



SCHOOL OF MEDICINE  
UNDERGRADUATE MEDICAL EDUCATION  
TEACHING FACULTY HANDBOOK  
2023-2024

Effective Date: July 1, 2023

Below is information that all teaching faculty of Baylor College of Medicine School of Medicine should know in order to provide the best education and learning environment for our medical students. It is intended to be used as a reference along with the BCM Faculty Handbook and the School of Medicine Student Handbook. Please also refer to Course Overview Documents for course specific information.

All material in this SOM Teaching Faculty Handbook is intended to be consistent with all other Baylor College of Medicine policies. In an environment as dynamic as the College, changes will periodically occur in the policies and procedures that apply to faculty. The current SOM Faculty Handbook and all other college policies are available online.

Please note, some links may require BCM Login.

[BCM Policies and Procedures](#) (Baylor login)

[BCM Faculty Handbook](#)

[School of Medicine Student Handbook](#)

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## ABBREVIATIONS

AAMC	Association of American Medical Colleges
ACCME	Accreditation Council for Continuing Medical Education
ACGME	Accreditation Council for Graduate Medical Education
AMA	American Medical Association
BCM	Baylor College of Medicine
CPD	Continuing Professional Development
FERPA	Family Educational Rights and Privacy Act of 1974
GME	Graduate Medical Education
HLC	Higher Learning Commission
LCME	Liaison Committee on Medical Education
MD	Doctor of Medicine degree
MSPE	Medical Student Performance Evaluation
SACSCOC	Southern Association of Colleges and Schools Commission on Colleges
SOM	School of Medicine
UME	Undergraduate Medical Education

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## Section I: General Information

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### MESSAGE FROM THE DEAN

Dear Faculty,

Educating the next generation of physicians begins with our faculty members. Thank you for your dedication and contributions to medical education.

As educators, our passion for health and patient care transcends the clinics, hospitals, and treatment setting. It begins in the classroom, sharing our knowledge and experience with young minds aspiring to answer the call to provide the best quality of care for generations to come.

At Baylor College of Medicine, we strive to uphold the Mission, Vision, and Values of the College to deliver the best quality education to our students.

Your dedication to teaching is invaluable. I hope that the information you receive in this handbook serves as a steppingstone for building a solid foundation of expectations as an educator.

Please do not hesitate to contact me.



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## BCM MISSION, VISION, VALUES

### **Mission**

Baylor College of Medicine is a health sciences university that creates knowledge and applies science and discoveries to further education, healthcare and community service locally and globally.

### **Our Vision**

Improving health through science, scholarship and innovation

### **Our Values**

#### *Respect*

- Value others and treat them with courtesy, politeness and kindness
- Promote and support diversity, inclusion and equity
- Encourage civil dialogue that considers diverse opinions and ideas

#### *Integrity*

- Interact with honesty, consistency and transparency
- Operate in ways that demonstrate ethical behaviors
- Foster personal accountability to build trust

#### *Innovation*

- Cultivate creative ideas and unique talents across the organization
- Embrace a culture of continuous improvement
- Inspire the creation and application of new knowledge

#### *Teamwork*

- Sustain a culture that values collaboration
- Communicate openly to enhance understanding
- Establish effective partnerships

#### *Excellence*

- Promote the highest standards of safety, quality and service
- Strive to excel in every aspect of our mission
- Support an environment that inspires the best from our people

## SOM MISSION AND VISION

### **Missions Statement**

BCM School of Medicine develops diverse, compassionate physician leaders and educators who provide expert patient-centered care to diverse populations, supported by evidence based practice and scientific innovation.

### **Vision Statement**

BCM School of Medicine serves as a model for innovation and excellence in medical education pedagogy. Through personalization of training, we empower our learners and faculty to:

- Care for a diverse community of patients
- Educate the next generation of physician leaders
- Pursue scientific discovery

## ACCREDITATION STATEMENT

Baylor College of Medicine is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) to award masters and doctorate degrees. Questions about the accreditation of Baylor College of Medicine may be directed in writing to the Southern Association of Colleges and Schools Commission on Colleges at 1866 Southern Lane, Decatur, GA 30033-4097, by calling (404) 679-4500, or by using information available on SACSCOC's website ([www.sacscoc.org](http://www.sacscoc.org)).

The School of Medicine is accredited by the Liaison Committee on Medical Education (LCME), the accrediting body for the educational program leading to the Doctor of Medicine degree. The School of Medicine is the sponsoring institution for graduate medical education programs accredited by the Accreditation Council for Graduate Medical Education (ACGME), and for continuing medical education accredited by the Accreditation Council for Continuing Medical Education (ACCME).

## MISREPRESENTATION

The medical school is committed to providing clear and accurate information in writing, visually, orally, and other means so that it does not misrepresent the nature of its educational programs, financial charges, and the employability of its graduates.

## COMMITMENT TO DIVERSITY AND INCLUSIVENESS

### OFFICE OF INSTITUTIONAL DIVERSITY AND INCLUSION

#### **Mission**

The Office of Institutional Diversity and Inclusion cultivates an environment of inclusion and diversity among the Baylor community.

#### **Vision**

To equip a healthcare and scientific workforce prepared to care for diverse populations locally and globally.

#### **Goals**

- Establish a centralized office for the oversight of diversity initiatives and activities.
- Develop and implement ongoing, systematic, and recruitment and retention activities, to attract and retain diverse students, trainees, faculty, and staff with focus on the following groups: Women, African Americans/Blacks, and Hispanics/Latinos.
- Partner with leaders within academic units to provide educational offerings to improve cultural competence and health equity within the healthcare and scientific environments.
- Foster a climate that possesses respect, integrity, inclusion and open dialogue between learners, faculty and staff.

## Notice of Nondiscrimination

Baylor College of Medicine is committed to a safe and supportive learning and working environment for its learners, faculty and staff. College policy prohibits discrimination on the basis of race, color, age, religion, gender, gender identity or expression, sexual orientation, national origin, veteran status, disability or genetic information. Harassment based on any of these classifications is a form of

discrimination and also violates College policy (02.2.25, 02.2.26) and will not be tolerated. In some circumstances, such discriminatory harassment also may violate federal, state or local law.

Please click [here](#) for Notice of Nondiscrimination policy

### Diversity Policy

Baylor College of Medicine is committed to the values of integrity, respect, teamwork, innovation, and excellence. Baylor College of Medicine requires all faculty, staff, resident and fellow physicians, and Learners to practice these values consistently during the completion of job-related and/or educational requirements and performance of scholarly and professional duties. Every individual at BCM is responsible to create and sustain an environment reflective of BCM values.

In accordance with relevant school, program, and institutional accreditation standards (see Section X, below), BCM promotes principles of diversity, inclusion, and equity across Baylor College of Medicine research, education, and training programs as well as with respect to recruitment (in employment and education) of individuals from diverse backgrounds.

BCM-defined diversity categories:

- a. Women,
- b. African American/Blacks,
- c. Hispanics/Latinx

Please click [here](#) for Diversity Policy (Baylor login).

### Academic Freedom, Affirmative Action and Equal Employment Policy

Baylor College of Medicine endorses and encourages the rights and obligations of its faculty with regard to academic freedom. Academic freedom in the discourse between teachers and students is essential to the pursuit of knowledge and truth. Faculty members, trainees, and staff are entitled to the free pursuit of scholarship and research, including publication, within the confines of legal and regulatory constraints and Baylor College of Medicine policy. Faculty also have the freedom to express their personal ideas and opinions in public forums as long as there is the clear representation that the ideas and opinions do not necessarily reflect those of Baylor College of Medicine. Faculty should state that their opinions are not reflective of the institution, unless they are designated to speak for the College.

Please click [here](#) for Academic Freedom policy.

Baylor College of Medicine is committed to ensuring equal opportunity for all qualified persons without taking into account race, color, national origin, creed, sex, sexual orientation, ancestry, age, veteran status or disability unrelated to job requirements.

Baylor College of Medicine's Affirmative Action Program shall reaffirm and guarantee that equal opportunity is applied to all personnel actions, including but not limited to recruitment, hiring, promotion, demotion, transfer, layoff, and training.

Additionally, the Affirmative Action Program is designed to correct any employment practices that may cause the exclusion of protected classes from Baylor College of Medicine's workforce.

Please click [here](#) for Affirmative Action Policy.

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## Section II: Organization and Governance

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### Office of the President



Baylor College of Medicine is a health sciences university with a legacy of excellence and a vision for improving health through science, scholarship and innovation. As president of this great institution, I am grateful for the tremendous support the community has demonstrated for Baylor College of Medicine. Outstanding advocates and a loyal alumni base are great strengths for Baylor.

Through creative solutions, developed by those both internal and external to the College, we are developing innovative new approaches to diagnose and treat disease, deliver the highest quality healthcare, and prepare a new generation of exceptional scientists and healthcare providers.

It takes the talents and diligent efforts of our academic leadership, faculty, staff, and trainees to maintain the excellence that we command. I see this work every day by all those around me. Baylor College of Medicine is an exceptional place.

**Paul Klotman, M.D.**

### School of Medicine Leadership

SENIOR DEAN, SCHOOL OF MEDICINE AND SCHOOL OF HEALTH PROFESSIONS



Dr. Jennifer Christner serves as Senior Dean of the School of Medicine and School of Health Professions.

This position reports to the president of the college with general oversight responsibility for the following academic administrative offices:

- [Office of Admissions](#)
- [Office of Student Affairs](#)
- [Office of Curriculum](#)
- [Office of Evaluation, Assessment and Research](#)
- [Medical Scientist Training Program \(MD/PhD Program\)](#), jointly with Dean of Graduate School of Biomedical Sciences

- [Office of Graduate Medical Education](#)
- [Office of Continuing Professional Development](#)

This position is responsible for the following academic programs:

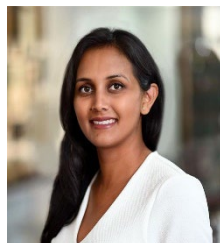
- [MD Degree](#)
- [MD/PhD Degree](#), jointly with Dean of Graduate School of Biomedical Sciences and Rice University
- Dual degree programs
  - [MD/MBA program](#) with Rice University
  - [MD/JD program](#) with University of Houston School of Law
  - [MD/MPH program](#) with UTHealth School of Public Health
- [Graduate Medical Education](#)
- [Continuing Professional Development](#)
- Baccalaureate/MD degree programs:
  - [Rice University](#)
  - [Baylor University](#)
  - [University of Houston](#)
  - [Xavier University](#)
  - [St. Mary's University](#)
  - [Joint admissions Medical Program \(JAMP\)](#)
- [Simulation Core](#)
- [Anatomy Education Core and Willard Body Program](#)
- [Humanities Expression and Arts Lab](#)



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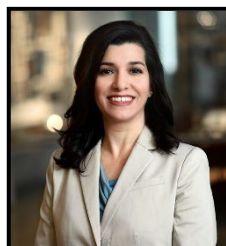
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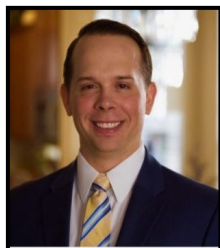


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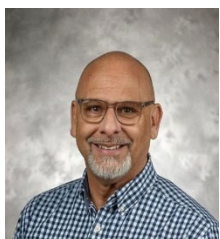
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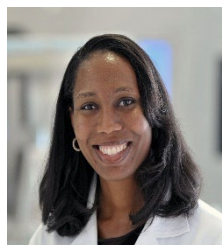
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## Undergraduate Medical Education Leadership

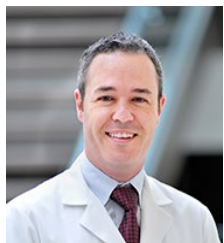


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## SCHOOL OF MEDICINE COMMITTEES

### SCHOOL OF MEDICINE CURRICULUM COMMITTEE

#### **Charge**

The [School of Medicine Curriculum Committee](#) is a standing committee of the faculty that has institutional authority to oversee the medical education program as a whole and has the responsibility for the detailed development, design and implementation of all components of the medical education program, including the medical education program objectives, the learning objectives for each required curricular segment, instructional and assessment methods appropriate for the achievement of those objectives, content and content sequencing, ongoing review and updating of content, and evaluation of course, clerkship and teacher quality, which is codified by decanal mandate. In collaboration and partnership with the Curriculum Office Deans, it ensures faculty, medical student, and administrative participation; utilizes expertise in curricular design, pedagogy, and evaluation methods; and leverages empowerment to work in the best interests of the institution without regard for parochial or political influences or departmental pressures. It ensures that the medical education program as a whole is designed to achieve coherence and coordination via logical sequencing of the various segments of the curriculum coordination and integration of content within and across the academic periods of study, and organization of the curriculum to permit scaffolded instruction. It directs curriculum management via evaluation of program effectiveness by outcomes analysis, using national norms of accomplishment as a frame of reference; monitoring of content and workload in each discipline, including the identification of omissions and unplanned redundancies; and review of the stated objectives of each individual course and clerkship as well as the methods of pedagogy and medical student assessment, to ensure congruence with programmatic educational objectives.

The Committee has the responsibility and authority to make necessary changes in the curriculum to meet Liaison Committee on Medical Education (LCME) standards and to ensure that the students fulfill the Core Competency Graduation Goals (CCGGs).

The Curriculum Committee is responsible for updating the Sr. Dean of the School of Medicine and Health Professions of the School of Medicine on its actions, who reports on the Committee's work to the Senior Vice President of Academic and Faculty Affairs and to the President & Executive Dean of BCM.

### SCHOOL OF MEDICINE ADMISSIONS COMMITTEE

#### **Charge**

The [School of Medicine Admissions Committee](#) is a standing committee of the medical school charged and codified by the Bylaws of Baylor College of Medicine with the sole authority to select, evaluate and admit medical students to Baylor College of Medicine. The committee is charged with admitting students from varied backgrounds and with varied values and beliefs, interests, experiences, and cultural viewpoints in order to ensure a diverse student body. It is the responsibility of the Admissions Committee to assure that our medical school selects those students' academic qualities that will allow for success in their medical studies, as well as attributes and experiences that will result in a skilled and empathic physician with a high degree of professionalism and strong communication.

