



Medicine Core Clerkship Course Overview Document Term 6

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

The BCM Medicine Core Clerkship will expose clinical science students to the wide breadth of disease in adult medicine. Students will learn and practice the skills of history taking, the physical exam and the differential diagnosis while working on comprehensive trainee care teams throughout hospitals in the Texas Medical Center. Emphasis will be placed on both evidence-based medicine and interprofessional education and team building. While primarily inpatient, students will also have exposure to ambulatory care practices where they will gain insights into the long-term care of the adult patient by Internal Medicine physicians.

II. Clinical Sites and Contact Information

Clinical Sites

Core Medicine endeavors to provide a similar experience for all students. Students should expect to spend six of their eight-week clerkship on the inpatient wards in our clinical hospitals. Students will then spend the remaining two weeks split between ambulatory clinics and stationed on a consultative service. Those students on our Houston campus should expect to be placed at the following clinical sites during their rotations:

- Houston Campus:
 - Ben Taub General Hospital Inpatient Wards – 4 weeks
 - VA Houston (MEDVAMC) Inpatient Wards – 2 weeks
 - Baylor St Luke’s Consult Week – 1 week
 - TMC based ambulatory clinics and procedure observation – 1 week
- Temple Campus:
 - Baylor Scott and White Inpatient Wards – 5 weeks
 - VA Temple (VA central Texas) Inpatient Wards – 2 weeks
 - Temple Community Clinic Ambulatory – 1 week

Space and logistics are discussed in the Houston and Temple specific course information areas. 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.



Contact Information

(email preferred means of communication)

Clerkship Director:
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Phone: 817-504-3174
Internal Medicine Hospitalist



Houston Campus

Associate Clerkship Director
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Internal Medicine Hospitalist



Temple Campus

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Internal Medicine Hospitalist



Site Directors:

Baylor St Luke's Site Director
Sergio Trevino-Castillo, MD – Sergio-TrevinoCastillo@bcm.edu
Infectious Diseases and Critical Care Medicine

Ben Taub Site Director
Doris Lin, MD – doris.lin@bcm.edu

MEDVAMC Site Director
Cody Moore, MD – cody.moore@bcm.edu
Internal Medicine Hospitalist

Ambulatory/Procedure Site Director
Richa Shukla, MD – richa.shukla@bcm.edu
Gastroenterologist

Clerkship Coordinator (Houston):
Arlene Back - aback@bcm.edu
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Assistant Director:

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Infectious Diseases

Clerkship Coordinator (Temple):
Elizabeth Murphy – Elizabeth.murphy@bcm.edu
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TERMS 1, 2 AND 3 2024-2025

July 1, 2024—December 13, 2024

Chief Resident Contact Information

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Baylor St. Luke's Medical Center

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Ben Taub General Hospital

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III. 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

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

IV. 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

V. Internal Medicine Clerkship Objectives Mapped to CCGG’s

School of Medicine CCGG	Related Course Objective	Mode of Teaching	Assessment Method
Patient Care (1.1, 1.2, 1.3, 1.4, 1.5, 1.6)	1. Perform complete and/or focused patient histories and physical exams for ambulatory patients in a variety of contexts.	Clinical experiences, Didactics	WBAs, Sim/SP
	2. 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.	Clinical experiences, Didactics HAPPY Exercises	CSWFT (Q1-4), WBAs, Sim/SP HAPPY Exercises

