic technical procedures competently CCGG (3.4)	• Clinical Experiences • Didactic Sessions	• Intraoperative Skills • Faculty/Resident Feedback	

Perform the appropriate focused history and physical examinations and identify the characteristic signs associated with surgical diseases and understand appropriate interventions. Interpret physical exam findings accurately CCGG (3.5, 3.8)	• Clinical Experiences • Access Surgery Modules • Small Groups • Lectures • Skills lab • Direct	• Midpoint Feedback • Direct Observation • Faculty/resident feedback	• Student Performance Assessment Forms • Standardized Patient Exam
Apply an evidence-based approach, when possible, in managing common surgical problems CCGG (3.9)	• Clinical Experiences • Access Surgery Modules • Small Groups • Lectures • Skills lab • Morning Report • M&M/Grand Rounds	• Midpoint Feedback • Direct Observation • Faculty/resident feedback	• Student Performance Assessment Forms
Explain the mechanisms of action, indications, advantages, side-effects and contraindications of medications/procedures used in the management of preoperative and postoperative patients CCGG (3.2, 3.9)	• Clinical Experiences • Access Surgery Modules • Small Groups • Lectures • Skills lab	• Midpoint Feedback • Direct Observation • Faculty/resident feedback	• Student Performance Assessment Forms • NBME Exam
Demonstrate effective and respective communication skills during interpersonal interactions with patients, families and the medical team CCGGs (4.1, 4.2)	• Clinical Experiences • Small Groups • Skills lab	• Midpoint Feedback • Direct Observation • Faculty/resident feedback	• Student Performance Assessment Forms • Standardized Patient Exam
Self-assess progress as learners and identify specific learning needs during the clerkship CCGG (5.1)	• Clinical Experiences • Access Surgery Modules • Small Groups • Lectures • Skills lab	• Midpoint Feedback • Direct Observation • Faculty/resident feedback	• Student Performance Assessment Forms
Demonstrate an understanding of the perioperative preparation of patients and routine postoperative care pathways CCGG (5.3)	• Clinical Experiences • Access Surgery Modules • Small Groups • Lectures • Skills lab	• Midpoint Feedback • Direct Observation • Faculty/resident feedback	• Student Performance Assessment Forms

Employ honesty, integrity, and respect in all interactions and demonstrate sensitivity to patients and colleagues from diverse populations CCGG (1.2, 1.5)	• Clinical Experiences • Ethics PowerPoint • Lectures	• Midpoint Feedback • Direct Observation • Faculty/resident feedback	• Student Performance Assessment Forms • Standardized Patient Exam
Demonstrate caring, compassion and empathy in patient interactions and advocate for the needs and well-being of patients, colleagues and self CCGG (1.3, 1.4)	• Clinical Experiences • Ethics PowerPoint • Lectures	• Midpoint Feedback • Direct Observation • Faculty/resident feedback	• Student Performance Assessment Forms • Standardized Patient Exam
Fulfill professional responsibilities as a learner, colleague and member of the health care team, including adherence to ethical principles and patient confidentiality rules CCGG (1.1, 1.6, 1.8)	• Clinical Experiences • Ethics PowerPoint • Lectures	• Midpoint Feedback • Direct Observation • Faculty/resident feedback	• Student Performance Assessment Forms • Professional-ism Points

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:
2019	Miscommunications on clerkship requirements and the site locations	Restructure both COD and Blackboard page to clearly delineate course requirements and due dates. Clear, regular communication from clerkship administration regarding clerkship requirements as well as contact information for each site.
2019	Students were critical of their role on the team	Develop a clearly defined set of written subrotation-specific roles and responsibilities that will be shared with students, housestaff, and faculty.
2019	The quality of feedback was varied by faculty and sites	Develop and implement twice-annual feedback and evaluation training for all faculty and staff.
2019	Clinical learning environment/professionalism of faculty and housestaff	Provide specific mistreatment training to housestaff and faculty. Give students mechanisms to address mistreatment in real time, embrace reporting as a tool for improvement, promote a culture of collaborative learning.
2021	Duty Hours on request by the rotation were redundant and did not align with Baylor College of Medicine policies	The requirement for weekly submission of work hours was removed

Student Roles, Responsibilities, and Activities

CLINICAL EXPERIENCES AND OTHER CLERKSHIP REQUIREMENTS

Logging all required clinical experiences and other clerkship requirements is mandatory and should be completed using E*Value (see details on how to log an experience/requirement below). Failure to log these requirements by the last day of the rotation may result in an **incomplete** grade.

The list of required clinical experiences and other clerkship requirements are the **minimum** requirements the Clerkship Director and Curriculum Committee have designated for every student to see and/or do during the surgery clerkship rotation. We strongly advise students to log your clinical experiences and other clerkship requirements as you progress along the clerkship. Your log will be reviewed with you during your Mid-Rotation feedback session.

Definition of your role for each clinical experience or other clerkship requirement:
PERFORM = Student actively participated in obtaining essential part of History and/or Physical Exam for diagnosis listed or participated in essential components of procedure performed
OBSERVE = Student is present as History/Physical Exam performed, or when a diagnosis is obtained, or a procedure is performed by others on the team
SIMULATE = Alternative experience available on Blackboard or other Simulated setting (to be used only when actual patient experience is not available and with the permission of the Clerkship Director)

Please contact the Clerkship Director if any clarification is needed on any of the above logging expectations and definitions. A summary of the required clinical experiences and other clerkship requirements is provided below.

