



# Core Clerkship Course Overview Document 2025

**Required Review and Attestation:**

Learners must review and understand the contents of this Course Overview Document and subsequently complete the electronic attestation on Blackboard. Receipt of a course grade is contingent upon completion of the attestation; students will receive an incomplete for this course until the attestation is completed.

**Honor Code:**

"On my honor, as a member of the Baylor community, I have neither given nor received any unauthorized aid on this course.

Pledge: "I pledge to maintain a high level of respect and integrity as a learner representing Baylor College of Medicine. I understand and will uphold the Honor Code in letter and spirit to help our school advance authentic learning. I will not lie, cheat, plagiarize, or be complicit with those who do. I will encourage fellow students to uphold these same values. I make this pledge in the spirit of honor and trust."

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## I. Introduction/Clerkship Overview

In the Family and Community Medicine (FCM) Clerkship, you will learn how to approach different types of ambulatory visits and how to diagnose and manage common outpatient clinical conditions. Teaching methods include small-group, case-based discussions and seeing clinic patients under the guidance of a family physician in the community. Students are paired directly with attendings to observe and practice fundamental skills such as developing a problem list, negotiating a treatment plan, and intentionally building longitudinal relationships. Much of your growth on this clerkship may also be self-directed. We have curated many resources and materials to help you self-learn.

Our clerkship prioritizes the safety and well-being of our learners. Please notify the Clerkship Director of any religious exemptions or disability accommodations at your earliest opportunity. While we aim to deliver a high-quality and inclusive curriculum for everyone, we cannot anticipate how every element of the course will impact different individuals. If you are comfortable, please contact [arindams@bcm.edu](mailto:arindams@bcm.edu) with any concerns regarding safety, duty hours, mistreatment, or anything else regarding FCM Clerkship.

With essentially all sites located outside the medical center, this experience represents most students' only exposure to primary care -- particularly as delivered in suburban and community settings. We hope our carefully curated preceptor sites will demonstrate the joys and challenges of community medicine.

For more information please search and add our Blackboard page from the course catalog: 2024\_Fall\_MCFAM\_MAIN\_1\_CLK

The screenshot shows the 'Course Catalog' search interface. At the top, there's a search bar with 'clinical med' entered. Below it, there are sections for 'Browse Categories' and 'Browse Terms', both with dropdown menus set to '--unspecified category--' and '--unspecified term--' respectively. The main table lists courses with columns for 'COURSE ID', 'COURSE NAME', and 'INSTRUCTOR'. Two courses are visible: '2019\_Fall\_PACMD\_61501\_1\_DLECT\_ID-Micro' and '2019\_Fall\_PACMD\_61501\_1\_DLECT\_Patholog'. Red arrows point to the 'COURSE ID' column with the text 'DO NOT click on the course id' and to the 'Enroll' button with the text 'Click on the arrow next to the id and click Enroll'.

COURSE ID	COURSE NAME	INSTRUCTOR
2019_Fall_PACMD_61501_1_DLECT_ID-Micro	Clinical Medicine - Infectious Disease/Microbiology	Valerie DeGregorio, Elisabeth Shell, Elizabeth Elliott
2019_Fall_PACMD_61501_1_DLECT_Patholog	Clinical Medicine - Pathology	Valerie DeGregorio, Elisabeth Shell, Erdman

The header of the course will read: Family and Community Medicine Core Clerkship 2024-2025

## II. Clinical Sites

You will spend most of the clerkship time in the office of one or more family physician preceptors. Before the clerkship begins, we will inform you which clinical site you are assigned to for the clerkship. At some clinical sites, you will work with BCM-employed departmental faculty. These sites include Baylor Family Medicine private practices, Harris Health System community health centers and Baylor Scott and White Health clinics. At other sites in Houston, you will work with volunteer FCM faculty. These sites include both large group and small group practices. Please see Campus Specific Orientation Material at the end for site specific information.

### SPACE at your preceptor's office:

Please ask your preceptor about the following spaces available for you during your rotation:

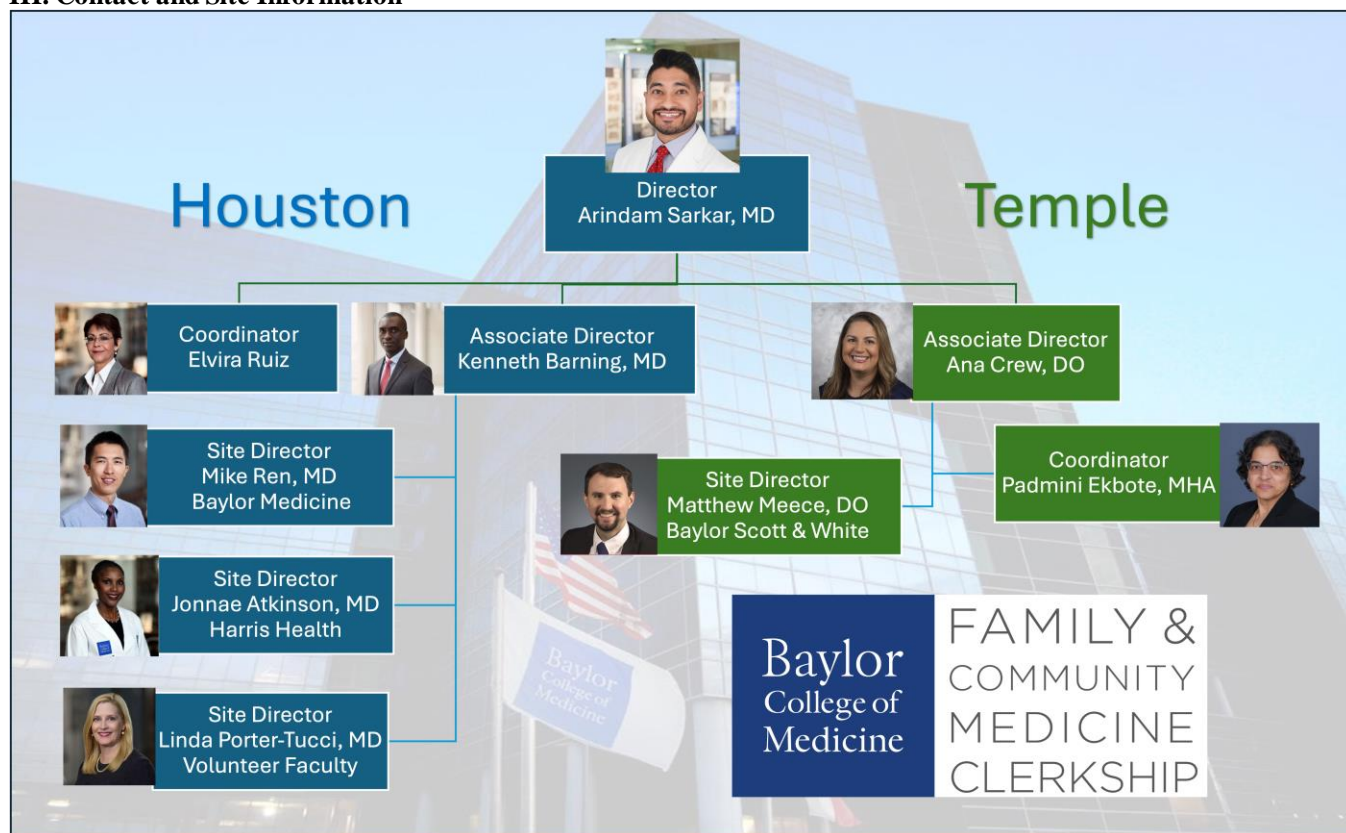
- Study space (This may be an office space shared with others)
- Relaxation space (This may be a shared space shared with office staff)
- Storage space for your personal belongings (This may be the preceptor's office)

Please also ask your preceptor what to do if there is an incident in the office requiring security.

Students are encouraged to contact the Clerkship Director or Coordinator with concerns related to the availability of these spaces during the rotation or any security concerns. To report any concerns about space resources at your preceptor's office to the College, please scan the QR code below and complete the survey.



## III. Contact and Site Information



**For any questions you may contact:**

Arindam Sarkar, MD, FAAFP

[arindams@bcm.edu](mailto:arindams@bcm.edu)

281-650-3221 (students can text/call)

#### **IV. BCM Compact between Teachers, Learners and Educational Staff**

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

**Duty:** All participants in the education mission have a duty to sustain a learning environment conducive to maintaining the knowledge, attitudes, and skills necessary for providing contemporary standards of professional behavior.

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

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

As a teacher, I pledge to:

- Maintain currency in my professional knowledge and skills
- Ensure excellence of the educational curriculum
- Be a Model of professionalism in all of my interactions with faculty, learners, patients, colleagues, and staff
- Respect all faculty, learners, patients, colleagues, and staff as individuals, without regard to gender, age, race, national origin, religion, or sexual orientation; and oppose observed disrespect or bias
- Nurture learner commitment to achieve personal, family, and professional balance.
- Recognize and acknowledge expressions of professional attitudes and behaviors as well as the achievement of quantifiable academic excellence
- Respond vigorously to unprofessional behavior and indications of abuse or exploitation of faculty, learners, patients, colleagues, or staff
- Create a safe environment in which 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

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

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

## V. BCM Core Competencies and Graduation Goals

**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. Perform comprehensive and focused history and physical examinations which are appropriate for the clinical context and illness acuity
2. Select and interpret appropriate diagnostic and screening tests
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.
4. Develop management plans informed by current evidence and each patient's unique characteristics, values, and beliefs
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
6. Counsel patients in addressing modifiable health risks
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.