Knowledge for Practice (2.1, 2.2, 2.3, 2.4, 2.5)	3. Apply integrated biomedical, clinical, and public health sciences to diagnose, manage, and prevent common ambulatory care disorders in individuals and populations effectively.	Clinical experiences, Didactics, HAPPY Exercises	NBME, HAPPY Exercises
Interpersonal and Cross-Cultural Communication Skills (3.1, 3.2, 3.3, 3.4)	4. 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.	Clinical experiences, Didactics	CSWFT (Q5-6), WBAs, Sim/SP
Professional and Personal Development (4.1, 4.2, 4.3, 4.4, 4.5)	5. Demonstrate compassion, ethical behavior, and professionalism while fostering self-awareness, accountability, and continuous growth.	Clerkship Overview Document, Clerkship Orientation, Clinical experiences	CSWFT (Q8-9), WBAs
Health Systems Science & Social Contexts of Care (5.1, 5.3, 5.4)	6. Integrate value-based care principles, including cost awareness and risk-benefit analysis, to optimize resource allocation for improved patient and population outcomes (Value-based Care)	Didactics, HAPPYs	HAPPY Exercises
	7. Apply quality improvement frameworks used in health system improvement. (Quality Improvement)	Didactics, HAPPY Exercises, Interprofessional Education	HAPPY Exercises IPE Assessments
Critical Thinking, Inquiry and Problem-Solving (6.1, 6.2, 6.3, 6.4, 6.5, 6.6, 6.7)	8. Use critical thinking skills to form questions, acquire, appraise, and apply evidence, mitigate bias, and navigate uncertainty in medical decision-making	Clinical experiences, Didactics, HAPPY Exercises, NEJM Healer cases	ART, HAPPYs, Sim/SP, CSWFT (Q3)
Teamwork and Collaboration (7.1, 7.2, 7.3, 7.4)	9. Demonstrate collaborative skills with all members of the interprofessional team in a manner that maximizes team effectiveness.	Clinical experiences HAPPY Exercises	CSWFT (Q7), IPE assessments HAPPY Exercises

VI. 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:
2025	At our large group feedback meeting you said that you thought the planned weekends off were important but asked that instead of weekend 6 that weekend 7 be granted.	As of January 2025 the seventh weekend rather than the sixth weekend is the last universal weekend off for the rotation.
2024	You said that HAPPY exercises logistically worked better when done in person with teams rather than over virtual spaces.	As of January 2025 all HAPPY exercises on IM will be completed in in person sessions.
2023	Multiple comments from 2021 – 2023 regarding the fair assessment of grading systems on the clinical core rotations	In part due to student concerns and suggestions, the college is beginning pass / fail competency based medical education assessment for all clinical core rotations and moving away from tiered grading in January 2024.

2022	“The time frame allotted for the SP encounter was far too short to be 'objective'. Along with many others, I had difficulty finishing in time on both my interview/physical and my PEN note”	In January 2023 the SP exam was lengthened based on student feedback to include 5 more minutes for the in-room portion with the SP and 5 more minutes for the out of the room post encounter note.
2022	“I enjoyed the balance of wellness Fridays w/ working weekends- it was a good balance of getting time to recover and experiencing the medicine schedule like the residents.”	The structure of weekends that was piloted in 2022 was continued in 2023 based on student feedback like this.
2022	“The only weakness is fairness of assessment, which is a huge, school-wide problem”	As recommended in our continued efforts toward fairness in assessment the clinical evaluations of % toward the grade decreased 5% in 2023.
2021	Students reported varying abilities with being able to see IM based procedures while on the clerkship generally but also specifically at BSLMC.	In January 2021 all students were given improved access to major procedural opportunities with the Cardiology, GI and Pulmonary services regardless of what consult experience they were on. Students were also provided protected time to observe these procedures.
2021	The clerkship was perceived to be clinically rigorous and lacking reflection by a portion of the students in end of course survey data.	In January 2021 the clerkship piloted a new Wellness Half Day at the end of the BSLMC experience. The time is focused on learning about wellness and then completing a wellness activity of the student's choosing.
2020	‘It would be great to have the student morning report at each clinical site instead of just the VA’	By June 2020 the clerkship began standardized student reports occurring weekly at each core clinical pavilion.
2019	‘Please make weekends off consistent for all students across the clerkship’.	The Eight-week clerkship started in January 2019 incorporated this feedback and was able to engineer the schedule so that all students had the same number of weekends off per term and was scheduled for the students to see on the clerkship created page on Amion.com.
2018	‘We would like to have the opportunity to request which consult team we rotate on at Baylor St Luke’s’	Starting in 2018 students were given the change to request what subspecialty option they would rotate on at St Luke’s and then vast majority get their first or second choice.
2017	‘The Therapeutic Lecture series is difficult to attend every week and has us miss morning report’. ‘The Therapeutic Lecture series is very hard to make every week when we are scheduled at the VA.’	In July 2017 the Medicine Clerkship changed the logistics of the Therapeutic Lecture series to a system of ‘school days’ that concluded a clinical period with grouped lectures. Any lectures that are no longer given live are available on vbrik.

VII. Student Roles, Responsibilities and Activities

The Who/What/Where/When/How Checklist of Requirements for Internal Medicine*:

(*Note that for all requirements of documentation here the term faculty member typically means an attending physician and not a resident or intern.)