Course Requirement	Responsible Personnel
Required Clinical Experiences	
Abdominal Pain-INPATIENT: Perform Hx & PE Biliary Tract Disease-INPATIENT: Perform Hx & PE Breast Cancer or Disease (Breast Clinic Visit)-AMBULATORY pt: Assist w/ Hx & PE Foley Catheter Insertion-INPATIENT: Performed Hernia-INPATIENT/AMBULATORY: Assist w/Hx &PE Soft Tissue Infection-INPATIENT: Perform Hx & PE Surgical Wound Care-INPATIENT: Perform Suture a Surgical Wound-INPATIENT: Perform Trauma Patient (Trauma Shift)-INPATIENT: Perform Hx & PE Venous Thromboembolism Prevention-INPATIENT: Assist Admission/Transfer Order: Performed Brief Operative Notes: Completed H&P General Surgery-Unsupervised: Completed H&P Subspecialty-Unsupervised: Completed * H&P ICU- Unsupervised: Completed* Presentation of Gen. Surgery OR Case: Completed Presentation of OR Sub-Specialty Case: Completed* Presentation of an ICU Patient: Completed*	May be assigned to resident or faculty.
*If applicable, depending on whether you are on a sub-specialty rotation or an ICU rotation.	

It is our job as Clerkship Director and Site Directors to ensure that you can see/do the required items listed. If a required clinical experience or other clerkship requirement cannot be met, we will provide an approved alternative experience or adjust sites as necessary (see appendix for Alternate experiences).

*PLEASE NOTE: STUDENTS SHOULD ONLY LOG ALTERNATE EXPERIENCES IF THEY HAVE NOT MET THE MINIMUM ROLE REQUIREMENT AND HAVE GOTTEN PERMISSION FROM THE CLERKSHIP DIRECTOR**

How to log a clinic experience or other clerkship requirement in E*Value
1. Log in to E*Value with your username and password.
2. On the main page, under "Tasks" select "log new case". Alternatively, you can select the "Case log" tab and click on "log new case" under "Manage case log."
3. Fill in the required fields "including "date", "supervisor" and their "role." Select a required clinical experience or other clerkship requirement from the "Procedure" list.
4. Under "Select your role in the skill/teaching session" you will indicate "standard method" or "alternate method." By default, this will be "standard method" unless you have been granted permission to do an "alternative clinical experience" by the Clerkship director.
5. Click "Add procedure" and "save record."
6. You may add more than one clinical experience or other clerkship requirement at a time.

ADDITIONAL CLERKSHIP REQUIREMENTS

The following table summarizes additional clerkship assignments required for successful completion of the rotation:

Course Requirement	Responsible Personnel
Required Observation/Feedback Sessions/Evaluations	
- Direct Observation from General Surgery Subrotation (Supervised) - Direct Observation from ICU Subrotation *or* Surgical Subspecialty (Supervised) - Mid-Term Feedback (completed by Site/Subrotation Director) - Mid-Term Feedback Attestation Form	Direct Observation and Mid-term Feedback must be completed by <u>faculty only</u>.
Student Performance Assessment Form (SPAF)- Minimum of 4 required: General Surgery Subrotation 1 from faculty 1 from housestaff ICU or Subspecialty Subrotation 1 from faculty 1 from housestaff	SFAF must be completed by <u>Department of Surgery faculty or housestaff only.</u>
Didactic Requirements	
- Grand Rounds - Didactic Sessions (Attending Lectures) Small Group Sessions - Skills Labs - Online Independent Learning (Completed Independently)	Completion/attendance by each student

DIRECT OBSERVATIONS

A Direct Observation (DO) is to be completed by each student twice during the term. This task is to be completed once on the general surgery sub-rotation and once on the subspecialty or ICU sub-rotation. Students should use BCM standards in their history and physical exams. These standards are available at https://bcm.box.com/s/txl1ko6pgxl5rx6zt25onwp7tbvmpc2. The evaluation is to be completed and logged on E*value. **The activity AND evaluation launch in E-value for each successive DO should be completed prior to the end of the *second week* of each sub-rotation.** *Failure to complete the required direct observations in a timely fashion may result in a loss of professionalism points. Further, failure to complete the required activities by the end of the course will result in a grade of incomplete until these requirements are fulfilled. Please note that these should NOT be completed during your assigned Trauma Shift or Breast Clinic.*

E-VALUE DIRECT OBSERVATION LAUNCH INSTRUCTIONS FOR STUDENTS

During this clerkship, we ask that you launch at least two (2) Direct Observation forms to faculty who have observed you performing any part of a history and physical examination. You can launch the direct observation form directly from your phone or tablet following the directions below.