The Admissions Committee has direct responsibility and final authority for determining who is admitted to Baylor. It determines the most effective methodology for evaluating applications, informed by best practices in the field of medical school admissions. Additionally, it assumes the responsibility for training new members, and for updating returning members, in admissions procedures and diversity standards. The Admissions Committee is responsible for the periodic review of admissions practices and promulgating and adopting any necessary revisions.

## MD COMMITTEE FOR STUDENT PROMOTION AND ACADEMIC ACHIEVEMENT

### Charge

The Committee on [Student Promotions and Academic Achievement \(“MDPC”\)](#) is a standing faculty committee of the School of Medicine (“SOM”) as codified in the Baylor College of Medicine (“BCM”) Faculty Bylaws and clarified further by the Establishment and Operation of Institutional & School Committees Policy (1.2.01). The following charge describes delegated functions of the MDPC, which participates in the implementation of the [SOM Student Progression and Adverse Action Policy \(28.1.05\)](#).

- I. **Purpose.** To ensure that every medical student completes each required SOM curricular element in a satisfactory and timely manner, meets all requirements for promotion to the next phase and year of training, and satisfies all academic and technical requirements for the Doctor of Medicine (“MD”) degree.
- II. **Responsibilities.** The Committee carries out the following SOM priorities:
  - a. Establishes specific academic standards and technical requirements necessary for progress, promotion, and graduation;
  - b. Ensures each student meets SOM academic and technical standards established in the SOM Technical Standards Policy;
  - c. Recommends qualified students for promotion to the next phase (i.e., from Foundational Sciences to Clinical Sciences) and year of training;
  - d. Assigns the status of “at risk” to students whose current academic performance indicates a high risk of future academic struggle but does not rise to the level of an Adverse Action;
  - e. Initiates Adverse Action, as defined in the SOM Student Progression and Adverse Action Policy (28.1.05), against students whose academic record or behavior, whether professional or personal, is sufficiently deficient as to meet criteria for an Adverse Action;
  - f. Mandates remediation plans for students struggling to meet the academic or technical standards of the SOM curriculum;
  - g. Determines appropriate accommodations and other administrative actions in response to novel circumstances, in consultation with appropriate administrators (e.g., Deans in the Office of Curriculum, Student Disabilities Coordinator), by modifying a student’s curricular plan in a manner responsive to the needs of both the student and institutional policies and stakeholders;
  - h. Effectuates personal accountability for a student experiencing a lapse in professionalism in the learning environment, including a student’s failure to recognize self-impairment, whether due to substance use or other physical or psychological factors;
  - i. Recommends award of the M.D. degree to qualified students;
  - j. Designates exceptional achievement for academic work after completion of the Foundational Sciences curriculum;
  - k. Designates award of the M.D. degree with Highest Honors, High Honors, or Honors for exceptionally meritorious academic achievement in the Clinical Sciences curriculum;

- l. Implements the approved student performance evaluation system (i.e., grading policies and narrative summaries);
- m. Promulgates and implements appropriate procedures to ensure the fair and consistent operation of the Committee; and
- n. Ratifies changes to the curriculum approved by the SOM Curriculum Committee and modifies criteria for promotion, at-risk status, or Adverse Action in response to these curricular changes.

#### GRADUATE MEDICAL EDUCATION COMMITTEE

##### **Charge**

The Graduate Medical Education Committee (GMEC) will provide functional and administrative oversight for graduate medical education (GME) matters at Baylor College of Medicine (Baylor). Consistent with institutional requirements as stated by the Accreditation Council for Graduate Medical Education (ACGME), the responsibilities of the Baylor GMEC will include oversight, review and approval for Sponsoring Institution (SI) accreditation, programs, policies and procedures. The GMEC maintains responsibility for:

- ACGME accreditation status of the SI and its ACGME-accredited programs;
- Quality of the GME learning and working environment within the SI, accredited programs, and its participating sites;
- Special Review, self-study and program application processes; and
- Educational program quality and continuous quality improvement.

#### CONTINUING PROFESSIONAL DEVELOPMENT COMMITTEE

##### **Charge**

The Continuing Professional Development (CPD) Committee advises the Senior Associate Dean of Continuing Professional Development regarding strategies, policies and procedures for fulfilling its mission, maintaining institutional accreditation, and ensuring that Baylor's Division of Continuing Professional Development is able to meet its oversight responsibilities for the planning, implementation, evaluation, and documentation of all CME activities sponsored and/or offered by Baylor and consistent with the requirements of the Accreditation Council for Continuing Medical Education (ACCME), American Medical Association, and other applicable regulatory bodies. Committee members will also serve as conduits communicating back to departments, centers, and other stakeholder groups and returning with feedback.

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## Section III: Academic Programs

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Baylor College Medicine's education mission is to prepare our learners to become the next generation of leaders in the biomedical and health sciences with competencies founded in inquiry, service and innovation to promote health and transform healthcare locally and globally. The following programs contribute to fulfillment of this mission.



## M.D. PROGRAM

### CORE COMPETENCY GRADUATION GOALS AND GRADUATION REQUIREMENTS (BEGINNING WITH FALL 2023 MATRICULANTS)

#### **1. Patient Care- Provide high-quality, personalized care that is compassionate, evidence- based, informed by health science innovation, and effective for the prevention, diagnosis, and treatment of illness and the promotion of health.**

- 1.1. Perform comprehensive and focused history and physical examinations which are appropriate for the clinical context and illness acuity
- 1.2. Select and interpret appropriate diagnostic and screening tests
- 1.3. Develop a prioritized problem list and differential diagnosis based on the history and physical exam findings, results from diagnostic studies, and the medical record.
- 1.4. Develop management plans informed by current evidence and each patient's unique characteristics, values, and beliefs
- 1.5. Use the electronic health record (EHR) to obtain patient information, document the patient encounter, enter orders and prescriptions, coordinate patient care, and manage a patient panel
- 1.6. Counsel patients in addressing modifiable health risks
- 1.7. Obtain informed consent for and perform procedures appropriate for level of training

#### **2. Knowledge for Practice— Demonstrate understanding of established and evolving biomedical, clinical, epidemiological, social, behavioral, and population sciences and apply this knowledge to provide enhanced patient care.**

- 2.1. Demonstrate knowledge and understanding of established and emerging biomedical, clinical, social, behavioral, and population sciences
- 2.2. Diagnose, manage, and prevent disease in individuals by applying knowledge of biomedical, clinical, social, and behavioral sciences
- 2.3. Apply principles of public health, epidemiology, and biostatistics to prevent or mitigate disease in populations
- 2.4. Demonstrate continuous learning and critical appraisal in the acquisition and application of new knowledge
- 2.5. Organize, curate, create, and disseminate information relevant to medical practice to advance own and others' knowledge

#### **3. Interpersonal & Cross-Cultural Communication Skills— Demonstrate verbal, nonverbal, and written communication skills that promote the effective exchange of information and foster collaborative and trusting relationships with patients, families and support systems, colleagues, and health professionals from a variety of different backgrounds.**

- 3.1. Employ active listening during patient-centered interviewing and counseling to create supportive and therapeutic partnerships with patients and families
- 3.2. Communicate health information and analysis in well-organized oral presentations and written documentation.
- 3.3. Communicate effectively with colleagues, other health care professionals, or health related agencies
- 3.4. Employ effective communication to advocate for individual patients and patient populations

**4. Professional & Personal Development— Demonstrate a commitment to sustaining lifelong learning and growth while adhering to the highest standards of personal and professional responsibility, integrity, and accountability.**

- 4.1. Exemplify the values of compassion, empathy, and respect for all persons
- 4.2. Demonstrate knowledge, apply skills, and incorporate attitudes needed to maintain and promote wellness of patients, colleagues, community, and self
- 4.3. Demonstrate professional behaviors such as integrity, accountability, confidentiality, and responsibility
- 4.4. Demonstrate ethical decision making in interactions with patients, families, colleagues, and society, including the avoidance of conflicts of interest
- 4.5. Develop self-awareness of biases, emotions, and limitations of knowledge and skills to seek help and integrate feedback with flexibility and maturity

**5. Health Systems & Social Context of Care— Demonstrate awareness and responsiveness to the larger context and systems in which illness is experienced and care is delivered and utilize resources to provide optimal health care within these systems.**

- 5.1. Apply quality improvement principles to improve the quality, efficiency, and cost-effectiveness of healthcare delivery.
- 5.2. Utilize individual and population-level patient data to provide care, coordinate referrals, and evaluate health outcomes.
- 5.3. Recognize cultural, community, societal, and system-level factors that contribute to differences in health outcomes and evaluate how these factors impact individual and population health
- 5.4. Demonstrate the ability to coordinate care and access resources across various healthcare systems

**6. Critical Thinking, Inquiry, & Problem Solving— Identify and investigate questions related to healthcare through critical evaluation and application of knowledge and resources.**

- 6.1. Describe and apply the science of learning and thinking, and examine one's cognitive and learning strategies.
- 6.2. Identify and state questions and problems clearly, precisely, and accurately
- 6.3. Gather and analyze information necessary to answer questions and solve problems
- 6.4. Recognize and navigate uncertainty in healthcare utilizing appropriate strategies
- 6.5. Examine and address one's assumptions, bias or prejudice in approaching questions and solving problems
- 6.6. Develop and communicate rationales behind decision making, including analysis of risks and benefits
- 6.7. Apply evidence-based practice in making decisions about prevention, diagnosis, and treatment of disease

**7. Teamwork & Collaboration— Lead and partner with colleagues, patients, and their support systems in a manner that maximizes team effectiveness.**

- 7.1. Articulate the roles and responsibilities of team members
- 7.2. Apply teamwork knowledge and skills required to be an effective leader or member of a team and navigate differences of opinion with professionalism and respect
- 7.3. Communicate information or feedback in a manner that enhances team function

- 7.4. Collaborate with members of an interprofessional health care team, patients, families, and support systems to provide safe and effective patient care, including in transitions of care