Requirement	System	Who	How Many	Finalized by When	Expected by Midterm Feedback
19 Patient Encounter Tracking: Symptoms/Disease (PETS)	Leo	Any MD	1 log for Each (only 1)	By last Wednesday of rotation	At least 10 logged
Patient Encounter Tracking: Written History and Physical Reviewed by any MD	Leo	Any MD	8 individual logs	By last Wednesday of Rotation	At least 4 logged
Patient Encounter Tracking: Attendings (Faculty) Giving Oral Feedback after Working Together	Leo	Faculty Attendings Only	2 individual logs	By Last Wednesday of Rotation	1 logged
NEJM Healer Cases: IM Cases 1, 2, 5 and 9	NEJM Healer	n/a	4 Total Cases in IM	By Last Wednesday of Rotation	2 Completed
WBA: DO H&P	Qualtrics	Faculty Attendings Only	5 launched (1 has to represent at least history review, 1 physical exam review)	By last Wednesday of rotation	2 launched to the attending
WBA: ART	Qualtrics	Faculty Attendings Only	4 launched	By last Wednesday of Rotation	2 launched to the attending
WBA: Interpreter	Qualtrics	Any MD	1 launched	By last Wednesday of Rotation	0-1
WBA: Evidence Based Medicine	Qualtrics	Any MD (prefer faculty)	2 launched	By last Wednesday of Rotation	1
WBA: Calling a Consult	Qualtrics	Any MD	2 launched	By last Wednesday of Rotation	1

WBA: Care Discussion	Qualtrics	Any MD	2 launched	By last Wednesday of Rotation	1
Clinical Student Workplace Feedback Tool (CSWFT) – end of experience assessment	Qualtrics	Every MD you work with	Typically, 15-18 per student	Launched by last Wednesday of the rotation	7-9 launched
Graded H&P #1 Assignment	Blackboard	Clerkship leadership will grade	1 word doc submitted in indicated assignment	By 11:59pm of third Friday of clerkship	submitted
Graded H&P #2 Assignment	Blackboard	Clerkship leadership will grade	1 word doc submitted in indicated assignment	By 11:59pm of 6 th Friday	n/a
HAPPY Exercises Completed	Blackboard	Faculty Assesses	1 group submission per HAPPY exercise	At conclusion of each HAPPY exercise	n/a
Surveys of Attendings, Residents and Course	Leo		1 for each	By end of rotation	n/a
Didactic Friday Session Feedback surveys	Blackboard Survey Link	Speaker	1 for each	By end of rotation	n/a
Procedure Observation reflection: <ul style="list-style-type: none"> • Houston – complete at St. Luke’s • Temple – complete any site 	Blackboard	n/a	1 word doc	1 word doc filled out by end of rotation	n/a
2nd, 4th and 6th Wellness Morning Participation	Blackboard Survey Link	n/a	1 for each morning	By end of rotation	n/a

All individual items must be completed to obtain a Pass. Failure to complete course requirements in a timely manner is defined in our COD as a professionalism violation that may result in an Incomplete or Fail grade at the discretion of the UME Committee.

A. Required Activities and Sessions

- a. **Orientations:** General Clerkship Orientation will be held on the first day of the Clerkship unless prior arrangements are arranged before the clerkship start date. Time and place for each subsequent hospital site orientation will be communicated to you via email.
- b. **Core Medicine Conferences/Didactics:** We have many educational sessions planned for your time with us as part of your didactic curriculum. The following is a description of the common sessions that will occur during your term:
 - i. **BCM IM Resident Morning Report:** One of the best learning opportunities at BCM, Morning Report is a daily session Monday-Friday at 8:30am that is **required** for you to attend whenever present at the clinical site. Morning Report presents interesting cases from around the medical center with very pertinent discussions on how to present a patient in a structured format, concepts on clinical reasoning and also excellent learning points from each case. If significant absences from this conference are noted this will affect your professionalism review.
 - ii. **BCM Core Student Report:** We will also have a weekly student report at each site that will have all students at the site working through cases with a faculty member/resident. Our site leadership will coordinate these sessions with you and will most often occur on Wednesday afternoons at 1pm.
 - iii. **IM Didactic In Person Teaching Sessions:** There will be 4 half day didactic sessions (1st, 2nd, 4th and 6th Friday at Houston and Thursday for most at Temple) that will usually be from 12p-4/5p. The bulk of our IM sessions/workshops will occur during this time and, when able, will occur live at main BCM. When scheduling/safety precautions preclude our live sessions, they will be formatted for zoom virtual sessions. *Attendance is mandatory at these sessions. Please arrive before the lecture starts out of courtesy for our speakers (if noticed to be continually late to these sessions your professionalism score will be impacted).*
 - iv. **BCM Grand Rounds:** The expectation is that you will attend BCM Grand Rounds, which is held (every Thursday at 12:15pm for Houston students and then when communicated for Temple

students).. Attendance is expected to be 100% and at Houston is expected to be in person if you are working at a nearby pavilion.