1. Demonstrate knowledge and understanding of established and emerging biomedical, clinical, social, behavioral, and population sciences
2. Diagnose, manage, and prevent disease in individuals by applying knowledge of biomedical, clinical, social, and behavioral sciences
3. Apply principles of public health, epidemiology, and biostatistics to prevent or mitigate disease in populations
4. Demonstrate continuous learning and critical appraisal in the acquisition and application of new knowledge
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.

1. Employ active listening during patient-centered interviewing and counseling to create supportive and therapeutic partnerships with patients and families
2. Communicate health information and analysis in well-organized oral presentations and written documentation.
3. Communicate effectively with colleagues, other health care professionals, or health related agencies
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.

1. Exemplify the values of compassion, empathy, and respect for all persons
2. Demonstrate knowledge, apply skills, and incorporate attitudes needed to maintain and promote wellness of patients, colleagues, community, and self
3. Demonstrate professional behaviors such as integrity, accountability, confidentiality, and responsibility
4. Demonstrate ethical decision making in interactions with patients, families, colleagues, and society, including the avoidance of conflicts of interest
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.

1. Apply quality improvement principles to improve the quality, efficiency, and cost- effectiveness of healthcare delivery.
2. Utilize individual and population-level patient data to provide care, coordinate referrals, and evaluate health outcomes.
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
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.

1. Describe and apply the science of learning and thinking, and examine one's cognitive and learning strategies.
2. Identify and state questions and problems clearly, precisely, and accurately
3. Gather and analyze information necessary to answer questions and solve problems
4. Recognize and navigate uncertainty in healthcare utilizing appropriate strategies

5. Examine and address one's assumptions, bias or prejudice in approaching questions and solving problems
6. Develop and communicate rationales behind decision making, including analysis of risks and benefits
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.

1. Articulate the roles and responsibilities of team members
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
3. Communicate information or feedback in a manner that enhances team function
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

## VI: Clerkship Objectives Mapped to CCGG's

CCGG Domain	Assessments	Theme	FCM Objective
Professional and Personal Development	CSWFT (Q8-9), WBAs	Consolidation	Demonstrate compassion, ethical behavior, and professionalism while fostering self-awareness, accountability, and continuous growth.
Knowledge for Practice	NBME, HAPPYs	Consolidation	Apply integrated biomedical, clinical, and public health sciences to diagnose, manage, and prevent common ambulatory care disorders in individuals and populations effectively.
Patient Care	WBAs, Sim/SP	H&P	Perform complete and/or focused patient histories and physical exams for ambulatory patients in a variety of contexts (e.g., initial, follow-up)
	CSWFT (Q1-4), WBAs, Sim/SP	Differential Diagnosis and Care Plan	Utilize the history and physical, laboratory data, imaging studies, and other diagnostic tools to develop a problem representation, a prioritized differential diagnosis and plan of care.
Interpersonal and Cross-Cultural Communication Skills	CSWFT (Q5-6), WBAs, Sim/SP	Consolidation	Demonstrate effective, respectful and compassionate communication skills (verbal, non-verbal and written) to effectively interact with patients, families and the medical team across diverse backgrounds.
Critical Thinking, Inquiry and Problem-Solving	ART, HAPPYs, Sim/SP, CSWFT (Q3)	Consolidation	Use critical thinking skills to form questions, acquire, appraise, and apply evidence, mitigate bias, and navigate uncertainty in medical decision-making
Teamwork and Collaboration	CSWFT (Q7), IPE assessments	Consolidation	Demonstrate collaborative skills with all members of the interprofessional team in a manner that maximizes team effectiveness.
Health Systems Science & Social Contexts of Care	HAPPYs, WBAs	Health Systems Science Theme 1	Conduct health promotion based on principles of population health, informed by patients' unique backgrounds, characteristics, values, and beliefs (Population Health and Health Care Structures and Processes)

## VII. You Said, We Did

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

Evaluation year	YOU SAID:	WE DID:
2023	Physical Exam section of SP exam was unrealistic	Changed physical exam domain to a Motivational Interviewing skill assessment.
	Need more directed feedback on clinical performance	Introduced 3 new workplace-based assessments targeted to behavioral counseling, oral presentations and shared decision-making.

2022	Dissatisfaction with performance assessment and grading across all Clerkships	All clerkships now use a simplified Pass/Fail grading system.
	Dissatisfaction with quality of feedback received	All clerkships now use various workplace-based assessments to facilitate specific, timely feedback.
2021	Dissatisfaction with the fairness of performance assessment and grading across all Clerkships	We implemented a new criterion-based grading schema with objective cutoffs that are neither competitive nor tied to any predetermined distribution.
2020	Scheduled sessions need improvement to help me learn clinically applicable information and prepare for the NBME exam	We expanded our session on the Musculoskeletal exam to include low back pain with questions and every session includes NBME type questions.

### VIII. Student Roles, Responsibilities and Activities

The following table summarizes all 13 items which must be completed by every student to receive a Pass grade. Failure to complete course requirements in a timely manner may result in an Incomplete or Fail grade at the discretion of the UME Committee.

Item	Requirements	Due date	Additional details
1	Course Overview Document attestation	Week 1	Complete attestation at: Blackboard > Course Overview Document/Attestation
2	3 x Direct Observation H&P	Week 2	Student launches 3 DOHP Qualtrics forms to preceptor
3	Mid-Term Feedback and attestation	Week 3	Student launches Qualtrics form to preceptor then completes attestation
4	2 x Assessment of Reasoning Tool	Week 4	Student launches 2 ART Qualtrics forms to preceptor
5	2 x Modifiable Risk Counseling (MRC)	Week 4	Student launches 2 MRC Qualtrics forms to preceptor
6	2 x Care Discussion (CD)	Week 4	Student launches 2 CD Qualtrics forms to preceptor
7	Patient Encounter Tracking including NEJM Healer cases	Week 4	Complete Patient Encounter Tracking on Leo and note if completed via standard or alternative method
8	Activity Participation	Weeks 1-4	Students complete 3 HAPPY exercises and both NEJM Healer cases
9	Standardized Patient examination	Week 4 - Wed	Simulation Learning Center will inform you of the exact time to report
10	NBME Modular Exam, Core + Chronic	Week 4 - Fri	Curriculum office will inform you with more details
11	Clerkship Student Workplace Feedback Tool (CSWFT)	Week 4 - Fri	Student launches Qualtrics form to preceptor
12	Evaluation of your preceptor(s)	Monday after Week 4	Evaluation form on Leo
13	Evaluation of the course	Monday after Week 4	Evaluation form on Leo

### Seminars and Participation

- Attendance is required for all clerkship sessions. If occurring via Zoom, we expect students' full participation with cameras on.
- Students must complete all course requirements to pass the course; students will receive an Incomplete if course requirements remain pending at the end of the rotation (e.g. direct observations; required clinical experiences)
- Students who do not participate in 50% or more of the Clerkship will be required to participate in additional clinical shift(s) to meet course requirements

### Absences

- All absences spanning one entire day or longer must be filed with the College by the student using the [Absence Tracker for Core Clerkship Students](#) (also available on Blackboard). This includes unplanned illness or planned absences.
- For planned absences, please inform the Clerkship Director, your Houston or Temple coordinator, and your preceptor as early in the rotation as possible.

- For acute situations (personal illness or personal emergency), please contact your preceptor in addition to filling out the tracker
- Absences are generally excused for the following reasons:
  - Medical illness experienced by the student
    - A physician note is required on the 3<sup>rd</sup> day of illness
    - BCM OHP is to be notified of COVID-related absences
  - Personal crisis (e.g., death or illness of immediate family member)
  - Childbirth (maternity and paternity policy of the College takes precedence)
  - Presentation at professional meetings (up to two days with makeup at the Clerkship Director's discretion)
  - Residency Interviews
- Other requests (including social events) are granted at discretion of the Clerkship Director and generally require makeup time.

### **Dress Code**

- Business casual + white coat is the recommendation for your first day at your preceptor site
- If your preceptor permits, students may wear scrubs + white coat.

### **Clinical Responsibilities**

- After a brief period of shadowing your preceptor, you will see patients independently
- Conduct a focused history and physical exam independently and formulate a management plan independently
- Present the patient to your preceptor and jointly agree on the management plan
- You and the preceptor will return to the patient to perform relevant counseling and discussion of the plan
- You must be directly supervised by your preceptor in the following situations:
  - Performing breast, genitalia/pelvic, prostate/rectal exams (and with a chaperone)
  - Performing any procedures

### **Overview of Workplace Based Assessments (WBAs)**

- These [How To Guides](#) offer guidance on how to launch WBAs to your evaluators – Click the tab [Evaluation Platforms](#).
- Students must launch all 9 WBAs by their final clinical day. Multiple WBAs can be performed within the same encounter. Please launch WBA forms on Qualtrics the same day the observed activity occurs.
- WBAs are graded very favorably (the passing threshold is extremely low) to encourage students to begin them early in the rotation.
- Designated faculty within the Academy of Clinical Teachers and Assessors (ACTA) will perform 4 WBAs during one-half day for students. Students assigned to BCM employed faculty work with ACTA one day and students assigned to BCM volunteer faculty work with ACTA two days.