## Requirements for the Degree Doctor of Medicine

### CORE COMPETENCY GRADUATION GOALS AND GRADUATION REQUIREMENTS (LEGACY CURRICULUM)

#### **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

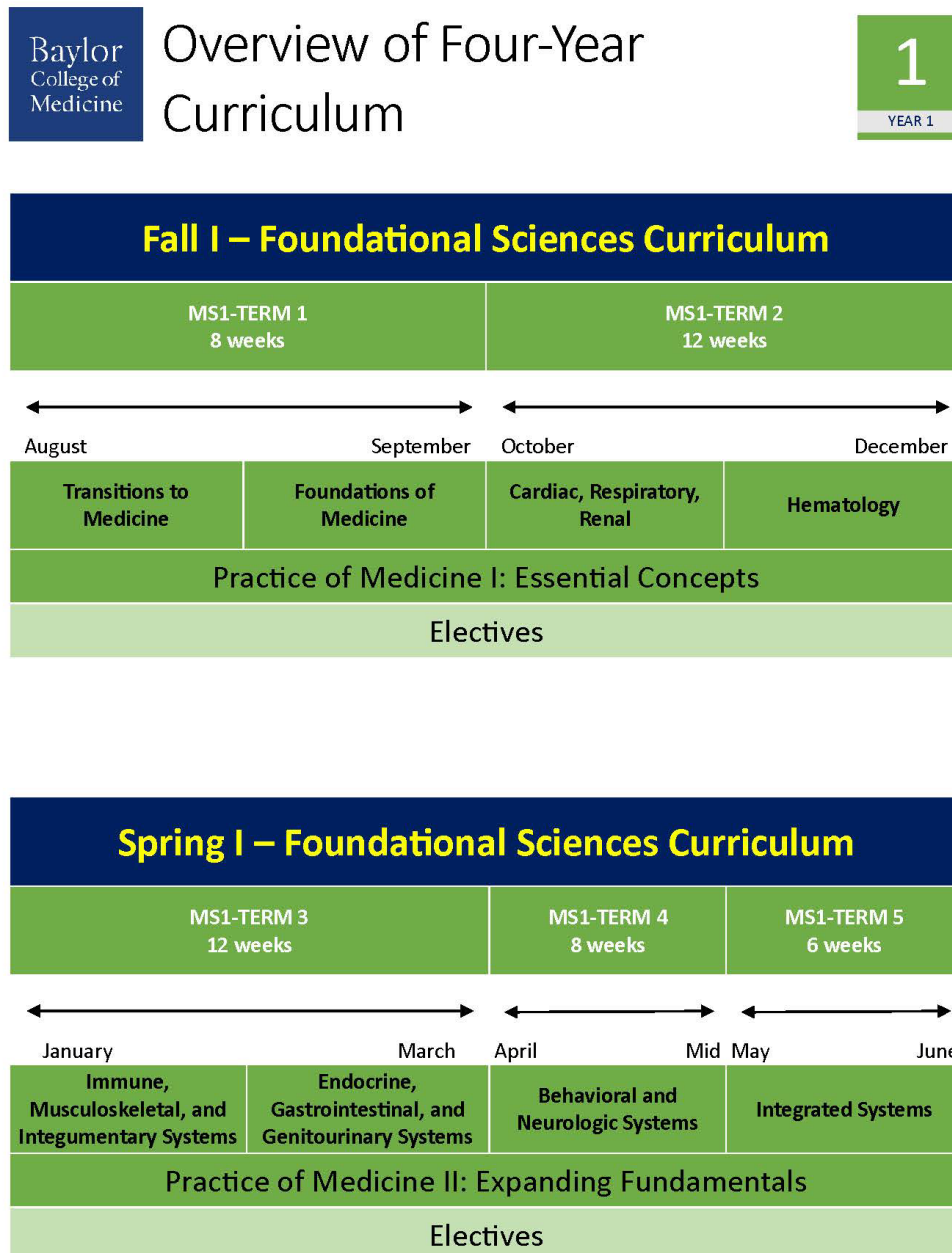
#### **7. Leadership**

##### **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

#### [Requirements for the Degree Doctor of Medicine](#)

## M.D. CURRICULUM 2023-2024 (BEGINNING WITH FALL 2023 MATRICULANTS)



# Overview of Four-Year Curriculum

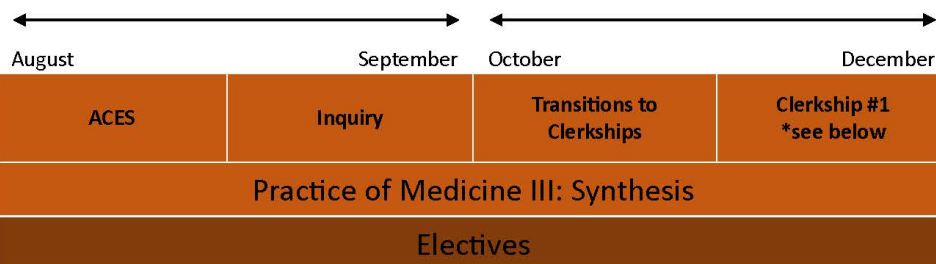
2

YEAR 2

## Fall II – Preclinical Curriculum

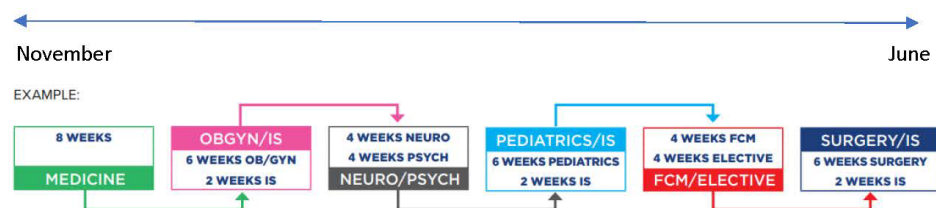
MS1-TERM 1  
8 weeks

MS1-TERM 2  
12 weeks



## Spring II – Clinical Sciences Curriculum

7 Clerkships and 3 Intersessions\*

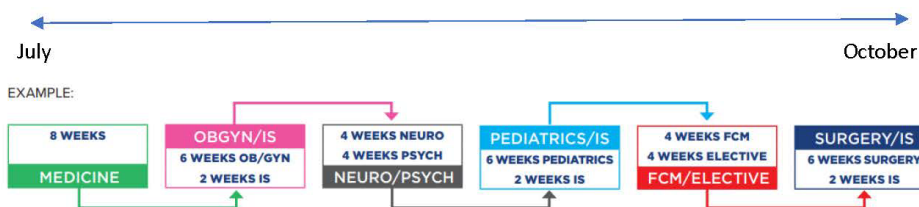


\*CLERKSHIPS: Core clerkships completed in 48 weeks (including intersessions and a 4-week elective block). Internal Medicine (8 weeks), OB/GYN (6 weeks), Neurology (4 weeks), Psychiatry (4 weeks), Pediatrics (6 weeks), FCM = Family and Community Medicine (4 weeks), Surgery (6 weeks)

IS = INTERSESSIONS: Content may include community service, wellness, procedures, or clinical electives

## Fall III – Clinical Sciences Curriculum

7 Clerkships and 3 Intersections\*



### Sub-Internship Experience – 4 weeks required in clinical years

*Family and Community Medicine, Internal Medicine, Neurology, Ob/Gyn, Pediatrics, Surgery*

### Electives

\*CLERKSHIPS: Core clerkships completed in 48 weeks (including intersections and a 4-week elective block). Internal Medicine (8 weeks), OB/GYN (6 weeks), Neurology (4 weeks), Psychiatry (4 weeks), Pediatrics (6 weeks), FCM = Family and Community Medicine (4 weeks), Surgery (6 weeks)

IS = INTERSECTIONS: Content may include community service, wellness, procedures, or clinical electives

## Spring III – Clinical Sciences Curriculum

January → June

### Sub-Internship Experience – 4 weeks required in clinical years

*Family and Community Medicine, Internal Medicine, Neurology, Ob/Gyn, Pediatrics, Surgery*


### Advanced Clerkship

*Emergency Medicine*

### Electives

CPX

## Fall to Spring – Clinical Sciences Curriculum

		
<b>Sub-Internship Experience – 4 weeks required in clinical years</b> <i>Family and Community Medicine, Internal Medicine, Neurology, Ob/Gyn, Pediatrics, Surgery</i>		
<b>Electives</b>		
	<b>APEX – Advanced Physician Experience</b>	





# Overview of Four-Year Curriculum



## Fall I – Foundational Sciences Curriculum

**MS1-TERM 1**  
9 weeks

**MS1-TERM 2**  
10 weeks

AUGUST		SEPTEMBER	OCTOBER	DECEMBER	
Foundations Basic to the Science of Medicine			Foundations Basic to the Science of Medicine		
<ul style="list-style-type: none"><li>• Anatomy</li><li>• Cell Biology &amp; Histology</li><li>• Physiology</li></ul>		<ul style="list-style-type: none"><li>• Biochemistry</li><li>• Genetics</li><li>• Cardiovascular</li></ul>	<ul style="list-style-type: none"><li>• Respiratory</li><li>• Renal</li><li>• Gastrointestinal</li></ul>	<ul style="list-style-type: none"><li>• Metabolism/Nutrition</li><li>• Endocrine</li><li>• Reproductive Systems</li></ul>	
CTAPS – Critical Thinking and Problem Solving					
PPS I – Patient, Physician and Society					
Electives					

## Spring I – Foundational Sciences Curriculum

**MS1-TERM 3**  
9 weeks

**MS1-TERM 4**  
10 weeks

**MS1-TERM 5**  
6 weeks

JANUARY		FEBRUARY	MARCH	MID MAY		JUNE
Immunologic and Pathologic Basis of Disease			Nervous System			
			Infectious Disease			
General Pharmacology			Psychiatry and Behavioral Health Sciences			
Head and Neck Anatomy			Ethics			
Research and Populations in Medicine						
PPS II – Patient, Physician and Society						
Electives						

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# Overview of Four-Year Curriculum

2

YEAR 2

## Fall II – Foundational Sciences Curriculum

MS2-TERM 1  
9 weeks

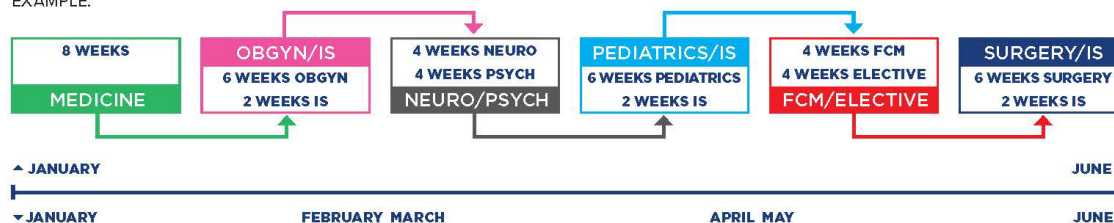
MS2-TERM 2  
10 weeks

AUGUST		SEPTEMBER		OCTOBER	NOVEMBER	DECEMBER
Cardiology	Respiratory	Gastroenterology	Genetics			
Hematology/Oncology	Renal	Endocrinology	Age Related Topics			
Dermatology		GU/GYN				
		Transition to Clinical Rotations				
PPS III – Patient, Physician and Society						
Electives						

## Spring II – Clinical Sciences Curriculum

7 Clerkships and 3 Intersessions\*

EXAMPLE:



### CABS – Clinical Application of Basic Sciences (Thursday Afternoons)

Business and Leadership in Medicine	Patient Safety	Nutrition	EBM Evidence Based Medicine
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\*CLERKSHIPS: Core clerkships completed in 48 weeks (including intersessions and a 4-week elective block). Internal Medicine (8 weeks), OB/GYN (6 weeks), Neurology (4 weeks), Psychiatry (4 weeks), Pediatrics (6 weeks), FCM = Family and Community Medicine (4 weeks), Surgery (6 weeks)  
IS = INTERSESSIONS: Content may include community service, wellness, procedures, or clinical electives

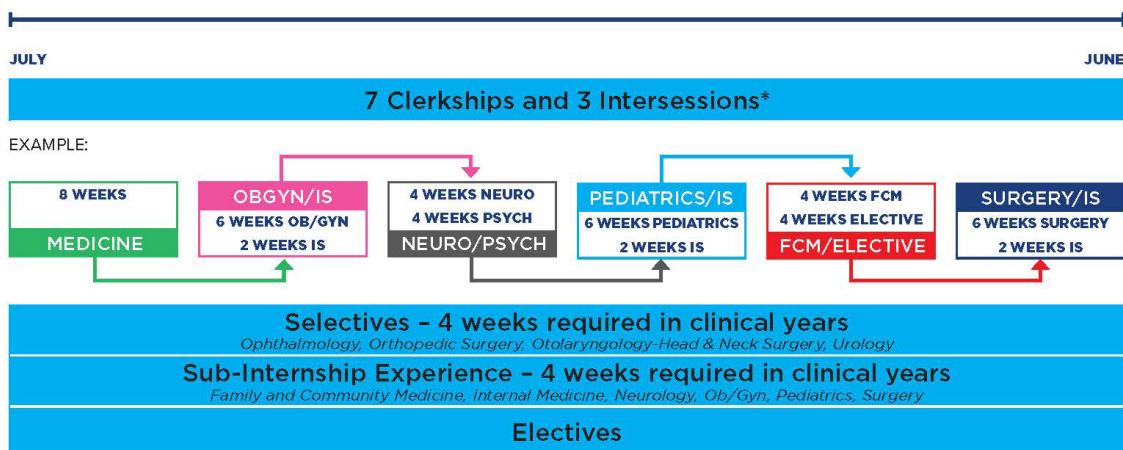
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# Overview of Four-Year Curriculum

3

YEAR 3

## Fall – Clinical Sciences Curriculum



\***CLERKSHIPS:** Core clerkships completed in 48 weeks (including intersections and a 4-week elective block). Internal Medicine (8 weeks), OB/GYN (6 weeks), Neurology (4 weeks), Psychiatry (4 weeks), Pediatrics (6 weeks), FCM – Family and Community Medicine (4 weeks), Surgery (6 weeks)  
**IS = INTERSECTIONS:** Content may include community service, wellness, procedures, or clinical electives

## Spring – Clinical Sciences Curriculum



Note: Experiences with simulation/standardized patients occur throughout preclinical and clinical years, culminating with CPX examination (Clinical Performance Examination)

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# Overview of Four-Year Curriculum



## Fall to Spring – Clinical Sciences Curriculum

JULY	DECEMBER	JANUARY	MARCH	JUNE
Selectives - 4 weeks required in clinical years <i>Ophthalmology, Orthopedic Surgery, Otorhinolaryngology, Urology</i>				
Sub-Internship Experience 4 weeks required in clinical years <i>Family and Community Medicine, Internal Medicine, Neurology, Ob/Gyn, Pediatrics, Surgery</i>				
Electives				
			APEX - Advanced Physician Experience	

### PATHWAYS

Baylor College of Medicine has developed pathways to help students explore their interests and customize their education to match their career goals.

#### [Care of the Underserved Pathway](#)

Students receive both didactic and hands-on clinical and service-based experiences.

#### [Genetics and Genomics Pathway](#)

Students have experience in didactic genetics courses, an opportunity to interact with patients and families in educational and service settings, experience in both pediatric and adult genetics, and an opportunity to learn about the laboratory aspects of genetics testing, genomics of complex disorders, and personalized genetic medicine.

#### [Global Health Pathway](#)

Students receive both didactic and clinical experiences in partnership with BCM National School of Tropical Medicine, including a one-month clinical elective abroad.

#### [Health Policy Pathway](#)

This program exposes students to the fundamental principles of business, management and the health policy issues that affect doctors, patients and society.

### [Medical Ethics Pathway](#)

Students complete three electives (after a first-year required course) that provide in-depth exposure to bioethics and its clinical applications, culminating in a scholarly project and a Certificate in Biomedical Ethics.

### [Medical Humanities Pathway](#)

The Medical Humanities Pathway provides students with instruction that hones the analytical, communicative, and performative skills utilized in the arts and humanities.

### [Medical Research Pathway](#)

This program allows participants to spend a full year conducting basic or translational research with a Baylor faculty member. A tuition scholarship and stipend are provided to all accepted participants.

### [Space Medicine Pathway](#)

Students complete four electives including a research month. Faculty members are drawn from BCM's Center for Space Medicine, Johnson Space Center, and the National Space Biomedical Research Institute.

## DUAL DEGREE PROGRAMS

Baylor College of Medicine medical students have the opportunity to earn an additional degree while they are in medical school.

### [M.D. /Ph.D. Program](#)

The Medical Scientist Training Program at Baylor College of Medicine is designed for highly motivated students. The successful applicant should have both an excellent scholastic record and sustained potential in research. Exposure to both laboratory bench work and clinical care in private practice, academic medicine or emergency room experience is also highly recommended. The combined degree program, while emphasizing continuity between clinical and basic sciences curricula, provides training that can lead to significant scientific contributions in academic and corporate research, clinical practice or a combination of both.

Students in the Medical Science Training Program may pursue their research under the auspices of any of the Baylor College of Medicine Graduate School of Biomedical Sciences programs as well as Rice University Bioengineering Graduate Program.

### [M.D. /M.B.A. Program](#)

In collaboration with Rice Jones Graduate School of Business, the school offers the M.D. /M.B.A. dual degree program for candidates seeking to integrate business knowledge with expertise in medical schools, physician groups, hospitals and managed care organizations.

### [M.D. /M.P.H. Program](#)

Baylor College of Medicine has partnered with the University of Texas School of Public Health to jointly sponsor a five-year M.D. /M.P.H. degree program.

Students accepted into the program spend their first three years at Baylor. In addition to medical school classes, students will take several online public health classes. The fourth year is spent taking classes at UTSPH. Medical students then return to BCM for their 5<sup>th</sup> year.