- v. **Tuesday Zoom based Core Case Topics:** In addition to morning report, the Friday sessions and Grand Rounds, we will have a most often Tuesday 12:30pm teaching session over zoom that all students at each site are expected to attend. These will be communicated to you before the session.

- 1. Note about the **virtual environment:** presently we hold a portion of our curriculum **live** over virtual platforms like zoom. For attendance purposes always place your full name in the zoom window and include any other names if other students are streaming with you in the same location. Please help make the zoom environment productive by having chat capabilities, and then unmuting and being ready to discuss when appropriate.

- vi. **High-Yield Application of Principle to Patients of Yours (HAPPY) Exercises:** We plan to have five HAPPY sessions that are integrated into our didactic sessions. These sessions are meant to learn from your current experiences while revisiting foundation sciences principles. You will be notified of your HAPPY group which will consist of 6-10 students that you will work with throughout the term when these sessions occur and will be required to group submit a document answering preselected questions that will be assessed by a faculty member for credit that is required to pass the rotation.

c. Required Feedback Sessions

- i. **Formal Midterm Feedback:** Clerkship leadership will be providing formal midterm feedback. Please make sure to have updated your case/experience logging requirements prior to this meeting. Completed evaluations will be reviewed, as well as your case/experience logging to provide goals for the remainder of your clerkship. Please be advised that we will be emailing the dates and times for your meetings via your Baylor email account. A summary of the conversation will be captured via a Qualtrics launched 'mid-term feedback' evaluation that you need to launch to the faculty meeting with you as you start the meeting with them.

- ii. **Large Group Feedback Session:** We will schedule a large group session during week 6 or 7 to discuss how the clerkship has transpired to date, preparation for our clerkship SP exam and then review the grades process in detail. This session is required and very important from a continual clerkship improvement perspective. Many historic good changes have come from this session.

B. **Required Assessments and Examinations** (full orienting details follows in Section IX 'Grade Components):

- a. The Medicine NBME
- b. Medicine SP Exam
- c. Workplace Based Assessments
- d. HAPPY Exercises
- e. Graded History and Physicals

C. **Required Clinical Experiences:** Clinical Logging is an essential task during your clerkship. The 'Documentation of Encounters' form below lists the required diagnoses and procedures that are the **minimum** requirements the Clerkship and Curriculum Committee has designated as what every student should see and/or do during the rotation. These logs will be reviewed with you during your Mid-Rotation feedback session. If you have any difficulty seeing any of the experiences, please email (caruso@bcm.edu) and we will set up an alternative experience to complete in place of the standard live experience.

- a. Patient Encounter Tracking (PET)
 - i. Symptoms, Diseases and Procedures – 19 total
 - 1. **Level of Medical Student Responsibility:** all medicine clerkship are 'perform' and 'inpatient' and labeled in Leo as Procedures in the Standard Method