1. Search for e-value.net on a web browser (Safari, Google, etc.). There is not an app for E*Value.
2. Login manually using your E*Value login and password
3. Select your CURRENT Core Clerkship for Program (BCM Core Clerkship-Surgery)
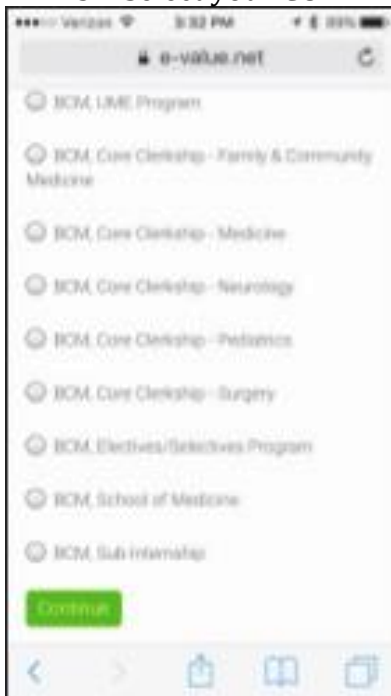
4. Click Continue (screen shot above).
5. Choose Ad Hoc from the choices on the screen (screen shot #2 below)
6. On the next screen complete the following: (screen shot #3 below)
   a. Select an Evaluation type: Direct Observation (Who Observed You?)
   b. Who would you like to evaluate you?: (Not Applicable)
   c. Activity: Direct Observation
   d. Time Frame: AD HOC, Term XX. This is the Default Timeframe that you should use.
   e. Click Next
7. To select the name of the person who observed you, (screen shot #4 below)
   a. Click on the bar above Add

b. The names will appear below the 'Done' button
c. Scroll through the names from the list and stop on the name you want to select
d. Touch Add® (You may not see a name in the box, but if you click on the bar below Remove, you will see the name of the person you chose).
e. Click Submit

8. You will see a message that says Thank you for completing this evaluation. (screen shot #5 below)
9. Your instructor should immediately receive an email (which looks like it came from the clerkship coordinator) with a direct link to the form.
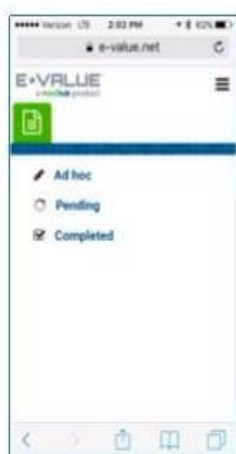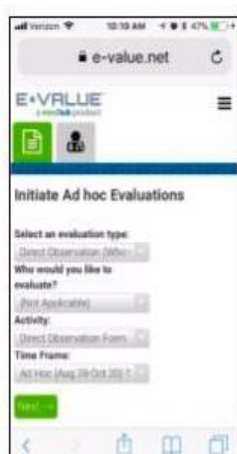
Screen Shot #2   Screen Shot #3   Screen Shot #4   Screen Shot #5
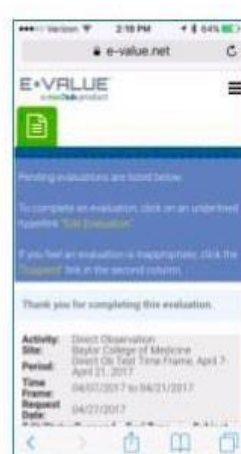
MID-TERM FEEDBACK EVALUATION

Each student is required to participate in a formal mid-term feedback (MTF) session with the Site Director or Sub-Specialty Rotation Director at the 3-week mark. **Students should contact their Site Director or Sub-Specialty Rotation Director to schedule MTF, with a goal of completion by Thursday of week 3.** *If you have difficulty scheduling, please contact the clerkship coordinator and director for assistance.* The formal mid-term feedback evaluation (assigned to your site director/subrotation director through the education office), located on E-value, is to be completed and logged. Mid-term Feedback is a mandatory activity designed as a "checkpoint" in order to review a student's progress towards completion of class requirements. Mid-term feedback is not meant to be a predictor of your final grade. A student may meet criteria for a failing grade at any time during the clerkship based on professionalism or clinical performance, including after MTF. Failure to complete MTF in a timely fashion may result in loss of professionalism points. Failure to complete MTF prior to the end of the clerkship will result in a grade of incomplete for the course until MTF is logged.

GRAND ROUNDS

The Department of Surgery Grand Rounds are held Wednesday mornings from 7:00 a.m. – 8:00 a.m. during the months of September – June. Location and mechanism (I.e room number at BCM if in-person attendance is permitted vs Zoom login) will be sent via calendar and email invitation. Attendance is mandatory.   For in-person sessions, please wear either business attire or scrubs with your white coat.

DIDACTIC SESSIONS AND SMALL GROUPS

Medical student didactic sessions will be held every Wednesday morning directly following Grand Rounds. There will be two (2) sessions per Wednesday: an expert didactic session led by a faculty member followed by a small group learning session facilitated by a faculty member. Typically, these

sessions held from 8:00 am – 10:00 am. Location and mechanism (i.e. room number at BCM if in-person sessions are allowed vs. Zoom link) will be sent to you via calendar invitation and email. To prepare for the faculty didactic session, students, will be provided study material both online through Blackboard and in email form in the calendar invitation. Students are strongly encouraged to review this information before the live session. For small-groups, you will be assigned to a group and faculty facilitator. The small-group cases are sent to you via email and are available on Blackboard for your preparation beforehand. Students will also be required to complete an evaluation on their faculty in E*Value.