#### [M.D. /J.D. Program](#)

Baylor College of Medicine has teamed up with the University of Houston Law Center (UHLC) to offer a dual M.D. /J.D. Program.

Program participants can expect to earn both degrees in about six years. The first three years will be spent at BCM, the second two years will be spent studying law full-time at UHLC, and the final year would be back at BCM finishing medical school.

### POSTGRADUATE EDUCATIONAL PROGRAMS

#### GRADUATE MEDICAL EDUCATION

Baylor's residency and fellowship programs overseen by the [Office of Graduate Medical Education](#) include more than 100-programs accredited by the Accreditation Council of Graduate Medical Education (ACGME) as well as 81 Texas Medical Board approved programs. For specific information concerning curriculum, application procedures, and faculty, please visit the site to the specific program.

The Office of Graduate Medical Education is the central administrative office for the Affiliated Hospitals Residency Programs, and coordinates and implements policies and procedures defined by the Graduate Medical Education Committee.

#### [Residency Programs](#) and [Fellowship Programs](#)

#### CONTINUING PROFESSIONAL DEVELOPMENT

Baylor College of Medicine's [Office of Continuing Professional Development](#) provides continuing medical education activities that promote lifelong learning and support efforts to enhance competence and physician performance in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and systems-based practice.

Baylor's CPD Office strives to respond to the educational needs of physicians by identifying factors that impact the practice of medicine. Areas of focus include emerging evidence in technologies in diagnostics and therapeutics, quality improvement, patient safety, and other scientific advances in medicine. Educational topics also include updates in practice guidelines, changing health policies and regulations, and changing healthcare delivery systems. To achieve this goal, Baylor's CPD office takes a proactive approach in its efforts to add, enhance or expand activities and to develop new educational strategies and information technologies for delivering CPD.

Baylor's CPD office offers a full range of services to support educational development and works closely with activity directors to develop program needs assessments, implement plans, and evaluate outcomes. It also uses the resources of Baylor's [Center for Collaborative and Interactive Technologies](#) to develop innovative educational delivery methods, including just-in-time education, quality improvement, and online clinical decision support. Education program formats include:

- Live activities/courses (e.g., conferences, colloquia, symposia, workshops and webinars)



- Regularly scheduled series (e.g., grand rounds, tumor boards, and case conferences)
- Enduring materials (e.g., Internet and print)

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## Section IV: UME Faculty

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### FOUNDATIONAL SCIENCES COURSE DIRECTOR AND ASSOCIATE DIRECTORS RESPONSIBILITIES

#### **Overall Aim**

The overall aim of the Foundational Sciences Course Directors and Associate Directors is to provide students with essential foundational educational sessions and experiences to prepare them to apply knowledge and skills as they develop competence in the care of patients. The Foundational Sciences Course Directors/Associate Directors will provide documentation of the process and products of these educational experiences.

#### **Full-time Equivalent (FTE)\* Allotment for Foundational Sciences Faculty**

\*For the purposes of this document, 0.1 FTE is equivalent to one-half working day per week.

A Co-Director shares equally in the management of the Course and any associated educational dollars allotted to the course. The Director/Co-Director is the “go to” person for all aspects of the course. The Director/Co-Director delegates responsibilities to an Associate or Assistant Course Director and remains ultimately responsible for the course. Effort allocation for these roles depends on the credit hours of the course, number, duration and type of educational sessions, administrative effort and assessment effort.

#### **Appointment:**

The Course Director may be recommended by a faculty member, chair or dean and is appointed by the Dean. The Course Director will receive an annual review by the Sr. Dean of the College of Medicine and School of Health Professions or designee and is reappointed annually by the Dean. The Course Director/Co-Director and Associate/Assistant Directors serve at the pleasure of the Dean and can be removed at the Dean’s discretion.

#### **Essential Products:**

Curriculum design and maintenance

- Adhere to all accreditation requirements
- Create course goals and objectives that flow from the Institutional CCGGs
- Develop, document and oversee course experiences that are driven by the CCGG’s
- Ensure all teaching activities have objectives tied to the course CCGGs
- Generate and distribute curriculum materials in a timely manner that support the Foundational Sciences experience
- Recruit, organize and oversee the curriculum delivered by course faculty
- Oversee all schedules related to the course
- Manage the orientation of students and educators

- Direct and ensure all students receive formative feedback during the course in compliance with BCM Policy
- Ensure individual student assessment methods are linked to the core goals and objectives
- Ensure ongoing program assessment methods are linked to the core goals and objectives
- Maintain ongoing communication regarding the course with students
- Oversee the timely completion and submission of a written final grade for each student in compliance with BCM policy
- Promote clear and specific guidelines and expectations for student participation in all educational sessions in the course
- Establish and maintain a process for detecting and remediating students with academic or professionalism difficulties
- Recognize, investigate, and mitigate student grievances, including evaluations, grades, misconduct, and mistreatment
- Participate meaningfully and constructively in curricular re-design and deployment

#### Course Infrastructure

- Work collaboratively with the Curriculum Office staff and Deans to assure timely, complete and high quality educational sessions and materials
- Maintain course integrity, including the recruitment and development of new teaching faculty and new pedagogy
- Encourage pedagogical innovation
- Maintain ongoing communication with teaching faculty and teaching assistants regarding course expectations
- Review and distribute, as appropriate, course evaluation data on a regular basis and revise curriculum or structure when needed
- Review and distribute, as appropriate, teaching evaluations with specific comments to teaching faculty
- Maintain ongoing communication with the department Chair, Vice Chair of Education, and undergraduate medical education committees regarding student and program effectiveness and needs, if applicable
- Communicate teaching contributions of faculty to the department Chair and Vice Chair of Education, if applicable
- Prepare for and participate in site visits by accrediting bodies
- Oversee training and cross-training of course co-directors/associate directors and coordinators in order to ensure coverage of duties in times of absence as well as provide feedback about performance and participate in the annual review process of these individuals
- Organize and participate in regular meetings of the undergraduate medical education team

#### Teaching and Evaluation

- Develop and give educational sessions for students in your course
- Work with other course directors to maximize integration and synergy between courses
- Participate in formal mid-course formative sessions

#### Educational research and scholarship

- Attend national educational meetings to build educational skills



- Submit and give presentations on course innovations and scholarship at local and national educational meetings
- Generate and disseminate course-related scholarly products and innovations

#### **Experiences Needed:**

- Demonstrate a working knowledge of national, college, and department specific curricular goals in the discipline
- Meet and maintain faculty development requirements in course supervision, classroom instruction, active learning pedagogies, and formative/summative evaluation

#### **FOUNDATIONAL SCIENCES ASSOCIATE/ASSISTANT COURSE DIRECTOR RESPONSIBILITIES**

##### **Appointment:**

A Foundational Sciences Course Associate/Assistant Director may be recommended by a faculty member, chair or dean and is appointed by the Dean. The Associate/Assistant Director will receive an annual review by the Course Director and/or the Dean of the College of Medicine or designee and is reappointed annually by the Dean. The Associate/Assistant Directors serve at the pleasure of the Dean and can be removed at the Dean's discretion. The Foundational Sciences Course Associate Director is recommended by a departmental process and approved by the Dean.

##### **Overall Objective:**

The Foundational Sciences Course Associate/Assistant Director assists the Course Director with the organization and maintenance of the medical student curriculum and is able to manage the course during planned or unplanned absences of the Course Director.

##### **Essential Products:**

Curriculum design and maintenance

- Adhere to all accreditation requirements
- Create course goals and objectives that flow from the Institutional CCGGs
- Develop, document and oversee course experiences that are driven by the CCGG's
- Ensure all teaching activities have objectives tied to the course CCGGs
- Generate and distribute curriculum materials in a timely manner that support the Foundational Sciences experience
- Recruit, organize and oversee the curriculum delivered by course faculty
- Oversee all schedules related to the course
- Manage the orientation of students and educators
- Direct and ensure all students receive formative feedback during the course in compliance with BCM SOM procedures
- Ensure individual student assessment methods are linked to the core goals and objectives
- Ensure ongoing program assessment methods are linked to the core goals and objectives
- Maintain ongoing communication regarding the course with students
- Oversee the timely completion and submission of a written final grade for each student in compliance with BCM policy
- Promote clear and specific guidelines and expectations for student participation in all educational sessions in the course
- Establish and maintain a process for detecting and remediating students with academic or professionalism difficulties

- Recognize, investigate, and mitigate student grievances, including evaluations, grades, misconduct, and mistreatment
- Participate in pre-course and preterm meetings with course and curriculum leadership
- Participate meaningfully and constructively in curricular re-design and deployment utilizing active learning pedagogies

#### Course infrastructure

- Organize and participate in cross-training activities with the Course Director and other Course Co-Directors to ensure coverage of duties in times of absence
- Attend and participate in meetings of the undergraduate medical education team
- Develop and give educational sessions in the course

#### Educational research and scholarship

- With financial support from the department, attend annual national medical educational meetings to build educational skills
- Submit and give presentations on educational innovations and scholarship at local and national educational meetings

#### Experiences Needed:

- Develop a working knowledge of national, college, and department-specific curricular goals in the discipline
- Meet and maintain faculty development requirements in course supervision, classroom instruction, active learning pedagogies, and formative/summative evaluation

### CORE CLERKSHIP OVERSIGHT TEAM RESPONSIBILITIES

#### Overall Aim

The overall aim of the clerkship oversight team is to provide students with essential experiences in which to apply knowledge and skills as they develop competence in the care of patients and provide documentation of the process and products of these experiences.

#### Full-time Equivalent (FTE)\* Allotment for Core Clerkship Faculty

\*For the purposes of this paper, 0.1 FTE is equivalent to one-half working day per week.

As departments may have varying degrees of resource allocation toward clerkship education efforts, the composition of the clerkship team may differ between departments.

The College advocates that a Clerkship Director have a minimum of 50% FTE of dedicated time in order to successfully run a Clerkship. The Associate Clerkship Director provides essential redundancy in clerkship leadership, specifically in the absence of the Clerkship Director, and should be allotted 20% FTE. The Assistant Clerkship Director(s), who serve as site or rotation directors, is/are anticipated to require 10% FTE to meet the obligations of their role.

**Overall, at least 100% FTE is necessary to adequately manage a core clerkship.**

## CLERKSHIP DIRECTOR RESPONSIBILITIES

### **Appointment:**

The Clerkship Director and Clerkship Oversight team will be recommended by a departmental process and appointed by the Dean of the School of Medicine in consultation with the Associate Dean of Curriculum or designee. They serve at the pleasure of the Dean, School of Medicine and can be removed at the Dean's discretion. Continued service in this role will be accompanied by annual performance evaluations completed by the Associate Dean of Curriculum or designee and reappointed annually by the Dean.

### **Essential Products:**

Curriculum design and maintenance

- Design and document core clerkship educational goals and objectives
- Develop and oversee a full time clinical experience that meets medical school learning objectives, including formulating clear and specific guidelines and expectations for student participation in patient care at all clinical sites
- Generate and distribute curriculum materials that support the clinical experience
- Organize and oversee curriculum delivered by departmental faculty
- Oversee all schedules related to clinical and non-clinical experiences of the clerkship, including didactic seminars
- Manage the orientation of students and educators
- Ensure all students receive direct observation and summative assessment of patient history-taking and physical examination skills by teaching faculty and house staff
- Direct and ensure all students receive formal mid-term feedback
- Maintain ongoing communication of clerkship events with each rotation of students
- Maintain a strategy for individual student assessment linked to the core goals and objectives
- Maintain a strategy for ongoing program assessment linked to the core goals and objectives
- Work with the Simulation team to develop, standardize, and maintain reliable standardized patient examinations which address core goals and objectives
- Oversee the timely completion and submission of a written final grade for each student, including an individual student narrative noting goals met, strengths, and areas for continued work
- Establish and maintain a process for detecting and remediating students with academic or professionalism difficulties
- Recognize, investigate, and mitigate student concerns or grievances, including but not limited to evaluations, grades, misconduct, and mistreatment
- Assist students applying to residency programs through mentoring and letters of recommendation

Clerkship Infrastructure

- Ensure sufficient and comparable clinical experiences across all teaching sites
- Recruit associate clerkship directors
- Maintain clerkship integrity, including the recruitment and development of new teaching faculty and sites

- Maintain ongoing communication with teaching faculty and house staff regarding clerkship expectations
- Review and distribute, as appropriate, clerkship evaluation data on a regular basis and revise curriculum or structure when needed
- Review and distribute, as appropriate, teaching evaluations with specific comments to teaching faculty
- Maintain ongoing communication with the department Chair, Vice Chair of Education, and undergraduate medical education committees regarding student and program effectiveness and needs
- Communicate teaching contributions of faculty to the department Chair and Vice Chair of Education
- Prepare for and participate in site visits by accrediting bodies
- Oversee training and cross-training of associate clerkship directors and clerkship coordinators in order to ensure coverage of duties in times of absence as well as provide feedback about performance and participate in the annual review process of these individuals
- Organize and participate in regular meetings of the undergraduate medical education team
- Attend and actively participate in all meetings of the Sub-Internship and Clerkship Subcommittee of the Curriculum Committee (minimum attendance: 50%)

#### Teaching and Evaluation

- Develop and give seminars for each rotation of students
- Supervise and teach individual students in clinical settings
- Participate in formal mid-term feedback sessions

#### Educational research and scholarship

- Attend national educational meetings to build educational skills
- Submit and give presentations on clerkship innovations and scholarship at local and national educational meetings
- Generate and disseminate clerkship-related scholarly products and innovations

#### Experiences Needed:

- Demonstrate a working knowledge of national, college, and department specific curricular goals in the discipline
- Meet and maintain faculty development requirements in clinical supervision, classroom instruction, and formative/summative evaluation

#### ASSOCIATE CLERKSHIP DIRECTOR RESPONSIBILITIES

##### **Appointment:**

Associate Clerkship Director is recommended by a departmental process and approved by the Dean in consultation with the Associate Dean of Curriculum or designee. They serve at the pleasure of the Dean, School of Medicine and can be removed at the Dean's discretion. Continued service in this role will be accompanied by annual performance evaluations completed by Associate Dean of Curriculum or designee and reappointed annually by the Dean/designee.