- a. **Perform:** The student performs the patient history, physical exam, differential diagnosis, treatment decision-making, and/or relevant procedural skills.
 - b. **Assist:** The student assists with the patient history, physical exam, differential diagnosis, treatment decision-making, and/or relevant procedural skills.
 - c. **Observe:** The student is present as an observer during the patient history, physical exam, differential diagnosis, treatment decision-making, and/or relevant procedural skills
 - i. > No more than 50% in single clerkship
 - ii. > No more than 30% across clerkships
2. Ambulatory clinical setting: Provides clinical care for patients who are not admitted to the hospital (e.g. clinic, emergency center)
 3. Inpatient clinical setting: Provides clinical care for patients admitted to the hospital or undergoing a procedure in an operating room.
 4. Student Instruction for Logging experiences via Leo → Current student how-to-guide is saved in our blackboard page under Orientation Materials.
- ii. **Student H&P Write-Ups (Log 8 individually in Leo case experience logging system):**
 1. A full formal H&P write-up with discussion and problem list should be turned into your team attending weekly for review by that attending (this process is outside of the required H&Ps that you will hand in to the clerkship office twice during the rotation for grading). On the first day with your attending, you should ask him/her about their expectations for your discussions and should also let them know that you need their feedback on your write-ups. The discussion should focus on the differential diagnosis of the chief problem, or if the disease is known, on an important aspect of the natural history or treatment of the patient. ***It must be written in your own words. Avoid using Up to Date as your only source—use a primary source and do your own literature review.*** We encourage you to base some of your discussions on an EBM approach to problems related to your individual patients.
- iii. **Informal Faculty Feedback (LOG 2 individually in Leo case experience logging system)**
 1. You are asked to obtain feedback on your performance by your faculty. Once you have approached your faculty and have obtained feedback, please log the experience on Leo. In order to get meaningful feedback, we advise you to ask direct and specific questions about your performance (e.g.: print out an H&P for review, ask them to watch you doing a part of the physical exam and ask for direct feedback, ask how organized your oral presentations are during rounds, etc....).
- iv. **NEJM Healer Cases** – Complete 4 on NEJM Healer site and then log on Leo:
 1. These are cases in the NEJM Healer series that have been specifically selected to help supplement your experience in the hospital and clinic. Please complete these individually outside of clinical hours as you will for other clerkship. These four cases are due complete before the end of the core clerkship and must be logged as completed on Leo:

Case	Name	CC / DDx
1	Tom Wheeling	Pancreatitis
2	Ira Ward	Diarrhea
5	Olivia Avery	Syncope, PE, HCM, orthostatic hypotension
9	Linda Napoli	Knee pain, pseudogout, RA, septic arthritis

Patient Type/ Clinical Condition	Procedure/ Skills	Clinical Setting(s)	Level of Student Responsibility	Minimum # Required	Alternative Experience (Inform Clerkship Director)
Acid Base Disorder / Electrolyte Abnormality	Hx & PE	Inpatient	Perform	1	Complete Cases 7 & 33 in Aquifer Internal Medicine
Acute Kidney Injury	Hx & PE	Inpatient	Perform	1	Complete Case 33 in Aquifer Internal Medicine
A Fib / Arrhythmia	Hx & PE	Inpatient	Perform	1	Complete Case 3 in Aquifer Internal Medicine
Altered Mental Status	Hx & PE	Inpatient	Perform	1	Complete Cases 25 & 26 in Aquifer Internal Medicine
Anemia	Hx & PE	Inpatient	Perform	1	Complete Case 19 in Aquifer Internal Medicine
Cancer	Hx & PE	Inpatient	Perform	1	Complete Cases 21 & 27 in Aquifer Internal Medicine
Chest Pain	Hx & PE	Inpatient	Perform	1	Complete Cases 1 & 2 in Aquifer Internal Medicine
Cirrhosis	Hx & PE	Inpatient	Perform	1	Complete Case 36 in Aquifer Internal Medicine
Congestive Heart Failure	Hx & PE	Inpatient	Perform	1	Complete Case 4 in Aquifer Internal Medicine
Constipation or Diarrhea	Hx & PE	Inpatient	Perform	1	Complete Case 20 & 24 in Aquifer Internal Medicine
Coronary Artery Disease	Hx & PE	Inpatient	Perform	1	Complete Cases 1 & 2 in Aquifer Internal Medicine
Diabetes Mellitus	Hx & PE	Inpatient	Perform	1	Complete Cases 7 & 8 in Aquifer Internal Medicine
GI Bleeding	Hx & PE	Inpatient	Perform	1	Complete Cases 10 & 12 in Aquifer Internal Medicine
Heart Murmur: 18 yr +	Hx & PE	Inpatient	Perform	1	Contact Clerkship Director
HIV/ Immunocompromised	Hx & PE	Inpatient	Perform	1	Complete Case 20 in Aquifer Internal Medicine
Hypertension	Hx & PE	Inpatient	Perform	1	Complete Case 6 in Aquifer Internal Medicine
Pneumonia	Hx & PE	Inpatient	Perform	1	Complete Case 21 in Aquifer Internal Medicine
Obstructive Lung Disease	Hx & PE	Inpatient	Perform	1	Complete Case 28 in Aquifer Internal Medicine
Point-of-Care Ultrasound	Procedure	Inpatient	Assist	1	Contact Clerkship Director
Faculty Feedback	Other	Inpatient/Ambulatory	Perform	2	n/a
History and Physical Review by any MD	Other	Inpatient/Ambulatory	Perform	8	n/a

D. Roles / Miscellaneous and Tips

a. Clinical Patient Care

- i. There is a good deal of clinical care work on Medicine that you will take part in and help with, particularly in the public hospitals. Most students have the opportunity to participate in procedures and take part in the care and management of a sizable group of patients. This becomes a social contract when on this rotation: you can learn from a patient if you are functioning as a member of the team; working for and advocating for the patient—not just observing. Also, just like with our house staff, we expect you to be available to your patients on the day of their admission until their medical condition is stabilized (without breaking any BCM duty hours rule).