ONLINE INDEPENDENT LEARNING

Students are required to complete the following online learning sessions independently prior to the end of the clerkship:

American College of Surgeons/Association for Surgical Education Medical Student Curriculum

The American College of Surgeons and the Association for Surgical Education have developed a Medical Student Curriculum. Students are required to complete the following sessions:

Peri-Operative Care
> Recorded Lecture:
> https://videos.facs.org/w/MxoAAA/
> Printed Content:
> https://www.facs.org/-/media/files/education/core-curriculum/perioperative_care.ashx

Nutrition
> Recorded Lecture:
> https://videos.facs.org/w/TxoAAA/
> Printed Content and Review Questions:
> https://www.facs.org/-/media/files/education/core-curriculum/nutrition_module_content.ashx

Communication of Bad News
> Printed Content and Review Questions:
> https://www.facs.org/-/media/files/education/core-curriculum/communication_bad_news_go.ashx

Case Files: Surgery (via Access Surgery)

The following modules are mandatory, the others are optional but we encourage you to do all of them as part of your clerkship studying:

> **Mandatory Case Files on Access Surgery:**
> - ϒ Esophageal Perforation
> - ϒ Esophageal Carcinoma
> - ϒ Insulinoma and Pancreatic neoplasm

- ϒ Malignant Melanoma
- ϒ Lower extremity occlusive disease
- ϒ Venous Thromboembolism
- ϒ Acute Pancreatitis

Case Files: Surgery 5e

Author(s): Eugene C. Toy; Terrence H. Liu; Andre R. Campbell; Barnard J. A. Palmer

View by: ≣ Case Topic   # Case Number

- Abdominal Aortic Aneurysm
- Abdominal Pain (Right Lower Quadrant)/Acute Appendicitis
- Acute Upper Gastrointestinal (GI) Hemorrhage: Variceal Bleeding
- Adrenal Incidentaloma and Pheochromocytoma
- Anorectal Diseases
- Anterior Mediastinal Mass and Myasthenia Gravis
- Benign Prostatic Hyperplasia/Lower

- Lower Gastrointestinal Hemorrhage
- Malignant Melanoma
- Mesenteric Ischemia
- Neonatal Jaundice (Persistent)
- Nipple Discharge
- Nonvariceal Upper Gastrointestinal (GI) Tract Hemorrhage
- Obesity (Morbid)
- Pancreatitis (Acute)
- Penetrating Abdominal Trauma

To enter Access Surgery, use the TMC library access (access the learning module through the TMC library account NOT the VA, UTH, or MD Anderson websites). Issues regarding Access Surgery? Call 1-888-307-5984.

http://library.tmc.edu => view more databases => Access Surgery
Log In with your BCM Credentials
Cases => Case Files: Surgery

Schedules

Orientation	7:30 a.m. – 09:00 a.m.; 1st day of Clerkship	All students attend, held at BCM main campus vs Zoom
Grand Rounds	7a.m. – 8 a.m., Wednesdays, Sept.-June only	All students attend, held at BCM main campus vs Zoom
Chairman's Rounds	1 p.m. – 2 p.m.; Wednesdays	General Surgery/Surgical Oncology sub-rotation students attend
Ben Taub Attending Rounds	1 p.m. – 2 p.m.; Mondays	Ben Taub General Surgery Students
Morbidity and Mortality Conference	Held weekly at TCH, VA, BSTLMC, BTH	Time varies by location
Trauma Shifts	Ben Taub Hospital 7 p.m. to 7 a.m. Friday 7 a.m. to 7p.m. Saturday 7 p.m. to 7a.m. Saturday 7 p.m. to 7 a.m. Sunday 7 p.m. to 7a.m. Monday	Students are assigned to Friday night, Saturday, or Saturday night trauma shifts. BTH General Surgery students are assigned to Sun & Mon
Outpatient Breast Clinic Experience	All students will be assigned to an afternoon breast clinic at Baylor Clinic or Smith Clinic.	All students are assigned to a breast clinic shift during their General Surgery rotation. Students will be emailed with the date, time, and location of this clinic.

Additional details for the above schedules may be found on Blackboard and are updated each term. Schedules/activities are subject to change

DUTY HOURS

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. (see BCM Policies and Procedures link at the end of this document for more details).

ABSENCES AND TARDINESS

In order to maximize the learning experience on Surgery, regular attendance on the rotation is expected.

Days may be missed for excused absences only. <u>Per BCM policy, excused absences include the following</u>:

- Medical illness experienced by the student (physician note required if three or more days of illness experienced)
- 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
- An Absence Form must be filled out, signed by the chief resident/attending on service, and turned into the Clerkship director or coordinator.
- Planned absences which are not cleared in advance will be treated as unexcused regardless of cause as will any absence for illness that we are not informed of immediately. *An unexcused absence is considered grounds for failure of a core rotation. Please report any unexcused absences to the Clerkship Director and coordinator.*
- Unanticipated absences must be reported to the clerkship director as soon as possible. When requesting time off or if you've called in because of an illness, please complete the time-off request/absence notification form (located on Blackboard). The form will need to be emailed to the Clerkship Coordinator, your attending, and the chief resident.