##### **Overall Objective:**

Associate Clerkship Director assists the Clerkship Director with the organization and maintenance of the medical student curriculum and is able to manage the clerkship during planned or unplanned absences of the Clerkship Director.

**Essential Products:**

Curriculum design and maintenance

- Assist the Clerkship Director in the development and implementation of the essential products of the clerkship
- Assist the Clerkship Director in the design and documentation of core clerkship educational goals and objectives
- Support a full time clinical experience that meets medical school learning objectives for every student
- Promote clear and specific guidelines and expectations for student participation in patient care
- Contribute to the generation and organization of curriculum materials that support the clinical experience
- Assist with the orientation of students and educators
- Assist with direct observations of students performing histories and physical examinations by teaching faculty and house staff
- Assist with formal mid term feedback sessions for students
- Maintain ongoing communication regarding clerkship events with each rotation of students
- Ensure all students receive direct observation and summative assessment of patient history-taking and physical examination skills by teaching faculty and house staff
- Ensure individual student assessment methods are linked to the core goals and objectives
- Ensure ongoing program assessment methods are linked to the core goals and objectives
- Organize and oversee curriculum delivered by departmental faculty
- Assist with the development and maintenance of reliable standardized patient examinations which address core goals and objectives
- Assist with the completion and submission of a written final grade for each student, including an individual student narrative noting goals met, strengths, and areas for continued work
- Support the process for detecting and remediating students with academic or professionalism difficulties
- Recognize, investigate, and mitigate student grievances, including evaluations, grades, misconduct, and mistreatment
- Assist students applying to residency programs through mentoring and letters of recommendation

Clerkship infrastructure

- Organize and participate in cross-training activities with the Clerkship Director to ensure coverage of duties in times of absence
- Attend at least 50% of all meetings of the Sub-internship and Clerkship Subcommittee of the Curriculum Committee
- Attend and participate in meetings of the undergraduate medical education team
- Develop and give seminars for each rotation of students
- Supervise and teach individual students in clinical care

#### Educational research and scholarship

- With financial support from the department, attend annual national medical educational meetings to build educational skills
- Submit and give presentations on clerkship innovations and scholarship at local and national educational meetings

#### **Experiences Needed:**

- Develop a working knowledge of national, college, and department-specific curricular goals in the discipline
- Meet and maintain faculty development requirements in clinical supervision, classroom instruction, and formative/summative evaluation

#### SITE DIRECTOR RESPONSIBILITIES

##### **Appointment:**

The Site Director is recommended by a departmental process and approved by the Dean in consultation with the Associate Dean of Curriculum or designee. They serve at the pleasure of the Dean, School of Medicine and can be removed at the Dean's discretion. Continued service in this role will be accompanied by annual performance evaluations completed by Associate Dean of Curriculum or designee and reappointed annually by the Dean/designee.

##### **Essential Products:**

- Provide a full-time clinical experience at the site/sub rotation that meets the clerkship's learning objectives, including providing clear and specific guidelines for student participation in patient care
- Ensure orientation of students to the site/sub rotation
- Ensure educators receive clear and specific guidelines regarding student participation in activities and patient care for the site/sub rotation
- Assist with student assessments at the site/sub rotation based on the clerkship's goals and objectives
- Assist the Clerkship Director in detecting and remediating students with academic or professionalism difficulties
- Recruit/retain teaching faculty, including volunteer faculty, at the clinical site
- Attend meetings of the undergraduate medical education team and clerkship oversight team

##### **Experiences Needed:**

- Meet and maintain faculty development requirements in clinical supervision, classroom instruction, and formative/summative evaluation

#### SUB-INTERNSHIP OVERSIGHT TEAM RESPONSIBILITIES

##### **Overall Aim**

The overall aim of the sub-internship oversight team is to provide students with essential experiences in which to apply knowledge and skills as they develop competence in the care of patients and provide documentation of the process and products of these experiences.

##### **Full-time Equivalent (FTE)\* Allotment for Sub-Internship Faculty**

\*For the purposes of this paper, 0.1 FTE is equivalent to one-half working day per week.

The composition of the sub-internship team differs between departments based on the average total enrollment in the sub-internship. The College advocates that a Sub-Internship Director be provided with dedicated time in order to successfully run a Sub-Internship based on the enrollment of the clerkship.

**Appointment:**

The Sub-internship Director and Sub-internship Oversight team will be recommended by a departmental process and appointed by the Dean of the School of Medicine in consultation with the Associate Dean of Curriculum. They serve at the pleasure of the Dean, School of Medicine. Continued service in this role will be accompanied by annual performance evaluations completed by the Associate Dean of Curriculum or designee and reappointed annually by the Dean.

Sub-internship Co-directors will share the allotted FTE, with equal and collaborative sharing of leadership responsibilities as outlined below.

### SUB-INTERNSHIP DIRECTOR RESPONSIBILITIES

**Essential Products****Curriculum design and maintenance**

- Design and document sub-internship educational goals and objectives
- Develop and oversee a full-time clinical experience that meets medical school learning objectives, including formulating clear and specific guidelines and expectations for student participation in patient care at all clinical sites
- Generate and distribute curriculum materials that support the clinical experience
- Organize and oversee curriculum delivered by departmental faculty
- Oversee all schedules related to clinical and non-clinical experiences of the sub-internship, including educational seminars
- Manage the orientation of students and educators
- Ensure all students receive direct observation and timely summative assessment of patient history-taking and physical examination skills by teaching faculty and house staff
- Direct and ensure all students receive formal mid-term feedback
- Maintain ongoing communication of sub-internship events with each rotation of students
- Maintain a strategy for individual student assessment linked to the goals and objective
- Maintain a strategy for ongoing program assessment linked to the goals and objectives
- Oversee the timely completion, calculation, and submission of a written final grade for each student, including an individual student narrative
- Establish and maintain a process for detecting and remediating students with academic or professionalism difficulties
- Recognize, investigate, and mitigate student grievances, including evaluations, grades, misconduct, and mistreatment
- Assist students applying to residency programs through mentoring and letters of recommendation

**Sub-Internship Infrastructure**

- Ensure sufficient and comparable clinical experiences across all teaching sites
- Collaborate with co-director to assure appropriate sharing of responsibilities

- Maintain sub-internship integrity, including the recruitment and development of new teaching faculty and sites
- Maintain ongoing communication with teaching faculty and house staff regarding sub-internship expectations
- Review and distribute, as appropriate, sub-internship evaluation data on a regular basis and revise curriculum or structure when needed
- Review and distribute, as appropriate, teaching evaluations with specific comments to teaching faculty
- Maintain ongoing communication with the Department Chair, Vice Chair of Education, and undergraduate medical education committees regarding student and program effectiveness and needs
- Communicate teaching contributions of faculty to the department Chair and Vice Chair of Education Prepare for and participate in site visits by accrediting bodies
- Complete the course review process for accreditation and continuous quality improvement
- Oversee training and cross-training of sub-internship leadership and coordinators in order to ensure coverage of duties in times of absence as well as provide feedback about team members as part of annual performance reviews
- Organize and participate in regular meetings of the undergraduate medical education team, including departmental UME curriculum meetings and sub-I grading committee meetings as appropriate
- Attend and actively participate in greater than 50% of all meetings of the Sub-Internship Subcommittee of the Curriculum Committee

#### Teaching and Evaluation

- Develop and deliver educational sessions for each rotation of students
- Ensure implementation of sub-I workshop, including scheduling, serving as a facilitator and recruiting additional faculty facilitators
- Supervise and teach students in clinical settings
- Perform or delegate formal mid-term feedback with each student

#### Educational research and scholarship

- Attend local and/or national educational meetings to build educational skills
- Submit and give presentations on sub-internship innovations and scholarship at local and national educational meetings
- Generate and disseminate sub-internship-related scholarly products and innovations

#### Experiences Needed:

- Demonstrate a working knowledge of national, college, and department specific curricular goals in the discipline
- Meet and maintain faculty development requirements in clinical supervision, classroom instruction, and formative/summative evaluation

#### SELECTIVE DIRECTOR RESPONSIBILITIES

##### Appointment:

The Selective Director (and Associate Selective Director) is appointed by an approved departmental



process at the discretion of the Chair/Vice Chair of Education in collaboration with the Deans of Undergraduate Medical Education.

**Essential Products: (other duties may be required as directed by the Curriculum leadership)**

Curriculum design and maintenance

- Design and document selective educational goals and objectives
- Develop and oversee a full time clinical experience that meets medical school learning objectives for every student including formulating clear and specific guidelines and expectations for student participation in patient care
- Generate and organize curriculum materials that support the clinical experience
- Plan didactic seminars for each rotation of students
- Organize and oversee curriculum delivered by departmental faculty
- Oversee all schedules related to the clinical experience
- Manage the orientation of students and educators
- •Direct and ensure observations of students performing histories and physical examinations by teaching faculty and house staff
- Direct and ensure formal mid term feedback for students
- Maintain ongoing communication regarding selective events with each rotation of students
- Ensure ongoing assessment methods of individual students, which are linked to the goals and objectives of the College
- Ensure ongoing assessment of program evaluation methods, which are linked to the goals and objectives of the College
- Develop and maintain reliable examinations which address core goals and objectives
- Oversee timely completion and submission of final grades to the College's Registrar for every student, including the construction of a narrative noting goals met, strengths, and areas for continued work
- Establish and maintain a process for detecting and remediating students with academic or professionalism difficulties
- Recognize, investigate, and mitigate students' concerns regarding final grades
- Assist students applying to residency programs through mentoring and letters of recommendation

Selective Infrastructure and related duties

- 
- Maintain sufficient and comparable clinical experiences across all teaching sites
- Maintain course integrity, including the recruitment and development of new teaching faculty and sites
- Maintain ongoing communication with teaching faculty and house staff regarding course expectations
- Review evaluation data on a regular basis and revise curriculum or selective structure when needed
- Maintain ongoing communication with the department Chair, Vice Chair of Education, and undergraduate medical education committees regarding student and program effectiveness and needs
- Communicate teaching contributions of faculty to the department Chair and Vice Chair of Education

- Establish and maintain efforts for continuous improvement of the clinical learning environment
- Prepare for and participate in site visits by accrediting bodies
- Complete the course review process for accreditation and continuous quality improvement
- Oversee training and cross-training of any additional supportive members of the selective leadership and administrative team, such as assistance director(s), site director(s) and coordinators in order to ensure coverage of duties in times of absence
- Organize during non-clinical time regular meetings of the undergraduate medical education team
- Attend the meetings of the sub-internship and clerkship (SIC) subcommittee of the Curriculum Committee

#### Teaching and Evaluation

- Develop and give educational sessions for each rotation of students
- Supervise and teach individual students in clinical care

#### Educational research and scholarship

- Attend local and/or national educational meetings to build educational skills
- Submit and give presentations on clerkship innovations and scholarship at local and/or national educational meetings
- Create Scholarship on selective innovations

#### Experiences Needed:

- Demonstrate a working knowledge of national, college, and department specific curricular goals in the discipline
- Meet and maintain faculty development requirements in clinical supervision, classroom instruction, and formative/summative evaluation
- Knowledge of course content

#### ELECTIVES OVERSIGHT TEAM RESPONSIBILITIES

#### DEPARTMENTAL LEAD ELECTIVE OFFICER (DLEO) RESPONSIBILITIES

##### Appointment:

The DLEO will be recommended by a departmental process and appointed by the Dean of the School of Medicine in consultation with the Associate Dean of Curriculum. They serve at the pleasure of the Dean, School of Medicine and can be removed at the Dean's discretion. Continued service in this role will be accompanied by annual performance evaluations completed by the Associate Dean of Curriculum or designee and reappointed annually by the Dean.

##### FTE: 2.5-10% (reflects number of electives offered in Department)

- Participate in meetings with Office of Registrar and Dean of Curriculum. Meetings are quarterly but may be added as needed. Meetings are to keep departments and faculty apprised of LCME and institutional requirements for BCM electives as well as visiting students on electives.
- Coordinate elective course directors within the department to ensure they are aware of LCME and institutional requirements regarding electives as well as international and visiting students
- Ensure timely responses and communication with the Office of the Registrar and Deans in SOM.

- Ensure timely and appropriate completion of elective renewal forms in collaboration with elective course directors (if applicable). This process will occur annually and will include but not be limited to accurate enrollment numbers, clear and achievable objectives, identification of appropriate faculty and coordinators.
- Ensure timely submission of all student performance assessment forms for the electives within the department as per the BCM SOM Submission of Grades policy. Emails regarding timeliness will come from the Accreditation Specialist in the Curriculum Office.
- Provide course directors and course faculty orientation. During which, ensure course directors and all course faculty are aware of and receive BCM Core Competency Graduation Goals, Course Objectives, BCM SOM policies.
- Participate in continuous quality improvement of electives to address concerns with courses and faculty as identified by the review process. Respond to action items regarding course and faculty deficiencies as identified in review process.
- Coordinate applications and implementation of new electives.
- Respond to requests to deactivate electives (due to low enrollment numbers, poor organization or poor performance).
- Provide information as required for the curriculum mapping process in SOM.

#### ELECTIVE COURSE DIRECTOR RESPONSIBILITIES

- Faculty in charge of specific elective.
- Reports to DLEO if identified for their department
- Develop goals and objectives of elective, schedule, grading rubric for elective; provide orientation, mid-term feedback, direct observation of student performance and final evaluation
- Participate in meetings with Office of Registrar and Dean of Curriculum. Meetings are quarterly but may be added as needed. Meetings are to keep departments and faculty apprised of LCME and institutional requirements for BCM electives as well as visiting students on electives.
- Work with coordinator to provide enrolled students information regarding first day expectations including but not limited to: location and time of orientation, any pre elective requirements, badging.
- Provide in-person orientation on the first day of the rotation to students enrolled in assigned courses. Orientation to include information about expectations, goals and objectives for the rotation, grading policies, clinical schedules, faculty contacts, emergency contacts and all SOM policies.
- Ensure timely completion and submission of grades in accordance to SOM Grade Submission Policy.
- Oversight of all students participating in assigned course: BCM and visiting (national and international)
- Participate in regular meetings with the Departmental Lead Elective Officer (if applicable)

#### TEACHING FACULTY RESPONSIBILITIES

##### Summary:

A **teaching faculty member** should help the director in teaching a required medical school course, keeping with the School's overall competency-based learning objectives, recommendations of the Curriculum Committee and relevant national recommendations.