- b. **Weekends on Medicine:** It's important for you to see the full scope of inpatient care which includes the weekend management of our patients. IM will include weekend work, but since 2022 we developed a revised approach that standardized weekends off so that our expectations are easier to understand and are

universal throughout the clerkship cohort. The following schedule, regardless of clinical site, will be as follows for all students (*Note that we are going to pilot a change in the weekends off to have the 7th weekend off instead of the 6th following student feedback for that weekend preferred considering proximity to the NBME exam*):

- i. Weekend 1 – work one day if on wards (Consults/Ambulatory has weekend off)
- ii. Weekend 2 – weekend off preceded by Wellness AM / School PM on Friday
- iii. Weekend 3 – work one day if on wards (Consults/Ambulatory has weekend off)
- iv. Weekend 4 - weekend off preceded by Resilience AM / School PM on Friday
- v. Weekend 5 – work one day if on wards (Consults/Ambulatory has weekend off)
- vi. Weekend 6 - work one day if on wards (Consults/Ambulatory has weekend off) preceded by Reflection AM / School PM on Friday
- vii. Weekend 7- weekend off
- viii. Weekend 8 – off after NBME

Note that it is imperative when you work on weekends that you are present for the day that maximizes the amount of patient care you will see (i.e. – work on the weekend day that your team will be admitting new patients)

c. Absences on Clinical Rotation:

- i. For planned absences, please inform the Clerkship Director, Coordinator and your preceptor in advance.
- ii. For acute situations (personal illness or personal emergency), please contact your attending, resident, site director, clerkship director and coordinator via email to inform them of your absence.
- iii. All absences spanning one entire day or longer must be [filed](#) with the College by the student.
- iv. Absences are excused for the following reasons:
 1. Medical illness experienced by the student.
 - a. A physician note is required on the 3rd day of illness.
 - b. BCM OHP is required to be notified of any COVID related absences or quarantine.
 2. Personal crisis (e.g., death or illness of immediate family member)
 3. Childbirth (maternity and paternity policy of the College takes precedence)
 4. Presentation at professional meetings (up to two days with makeup at the Clerkship Director's discretion)
 5. Residency Interviews
- v. Other requests (including social events) are granted at the discretion of the Clerkship Director and require makeup time.

d. Dress Code

- i. Business casual or scrubs + white coat (or BCM logo fleece) is the default recommendation for your first day at your site.
- ii. Any ambulatory site requires business casual + white coat.

e. Social media: Please refer to the BCM social media policy when completing all aspects of this clerkship. On a daily basis you will be dealing with patients' personal health information, and it is of the utmost importance that you properly protect that information.

f. Email Announcements: Please *pay close attention to your BCM email account* as we will email updates and announcements throughout the term. In addition, make use of our BCM sponsored Blackboard website. You are all entered into the systems user database. You must self-enroll in the Internal Medicine Core Clerkship course in order to view materials, use Communication or Student Tools or take quizzes or surveys. If you have any difficulties with login or password, please contact William McKinney (wwmckinn@bcm.edu) in the Undergraduate Medical Education office.

g. Study / Secure Storage / Lounge and/or Call Room spaces available for students: see below or follow this link for precise details: https://bcm.edu.sharepoint.com/:b/s/LCMEAccreditation/ESlicBOuga1GkPVHmx17AhsBwiy_xVq5CJBmUYHhGGSNIAA?e=Ka07WJ

h. Student Escorts within the TMC Campus

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

VIII. Schedule

Site Schedules and Team Assignments: Each site has its' own Site Director that will email you and schedule site orientation for the first scheduled day. **Term 6 Roster and Schedule (*subject to change prior to start of Term):**