### **3 x Direct Observation History & Physical (DOHP)**

As with every clerkship, students receive coaching on aspects of their history-taking and physical exam. A “full H&P” is not required in this course. We recommend performing these elements within the same encounter with the same preceptor. An appropriate physical exam may not involve physically touching the patient as primary care performs many visual inspections for neurological, psychiatric, or cardiovascular conditions.

### **2 x Assessment of Reasoning Tool (ART)**

As with every clerkship, students receive coaching on aspects of their oral patient presentation skills. The elements of good verbal presentations include being hypothesis-directed, knowing illness scripts, having accurate differentials and proposing rational plans.

### **2 x Modifiable Risk Counseling (MRC)**

The MRC WBA is performed on certain clerkships and offers an opportunity for students to perform risk counseling observed by a faculty. Eligible encounters may include tobacco cessation, alcohol use reduction, obesity counseling, medication adherence, etc. Students do not need to adhere to a specific SBIRT or MI format. The counseling can be collaborative with a preceptor.

### **2 x Care Discussion (CD)**

The CD WBA is performed on certain clerkships and offers an opportunity for students to perform shared decision making or management plan negotiation observed by a faculty. Eligible encounters may entail preventive screening, immunization, medication adjustments, etc. The counseling can be collaborative with a preceptor.

### Mid-Term Feedback (MTF)

- All students complete a midterm feedback session with either your Lead Preceptor (if at a multi-preceptor site) or Clerkship Director designee (if at a solo or volunteer faculty site). The coordinator will inform you during Week 2 whether you will have the MTF with a Clerkship leader.
- Students will launch the Qualtrics Mid-Term Feedback form to the appropriate faculty member at the end of Week 2 or beginning of Week 3.
- We recommend students to prepare for the Midterm Feedback session by thinking about areas of strengths, areas of development, reflections from faculty feedback, and any concerns regarding duty hours or mistreatment.

### 2 x NEJM Healer - Clinical Reasoning Cases

- All students are required to complete the assigned NEJM Cases for this clerkship.
- Log completion of the case in your Patient Encounter Tracking (PET) in Leo.
- Please log into <https://healer.nejm.org/app/dashboard> to complete the case.
- Completion and logging of the NEJM cases must be done by the last Friday of the rotation.

NEJM Case Name	
Maryellen Thomasson	Arthralgia
Kelsea Wilson	Cough

### Required Clinical Experiences and Patient Encounters Tracking (PET)

- Documenting clinical experiences or alternative experiences is a requirement for this and every clerkship. Students should see one patient from each of the 12 required patient encounters listed below. As you complete an encounter for a patient with each of the conditions listed, please enter the details on Leo shortly thereafter.
- All clinical conditions (completed via standard or alternative experience) must be logged by **Monday at 8:00 AM** following the clerkship. Following this time, your clinical experiences log will be considered **incomplete** and a lapse of professionalism. All professionalism concerns may result in lowering of your grade by the UME Committee.
- Students must complete your Leo log by Week 4. If unable to see a patient with any of the conditions listed, please complete an alternative experience.
- For the clinical experience on cultural competence in a patient encounter, we accept a variety of circumstances, including but not limited to:
  - Exploring a patient's beliefs about his/her health condition
  - Negotiating a management plan with a patient who has different health beliefs
  - Communicating with a patient using an interpreter
- For the clinical experience on health disparities, including but not limited to:
  - Discussing a patient's limitations with transportation
  - Screening a patient for food insecurity
  - Assisting a patient lower their medication costs

### Leo instructions for Patient Encounter Tracking

- Visit the Blackboard Organization page – Curriculum Office and Student Affairs
- Click the Evaluation Platforms tab under the Curriculum Office for instructions on how to log your required patient encounters within Leo.
- Bookmark this link - <https://bcmsom.davinci-ed.com/leo> because you will use this platform in all of your clinical rotations.

### List of 12 Required Patient Encounters

The Clinical Setting is Ambulatory for all experiences

The Level of Student Responsibility is Perform (collect history, conduct exam, develop differential and propose plan) for all experiences.

The quantity required of all experiences is 1

Patient Type/Clinical Condition	Procedure/ Skills	Alternative Method to Remedy Patient Encounter Gaps
Checkup/Wellness visit	H&P	Internal Medicine 13
Cultural Competence	H&P	Pediatrics 25
Depression	H&P	Internal Medicine 5

Diabetes	H&P	Internal Medicine 8
Dyslipidemia	H&P	Internal Medicine 16
Health Disparity	H&P, Discussion with Preceptor	Internal Medicine 5
Hypertension	H&P	Internal Medicine 8
Musculoskeletal Pain	H&P	Internal Medicine 32
Obesity	H&P, Counseling	Internal Medicine 16
Obstructive Lung Disease	H&P	Internal Medicine 28
Older Adult	H&P	Internal Medicine 18
Substance Use	H&P, Counseling	Internal Medicine 15

If you are unable to see a patient with one the listed conditions, please complete your Leo PET using the Alternative Method.

### **Tips to Maximize Your Experience**

1. Take initiative to make this a valuable educational experience and ask for orientation, feedback and direct observation at the appropriate times of the clerkship:
2. Develop your self-learning skills
  - You will notice that the busy flow of patients in your preceptor's office may result in the teaching time being less organized and formal than in other rotations. While your preceptor will make effort to teach you between patients and at the beginning or end of the day, it likely will be difficult for him/her to teach you everything you want to know.
  - Use this opportunity to develop your self-learning skills. The pre-clerkship self-assessment online exercise will help you develop your own objectives for the clerkship. Use these as a guide during the rotation and ask your preceptor to help you accomplish these objectives. Use your skills in evidence-based medicine to research answers to your questions on your own. Develop skills in searching for answering clinical questions on your own as they arise. Read references from the Selected Reference list. Complete the paper case studies to learn basic information on handling common conditions on your own.
3. Join the clinical team and contribute where you can to provide quality care in your preceptor's office
  - You have much to contribute to the functioning of your team! Learn the roles and responsibilities of other team members and help other team members during busy periods. Keep your eyes open for opportunities in which you can help your preceptor or the office staff provide better care (e.g. call patients, provide patient education, research answers to clinical questions).
4. Do's:
  - Be on time and present when expected or contact your preceptor and the clerkship coordinator if not able to be present when expected
  - Demonstrate professionalism in your interactions with your preceptor, preceptor's staff and preceptor's patients
  - Show an interest in learning about all the patients you see and the conditions that they present with
5. Don'ts:
  - Schedule any meeting away from your preceptor's office during patient care time without the permission of the Clerkship Director in advance.
  - Disagree with your preceptor in front of a patient or staff member. Please discuss your suggestions or concerns about patient care with your preceptor in private. If there are still concerns, please contact the Clerkship Director.
  - Contact your preceptor about your grade. If you have any concerns about your grade, including the preceptor component of your grade, please contact the Clerkship Director.

## IX. Schedule

During holidays, the seminar schedule will be slightly modified.

- Thursday Afternoons are blocked for independent study and administrative task completion
- Sample Didactic schedule – minor changes occur month to month. See your Week 1 email for rotation-specific scheduling schedule.
- Use the same [Zoom link for all Thursday sessions \(https://bcm.zoom.us/j/92371113679\)](https://bcm.zoom.us/j/92371113679)

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Week 1</b>	8:30 - Orientation 9 - Diabetes 10 - Caregiving*	Preceptor	Preceptor	8 - Health Promotion* 9 - Pediatric Infections 10 - Hyperlipidemia	Preceptor
<b>Week 2</b>	Preceptor	Preceptor	Preceptor	8 - Social Determinants 9 - Hypertension 10 - Obesity	Preceptor
<b>Week 3</b>	Preceptor	Preceptor	Preceptor	8 - Back and Knee Pain* 9 - AUB 10 - SP Exam Prep	Preceptor
<b>Week 4</b>	Preceptor	SP Exam	Preceptor	8 - High Value Care 9 - Reflections (Sarkar) 10 - Wrap Up	NBME Exam

Temple students: Please see email from Ms. Ekbote/Dr. Crew regarding in-person vs virtual sessions.