We follow the BCM Holiday Calendar:
- New Year's Day
- Martin Luther King Day
- Memorial Day

- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

Student Absences Related to 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.

Grades

Clerkship processes to assure fairness in grading:

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

Final grades are based on individual student performance; in addition to numerical data, the UMEC reviews narrative comments from evaluators to help inform the final grade. The UMEC may modify the final grade

(up or down) after review of all student performance and evaluation data.

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

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

Processes for students with concerns about their clerkship grade:

If a student requests a grade verification, the course leadership or designee (with or without the coordinator) will meet with the student on an individual basis.

If a student has a concern regarding a submitted student performance assessment form completed by a clerkship leadership member due to, for example, conflict of interest, the student should contact the clerkship coordinator regarding the concern. The coordinator will contact an alternative clerkship leadership member to meet with the student and discuss the concern. Following the meeting, the issue may be brought to the UMEC for review and adjudication.

If the above measures are insufficient in addressing the student's concern, the student may file a grievance or grade appeal, as per the procedures outlined in the Student Appeals & Grievances Policy (23.1.08).

Grade Descriptions

Grade	Description
Honors (H)	Exceptional performance in all areas
High Pass (HP)	Performance clearly exceeds the Pass requirements but does not reach Honors level.
Pass (P)	Good academic work
Marginal Pass (MP)	Performance meets the minimum rotation requirements

Incomplete (I)	**Temporary grade** given when a student is unable to complete the requirements for a rotation because of illness or other extenuating circumstances AND is considered to be passing the rotation at the time the grade is given.
Deferred (D)	**Temporary grade** given when a student has not successfully completed all of the requirements at the end of the rotation AND requires remediation in order to meet the minimum rotation requirements. For example, failing a Standardized Patient examination encounter or the National Board of Medical Examiners Examination will result in a Deferred grade. The student will be given an opportunity to take the failed element a second time. If a passing score is obtained on the second attempt, the student will be issued a final course grade. However, *the highest final course grade that can be received in this situation is a Pass.*
Fail (F)	Performance is clearly below the passing standards of the rotation **How a failure may be earned:** Earning a failure in the clerkship by any of the following manners will require the student to repeat the course in its entirety: 1. Clinical performance alone, regardless of test scores, that is 2 SD below the mean will be reviewed and may result in failure. 2. Lapses or issues with professionalism alone, after confirmation by due process, independent of clinical performance. 3. Failing 2 or more graded components on the clerkship (ie: the NBME and SP exam) 4. Overall performance on the clerkship that is 2 SD below the mean will be reviewed and may result in failure. 5. Failing only the SP or NBME Exam: 1st Failure: Failing the SP exam or the NBME will result in a Deferred grade to be submitted and the student is required to retake and successfully pass the exam. The highest grade that can be received for the course will be a Pass. 2nd Failure: A second Fail of the SP exam or the NBME will require the student to repeat the course in its entirety. An F will appear on the transcript and the highest final overall course grade that can be received upon repeat of the course is a Pass. 3rd Failure: On repeat of the course, students who fail any SP or NBME examination on the overall third attempt will fail the course for a second time and be referred to the Student Promotions Committee for adjudication. 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.

Grading Rubric

Requirements	% % of Final Grade	Minimum Score to Pass
Clinical Evaluations (SPAF) General Surgery Sub-rotation	25%	≥ 2 standard deviations below the class mean. Clinical performance that is 2 SD below the mean will be reviewed and may result in failure.
Clinical Evaluations (SPAF) Sub-Specialty **OR** ICU Sub-rotation	25%	≥ 2 standard deviations below the class mean. Clinical performance that is 2 SD below the mean will be reviewed and may result in failure.
NBME Subject Exam	25%	≥ 5%ile as defined by NBME
Standardized Patient Exam	20%	See below; Failure results from overall failure score <70%
Professionalism	5%	Unprofessional behavior can be grounds for failure of the clerkship independent of clinical grade.

Due to Clerkship Office: • Direct Observation Forms (One per sub-rotation) • Midterm Feedback • Documentation of completion of all course requirements • 'Who Did You Work With' for clinical evaluations (SPAF)	If not completed by the end of the clerkship, the student will receive an INCOMPLETE in the course. If not turned in by the end of the clerkship, the student will receive a DEFERRED and are subject to failing if turned in more than 7 days past due.

* *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*

CLINCAL EVALUATIONS:

Clinical evaluations of clerkship students are obtained via the Student Performance Assessment Form (SPAF). SPAFs are assigned by the surgery education office based on student selection via "Who Did You Work With." A minimum of 1 faculty and 1 house staff SPAF must be completed per sub-rotation. Each SPAF from the General Surgery Sub-rotation will count equally towards the 25% portion of the final grade; Each SPAF from the Sub-Specialty or ICU Sub-rotation will count equally towards the 25% portion of the final grade. An example SPAF is listed for reference below. REMINDER: house-staff and faculty must be from the Department of Surgery (not Plastic surgery, ER, Ob/gyn, etc).

NBME EXAM

All web-based Medical School Clinical National Board Subject Examinations (NBME) are managed by the Office of Evaluation, Assessment and Education Research. This office will set the schedule for exam administration for all clerkships. Passing is defined as ≥ 5%ile.