	Medicine Core Clerkship		rev 3/26/2025
	Term 6 2024-2025		
	April 28 - June 20, 2025	grad date 6/1/2026 MS 3	
	2024t6	grad date 6/1/2027 MS 2	
		Period 1a / Period 1b	Period 2a / Period 2b
		Apr 28-May 11 / May 12-May 23	May 26-Jun 8 / Jun 9-Jun 20
	HOUSTON		BSL
1	251187 Abarca, Louis Gustavo	BTGH Team A / BTGH Team A	AMBU A + BSL GI III / VAMC Team A
2	244755 Adeyemo, Abayomi "Gideon"	BTGH Team A / BTGH Team A	AMBU B + BSL ID II / VAMC Team F
3	251145 Apicella, Meredith	BTGH Team B / BTGH Team B	AMBU C + BSL Neph III / VAMC Team C
4	251179 Borses, Trevor Casey	BTGH Team B / BTGH Team B	AMBU D + BSL Pulm IV / VAMC Team D
5	233691 Bourdon, Strauss Michael	BTGH Team C / BTGH Team C	AMBU E + BSL Cards VI / VAMC Team E
6	251287 Cesani, Isabel Marie	BTGH Team D / BTGH Team D	VAMC Team C / AMBU A + BSL HemOnc III
7	241261 Fagbongbe, Oladipupo Opef	BTGH Team D / BTGH Team D	VAMC Team D / AMBU B + BSL ID II
8	251207 Gelvez, Nicolas	BTGH Team E / BTGH Team E	VAMC Team E / AMBU C + BSL Cards VI
9	251305 Gonzalez, Cynthia Adriana	BTGH Team F / BTGH Team F	VAMC Team F / AMBU D + Neph III
10	251229 Hudock, Angela Rachel	BTGH Team C / BSL HemOnc III + AMBU A	VAMC Team A / VAMC Team A
11	251462 Jones, Mary North	BTGH Team E / BSL ID II + AMBU B	VAMC Team A / VAMC Team A
12	251177 Ju, Jaden	BTGH Team F / BSL Pulm IV + AMBU C	VAMC Team B / VAMC Team B
13	236249 Kalva, Prathik	BTGH Team D / BTGH Team D	VAMC Team B / AMBU E + BSL Cards VI
14	251199 Kasaeian, Arta	BSL Cards VI + AMBU A / BTGH Team A	VAMC Team C / VAMC Team C
15	251178 Kavoussi, Arman Arman	BSL GI III + AMBU B / BTGH Team C	VAMC Team D / VAMC Team D
16	251316 Kiehl, John "Joe"	BSL Hem Onc III + AMBU C / BTGH Team E	VAMC Team E / VAMC Team E
17	251219 Lin, Jennifer	BSL Pulm IV + AMBU D / BTGH Team F	VAMC Team F / VAMC Team F
18	244803 Liu, Tommy	AMBU A + BSL Pulm IV / VAMC Team F	BTGH Team A / BTGH Team A
19	251295 Machicao, Maria Fernanda F	AMBU B + BSL GI III / VAMC Team C	BTGH Team A / BTGH Team A
20	251263 Miao, Michelle	AMBU C + BSL ID II / VAMC Team D	BTGH Team B / BTGH Team B
21	230991 Nadella, Meghana	AMBU D + BSL HemOnc III / VAMC Team E	BTGH Team B / BTGH Team B
22	251483 Nguyen, Minh Bao	VAMC Team C / AMBU A + BSL GI III	BTGH Team C / BTGH Team C
23	251206 Parker, Sloane	VAMC Team D / AMBU B + BSL Cards VI	BTGH Team D / BTGH Team D
24	251315 Perry, Zachary	VAMC Team E / AMBU C + BSL Hem Onc III	BTGH Team E / BTGH Team E
25	233688 Quintanilla, Francheska	VAMC Team F / AMBU D + BSL Neph III	BTGH Team F / BTGH Team F
26	251310 Schmidt, Josephine	VAMC Team A / VAMC Team A	BTGH Team C / BSL Hem Onc III + AMBU A
27	251257 Seaborn, Lyra	VAMC Team A / VAMC Team A	BTGH Team D / BSL Cards ID II + AMBU B
28	244990 Sholeen, John William	VAMC Team B / VAMC Team B	BTGH Team E / BSL Cards VI + AMBU C
29	251272 Sorrels, Ciana Dayne	VAMC Team B / VAMC Team B	BTGH Team F / BSL Pulm IV + AMBU D
30	239150 Thapar, Ruhi	VAMC Team C / VAMC Team C	BSL Hem Onc III + AMBU A / BTGH Team C
31	251244 Untalan, Pedro Tatsuo	VAMC Team D / VAMC Team D	BSL GI III + AMBU B / BTGH Team D
32	251465 Williams, Erin	VAMC Team E / VAMC Team E	BSL Pulm IV + AMBU C / BTGH Team E
33	251278 Xie, Michael	VAMC Team F / VAMC Team F	BSL Neph III + AMBU D / BTGH Team F
	TEMPLE		
	251280 Francia, Carlos Bryan	Outpatient + Team B / BSWH Team B	VA Team 1 / BSWH Team D
	251204 Garda, James "Jimmy"	BSWH Team B / VA Team 1	BSWH Team D + TCC / BSWH Team A
	251251 Hernandez, Nicholas "Nico"	BSWH Team B / VA Team 1	TCC + BSWH Team D / BSWH Team A
	251463 Hoffman, Rachel Bates	BSWH Team D / BSWH Team B	VA Team 1 / BSWH Team D + TCC
	251228 John, Mathew "Jiju"	VA Team 1 / BSWH Team D + TCC	BSWH Team A / BSWH Team B
	251270 Meng, Carrie	VA Team 1 / TCC + BSWH Team D	BSWH Team A / BSWH Team B
	251226 Prewett, Berkeley	BSWH Team D + TCC / BSWH Team A	BSWH Team B / VA Team 1
	251157 Scherger, Hope	TCC + BSWH Team D / BSWH Team A	BSWH Team B / VA Team 1