## X. Grade Components and Passing Thresholds

<b>Grade</b>	<b>Description</b>
<b>Pass (P*)</b>	Meets minimum passing threshold on all grading subcomponents.
<b>Incomplete (I)</b>	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.
<b>Deferred (D)</b>	A grade of “Deferred” is considered a temporary grade. With permission of the instructor, a “Deferred” grade is given when a student has not successfully met requirements at the end of a course or clerkships and has not yet remediated.
<b>Fail (F*)</b>	Earning a failure in the clerkship by any of the following manners will require the student to repeat the course in its entirety: 1. Lapses or issues with professionalism alone, after confirmation by due process, independent of performance on any grading subcomponent. 2. Not meeting minimum passing threshold in 2 or more of the following subcomponents on the first attempt (NBME, CSWFT, or Standardized Patient (SP) exam). 3. Not meeting passing threshold on any one (1) grading subcomponent: a) 1st attempt: inability to meet the minimum passing threshold will result in a <b>Deferred</b> grade to be submitted and the student is required to retake and successfully pass the subcomponent. b) 2nd attempt: inability to meet the minimum passing threshold will require the student to repeat the course in its entirety. An F* will appear on the transcript. c) 3rd attempt: Upon repeat of the course, students who do not meet the minimum passing threshold on any subcomponent on the overall third attempt will fail the course for a second time and be referred to the student promotions committee for adjudication.

\*Pass/Fail (P\*/F\*) – Indicates that this course is on a Pass/Fail grading system.

## Overall Grading Information

**Clerkship processes to assure fairness in grading:**

Core clerkship grades are determined by the corresponding undergraduate medical education committee (UMEC). To ensure valid and fair grades, grades are based on the grading rubric and all available student performance data. Final grades are based on individual student performance; in addition to objective data, the UMEC reviews narrative comments from evaluators to help inform the final grade. The UMEC may modify the final grade after review of all student performance and evaluation data.

**Grading Rubric:**

Grading Components	Subcomponents	Threshold for Passing
Assessments	National Board of Medical Examiners (NBME) Subject Exam	$\geq 5^{\text{th}}$ percentile nationally
	Standardized Patient (SP) exam	$\geq 70\%$
	Workplace Based Assessments (WBAs)	Must receive $\geq 50\%$ of ratings at “Level 2” or higher on the final item for each WBA
	Clerkship Student Workplace Feedback Tool (CSWFT)	Must receive $\geq 50\%$ of ratings at “Level 3” or higher on each item
	High-yield Application of Principles to Patients of Yours (HAPPY) Exercises	Must meet passing criteria for each exercise
Completion Items	Patient Encounter Tracking Additional Course Requirements as Listed	Completion of all items
Professionalism	Professionalism	Meets all professionalism standards
GRADE:	Pass*/Fail*	

- The student must complete each grading component by the last Friday of the rotation to pass the course.
- If the threshold for passing is not met, then either an Incomplete or a Deferred clerkship grade will be assigned; the final grade will be determined at the discretion of the clerkship grading committee.

**Processes for students with concerns about their clerkship grade:**

- If a student requests a grade verification, the course leadership or designee (with or without the coordinator) will meet with the student on an individual basis.
- If a student has a concern regarding a submitted assessment form, the student should contact the clerkship director regarding the concern. Questions about clinical evaluations or grades should be directed to the clerkship director. Contacting a clinical evaluator directly regarding an evaluation will be considered unprofessional behavior.
- In the case of a conflict of interest, the coordinator will contact an alternative clerkship leadership member to meet with the student and discuss the concern. The issue may be brought to the UMEC for review and adjudication.
- If a student has a concern regarding a submitted narrative assessment, the student should request a grade verification meeting. The course leadership or designee (with or without the coordinator) will meet with the student on an individual basis. Changes to the narrative assessment may be considered if there are factual errors or inaccuracies. The student’s request will be further reviewed and adjudicated by the UMEC.
- If the above measures are insufficient in addressing the student’s concern, the student may file a grievance or grade appeal, as per the procedures outlined in the Student Appeals & Grievances Policy (23.1.08).

**Professionalism**

In this clerkship, students are expected to demonstrate professionalism in interactions with the coordinator, lecturers, preceptors, clinic staff and patients. Professionalism includes timely completion of all listed course requirements in [Section VIII. Student Roles, Responsibilities and Activities](#).

No documented breach of timely professional communication (e.g., timely response to clerkship leadership, and timely launching of Evaluations and WBA forms)

Full adherence to the attendance policy
No additional documented concerns in professional interactions with peers, patients, staff, and educators (outside of the clinical assessment form)

- Any and/or all professionalism concerns will be considered by the UME Committee and any serious level breaches ([Reporting and Responding to Breaches of Professionalism and Ethical Conduct](#)) may result in a failing grade and may be reported on the MSPE.
- [Ethicspoint](#) report may also be made depending on nature of behavior.
- The student must complete each grading component by the last day of the rotation to pass the course. Late submissions of any required documentation including assessments may be considered as not meeting professionalism standards and can result in a failing grade.

### Examples of Professional Behaviors

- Launching of all PET/WBAs/CSWFT requirements by the last Friday of the rotation or email to clerkship director with explanation of delinquency
- Forthcoming and professional communication with coordinator and director.
- Adherence to the attendance policy
- No reported concerns in interactions with peers, patients, staff, and educators.

All lapses in professional behavior are subject to review by UMEC and may result in course failure.

### Clinical Evaluations

#### High-yield Application of Principles to Patients of Yours (HAPPY) Exercises

In FCM, students complete three (3) HAPPY exercises during regularly scheduled didactic activities. These graded exercises are required and will cover topics such as the ethics of caregiver stress, population health principles of health promotion, and pathophysiology of osteoarthritis. Students will work in groups of 3-5 students to revisit patients seen in real life and apply these foundational sciences principles. Group worksheets will be submitted by a representative student to Blackboard and will be graded synchronously by facilitating faculty.

#### NBME Exam

The name of the exam you will be taking is the Family Medicine Modular (Core + Chronic) exam

- There are 100 multiple-choice questions to take in 2 hours and 30 minutes
- Information from the NBME on topics covered and sample questions are available at: [http://www.nbme.org/pdf/SubjectExams/SE\\_ContentOutlineandSampleItems.pdf](http://www.nbme.org/pdf/SubjectExams/SE_ContentOutlineandSampleItems.pdf)

#### Administration of NBME Exams:

- Administration of the NBME exams will follow guidelines described by the NBME.
- NBME exams that are required and contribute towards a course or clerkship grade will follow the accommodations procedure provided by Student Disability Support Services.
- In the event of a late start, learners are expected to be available until 6 PM on in-person assessment days.
- NBME Testing Irregularities –
  - All testing rooms should be reserved until 6 PM on testing day to accommodate learners.
  - Technical difficulties will be addressed through instructions in the NBME Chief Proctor's Manual.
  - If an exam cannot be immediately restarted, the Testing Administrator will contact the NBME and attempt to restart the exam within 30 minutes.
  - If unsuccessful, the chief proctor, in conjunction with other appropriate parties, will make the decision whether or not to exit the exam with specific keystrokes, found in the proctor's manual in each testing room, to keep the first exam from being scored.
  - If testing irregularities are resolved in real time and the student is able to finish the exam, the student will not be allowed a re-examination.

- In the case of a misadministration of the NBME exam, the chief proctor can declare a misadministration and request to exit the exam to keep the first exam from being scored. Declaration of a misadministration must be made prior to the student leaving the testing center.
- If the NBME exam is unable to be administered on the scheduled day, the Associate/Assistant Dean of Evaluation, Assessment and Educational Research (EAR) and Curriculum Office will identify the earliest possible date for exam re-administration.

Here are some resources which may be helpful in your exam preparation:

- As with most clerkships, prior students have suggested UWorld is the best resource for practice questions.
- AAFP Question Bank with board review questions at [www.aafp.org](http://www.aafp.org) (student membership is free)
- [PreTest: Family Medicine](#), [Case Files for Family Medicine](#), and [Step-Up to Medicine](#) are common review books students choose to use
- NBME Clinical Science Mastery Series: Family Medicine Self-Assessment. Available for purchase at: (<http://www.nbme.org/students/sas/MasterySeries.html>)
- Additional readings and resources are available on Blackboard under “NBME Exam Preparation”

### NBME Failure

Students who are required to remediate the NBME examination should contact [Yvette.Pinales@bcm.edu](mailto:Yvette.Pinales@bcm.edu). Students are required to sit for the remedial NBME examination within six months of the original test date.

Students will receive a statement within the MSPE clerkship summary paragraph related to the shelf exam failure. An example statement could be, “Rindy’s next step in development is recommended to be advancing his medical knowledge to the level expected for this stage of training.”

### Administration of NBME Exams:

- Administration of the NBME exams will follow guidelines described by the NBME.
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  - If an exam cannot be immediately restarted, the Testing Administrator will contact the NBME and attempt to restart the exam within 30 minutes.
  - If unsuccessful, the chief proctor, in conjunction with other appropriate parties, will make the decision whether or not to exit the exam with specific keystrokes, found in the proctor’s manual in each testing room, to keep the first exam from being scored.
  - If the NBME exam is unable to be administered on the scheduled day, the Assistant Dean of Evaluation, Assessment and Educational Research (EAR) and Curriculum Office will identify the earliest possible date for exam re-administration.