STANDARDIZED PATIENT EXAM

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

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

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

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

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

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

STANDARDIZED PATIENT EXAM CUT SCORES

Clerkship	Hx	PE	MP	COMM	PEN/VPP	Overall
MED	65%	65%		80%	PEN=50%	70%
SURG	81%	79%		80%	VPP = 50%	70%
NEURO	75%	71%		80%	VPP = 50%	70%
OB/GYN	61%		70%	80%	PEN=50%	70%
PEDS	71%		93%	80%	PEN=Pilot	70%
PSYCH	75%		71%	80%	PEN=50%	70%
FCM	74%		72%	80%	PEN=50%	70%

STANDARDIZED PATIENT EXAM REMEDIATION & RETAKES
SP examination failure is earned by:
- **Failure of overall SP exam score**
- **REMEDIATION / RETAKES:**
  - **1 or 2 domain failure – student may review own video.**
  - **Overall exam failure – student *must* review own video *and* must retake the exam as per SP Exam Failure Process on Blackboard**

Instructions for on-site Standardized Patient (SP) Exam

Students are required to complete a standardized patient encounter (SP exam) at the end of the rotation. The SP exam is scheduled and administered by the BCM Simulation Learning Center. **This exam will be conducted on the main BCM campus**. Students must arrive 30 min before the examination; late arrival or failure to show up for the examination may require students to reschedule the examination (including the associated costs) and/or a reduction in their overall letter grade for the clerkship.
The exam will contribute to 20% of the overall grade.
- SP examination failure is earned by the failure of the overall SP exam score.
  - o 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.*
  - o If a student fails the SP examination, the student will receive a deferred grade for the clerkship; the student's second SP exam score would then be used to calculate the final clerkship grade, and the final clerkship grade can be no higher than a Pass.
- Information is presented below regarding the specific exam components and allotted time; students are ultimately responsible for keeping track of time during the examination (using a regular watch

or stopwatch – phones and smartwatches are not permitted). *Failure to hear a chime or verbal reminder regarding time remaining will not invalidate an examination.*

Exam Components	Description	Time allotted
Patient Info Door Note	You will have two minutes to review the patient's presenting information.	**2 minutes**
History & Physical Exam	You will elicit a full history and perform a focused physical examination based on the chief complaint. A general exam (i.e., heart, lungs) is NOT required. As a courtesy, a chime will sound when 5 min. remain for the encounter. (There will be no verbal notification.)	**15 minutes**
Verbal Patient Presentation (VPP)	When finished with the Hx & PE, remain in the room. You will have a total of 15 min to prepare and present your patient to a Standardized Faculty Member (SFM). When 7 min remain, the SFM will enter the room. When 5 min. remain, If you have not started presenting, the SFM will provide a verbal reminder to prevent running out of time.	**15 minutes (10 minutes to prepare your notes; 5 minutes to present**

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

How to prepare:
- Practice with clinical experiences on the clerkship, including focused physical examinations based on the clinical presentation, will help prepare students for this examination.
- Please review materials from the Simulation Learning Center link on Blackboard to prepare.

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

PROFESSIONALISM
A point will be deducted from the 5 point total professionalism score should any of the following infractions occur:
1. Failure to complete (or failure to notify course leadership of difficulty in completing) direct observation of a history and physical by the end of each sub-rotation (loss of one point per occurrence).
2. Failure to complete (or failure to notify course leadership of difficulty in completing) midterm

feedback by the end of week 3 of the clerkship.

3. Failure to complete (or failure to notify course leadership of difficulty in completing) all required clinical experiences by the end of the clerkship, including unexcused absence of didactic lectures, small group sessions, or skills lab.
4. Report of unprofessional behavior by faculty, housestaff, or medical students.

FINAL GRADE ASSIGNMENT

For each core clerkship, the final grade is determined by the Department of Surgery Undergraduate Medical Education Committee, based on the grading rubric and with consideration of a variety of data to ensure that student assessments are valid, fair and timely.

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 student performance assessment form completed by a clerkship leadership member, or other perceived 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 undergraduate medical education committee for further 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).

ADDENDUM

DEPARTMENT OF SURGERY DRESS CODE POLICY

Michael E. DeBakey Department of Surgery Dress Code Policy

Dress Code

Dress and Appearance Guidelines:
The following guidelines are meant to serve as a general outline for dress and appearance for the Department of Surgery faculty, staff, and trainees, and are not meant to be an all-inclusive list of acceptable or unacceptable forms of professional attire. When in doubt, or in the case of special needs, program directors or supervisors should be consulted.
Failure to comply with these guidelines may result in disciplinary action.

- It is expected that all personnel dress in a professional manner and present an appearance consistent with our roles as physicians, medical staff, medical trainees and/or staff.
- When hospital scrubs must be worn outside of the OR because of medical necessity, a clean white lab coat should be worn over the scrubs. Scrubs should be cleaned and laundered when appropriate.
- Hospital OR scrubs should not be worn outside the Texas Medical Center.
- Sweatshirts or jackets, if needed during colder weather, should be worn under white coats.