##### Specific Responsibilities:

- Teaching of lectures, small group sessions, clinical teaching rounds, and other educational activities, etc.
- Writing lecture objectives and test questions.
- Attend and participate in course orientations and course director meetings.
- Assist with the implementation of new curricular items including, but not limited to small group case discussions, on-line education experiences, flipped classroom methodologies, team-based learning, etc.
- Role model team work and interprofessionalism for the students.
- Complete evaluations in a timely manner to ensure compliance with grade submission policy
- When applicable, provide appropriate clinical supervision
- When applicable, assist in providing direct observation of students performing physical exams and histories
- Participate in professional development activities
- Assist the Course Director(s) in new school or course initiatives and needs as they arise.
- Abide by all institutional and program policies

**Qualifications:**

- M.D. degree and/or Ph.D. and board certification in their specialty
- Demonstrated a commitment to diversity and inclusiveness in leadership and possess the ability to work with a varied group of educators and stakeholders
- Outstanding interpersonal skills including the ability to work on a team
- Demonstrated scholarship in medical education nationally
- A commitment to excellence in health care outcomes and quality
- A commitment to medical student advocacy
- Commitment to service

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## Section V: Policies and Guidelines

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### STUDENT/TRAINEE LEARNING ENVIRONMENT

#### BCM Code of Conduct (31.1.01)

Every member of the BCM community shares in the responsibility for sustaining the highest ethical and professional standards outlined in the [BCM Code of Conduct](#) . We are individually and collectively accountable for our conduct and compliance with laws, regulations and BCM policies.

#### **Core Code of Conduct Principles**

The [BCM Code of Conduct](#) is a resource as we endeavor to achieve our mission. The BCM community is committed to the following Code of Conduct principles:

- We comply with laws and regulations
- We follow our academic standards
- We adhere to ethical and leading social media practices and policies
- We comply with research standards
- We abide by our policy concerning disclosure of outside interests

- We document, bill and develop our financial reports accurately
- We follow work place health and environmental standards
- We protect the confidential information of our patients, co-workers and BCM
- We adhere to patient rights and responsibilities
- We protect our intellectual property, proprietary information and assets
- We follow human resources policies and guidelines
- We adhere to our non-retaliation policy

#### 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.

#### Teacher Responsibilities

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 individuals can communicate any concern about breaches of this compact
- Accept responsibility for instilling these attributes in learners and faculty for whom I have responsibility

### **Learner Responsibilities**

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 individuals can communicate any concern about breaches of this compact

### **Educational Staff Responsibilities**

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 work and can communicate any concern about breaches of this compact

### **SEXUAL MISCONDUCT AND OTHER PROHIBITED CONDUCT POLICY (02.2.26)**

BCM is committed to providing a safe and supportive environment for all BCM Community Members. Title IX of the Education Amendments of 1972, 20 U.S.C. §1681, prohibits discrimination based on sex in all programs or activities that receive Federal financial assistance. Individuals have the right to be free from all forms of sex-based discrimination, including Sexual Misconduct and other Prohibited Conduct as defined in the [Sexual Misconduct and Other Prohibited Conduct Policy \(02.2.26\)](#).

Prohibited Conduct under this Policy includes:

- Dating Violence
- Domestic Violence
- Sexual Assault
- Sexual Exploitation
- Sexual Harassment
- Sexual Misconduct
- Stalking.

### **Reporting Prohibited Conduct to the College**

- 1) On-Campus emergency call extension 8811 (713-798-8811)

- 2) For non-emergency assistance, please call BCM Security Office at extension 8-3000 (713-798-3000).
- 3) Anonymous reporting to the College
  - a) Hotline: 855-764-7292 or <https://secure.ethicspoint.com> (Enter "Baylor College of Medicine" as Organization Name).
- 4) Confidential reporting within the College
  - a) Student and House Staff Mental Health Service: 713-798-4881 or [student-help@bcm.edu](mailto:student-help@bcm.edu).
  - b) Wellconnect (students only): 866-640-4777 or <http://www.wellconnectbysrs.com>
  - c) Employee Assistance Program (EAP) 713-500-3008 or 866-893-3776 (EAP resources are for faculty/staff only)
- 5) For confidential discussion only, consult the Office of the Ombudsman.
  - a) Phone: (713) 798-5039
  - b) Email: [ombudsoffice@bcm.edu](mailto:ombudsoffice@bcm.edu)
  - c) Website: <https://www.bcm.edu/ombuds>
- 6) [Online complaints may be filed through the Integrity Hotline](#), and complaints may otherwise be filed in-person, through interoffice mail, U.S. Mail, or email to:

<b>Title IX Coordinator</b>	Toni. M. Gray Director, Title IX & Disability Services	<a href="mailto:Toni.Gray@bcm.edu">Toni.Gray@bcm.edu</a> Mail Stop: BCM 411 (713) 798-8137
<b>Deputy Title IX Coordinator</b>	Marsha Brewington Office of Institutional Diversity, Inclusion and Equity	<a href="mailto:Marsha.Brewington@bcm.edu">Marsha.Brewington@bcm.edu</a> Mail Stop: BCM 411 Phone: (713) 798-2527

**Retaliation.** BCM will not tolerate Retaliation in response to or in connection with any report of Prohibited Conduct and may impose interim or permanent sanctions against individuals who retaliate in violation of this Policy.

#### [POLICY REGARDING HARASSMENT, DISCRIMINATION AND RETALIATION \(02.2.25\)](#)

The purposes of this policy are to

- 1) address forms of harassment and discrimination in education and/or employment that are prohibited by Title VI and Title VII of the Civil Rights Act of 1964, Age Discrimination in Employment Act of 1967 (ADEA), Genetic Information Nondiscrimination Act of 2008 (GINA), and the Americans with Disabilities Act of 1990 (ADA)
- 2) distinguish Baylor College of Medicine investigation, adjudication, and appeal or grievance procedures for Title IX issues (e.g., sexual harassment) and sex-based discrimination in education, which are addressed by other College policies.
- 3) To view the full policy please click [HERE](#).

#### Reporting Options

- 1) *Traditional.* Any BCM Community Member who wishes to report a potential violation of this policy may contact the Human Resources Employee Relations Team directly, or make a report through the Integrity Hotline phone or website (see Section VI.B.ii.):
  - a. Email: [employeerelations@bcm.edu](mailto:employeerelations@bcm.edu), or
  - b. Phone: (713) 798-4346.

- 2) *Anonymous*. Any BCM Community Member who alleges a violation of this Policy and wishes to remain anonymous may report via the Integrity Hotline:

a. Integrity Hotline Phone: 855-764-7292, or

b. Integrity Hotline Website: <https://secure.ethicspoint.com> (Enter “Baylor College of Medicine” as the Organization Name).

#### INTEGRITY HOTLINE POLICY (31.2.02)

A confidential and anonymous reporting mechanism is required for an effective compliance program. The BCM Integrity Hotline allows confidential and anonymous reporting of known or suspected improper activity or wrongdoing, which will be investigated and appropriately addressed by BCM. Baylor has a ‘no retaliation’ policy for reports made in good faith.

#### Reporting Obligations

Consistent with the [Code of Conduct \(31.1.01\)](#) and other relevant BCM policies, BCM Employees and Learners have a responsibility to report improper activity or wrongdoing to their immediate supervisor or appropriate Dean. If an individual is not comfortable speaking with their supervisor or is not satisfied with the response, they may report to the following offices or resources:

- 1) Office of Human Resources – 713-798-4346
- 2) Office of the General Counsel – 713-798-9172
- 3) Office of Risk Management – 713-798-4509
- 4) Office of Compliance & Audit Services – 713-798-4366
- 5) The confidential and anonymous BCM Integrity Hotline- 855-764-7292 or electronically at [www.bcm.ethicspoint.com](http://www.bcm.ethicspoint.com) (Enter “Baylor College of Medicine” as Organization Name)

#### False Reporting

Anyone who knowingly, or with reckless disregard for the truth, gives false information or knowingly makes a false report will be subject to disciplinary action, up to and including termination of employment or relationship with BCM.

#### Confidentiality of Reports

The confidentiality of individuals who report allegations of improper activity or wrongdoing will be protected as required by applicable law and within the scope of BCM accreditation requirements.

#### Disclosure of Trade Secrets

Any BCM Community Member who discloses a Trade Secret while making a report of improper activity or wrongdoing may be subject to criminal or civil liability under federal and state law, regardless of whether the Trade Secret is held solely by BCM or shared with a third-party. For notice of immunity information, please review the full policy [HERE](#).

#### STUDENT APPEALS AND GRIEVANCES POLICY (23.1.08)

The purposes of this policy are to: 1) define and distinguish grievances by type, either Informal Grievances or Formal Grievances; 2) describe options for student reporting of Informal and Formal Grievances at Baylor College of Medicine (BCM), 3) differentiate procedures to resolve Grievances by type; and 4) outline procedures to resolve Appeals by type. BCM is committed to treating all students respectfully and fairly and providing a high quality educational environment and experience. BCM seeks



to address and resolve all student Appeals and Grievances fairly and promptly. To review the full policy click [HERE](#).

1) Criteria for Student Reporting of Grievances and Appeals

- a. Grievances – A Grievance is the appropriate method for an enrolled student to express unease or dissent about a personal experience, circumstance, campus event, or decision of BCM or its agents, including faculty or staff administrators. A situation precipitating a Grievance may affect the student’s academic status or social or professional experiences within BCM. BCM is responsible for forwarding the Grievance to the appropriate office for review:
  - i. The grievance process cannot be used if the student is seeking to reverse or change an academic decision.
  - ii. Administrative review of Grievances arising out of a personal experience, incident, or other circumstance on campus may lead to a formal investigation of the subject matter. The investigation could result in corrective or disciplinary action against BCM students, faculty, staff, or contractors alleged to have violated BCM policies or BCM academic standards enforced by a school or program. The investigation could also lead to other appropriate actions by BCM, based on all the circumstances.
  - iii. Review of Grievances arising out of off-campus incidents with non-BCM community members, such as students who are not currently enrolled or guests or past trustees, employees, or contractors no longer affiliated with BCM, is limited to consideration of the impact on the BCM student. This review is processed through the office of the appropriate School Dean or Designee, such as a Program Director. However, if the Grievance relates to an incident with a non-BCM community member on campus, the administrative review will be conducted by the Security Office or Designee, and, consistent with other applicable BCM policies, may prohibit this individual from accessing the BCM campus or result in other appropriate action.
  - iv. The School Dean or Designee has discretion to activate the Wellness Intervention Team or other designated administrators in the Office of Student Services, such as the Director of Title IX & Disability Services (or designee), to facilitate access to campus resources.
- b. Appeals – an appropriate method for an enrolled student to contest a grade; adverse action, such as probation or other academic determination; or a finding of academic misconduct.
  - i. Appeals under this policy must be submitted in writing through the [Integrity Hotline Website](#).
- c. Additional Considerations for Grievances & Appeals

- i. Student should determine the appropriate reporting method based on applicable policies.
- ii. Any report that fails to use the appropriate mechanism is invalid and rejected.
- iii. Students who use the wrong mechanism will be notified and encouraged to use the proper reporting mechanism.
- iv. If no existing BCM policy covers a particular matter, a Grievance is the default reporting method.
- v. Students on an approved Leave of Absence (LOA) either voluntary or involuntary are not officially or currently enrolled for the duration of the LOA. A student on an LOA cannot pursue Appeals of Grievances for the duration of the LOA. However, a student may report a Grievance upon readmission to the school or program.

## 2) Grievance Reporting Mechanisms

- a. Informal Grievances – students seeking informal resolution of Grievances may report the issue orally.
  - i. Any school official to initiate discussion of an Informal Grievance.
  - ii. Discussion among Affected Parties to reach resolution.
  - iii. Discussion Facilitated by the Office of the Ombudsman.
- b. Formal Grievances – if a Grievance cannot be resolved informally, the student may file a Formal grievance in writing.
  - i. Formal Grievances should be reported through the [Integrity Hotline](#).
  - ii. Visit [HERE](#) to view the Triage & Assignment of Formal Grievances table.

## 3) Grievances About Students

- a. Faculty, staff and students may use the Integrity Hotline to report Grievances related to a student's alleged misconduct or lapses in professionalism. Grievances about a student will be triaged by the Office of Compliance and forwarded to the Vice President of Education Affairs or designee, who will notify the student's School dean or Designee to review the Grievance and resolve the issue. This may result in an adverse action against the student for academic or professionalism violations. In the event of an adverse or other negative academic action, the student may seek redress through Appeal.

### [OFFICE OF THE OMBUDSMAN: STRUCTURE, FUNCTION, AND RESOURCES \(32.1.01\)](#)

An ombudsman is defined as “a designated neutral who is appointed or employed by an organization to facilitate the informal resolution of concerns of employees, managers, students, and, sometimes, external clients of the organization.” BCM supports, through the Office of the Ombudsman, an independent, neutral, impartial, confidential, informal and voluntary dispute resolution mechanism consistent with the International Ombudsman Association (IOA) [Code of Ethics](#) and [Standards of Practice](#). BCM prohibits retaliation in response to students, trainees, faculty, staff and/or administration utilizing the Office of the Ombudsman. To review the policy in its entirety, click [HERE](#).