### **Standardized Patient Exam**

- Students are required to complete a standardized patient encounter (SP exam) at the end of the rotation. The SP exam is scheduled and administered by the BCM Simulation Learning Center.
- The Simulation Learning Center’s Blackboard page provides general information regarding SP exams for all clerkships, including the Physical Exam and Communication Standards and Simulation Learning Center policies (such as the Late/Cancellation policy). Students are responsible for reviewing and adhering to these policies.
- Per the Exam Absence policy (<https://www.bcm.edu/education/school-of-medicine/m-d-program/student-handbook/m-d-program-curriculum/examinations>), students are required to sit for examinations as scheduled. Unauthorized absences will result in a grade of Fail for the examination.
- Students must be prepared for orientation to begin 15 minutes before the examination; late arrival or failure to show up for the examination may require students to reschedule the examination (including the associated costs) and/or a reduction in your overall letter grade for the clerkship.
- If you are a returning dual-degree program student or have been on leave of absence, please contact the Simulation Learning Center at [sim-help@bcm.edu](mailto:sim-help@bcm.edu) to be reoriented to their procedures and to ensure that your log in information is correct.
- Students can access their scores and feedback directly from Simulation iQ. Students will be notified via email that simulation exam results are available from **SMTP.EMS**. Please note this is an automated messaging system, and students may find this email in spam folder.

- To navigate these new features, please view the tutorial video on how to view published exam reports/simulation exam results on the Simulation Core Blackboard page. The Login instructions, tutorial video, and Simulation Core Blackboard page can be viewed from the links below.
1. **SimulationiQ Login Instructions:**  
<https://bcm.simulationiq.com>
    - From the Login screen, enter you Username and Password.
    - Your username is your **ECA** login and password is your **Baylor ID** starting with “u” and ending with a “!” **Example: u123456!**
    - Click Login.

Once you have successfully log in to SimulationiQ, select Scores & Reports at the top of the page, click My Reports, then select your published Score Report.
  2. [Blackboard - SimulationiQ Instructions](#)
  3. [Video Tutorial on How to View Published Reports](#)
- For additional feedback, students can contact [sim-help@bcm.edu](mailto:sim-help@bcm.edu)
  - Requests for SP exam regrade (i.e. rescoring) must be made within 10 calendar days of when your clerkship grade is posted on EOS/CAMS.
  - Rescoring can result in a grade increase or decrease. See [CLINICAL PERFORMANCE EXAM RESCORING](#) guideline for details. Please note that a request for SP examination regrade is not equal to an official grievance or grade appeal for the course; see Student Appeals and Grievances Policy (23.1.08).

### Communication Skills

You are expected to demonstrate the same communication skills learned in previous courses. Your communication with the SP will be evaluated using the same checklist used by POM. Please review the Blackboard site for the Simulation Core.

### SP Exam Grading and Failure

Students must pass the Standardized Patient (SP) exam to pass the Family and Community Medicine (FCM) Clerkship. The FCM SP exam features two stations. Each station is scored independently on a scale of 1 -100% as a weighted sum of five domains. The overall score is calculated by averaging the scores of the two stations, weighted equally. Students must achieve an overall score of 70% or greater to pass the SP exam.

Failure of the SP exam will result in a **Deferred** grade on the transcript until successful retake of the SP exam. Students who fail the SP exam must retake both stations of the SP exam, regardless of original scores.

Scoring below 70% on one station only will result in an **Incomplete** on the transcript. Students who score below 70% on one station are required to view their SP exam recording and submit to [arindams@bcm.edu](mailto:arindams@bcm.edu) a reflection on what they would now do differently. After satisfactory completion of the summary within 30 days of release of your initial grade, a final grade will be entered on the transcript.

- All videos of failing student encounters are reviewed by an SP Educator to confirm scoring accuracy prior to release of the score report. Students who are required to remediate the SP examination should contact their Clerkship Director and Student Affairs to initiate the retake of the SP examination. See [CLINICAL PERFORMANCE EXAM FAILURE](#) guideline for more details.
- Students who fail are generally required to remediate the SP exam within six months of the original test date. A second SP exam failure requires repeating the entire clerkship.

### SP Exam Scheduling or Concerns

The Simulation Core team will contact you to sign up for an exam time. Please email [Sim-help@bcm.edu](mailto:Sim-help@bcm.edu) with any questions regarding the SP examination for this clerkship.

## **XI. Evaluations**

Students complete 3 evaluations at the end of their rotation. On Blackboard are samples of all three forms.

1. Preceptor Evaluation of the Student (CSWFT) – on Qualtrics
  - We use the same Clinical Student Workplace Feedback Tool (CSWFT) used by all clerkships
  - If you are at a single-preceptor site, that preceptor will complete your CWSFT form
  - If you are at a multiple-preceptor site:
    - o It is required that the Clerkship assigns one evaluator (typically the lead preceptor)
    - o You may select any additional evaluators that you worked with at least two full days (4 half-days)
    - o Typically, students at multiple-preceptor sites will select 2-4 evaluators.
  - If you have any concerns about your Clinical Evaluation, please contact the Clerkship Director. To best serve your needs, we ask that you not contact your preceptor directly.
2. Student Evaluation of the Preceptor – on Leo
  - Please evaluate any faculty you worked with more than three half-days. This is considered a professionalism expectation.
  - If you have concerns about how anyone treated you on this clerkship, please contact either the Integrity Hotline at (855) 764-7294 or <http://bcm.ethicspoint.com>. The hotline is staffed 24/7, and reports can be anonymous. All reports are confidential. If you are comfortable, we welcome any feedback about individual preceptors to [arindams@bcm.edu](mailto:arindams@bcm.edu)
  - Bookmark this link - <https://bcmsom.davinci-ed.com/leo> because you will use this platform in all of your clinical rotations. Visit the Blackboard Organization page – Curriculum Office and Student Affairs and click the Evaluation Platforms tab under the Curriculum Office and you will find instructions on how to access the evaluation platforms.
  - Within Leo, go to the "Eval Portal" (selected after clicking on the icon in the top right hand corner) to complete evaluations for faculty/residents to help give all our educators feedback. You can click on the placeholder evaluation at any time and can use the link multiples times to complete evaluations for different educators. At the end of the clerkship, the course evaluation will also be accessed here. See student instructions on using Leo on the Blackboard page.
3. Student Evaluation of the Clerkship – on Leo
  - To help us monitor the quality of the Clerkship and understand your individual experience, please complete a Rotation Evaluation Form by 5:00 pm on the Monday following your Clerkship. If you are comfortable, we welcome any feedback (especially regarding mistreatment or duty hour violations) to [arindams@bcm.edu](mailto:arindams@bcm.edu)

### Data Platforms

- Leo will be for:
  - Patient Encounter Tracking (Case Log)
  - Student evaluation of the faculty
  - Student evaluation of the course
- Qualtrics will be for:
  - WBAs - DOHP, ART, MRC, CD
  - Faculty evaluation of student (CSWFT)
  - Midterm Feedback (MTF)

## Preceptor Evaluation of Student (CSWFT)

What did the student do well?

What can the student do to improve?

For each of the following activities, how much supervision did you provide?

1. Prioritize a differential diagnosis following a clinical encounter
2. Recommend and interpret common diagnostic and screening tests
3. Develop a management plan using evidence and individualizing to the context of the patient
4. Provide an oral presentation of a clinical encounter
5. Communicate the plan of care to the patient and/or caregiver(s)

N/A	I had to do it	I helped a lot	I helped a little	I needed to be there but did not help	I didn't need to be there at all
Did not observe/do not remember	Requires constant direct supervision and myself or others' hands-on action for completion	Requires considerable direct supervision and myself or others' guidance for completion	Requires minimal direct supervision or guidance from myself or others for completion	Requires indirect supervision and no guidance by myself or others	Does not require any supervision or guidance by myself or others

6. What best describes the student's abilities with regards to **developing a therapeutic relationship** with patients and/or their caregiver(s)?

N/A Not observed	Not yet able to develop a therapeutic relationship using language and nonverbal behavior to demonstrate respect and establish rapport	Develops a therapeutic relationship using language and nonverbal behavior to demonstrate respect and establish rapport with patients of all backgrounds, but does not employ active listening	Develops a therapeutic relationship using active listening, clear language with patients of all backgrounds	Develops a therapeutic relationship to sensitively and compassionately deliver medical information and elicit patient/family values from all backgrounds with guidance	Easily establishes therapeutic relationships to use shared decision making to make a personalized care plan with patients of all backgrounds
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7. What best describes the student's abilities with regards to **interprofessional and team communication**? The health care team includes all allied health professions in addition to the physician team (e.g. nurses, social workers, physical therapists, physicians, specialists, etc.)

N/A Not observed	Not yet able to use verbal and non-verbal communication that values all members of the health care team	Uses verbal and non-verbal communication that values all members of the health care team, but does not convey information effectively	Communicates information, including basic feedback with all health care team members, using language that values all members of the health care team	Facilitates interprofessional team communication to reconcile conflict and provides difficult feedback, using language that values all members of the health care team	Adapts communication style to fit interprofessional team needs and maximizes impact of feedback to the team, using language that values all members of the health care team
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8. What best describes the student's abilities with regards to **reflective practice and personal growth**?