- Shorts, denim fabrics, (jeans, jackets, skirts or pants), tee-shirts or leggings are not acceptable attire.
- Footwear may include clean sneakers, nursing shoes or clogs (closed toe). Flip-flops are not acceptable footwear.
- BCM or hospital identification badge must be worn in a visible location.

Student Space and Resources on Surgery

	Baylor St. Lukes Medical Center	Ben Taub General Hospital	Michael E. DeBakey VA Medical Center	Texas Children's Hospital
Lectures / conference rooms	Multiple throughout clinical services	4th Floor Conference Room	5b-166	3rd Floor Surgery Academic Office Conference Room
Lounge / relaxation space	3rd Floor Medical Student Room 5th Floor Cooley Atrium	4th floor student workroom, resident workroom	currently 5b-166 (COVID) 5b-215 is being - repurposed as working-	3rd Floor Main OR Lounge 9th Floor Legacy OR Lounge
			relaxation space with own computers VA library is also being repurposed in same direction	
Secure storage space	3rd Floor Medical Student Room	4th floor student workroom with lock code	lockers in call room	3rd Floor Main OR Lounge 9th Floor Legacy OR Lounge
Information technology (computers and internet access)	3rd Floor Medical Student Room	4th floor student workroom, resident workroom	call rooms and SICU 5b-215 is being repurposed as working- relaxation space with own computers VA library is also being repurposed in same direction	3rd Floor Main OR Lounge 9th Floor Legacy OR Lounge 3rd Floor Surgery Academic Office

Information for Students Interested in a Surgery Specialty
Student Contact:
    Anjay Batra, MS4
    Student Surgical Society Mentorship Co-President
    Anjay.Batra@bcm.edu

    Valerie Du, MS3
    Student Surgical Society Mentorship Co-President
    Valerie.Du@bcm.edu

Faculty Contact:
Mario Vera, MD
General Surgery Specialty Specific Mentor
roberto.vera@bcm.edu

Please also refer to the Specialty Specific Mentors List on the COSA Blackboard Organization (updated regularly by Student Affairs)

PEAR Award
The PEAR awards were created as a student-led initiative to allow students to recognize educators. Please use the following link to recognize either a faculty of housestaff member of the department of surgery. https://form.jotform.com/202256428683055. (note updated link as of 8-25-20)

ALTERNATE CLINICAL EXPERIENCES

Clinical experience and other clerkship requirement	Alternate clinical experience and other clerkship requirement
Abdominal Pain	WISE-MD: Appendicitis, Bowel Obstruction, Colon Cancer, Diverticulitis
Biliary Tract Disease	WISE-MD: Cholecystitis, Pancreatitis
Breast Cancer or Disease	WISE-MD: Breast Cancer WISE-MD Skills: Ultrasound for Breast
Cardiothoracic Disease	WISE-MD: Lung Cancer
Hernia	Inguinal Hernia, Pediatric Hernia
Soft Tissue Infection	WISE-MD: Burn Module, Skin Cancer
Surgical wound care	WISE-MD: Burn Module
Suture a surgical wound	WISE-MD Skills: Suturing and Instrument Tie WISE-MD Skills: Two Handed Knot Tie
Trauma Patient	WISE-MD: Trauma Resuscitation WISE-MD: EFAST exam
Vascular Catheter Management	WISE-MD Skills: Ultrasound for Vascular Access WISE-MD: Ultrasound Venous
Venous Thromboembolism prevention	WISE-MD: Venous Thromboembolism, AAA, Carotid Stenosis

ICU procedure	WISE-MD Skills: Ultrasound for Vascular Access WISE-MD: Ultrasound Venous
Foley catheter insertion	WISE-MD: Skills Foley Catheter

XII. Policies (edited 12-1-2021)

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

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

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

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

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

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

Policies: Table of Contents

Technical standards:

Notice of Nondiscrimination:

Statement of Student Rights:

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

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

Academic Workload in the Foundational Sciences Curriculum (Policy 28.1.09):
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.09

> This policy establishes procedures to balance the academic workload, which includes scheduled foundational curriculum responsibilities, classroom learning in multiple formats, independent learning, and time for attention to personal health and well-being.
> Scheduled learning activities are limited to a maximum of 25 hours per week averaged out over the term.

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

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

Alternative Educational Site Request Procedure (Policy 28.1.10):
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.10

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

Clinical Supervision of Medical Students (Policy 28.1.08):
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.08

> The policy ensures that the level of responsibility delegated to a medical student is commensurate with their level of training, and that activities supervised by Health Professionals are within their scope of practice.
> The level of responsibility delegated to a medical student by a supervising Health Professional must be appropriate to the medical student's level of training, competence, and demonstrated ability.
> Students should only perform clinical tasks for which they have received adequate training.
> Students must inform the supervising Health Professional or Clinical Course Director of concerns about levels of supervision.

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

> The BCM Code of Conduct is our comprehensive framework for ethical and professional standards.
> It is designed to ensure that all members of the BCM Community understand the expectations to conduct ourselves in an ethical and professional manner while complying with all laws, regulations, rules and policies to the fullest degree.