The Office of the Ombudsman provides the following:

- 1) An informal dispute resolution resource and keeps no records containing identifying information on behalf of the organization.
- 2) Assistance in addressing any BCM-related concern, including interpersonal conflict or misunderstandings, and academic or administrative concerns.
- 3) Assists people who want an informal, confidential channel for discussing or addressing a College-related issue.
- 4) The Ombudsman may serve as an intermediary, mediator, facilitator, or simply as a listener.
- 5) May make recommendations for the general improvement of BCM and may provide feedback on trends, issues, policies, practices and procedures. The Ombudsman promotes procedural fairness in the content and administration of BCM practices, processes, and policies.
- 6) The Ombudsman functions on an informal basis by such means as: listening, providing and receiving information, identifying and reframing issues, developing a range of responsible options, and, in certain circumstances where the Ombudsman determines it would be appropriate, engaging in informal third-party intervention or shuttle diplomacy. When possible, the Ombudsman helps people develop new ways to solve problems themselves.

#### [RESPECTFUL & PROFESSIONAL LEARNING ENVIRONMENT POLICY: STANDARDS FOR STUDENT CONDUCT AND COLLEGE OVERSIGHT \(23.2.01\)](#)

The purposes of this policy are to clearly describe:

- i. The standards for respectful and professional conduct in the BCM learning environment, and to provide notice to new and existing BCM students that compliance with these standards is necessary to adapt to the environment and perform according to expectations;
- ii. The mechanisms for Learners to report alleged lapses in professionalism exhibited by an Employee, Community member, or other Learner;
- iii. the obligations of BCM to:
  - a. respond to allegations of unprofessional behavior,
  - b. implement procedures for investigation and resolution of potential violations of this policy,
  - c. identify positive and negative influences on the maintenance of professionalism standards, and
  - d. develop and facilitate educational events and activities designed to increase compliance with professionalism standards and avoid inappropriate behaviors, such as mistreatment.
- iv. Potential penalties for noncompliant Employees and Learners;
- v. Procedures for investigation and resolution of potential violations of this and other related conduct policies by BCM Employees or Learners.

To review the policy in its entirety, click [HERE](#).

#### [LEARNER MISTREATMENT POLICY \(23.2.02\)](#)

The purpose of this policy are to clearly describe:

- i. Expectations for appropriate treatment of Learners

- ii. Mechanisms for Learners to report alleged Mistreatment by an Employee, Community Member, or other Learner:
- iii. Obligations of BCM to respond to allegations of Learner Mistreatment and implement procedures for investigating and resolving potential violations of this policy:
- iv. Potential penalties for noncompliant BCM Employees, Learners, or other Community Members: and
- v. Procedures for periodic evaluation of the learning environment.

To review the policy in its entirety, click [HERE](#).

#### ACADEMIC WORKLOAD IN THE FOUNDATIONAL SCIENCES CURRICULUM (28.1.09) (BEGINNING WITH FALL 2023 MATRICULANTS)

Baylor College of Medicine's School of Medicine strives to create an optimal learning environment that facilitates medical student learning in a variety of formats, while promoting student well-being. The purpose of this policy is to establish balance in the medical student's academic workload by codifying time spent in educational activities during the foundational curriculum.

##### POLICY

- A. The maximum amount of Scheduled Learning Sessions is 20 hours of per week, averaged over the module and/or term.
- B. The maximum amount of Assigned Activities is 20 hours per week, averaged over the module and/or term.
- C. The minimum amount of Unscheduled Time is 15 hours per week, averaged over the module and/or term.
- D. The cumulative academic workload (Scheduled Learning Sessions + Assigned Activities) shall not exceed 40 hours per week, averaged over the module/or term.
- E. Students in good standing may take enrichment electives, which do not count towards required activities or workload limits.
- F. To review the policy in its entirety, click [HERE](#).

#### ACADEMIC WORKLOAD IN THE FOUNDATIONAL SCIENCES CURRICULUM (28.1.09) (LEGACY CURRICULUM)

School of Medicine faculty members responsible for foundational coursework are expected to promote student well-being and to provide a supportive educational environment. The purpose of this policy is to establish balance in the medical student's 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.

##### POLICY

- G. Scheduled Learning Activities are limited to a maximum of 25 hours of per week, averaged over the term.
- H. Assigned Activities are limited to a maximum of 38 hours per week, averaged over the term (average of 1.5 hours Assigned Activity per 1 hour of Scheduled Learning Activity, averaged over a week).
- I. The cumulative academic workload (Scheduled Learning Activities + Assigned Activities) shall not exceed 63 hours per week (25 hrs. + 38hrs.), averaged over the term.

- J. Students should have 12 hours of protected Unscheduled Time per calendar week (Monday through Friday from 8:00 a.m. to 5:00 p.m., averaged over the term), during which Scheduled Learning Activities cannot be added. Unscheduled Time may be used for independent study or personal wellness and social engagement.
- K. Students in good standing may take enrichment electives, which do not count towards required activities or workload limits.
- L. To review the policy in its entirety, click [HERE](#).

Foundational Sciences Subcommittee, Curriculum Committee, and Course Directors in the BCM SOM are responsible for ensuring their courses comply with this policy, providing timely notice to the associate dean of Foundational Sciences and Foundational Sciences Subcommittee of emerging issues or barriers that may impede full compliance (e.g., faculty non-compliance, course organization); and prompt reporting of violations of this policy to the associate dean of Curriculum and the Curriculum Committee.

#### [ACCESS TO HEALTH CARE SERVICE POLICY \(28.1.17\)](#)

Baylor College of Medicine's School of Medicine strives to provide its students with timely access to health care services at sites in reasonable proximity to the locations of their required educational experiences, and has policies and procedures in place that permit M.D. students to be excused from these experiences to seek needed care.

#### POLICY

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.

To review the policy in its entirety, click [HERE](#).

#### [ALTERNATIVE EDUCATIONAL SITE REQUEST PROCEDURE \(28.1.10\)](#)

The Baylor College of Medicine (BCM) School of Medicine (SOM) assumes responsibility for the selection and assignment of medical students to each BCM SOM affiliated instructional site. In compliance with applicable accreditation standards, the BCM SOM has designated the SOM Curriculum Office to implement and manage this responsibility, which includes processing student requests for alternative Educational Site assignments during the clinical phase of the Doctor of Medicine (MD) degree program curriculum.

##### 1) Solicitation of Preferences.

- a. Prior to the start of a clinical rotation that utilizes multiple Educational Sites, students have the opportunity to express Educational Site preferences to their Clinical Course Directors, who will request this information from students and incorporate their preferences where feasible.

- b. Late course registration may limit a student opportunity to express Educational Site preferences. Late registrants may request an alternative Educational Site assignment as outlined below.
- 2) Alternative Educational Site Requests. After Educational Sites have been assigned as part of a clinical rotation, students may request an alternative Educational Site by contacting course leadership. Requests for alternative Educational Site assignments must:
  - a. Be sent via email, to both the Clinical Course Director and the Course Coordinator;
  - b. Include a clear rationale for the request; and
  - c. Be sent no later than 48 hours after receipt of the clinical rotation's original Educational Site assignment.
- 3) Criteria for Approval. The Clinical Course Director will attempt to accommodate the request when the student provides an appropriate rationale for the request and circumstances permit an alternative assignment.
- 4) Appeal of Denied Requests. If the Clinical Course Director (or designee) denies the request, the student may appeal for an additional review of the request by the Sub-internship and Clerkship Subcommittee.

#### ATTENDANCE/PARTICIPATION AND ABSENCES

During all phases of training (Foundational and Clinical), students may be excused for necessary health care services to maintain their physical and mental well-being (such as preventive health services, care for chronic illnesses, physical therapy and counseling / psychological services).

Students must communicate planned absences to the course coordinator, course director or other supervisors as outlined in the Attendance/Participation and Absences guidelines summarized below. For full guidelines, please click [HERE](#) or refer to course overview documents for specific requirements.

Recognizing that the religious diversity of its students may result in conflicts between students' religious beliefs/practices and certain educational activities, BCM will attempt to make accommodations that honor the primacy of its commitment to patient care and do not unduly burden faculty or disproportionately affect the general student population involved in the affected educational activity.

Students who believe they have a need for religious accommodation during any course, clerkship or other required educational activity shall notify the relevant course/clerkship faculty, as soon as possible, after an impending conflict becomes apparent – preferably prior to or at the beginning of the course, clerkship or other activity. If it is established that there is a legitimate need for the affected student(s), where possible, the student(s) shall be provided reasonable accommodation, including the opportunity to make up the academic activity in conflict.

#### Religious Holiday and Activity Absence Guidelines

#### BLOOD BORNE PATHOGENS GUIDELINES

#### **Protocol for Needle Stick Injuries and Exposure to Blood or Bodily Fluids**

Baylor College of Medicine students are expected to provide the appropriate level of care to all patients while following standard precautions to prevent the spread of infectious diseases due to exposure to human blood or bodily fluid. To review the full policy click [HERE](#).

### **Immediate Response to Exposure**

The immediate response to any exposures should be to clean the wound or area of exposure based on the type of exposure.

- 1) For a percutaneous injury or non-intact skin exposure, remove any foreign objects embedded in the wound and wash wound with soap and running water.
- 2) For a mucous membrane exposure, irrigate with sterile saline or sterile water for 15 minutes.
- 3) For an intact skin exposure, thoroughly clean and wash exposed intact skin.

### **[Notification and Reporting Protocol](#)**

#### **CLINICAL SUPERVISION OF MEDICAL STUDENTS (28.1.08)**

This policy establishes supervision standards for Baylor College of Medicine (BCM) faculty physicians and other Health Professionals (including postgraduate trainees (e.g., MD, DO)) who participate in the clinical education and training of School of Medicine students. Adherence to these clinical supervision standards enhances patient and student safety, helps ensure 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.

Supervision Standards. Health Professionals must supervise medical students on clinical rotations at all times during the administration of clinical services at healthcare facilities owned or operated by BCM or its affiliated entities. Appropriate supervision is necessary to preserve patient and student safety.

- 1) **Scope of Practice.** Supervising Health Professionals must operate within their scope of practice during Direct Supervision and Indirect Supervision of medical students.
- 2) **Student Responsibility Level.** 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.
- 3) **Non-Physician-Providers.** If medical students interact directly with non-physician care providers (e.g., APRN, PA) who are not the supervising Health Professional, then the supervising Health Professional or clinical course director is responsible for ensuring that the non-physician care provider is appropriately credentialed or functioning under the supervision of a credentialed faculty member and is performing tasks within the provider's scope of practice. The attending faculty member is ultimately responsible for the integrity of information and/or procedures conducted during the clinical service.
- 4) **Professionalism Expectations.** Health Professionals will model standards for professional behavior in interactions with patients, learners, staff, and all other individuals on the health care team (as described in the teacher-learner compact) and comply with the [Respectful and Professional Work Environment Policy: Standards for Employee Conduct \(02.5.39\)](#).

To review the policy in its entirety, click [HERE](#).

#### CREDIT HOUR POLICY (23.1.11)

This policy generally defines credit hours as well as specific credit hour requirements for degree programs. Baylor College of Medicine (BCM) is a private, health-sciences university composed of four schools offering graduate level programs in the health sciences. Because each school has unique programs featuring differing methods of instruction, this policy is intended to offer guidance on how academic credit is awarded. In addition, the policy provides overall guidance on the number of credits required for each BCM degree.

#### DIRECT OBSERVATION POLICY (28.1.03)

This policy is necessary to comply with Liaison Committee on Medical Education Standard 9.4, which requires that the medical school “have a centralized system in place that employs a variety of measures (including direct observation) for the assessment of student achievement, including students’ acquisition of the knowledge, core clinical skills (e.g. medical history-taking, physical examination), behaviors, and attitudes specified in medical education program objectives, and that ensures that all medical students achieve the same medical education program objectives.”

##### A. Direct Observation Requirements for Faculty Physicians

1. During select clinical encounters with patients, BCM faculty physicians must provide Direct Observation to medical students on core clerkships for the purpose of student assessment and formative feedback. Minimum requirements for Direct Observation are established in Table 1 (below).
2. During each clerkship, all SOM students must be observed performing at least part of a history and part of a mental status or physical examination.
3. Faculty physicians must document the Direct Observation utilizing a Direct Observation Form or other process approved by the SOM Dean or designee.
4. Completed Direct Observation Forms must be submitted to the Course leadership using a process approved by the Dean or designee.
5. Additional educators, such as non-physician faculty and resident and fellow physicians, are encouraged to provide supplementary Direct Observations of clinical encounters, although these supplementary Observations shall not count toward requirements outlined in Table 1.

**Table 1. Required Number of Direct Observations by BCM Physician Faculty**

Clerkship Length	Minimum # of Direct Observations	Minimum # required direct observation of part or all of HISTORY	Minimum # required direct observation of part or all of MENTAL STATUS and/or PHYSICAL EXAM
4 Weeks	1	1	1
6 Weeks	2	1	1
8 Weeks	2	1	1



B. Documentation of Clerkship Completion of Direct Observation Requirements. Completion of clerkship requirements for direct observation will be affirmed through an electronic or written form, including electronic or written signatures of physician faculty members responsible for determining that defined clinical objectives have been met by each student.

#### DUTY HOURS POLICY (28.1.04)

This policy is necessary to comply with Liaison Committee on Medical Education (LCME) standard 8.8, which reads “the medical school faculty committee responsible for the medical curriculum and the program’s administration and leadership ensure the development and implementation of effective policies and 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.”

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.

#### DEFINITIONS

*Duty hours* are defined as time spent in all clinical and academic activities related to the program, administrative duties relative to patient care, the provision of transfer of patient care, time spent in-house during call activities, and scheduled activities, such as conferences. Duty hours do not include reading and/or preparation time spent away from duty site.

#### EDUCATOR CONFLICTS OF INTEREST POLICY (23.2.04)

The purpose of this policy is to establish and describe specific types of Educator Conflicts of Interest and how to avoid them. In compliance with applicable laws, regulations, and standards (see Section X, below), all Educators at Baylor College of Medicine will focus primarily on the educational development of their students and work 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 other significant connection. BCM Educators must avoid all Conflicts of Interest described in this policy, and disclose conflicts as they arise. Whenever possible, Educators will avoid providing healthcare services to any Learner whom an Educator must also teach, assess, or advise as part of a Baylor College of Medicine educational program. If an ongoing physician-patient or clinician-patient relationship has already been formed with a Learner, then the Educator will avoid future teaching and assessment of that Learner. To review the policy in its entirety, click [HERE](#).