N/A Not observe d	Not yet able to set goals, track progress, or seek feedback	Establishes personal and professional development goals, tracks own progress, and is receptive to feedback, but does not modify behavior or respond to feedback	Recognizes when performance falls short of expectations, seeks feedback for improvement, and adapts behavior based on feedback	Seeks performance data with intention to improve; independently creates and implements a learning plan	Uses performance data to measure the effectiveness of the learning plan and identifies when the plan should be modified
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9. What best describes the student's abilities with regards to **accountability**?

N/A Not observe d	Not yet able to complete tasks and assigned responsibilities ; not yet able to arrive on time nor prepared for work	Completes tasks and assigned responsibilities with prompting; arrives on time and prepared for work, but needs reminders	Independently completes tasks and assigned responsibilities in a timely manner with appropriate attention to detail in <b>most</b> situations	Independently completes tasks and assigned responsibilities in a timely manner with appropriate attention to detail in <b>any</b> situation	Proactively communicates with the team regarding responsibilities in a timely manner, and completes tasks in advance or ensures coverage of responsibilities when appropriate.
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## XII. Additional Reading/Resources

There are no required reading assignments on this rotation and examinations are not based on any textbooks. Students are expected to read about the clinical conditions they encounter on this rotation as well as any of the common clinical conditions seen in a family physician's office. Students are also expected to pursue answers to their clinical questions that arise during patient care. Students may use textbooks or journals they are familiar with or any from the recommended reading list below. Students are encouraged to access clinical decision support tools and clinical practice guidelines through UpToDate, MDCalc, the USPSTF app, etc.

For NBME Exam Preparation please see the corresponding page on Blackboard. For Clinical Review articles summarizing the approach to common ambulatory chief complaints, please see the American Family Physician (<http://www.aafp.org/afp/>)

## XIII. Interprofessional Education

At many preceptor sites you will work with other healthcare professionals. Currently, the FCM Clerkship offers students at certain Harris Health System sites the opportunity to work with a Clinical Pharmacist for one half-day during their rotation. If you are assigned to one of the pilot sites (Northwest, Gulfgate, etc.) your lead preceptor will inform you about this process.

## XIV. Frequently Asked Questions

1. What do I do if I am unable to come in one day?
  - a. If you are ill or have a personal emergency, please contact your preceptor and email Ms. Elvira Ruiz ([eruiz@bcm.edu](mailto:eruiz@bcm.edu)) to report your absence.
  - b. For planned absences (e.g. presenting a poster) or any potential planned absence that does not meet the requirement for an excused absence, please contact the Clerkship Director in advance.
2. What if there are hazardous road conditions affecting my commute to my preceptor's office?
  - In the event of an acute weather event (heavy rain, hurricane, ice storm) which may result in flooded or icy roads, please stay informed regarding the progress of the weather event on the news and weather websites. Consider what effect they may have on your commute to your preceptor's office. Travel conditions are available from the Houston Transtar website (<https://www.houstontranstar.org/>).
  - Please follow the status of the College on BCM intranet page ([intranet.bcm.edu](http://intranet.bcm.edu)) or by calling 713-798-4444. If the College closes, you are not expected to be at your preceptor site
  - If the College remains open, please consider your personal health and safety as the most important factors as you decide whether to travel to your preceptor's office or not
    - On a given morning, if flooded or icy roads have developed overnight which will impair your ability to get to your preceptor's office safely, please do not go at that time. Please inform your preceptor and Ms. Ruiz that you will not be able to come to your preceptor's office at that time.

- Or if you start to travel to your preceptor's office and you encounter high water or other hazardous condition, please turn around and go home. Please inform your preceptor and Ms. Ruiz that you will not be able to come to your preceptor's office at that time.
- Please continue to monitor the weather situation, since road conditions may improve and it may be safe to travel to your preceptor's office later in the day.
- Conversely, when you are at your preceptor's office, please monitor the weather situation and road conditions. If hazardous road conditions start to affect the highway or roads you use to travel home, please inform your preceptor and discuss leaving early that day.

3. What time counts towards the clinical duty hours rules?

The Duty Hours policy states a violation occurs when, averaged over four weeks, an excess of 80 clinical hours per week are worked. Additionally, a violation occurs when, averaged over four weeks, one day off per 7-day work week, is not granted. On this rotation, students historically do not approach anywhere near the 320 clinical hour limit for the four-week timeframe. Additionally, all students are scheduled for at least four days off per 28-day work period. Time spent commuting to your preceptor site, studying for the NBME exam, or performing other non-clerkship related activities are not including within the clinical duty hours policy.

4. What should I do I have been mistreated but I don't feel comfortable reporting it?

- Students should report all mistreatment to the Integrity Hotline at 855 764-7294 or go to the Integrity Hotline Portal: <https://secure.ethicspoint.com/domain/media/en/gui/35125/index.html>

If you are comfortable sharing your concern, we also encourage you to discuss it with:

- The Dean for Student Affairs (Dr. Lee Poythress) or the Assistant Dean for Student Affairs (Dr. Achilia Morrow)
- The Family and Community Medicine Clerkship Director (Dr. Arindam Sarkar) or the Vice Chair of Education for the Department of Family and Community Medicine (Dr. William Huang) or
- The BCM Office of the Ombudsman at [ombudsoffice@bcm.edu](mailto:ombudsoffice@bcm.edu) or (713) 798-5039

**XV. What if I have an outstanding preceptor who deserves further recognition?**

You can nominate him/her for a John P. McGovern teaching award, Power of Professionalism award, PEAR award, etc.

Learn more about [nominations for the POP awards](#).

PEAR awards were created as a student-led initiative to allow students to recognize educators.

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

**XVI. What if I am interested in Family Medicine as a career?**

Please reach out to the Family Medicine Interest Group or the Specialty-Specific Mentors:

Eric T. Lee, MD ([etlee@bcm.edu](mailto:etlee@bcm.edu)) – FMIG Advisor Eric T. Warwick, MD ([etw@bcm.edu](mailto:etw@bcm.edu)) – FM Residency Director

**XVII. Houston Specific Course Information:**

Coordinator will distribute individual site assignment and any other information.

**XVII. Temple Specific Course Information:**

Coordinator will distribute individual site assignment and any other information.

## **XVIII. BCM Policies and Procedures**

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

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

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

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

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

Brief descriptions of relevant policies and procedures are provided below; however, please refer to the full policies and procedures for additional information.

### **Academic Workload in the Foundational Sciences Curriculum (Policy 28.1.09):**

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=28.1.09](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.09)

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

### **Accommodations for Learners and Program Applicants with Disabilities (23.1.07):**

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=23.1.07](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.1.07)

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

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

Add/drop Policy:

<https://www.bcm.edu/sites/default/files/2020-02/Add-Drop-Policy-2-12-20.pdf>

### **Academic Workload in the Foundational Sciences Curriculum (Policy 28.1.09):**

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=28.1.09](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.09)

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

### **Alternative Instructional Site Request Procedure (Policy 28.1.10):**

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=28.1.10](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.10)

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

### **Artificial Intelligence and appropriate use in the clerkships**

A few tips on appropriate use of Artificial Intelligence – please also see guidance in [Policies section](#):

#### **Generative Artificial Intelligence (AI) and large language models**

Large language models (LLM) and generative pre-trained transformers (GPT) comprise a subclass of AI tools that are widely available for public use. Microsoft Copilot is the BCM-recommended AI tool. Unlike other AI tools, when a BCM student/employee logs into Copilot with BCM username and password, entered data is not used to train the AI model, nor is entered data retained by BCM or Microsoft. This is not true for other open platforms.

#### **Educational integration in the core clerkships**

Generative AI may be incorporated as a supplementary learning tool to support existing curriculum and pedagogical strategies. Examples of acceptable use of AI tools include refining illness scripts during pre-rounding, broadening a differential diagnosis prior to presenting a patient, and stimulating discussion during didactic exercises. Use of AI tools should be properly cited.

#### **Prohibited use of AI tools in the core clerkships**

Submitting work contributed to by an AI tool for a course requirement or for a grade is prohibited unless specifically permitted in the Course Overview Document (COD). Any prohibited use of AI is grounds for an Honor Council investigation. Specific examples of prohibited use of AI tools include using AI on written work specifically designed to

assess a student's clinical reasoning or knowledge (e.g. written H&P on the Pediatrics clerkship or reflection assignment for a failed Standardized Patient case on the Family and Community Medicine clerkship). Protected health information (patient name, date of birth, pictures of the patient, and medical record numbers) should never be used with AI tools.

#### **Attendance / Participation and Absences:**

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

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

#### **Clinical Supervision of Medical Students (Policy 28.1.08):**

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=28.1.08](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.08)

The policy ensures that the level of responsibility delegated to a medical student is commensurate with their level of training, and that activities supervised by health professionals are within their scope of practice.

The level of responsibility delegated to a medical student by a supervising health professional must be appropriate to the medical student's level of training, competence, and demonstrated ability.

Students should only perform clinical tasks for which they have received adequate training.

Students must inform the supervising health professional or clinical course director of concerns about levels of supervision.