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

> Compact between Teachers, Learners, and Educational Staff Learners pursuing a professional career at Baylor College of Medicine assume responsibility to develop in-depth knowledge, acquire and apply special skills, and demonstrate professionalism. Teachers guide and educate learners, and model appropriate attitudes, interpersonal skills and professional behaviors. Core educational staff support both learners and teachers. This Compact serves both as a pledge and a reminder to teachers, learners, and educational staff that moral, ethical and professional behavior by all Baylor personnel is essential to the basic principles of this institution.
> Guiding Principles of the Educational Compact Duty: All participants in the education mission have a duty to sustain a learning environment conducive to maintaining the knowledge, attitudes, and skills necessary for providing

contemporary standards of professional behavior.

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

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

Course Repeat Policy:

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

Criminal Allegations, Arrests and Convictions Policy (28.1.13):

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

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

Direct Observation Policy (Policy 28.1.03):

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

BCM physician faculty participating in core clerkships must conduct direct observations of medical students during clinical encounters with patients for the purpose of performing student assessments and providing feedback. Students are encouraged to solicit additional feedback on direct observations from residents and fellows (beyond the requirements for direct observation by physician faculty).

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

Duty Hours Policy (Policy 28.1.04):

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

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

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

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

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

Educator Conflicts of Interest Policy (Policy 23.2.04)

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:

Grade Submission Policy (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: .

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):

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

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

Options for Reporting Learner Mistreatment:

Informal Reporting Mechanisms:

    a. Office of the Ombudsman. https://www.bcm.edu/about-us/ombuds

    b. Any School Official (Learner's choice)

Formal Reporting Mechanisms:

    a. Course Evaluation

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

Leave of Absence Policy (23.1.12):

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

The purposes of this policy are to:

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

Medical Student Access to Health Care Service Policy (28.1.17)

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

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

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

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

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

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

In the event of any Occupational Exposure (i.e. skin, eye, mucous membrane, or parenteral contact with human blood or Other Potentially Hazardous Materials), medical students should immediately inform their supervisor and/or clinical course director and contact the Occupational Health Program (OHP) ((713) 798-7880) for further guidance regarding the procedures for care and treatment including post-exposure counseling and follow up. Site-specific procedures for care and treatment after exposure are outlined on the OHP website: https://www.bcm.edu/occupational-health-program/needlestick-exposure.

See also:

Blood Borne Pathogens (Standard Precautions Policy 26.3.06):

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

Institutional Policy on Infectious Disease: (Infection Control and Prevention Plan Policy 26.3.19) https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&policy_number=26.3.19 .

Influenza & COVID-19 Vaccination Policy (18.1.04)

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

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

Midterm Feedback Policy (28.1.02):

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

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

Foundational Sciences:

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

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

Clinical Courses

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

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

At the end of each course, the Curriculum Office surveys students on whether they have received formal feedback. Please refer to other sections of the Course Overview Document for course-specific instructions related to mid-term feedback requirements and documentation.

Narrative Assessment Policy (Policy 28.1.11):

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

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

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

Patient Safety:

Information for Reporting Patient Safety Incidents at BCM Affiliated Institutions:
https://media.bcm.edu/documents/2016/e5/guide-to-reporting-patient-safety-incidents-7.20.2016.pdf

Policy Regarding Harassment, Discrimination and Retaliation (02.2.25):

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

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

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

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

The Baylor College of Medicine (BCM) is committed to the values of integrity, respect, teamwork, innovation, and excellence, and requires all BCM Learners to practice these values consistently during the completion of

requirements for educational progression and performance of scholarly and professional duties.

Creating and sustaining an environment reflective of BCM values is the responsibility of every individual at BCM. This policy outlines the expectations of academic honesty and integrity; professionalism issues relating to alcohol and substance abuse; expectations for proper management of social media and internet use along with use of BCM resources; options for reporting lapses in professionalism against learners.

Reporting Breaches in Professional Behavior:

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

Mandatory Respirator Fit Testing Procedure (28.2.01):

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

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

Social Media Policy (02.5.38):

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

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

Sexual Misconduct and Other Prohibited Conduct Policy (02.2.26):

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

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

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

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

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

Student Appeals and Grievances Policy (23.1.08):

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

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

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

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

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

Student Disability Policy (23.1.07):

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

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

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

Student Progression and Adverse Action Policy (Policy 28.1.05):

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

This policy explains the disciplinary role of the MD Committee on Student Promotion and Academic Achievement. The policy defines "Adverse Action" and details student's rights specific to each type of action.

Technical standards:

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.16

Notice of Nondiscrimination: https://www.bcm.edu/about-us/our-campus

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

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

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

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

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

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

Why are these concepts important?

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

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

CCGG	PCRS	EPA
3.5, 3.7, 3.8	PC2	EPA 1: Gather a History and Perform a Physical Exam
4.1	ICS1	
4.1	ICS7	
1.2	P1	
1.2, 1.8	P3	
1.4	P5	
2.3	KP1	
3.5, 3.7, 3.8	PC2	EPA 2: Prioritize a Differential Diagnosis Following a Clinical Encounter
2.1	KP3	
2.2	KP4	
2.1	KP2	
3.7	PC4	
5.1	PPD8	
5.1	PBLI1	
4.3	ICS2	
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

5.1	PBLI1	Prescriptions
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	
4.3	ICS2	EPA 8: Give or Receive a Patient Handover to Transition Care Responsibility
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	