#### EXAMINATIONS

See exam calendars [here](#).

All web-based Medical School Clinical [National Board Subject Examinations \(NBME\)](#) are managed by the Office of Evaluation, Assessment and Education Research (EAR). All students must provide their own laptop in order to take these examinations, as well as the Comprehensive Basic Science exam given at the end of foundational sciences classes during the second year of medical school.

- 1) The Office of the Curriculum and EAR are responsible for the management of all foundational sciences [examinations](#).
- 2) The [Simulation Program](#) is responsible for the management of all simulation activities and exams.
- 3) Students are expected to complete and pass all medical school exams as defined in individual courses and clerkships.

#### Exam Accommodations

Read about [requesting accommodations](#)

#### Exam Absence

Students are required to sit for examinations as scheduled. Unauthorized absences will result in a grade of Fail for the examination.

If a student is ill, he/she will be required to have the student's own personal physician submit a written report of the illness, without including private health information, to a dean in the Office of Student Affairs to be granted an authorized absence. In cases of emergencies (e.g., death of immediate family member) or a conflict with religious holiday a dean in the Office of Student Affairs must be notified and may authorize absence from the examination. The dean in the Office of Student Affairs will notify the applicable curricular faculty and/or clerkship directors of any emergency or excused absences.

#### Exam Tardiness

Students are required to sit for examinations as scheduled. Unauthorized absences will result in a grade of Fail for the examination.

Students should report to the exam area in advance of the scheduled exam, as communicated in email prior to the exam by the exam proctor.

Students who are late for pre-clerkship exams should quietly enter the exam testing area and check in with the proctor at the front of the room. If a student is late, he/she will be required to sign an Exam Observation Form. Should the student be late two or more times, he/she will be reported to a dean in the Office of Student Affairs and the PACE Committee.

Students who arrive late for clinical exams (CBSE and NBME Shelf Exams) will not be permitted to enter the exam testing area and will need to report to a dean of Student Affairs. The student will be responsible for rescheduling the exam with the dean.

#### [GRADE SUBMISSION POLICY \(28.1.01\)](#)

This policy is necessary to comply with Liaison Committee on Medical Education (LCME) Standard 9.8, which states: "a medical school must have in place a system of fair and timely summative assessment of medical student achievement in each course and clerkship of the medical education program," and "final grades are submitted to the registrar within four weeks of the end of a course."

BCM Course Directors in the School of Medicine shall submit final grades to the Office of the Registrar within four weeks (28 calendar days) of the end of a course (including the NBME examination if applicable). The Office of the Registrar will release grades to students within 1-2 business days. To view the full policy click [HERE](#).

## GRADE VERIFICATION AND GRADE APPEAL

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 final 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 final grade, and appeals based on mere disagreement are not valid.

### Grade Appeal Criteria

- 1) Must be submitted in writing through the Integrity Hotline website.
- 2) Must be based on new information or an assertion that a violation of due process occurred in reaching that decision.
- 3) The burden of proof rests on the student.
- 4) Students are limited to one grade appeal per course.
- 5) Grades assigned as a result of a violation of the Code of Conduct cannot be appealed through this process. Rather, the appeal is through the process delineated in the Code of Conduct.

### Grade Appeal Scope

The purpose of the grade appeal process is to protect the rights of both the student who earns a grade and the faculty member who assigns the grade. Faculty members have the right to use their professional judgment, both subjectively and objectively, in determining a student's grade based on academic performance. They also have the responsibility to award grades in a uniform manner based on established expectations and criteria for academic (including clinical) performance. Students have the right to appeal a grade that they feel has been awarded in an arbitrary and capricious manner. They also have the responsibility to accept the faculty member's professional judgment about their performance.

Additional information: [Grievance Policies and Procedures](#)

## GRADING POLICY

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.

### Foundational Sciences Courses

Pass (P*)	<b>Pass</b> is defined as an overall course score of 70 or greater <b>OR</b> A score of 70 or greater on a remediation examination. All courses in the Foundational Sciences curriculum have a single attempt remediation examination with the exception of Foundations Basic to the Science of Medicine (FBSM). The remediation examinations occur within 6 months of the end of the course to be remediated at a date and time set by the School of Medicine. Only students who earn an end of course score between 60 and 69.9 are eligible to take remediation examinations. If the student scores 70 or above on the remediation examination, the grade of <b>Pass</b> will appear on the official transcript with an indication that the Pass was obtained through remediation.
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Fail (F*)	<b>Fail</b> is defined as an overall course score of <70 in FBSM <b>OR</b> A score of < 70 on a single attempt remediation examination <b>OR</b> A score of less than 60 in any course because this disqualifies the student from taking a remediation examination.
Incomplete (I)	A grade of “Incomplete” is considered a temporary grade. With permission of the instructor, a grade of Incomplete should be recorded for a student who has not completed a required component of the course by the course end date. A designation of Incomplete should not be used as a placeholder grade when the student’s performance in the course has been unsatisfactory and remediation is required.
Deferred (D)	<b>Temporary grade</b> given when a student has not successfully completed a course but has not taken a remediation examination. Students who have an end of course score of between 60 and 69.9, will be allowed to take a remediation exam. The student has one attempt at remediation. The deferred grade will be immediately replaced by a <b>Pass</b> or <b>Fail</b> after the remediation examination has been scored.

Breaches of professionalism alone may result in a Failure in any Foundational Sciences course (independent of any other performance in the course).

#PPS courses that occur during the first 18 months of medical school are graded on the clinical courses scale which includes: Honors/High Pass/Pass/Marginal Pass/Fail.

### Clinical Courses

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 overall performance in most areas
Marginal Pass (MP)	Performance meets the minimum rotation requirements
Fail (F)	Performance is clearly below the passing standards of the rotation
Incomplete (I)	A grade of “Incomplete” is considered a temporary grade. With permission of the instructor, a grade of Incomplete should be recorded for a student who has not completed a required component of the course by the course end date. A designation of Incomplete should not be used as a placeholder grade when the student’s performance in the course has been unsatisfactory and remediation is required.

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. The student has one attempt at remediation. e.g. a student fails the National Board Medical Examination (NBME),
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\*P/F = Pass/Fail grading system is used for CABS and APEX courses

Breaches of professionalism alone may result in a Failure for the course (independent of any other performance in the course).

INSTITUTIONAL POLICY ON INFECTIOUS DISEASE: (INFECTION CONTROL AND PREVENTION PLAN POLICY 26.3.19)

Find the complete policy [here](#).

#### MIDTERM FEEDBACK POLICY (28.1.02)

##### Midterm Feedback Requirements for Faculty

This policy is necessary to comply with Liaison Committee on Medical Education (LCME) standard 9.7, which reads, “the medical school ensures that each medical student is assessed and provided with formal formative feedback early enough during each required course four or more weeks in length to allow sufficient time for remediation. Formal feedback occurs at least at the midpoint of the course.” To view the full policy click [HERE](#).

- 1) All BCM Course Directors are responsible for:
  - a) Ensuring midterm feedback if provided as required by this policy.
  - b) Ensuring 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.
  - c) Ensuring core clerkship faculty members provide written midterm feedback using the Midterm Feedback and Evaluation Form.
  - d) Informing relevant Department Chair(s) and/or Dean(s) of Undergraduate Medical Education immediately should any issues arise that might impede compliance.
- 2) A course that is less than four weeks in length must have a documented, alternative means by which a medical student can measure his or her progress in learning that is approved by the Dean of Medical Education or designee.

#### NARRATIVE ASSESSMENT (28.1.11)

Assessment of a student’s performance, including their non-cognitive achievement, is essential to their ability to reflect and improve. Baylor College of Medicine’s (BCM) School of Medicine has established a comprehensive, fair, and uniform system of formative and summative medical student assessment. The School of Medicine Dean works with Curriculum Deans and course directors to ensure that when teacher-student interaction permits this type of assessment BCM School of Medicine faculty provide narrative descriptions of medical student performance, including reference to non-cognitive achievement, as a component of the assessment in each required School of Medicine course and/or clerkship.

## POLICY

Where teacher-student interaction permits, Narrative Assessment must be provided. The Narrative Assessment will:

1. Include feedback related to one or more of the following, based on specific observations of the student: knowledge: skills, behavior, attitudes, interpersonal skills, interactions with peers and faculty, and professionalism.
2. Include feedback related to the student's strengths and specific areas for improvement.
3. Be used to provide formative feedback.
4. If summative, be provided to the student and submitted to the Office of the Registrar with the student's final grade at the end of the course or clerkship.

To view the full policy click [HERE](#).

### STUDENT PROGRESSION AND ADVERSE ACTION POLICY (28.1.05)

The purposes of this policy are to 1) explain the disciplinary role of the MD Committee on Student Promotions and Academic Achievement, 2) define "Adverse Action" for Baylor College of Medicine (BCM) School of Medicine (SOM) students, and 3) establish student rights specific to each type of Adverse Action. To view the full policy click [HERE](#).

### STUDENT RECORDS POLICY (23.1.06)

The purposes of this policy are as follows:

- 1) Properly secures Education Records pertaining to current and former students.
- 2) Adequately trains CM faculty and staff of appropriate handling and disclosure of Academic Records as required by the Family Educational Rights and Privacy Act (FERPA)
- 3) Complies with other applicable laws, regulations, and standards.

## POLICY

- 1) **Storage** – The Registrar is the Custodian of permanent Academic Records only.
  - a. Records are stored on-site (hard and soft copies) as well as off-site at secure locations with restricted access.
  - b. Each school and program maintains a subset of student records which may include copies of official records as well as forms and/or documents that pertain specifically to each school. These documents are stored in locked areas with restricted access and also protected in compliance with FERPA.
- 2) **Release & Use** – Custodians of Academic Records will generally seek the student's consent before releasing records unless an exception to FERPA's general consent requirement applies to permit the release of information without the student's consent.
  - a. Release of information in violation of this policy is a lapse in professionalism by a BCM employee, which may result in corrective or disciplinary action.
- 3) **Integrity** – BCM ensures the accuracy of Academic Records and prevents unauthorized access or modification by maintaining appropriate oversight and security measures.
- 4) **Confidentiality** – BCM and the Office of the Registrar make every effort to ensure that all information remains confidential in accordance with FERPA. Only school officials with a "legitimate education interest," as defined by FERPA, will be permitted to access Academic Records in the custody of the Registrar's Office.

- 5) **Security and Data Protection** – BCM employees must comply with security measures established in accordance with college policies, state and federal standards, and commonly accepted practices among institutions of higher learning including:
- a. Administrative security – Staff who handle or generate Academic records must complete mandatory FERPA training.
  - b. Technical security – Proper login credentials to access information. All BCM information systems are also protected by two-factor authentication and data encryption.
  - c. Physical security – Academic Records are secured in locked rooms on the BCM campus.
  - d. Data Protection – The Office of Information Technology provides incremental back up of the data from the electronic student information and imaging systems.

#### TECHNICAL STANDARDS POLICY (28.1.16)

Baylor College of Medicine's School of Medicine seeks to produce highly skilled and compassionate doctors. Medical students are expected to develop a robust medical knowledge base and the requisite clinical skills, with the ability to appropriately apply their knowledge and skills, effectively interpret information, and contribute to patient centered decisions across a broad spectrum of medical situations and settings.

1. Observation Skills and Abilities. Candidates must acquire information through demonstrations and experiences in the foundational sciences. In addition, Candidates must be able to evaluate patients accurately and assess their relevant health, behavioral, and medical information. Candidates must be able to obtain and interpret information through a comprehensive assessment of patients, correctly interpret diagnostic representations of patients' physiologic data, and accurately evaluate patients' conditions and responses.
2. Communication Skills and Abilities. Candidates must exhibit interpersonal skills that enable effective caregiving of patients, including the ability to communicate effectively both in person and in writing with all members of a multidisciplinary health care team, patients, and those supporting patients. Candidates must be able to record information clearly and accurately and interpret verbal and nonverbal communication accurately.
3. Motor Skills and Abilities. Candidates must perform routine clinical skills including physical examination, diagnostic maneuvers, and procedures. Under the appropriate supervision of a licensed physician, candidates must be able to provide or direct general care and emergency treatment for patients and respond to emergency situations in a timely manner. Candidates must meet applicable safety standards for the environment and follow universal precaution procedures.
4. Intellectual-Conceptual, integrative, and Quantitative Abilities. Candidates must effectively interpret, assimilate, and understand the complex information required to function within the medical school curriculum, including, but not limited to, the ability to comprehend three-dimensional relationships and understand the spatial relationships of structures; effectively participate in individual, small-group, and lecture learning modalities in the classroom, clinical, and community settings; learn, participate, collaborate, and contribute as a part of a team; synthesize information both in person and via remote technology; interpret causal connections and make accurate, fact-based conclusions based

on available data and information; formulate a hypothesis and investigate potential answers and outcomes; and reach appropriate and accurate conclusions.

5. Behavioral and Social Attributes. Candidates must exercise good judgment; promptly complete all responsibilities attendant to the diagnosis and care of patients; and develop mature, sensitive, and effective relationships with patients. The skills required to do so include the ability to handle and manage heavy workloads effectively, function effectively under stress, adapt to changing environments, display flexibility, and learn to function in the face of the uncertainties inherent in the clinical problems of patients. Candidates are expected to exhibit professionalism; personal accountability; compassion; integrity; concern for others; and interpersonal skills, including the ability to accept and apply feedback, to respect boundaries, and care for all individuals in a respectful and effective manner regardless of gender identity, age, race, sexual orientation, religion, disability, or any other protected status.

6. Ethical Standards and Professional Expectations. Candidates must adhere to the legal and ethical aspects of the practice of medicine, and maintain and display ethical and moral behaviors commensurate with the role of a physician in all interactions with patients, those who support patients, faculty, staff, students, and the public. Interest and motivation throughout the educational processes are also expected of all candidates and students.