#### **Advanced Practice Providers on Clerkships**

- Must have faculty appointment (operating within their scope of practice) - **LCME standard 9.2, 9.3**
- Must not replace attending physician faculty evaluations - [BCM policy](#)
- Must be trained to evaluate our students - **LCME standard 9.1**
- An APP cannot be a course director because APPs do not have a terminal degree in the discipline - SACSCOC mandate

#### **Code of Conduct:**

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

The BCM Code of Conduct is our comprehensive framework for ethical and professional standards.

It is designed to ensure that all members of the BCM community understand the expectations to conduct ourselves in an ethical and professional manner while complying with all laws, regulations, rules and policies to the fullest degree.

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

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

Guiding Principles of the Educational Compact

**Duty:** All participants in the education mission have a duty to sustain a learning environment conducive to maintaining the knowledge, attitudes, and skills necessary for providing contemporary standards of professional behavior.

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

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

**Course Repeat Policy:** [https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=23.1.09](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.1.09)

#### **Criminal Allegations, Arrests and Convictions Policy (28.1.13):**

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=28.1.13](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.13)

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

#### **Direct Observation Policy (Policy 28.1.03):**

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=28.1.03](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.03)

BCM physician faculty participating in core clerkships must conduct direct observations of medical students during clinical encounters with patients for the purpose of performing student assessments and providing feedback.

Students are encouraged to solicit additional feedback on direct observations from residents and fellows (beyond the requirements for direct observation by physician faculty).

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

Duty Hours Policy (Policy 28.1.04):

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=28.1.04](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.04)

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

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

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

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

Educator Conflicts of Interest Policy (Policy 23.2.04)

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=23.2.04](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.2.04)

This policy establishes and describes the specific types of educator conflicts of interest and how they are avoided.

This policy is designed to keep the learning environment free from real or perceived personal, financial, or other biases that could arise from participating in the assessment, interview, or promotion of any current or prospective student with whom the educator has an existing personal relationship or significant connection.

This policy outlines how educators must avoid providing healthcare services to any learner that the educator must also teach, assess, or advise as a part of a BCM educational program.

Learners are expected to report an actual or perceived conflict of interest that may impact the teacher-learner paradigm. Reports should be directed as follows:

- 1) Clerkships: report to the clerkship director
- 2) Courses: report to the course director
- 3) Other Issues: Sr. Associate Dean of Student Affairs or designee

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

### **Examinations Guidelines:**

<https://www.bcm.edu/education/school-of-medicine/m-d-program/student-handbook/m-d-program-curriculum/examinations>

Grade Submission Policy (28.1.01): [https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=28.1.01](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.01)

BCM course directors in the School of Medicine shall submit final grades to the Office of the Registrar within four weeks of the end of a course.

### **Grading Guidelines:**

<https://media.bcm.edu/documents/2016/d9/grading-policy-final-7-14-16.pdf>.

Grading rubrics and graded components are determined by the individual course and course directors.

See other section(s) of the course overview document for course-specific grading information.

[Grade Verification and Grade Appeal Guidelines: https://www.bcm.edu/education/academic-resources/student-trainee-services/appeals-grievances/grade-verification](https://www.bcm.edu/education/academic-resources/student-trainee-services/appeals-grievances/grade-verification) See also Student Appeals and Grievances Policy (23.1.08).

### **Grade Verification**

If students have questions about a final course grade, exam grade, or the grading process, BCM strongly encourages them to first verify the grade before pursuing a formal Appeal. Grade verification is an informal process during which the affected student meets with the course and/or clerkship directors to review the grade and discuss any lingering questions. After grade verification, the student may choose to proceed with a formal grade appeal. However, appeals must have merit in order to proceed. Appeals must satisfy criteria described below to trigger reconsideration of the grade, and appeals based on mere disagreement are not valid.

### **Grade Appeal Application**

Consistent with relevant provisions of school handbooks, students may pursue grade appeals under only the following circumstances:

1. Mistreatment. To prevail on this basis, the grade appeal must allege, and investigatory findings must demonstrate, that the grade was awarded based on factors other than academic or clinical performance, as outlined in the syllabus, or based on mistreatment, such as discrimination.
2. Deviation from Established Criteria or Guidelines. To prevail on this basis, the grade appeal must allege, and investigatory findings must demonstrate, that the grade awarded was not calculated according to prior established guidelines set forth by the faculty and distributed to students.
3. Calculation Error. To prevail on this basis, the grade appeal must allege, and investigatory findings must demonstrate, that the grade awarded was calculated using false or erroneous information.

Learner Mistreatment Policy (23.2.02):

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=23.2.02](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.2.02)

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

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

Options for Reporting Learner Mistreatment:

Informal Reporting Mechanisms:

a. Office of the Ombuds <https://www.bcm.edu/about-us/ombuds>

b. Any school official (learner's choice)

Formal Reporting Mechanisms:

a. Course evaluation

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

Leave of Absence Policy (23.1.12):

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=23.1.12](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.1.12)

The purposes of this policy are to:

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

Medical Student Access to Health Care Service Policy (28.1.17)

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=28.1.17](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.17)

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

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

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&policy\\_number=28.1.15](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&policy_number=28.1.15)

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

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

In the event of any occupational exposure (i.e. skin, eye, mucous membrane, or parenteral contact with human blood or other potentially hazardous materials), medical students should immediately inform their supervisor and/or clinical course director and contact the Occupational Health Program (OHP) ((713) 798-7880) for further guidance regarding the procedures for care and treatment including post-exposure counseling and follow up.

Site-specific procedures for care and treatment after exposure are outlined on the OHP website: <https://www.bcm.edu/occupational-health-program/needlestick-exposure>.

See also:

Blood Borne Pathogens (Standard Precautions Policy 26.3.06):

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=26.3.06](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=26.3.06)

Vaccine-Preventable Diseases Policy (18.1.04)

[https://intranet.bcm.edu/policies/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=18.1.04](https://intranet.bcm.edu/policies/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=18.1.04)

Infection Control and Prevention Plan (26.3.19)

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&policy\\_number=26.3.19](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&policy_number=26.3.19)

Mandatory Respirator Fit Testing Procedure (28.2.01):

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=28.2.01](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.2.01)

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

Midterm Feedback Policy (28.1.02):

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=28.1.02](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.02)

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

#### Foundational Sciences:

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

The mid-course assessment method is documented in the course overview document which is created for every pre-clinical course by the course director and reviewed and approved by the Curriculum Committee.

#### Clinical Courses

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

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

At the end of each course, the Curriculum Office surveys students on whether they have received formal midterm feedback.

Please refer to other sections of the course overview document for course-specific instructions related to mid-term feedback requirements and documentation.

Narrative Assessment Policy (Policy 28.1.11):

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=28.1.11](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.11)

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

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

Notice of Nondiscrimination:

<https://www.bcm.edu/about-us/diversity-equity-and-inclusion/policies/notice-of-nondiscrimination>

#### Patient Safety:

Information for Reporting Patient Safety Incidents at BCM Affiliated Institutions: <https://media.bcm.edu/documents/2019/2d/2019-cler-guide-to-reporting-patient-safety-incidents.pdf>

Policy Regarding Harassment, Discrimination and Retaliation (02.2.25):

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=02.2.25](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=02.2.25)

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

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

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=23.2.01](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.2.01)

The Baylor College of Medicine (BCM) is committed to the values of integrity, respect, teamwork, innovation, and excellence, and requires all BCM learners to practice these values consistently during the completion of requirements for educational progression and performance of scholarly and professional duties.

Creating and sustaining an environment reflective of BCM values is the responsibility of every individual at BCM.

This policy outlines the expectations of academic honesty and integrity; professionalism issues relating to alcohol and substance abuse; expectations for proper management of social media and internet use along with use of BCM resources; options for reporting lapses in professionalism against learners.

Reporting Breaches in Professional Behavior:

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

Sexual Misconduct and Other Prohibited Conduct Policy (02.2.26):

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=02.2.26](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=02.2.26)

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

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

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

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

### **Social Media Policy (02.5.38):**

[https://intranet.bcm.edu/policies/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=11.2.15](https://intranet.bcm.edu/policies/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=11.2.15)

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

### **Student Appeals and Grievances Policy (23.1.08):**

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=23.1.08](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.1.08)

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

Formal Grievances are reported through the Integrity Hotline: (855) 764-7292 or

<https://secure.ethicspoint.com/domain/media/en/gui/35125/index.html>

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

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

### **Student Progression and Adverse Action Policy (Policy 28.1.05):**

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=28.1.05](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.05)

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

### **Technical Standards Policy (28.1.16):**

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=28.1.16](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.16)

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

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

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

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

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

Why are these concepts important?

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

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

<b>EPA 1: Gather a History and Perform a Physical Exam</b>		
<b>PCRS Description</b>	<b>PCRS Identifier</b>	<b>CCGG(s)</b>
Patient Care	PC2	1.1, 1.2
Knowledge for Practice	KP1	2.3, 6.7
Interpersonal and Communication Skills	ICS1	3.1, 3.3
Interpersonal and Communication Skills	ICS7	4.5
Professionalism	P1	1.2, 1.2, 1.7, 4.1, 4.3
Professionalism	P3	4.1, 4.3
Professionalism	P5	1.4, 4.1, 4.5
<b>EPA 2: Prioritize a Differential Diagnosis Following a Clinical Encounter</b>		
<b>PCRS Description</b>	<b>PCRS Identifier</b>	<b>CCGG(s)</b>
Patient Care	PC2	1.1, 1.2
Knowledge for Practice	KP2	2.2, 2.3
Knowledge for Practice	KP3	2.1, 2.2, 6.7
Knowledge for Practice	KP4	2.3, 6.7
Practice-Based Learning and Improvement	PBLI1	4.5, 6.5
Interpersonal and Communication Skills	ICS2	3.3
Professionalism	P4	4.3
Personal and Professional Development	PPD8	6.4, 6.5
<b>EPA 3: Recommend and Interpret Common Diagnostic Tests</b>		
<b>PCRS Description</b>	<b>PCRS Identifier</b>	<b>CCGG(s)</b>
Patient Care	PC5	1.4, 6.7
Patient Care	PC7	3.1, 6.6
Patient Care	PC9	1.6
Knowledge for Practice	KP1	2.3, 6.7
Knowledge for Practice	KP4	2.3, 6.7
Practice-Based Learning and Improvement	PBLI9	5.2, 5.3
Systems-Based Practice	SBP3	5.1, 6.6
<b>EPA 4: Enter and Discuss Orders and Prescriptions</b>		
<b>PCRS Description</b>	<b>PCRS Identifier</b>	<b>CCGG(s)</b>
Patient Care	PC2	1.1, 1.2
Patient Care	PC4	1.2
Patient Care	PC5	1.4, 6.7
Patient Care	PC6	1.4
Practice-Based Learning and Improvement	PBLI1	4.5, 6.5
Practice-Based Learning and Improvement	PBLI7	2.4, 6.3

Interpersonal and Communication Skills	ICS1	3.1, 3.3
Systems-Based Practice	SBP3	5.1, 6.6
<b>EPA 5: Document a Clinical Encounter in the Patient Record</b>		
<b>PCRS Description</b>	<b>PCRS Identifier</b>	<b>CCGG(s)</b>
Patient Care	PC4	1.2
Patient Care	PC6	1.4
Interpersonal and Communication Skills	ICS1	3.1, 3.3
Interpersonal and Communication Skills	ICS2	3.3
Interpersonal and Communication Skills	ICS5	1.5, 3.2
Professionalism	P4	4.3
Systems-Based Practice	SBP1	3.3, 5.4
<b>EPA 6: Provide an Oral Presentation of a Clinical Encounter</b>		
<b>PCRS Description</b>	<b>PCRS Identifier</b>	<b>CCGG(s)</b>
Patient Care	PC2	1.1, 1.2
Patient Care	PC6	1.4
Practice-Based Learning and Improvement	PBLI1	4.5, 6.5
Interpersonal and Communication Skills	ICS1	3.1, 3.3
Interpersonal and Communication Skills	ICS2	3.3
Professionalism	P1	1.2, 1.2, 1.7, 4.1, 4.3
Professionalism	P3	4.1, 4.3
Personal and Professional Development	PPD4	4.5
Personal and Professional Development	PPD7	4.2, 7.2, 7.3
<b>EPA 7: Form Clinical Questions and Retrieve Evidence to Advance Patient Care</b>		
<b>PCRS Description</b>	<b>PCRS Identifier</b>	<b>CCGG(s)</b>
Patient Care	PC7	3.1, 6.6
Knowledge for Practice	KP3	2.1, 2.2, 6.7
Knowledge for Practice	KP4	2.3, 6.7
Practice-Based Learning and Improvement	PBLI1	4.5, 6.5
Practice-Based Learning and Improvement	PBLI3	2.5, 4.4, 4.5, 6.1, 6.2, 6.3, 6.7
Practice-Based Learning and Improvement	PBLI6	2.4, 2.5, 6.3, 6.7
Practice-Based Learning and Improvement	PBLI7	2.4, 6.3
Practice-Based Learning and Improvement	PBLI8	2.5, 3.2, 3.3, 6.6

Practice-Based Learning and Improvement	PBLI9	5.2, 5.3
Interpersonal and Communication Skills	ICS1	3.1, 3.3
Interpersonal and Communication Skills	ICS2	3.3
<b>EPA 8: Give or Receive a Patient Handover to Transition Care Responsibility</b>		
<b>PCRS Description</b>	<b>PCRS Identifier</b>	<b>CCGG(s)</b>
Patient Care	PC8	5.2, 5.4, 7.4
Problem-Based Learning and Improvement	PBLI5	4.5, 7.3
Practice-Based Learning and Improvement	PBLI7	2.4, 6.3
Interpersonal and Communication Skills	ICS2	3.3
Interpersonal and Communication Skills	ICS3	7.2, 7.3, 7.4
Professionalism	P3	4.1, 4.3
<b>EPA 9: Collaborate as a Member of an Interprofessional Team</b>		
<b>PCRS Description</b>	<b>PCRS Identifier</b>	<b>CCGG(s)</b>
Interpersonal and Communication Skills	ICS2	3.3
Interpersonal and Communication Skills	ICS3	7.2, 7.3, 7.4
Interpersonal and Communication Skills	ICS7	4.5
Professionalism	P1	1.2, 1.2, 1.7, 4.1, 4.3
Systems-Based Practice	SBP2	1.5, 5.2, 5.4
Interprofessional Collaboration	IPC1	3.3, 4.2, 7.2, 7.4
Interprofessional Collaboration	IPC2	7.1
Interprofessional Collaboration	IPC3	3.3, 7.3
<b>EPA 10: Recognize a Patient Requiring Urgent or Emergent Care and Initiate Evaluation and Management</b>		
<b>PCRS Description</b>	<b>PCRS Identifier</b>	<b>CCGG(s)</b>
Patient Care	PC1	1.1
Patient Care	PC2	1.1, 1.2
Patient Care	PC3	1.3, 7.4
Patient Care	PC4	1.2
Patient Care	PC5	1.4, 6.7
Patient Care	PC6	1.4
Interpersonal and Communication Skills	ICS2	3.3
Interpersonal and Communication Skills	ICS6	3.1, 4.1
Systems-Based Practice	SBP2	1.5, 5.2, 5.4

Interprofessional Collaboration	IPC4	7.1, 7.2, 7.3, 7.4
Personal and Professional Development	PPD1	4.2, 4.5
<b>EPA 11: Obtain Informed Consent or Tests and/or Resources</b>		
<b>PCRS Description</b>	<b>PCRS Identifier</b>	<b>CCGG(s)</b>
Patient Care	PC5	1.4, 6.7
Patient Care	PC6	1.4
Patient Care	PC7	3.1, 6.6
Knowledge for Practice	KP3	2.1, 2.2, 5.3
Knowledge for Practice	KP4	2.3, 6.7
Knowledge for Practice	KP5	1.5
Interpersonal and Communication Skills	ICS1	3.1, 3.3
Interpersonal and Communication Skills	ICS7	4.5
Professionalism	P6	1.7, 4.3, 4.4
Personal and Professional Development	PPD1	4.2, 4.5
Personal and Professional Development	PPD7	4.2, 7.2, 7.3
Personal and Professional Development	PPD8	6.4, 6.5
<b>EPA 12: Perform General Procedures of a Physician</b>		
<b>PCRS Description</b>	<b>PCRS Identifier</b>	<b>CCGG(s)</b>
Patient Care	PC1	1.1
Patient Care	PC7	3.1, 6.6
Interpersonal and Communication Skills	ICS6	3.1, 4.1
Professionalism	P6	1.7, 4.3, 4.4
Personal and Professional Development	PPD1	4.2, 4.5
Personal and Professional Development	PPD5	3.3, 4.3
Personal and Professional Development	PPD7	4.2, 7.2, 7.3
<b>EPA 13: Identify System Failures and Contribute to a Culture of Safety and Improvement</b>		
<b>PCRS Description</b>	<b>PCRS Identifier</b>	<b>CCGG(s)</b>
Knowledge for Practice	KP1	2.3, 6.7
Problem-Based Learning and Improvement	PBLI4	2.4, 5.1
Problem-Based Learning and Improvement	PBLI10	6.2, 6.3

Interpersonal and Communication Skills	ICS2	3.3
Professionalism	P4	4.3
Systems-Based Practice	SBP4	3.4
Systems-Based Practice	SBP5	5.1, 5.3
<b>Remaining PCRS Linkage</b>		
<b>PCRS Description</b>	<b>PCRS Identifier</b>	<b>CCGG(s)</b>
Patient Care	PC10	4.3, 7.2
Patient Care	PC11	1.7, 4.5
Knowledge for Practice	KP6	2.5, 5.1
Practice-Based Learning and Improvement	PBLI2	4.5
Professionalism	P2	4.1, 4.2, 4.3
Systems-Based Practice	SBP6	1.5, 5.4
Personal and Professional Development	PPD2	4.2
Personal and Professional Development	PPD3	4.3, 4.4
Personal and Professional Development	PPD6	7.1, 7.2