HAPPY GROUP ASSIGNMENTS:

STUDENTS WITH AN X SHOULD BE PREPARED WITH A PATIENT FROM THEIR EXPERIENCE TO DATE						
HAPPY Group #	Communication HAPPY	COPD HAPPY	Value Based Care HAPPY	CHF HAPPY	QI and Patient Safety HAPPY	HOUSTON
1	x		x		x	Abarca, Louis Gustavo
1	x		x		x	Adeyemo, Abayomi "Gideon"
1	x		x		x	Apicella, Meredith
1	x		x		x	Borses, Trevor Casey
1		x		x	x	Bourdon, Strauss Michael
1		x		x	x	Cesani, Isabel Marie
1		x		x	x	Fagbongbe, Oladipupo Opefoluwa "Ladi"
1		x		x	x	Gelvez, Nicolas
1		x		x	x	Gonzalez, Cynthia Adriana
2	x		x		x	Hudock, Angela Rachel
2	x		x		x	Jones, Mary North
2	x		x		x	Ju, Jaden
2	x		x		x	Kalva, Prathik
2		x		x	x	Kasaeian, Arta
2		x		x	x	Kavoussi, Arman Arman
2		x		x	x	Kiehl, John "Joe"
2		x		x	x	Lin, Jennifer
3	x		x		x	Liu, Tommy
3	x		x		x	Machicao, Maria Fernanda Fernanda
3	x		x		x	Miao, Michelle
3	x		x		x	Nadella, Meghana
3		x		x	x	Nguyen, Minh Bao
3		x		x	x	Parker, Sloane
3		x		x	x	Perry, Zachary
3		x		x	x	Quintanilla, Francheska
4	x		x		x	Schmidt, Josephine
4	x		x		x	Seaborn, Lyra
4	x		x		x	Sholeen, John William
4	x		x		x	Sorrels, Ciana Dayne
4		x		x	x	Thapar, Ruhi
4		x		x	x	Untalan, Pedro Tatsuo
4		x		x	x	Williams, Erin
4		x		x	x	Xie, Michael
						TEMPLE
5			x	x	x	Francia, Carlos Bryan
5			x	x	x	Garda, James "Jimmy"
5			x	x	x	Hernandez, Nicholas "Nico"
5			x	x	x	Hoffman, Rachel Bates
5	x	x			x	John, Mathew "Jiju"
5	x	x			x	Meng, Carrie
5	x	x			x	Prewett, Berkeley
5	x	x			x	Scherger, Hope

IX. Grade Components and Passing Thresholds

Grade	Description
Pass (P*)	Meets minimum passing threshold on all grading subcomponents.

Incomplete (I)	A grade of “Incomplete” is considered a temporary grade. With permission of the instructor, a grade of Incomplete should be recorded for a student who has not completed a required component of the course by the course end date. A designation of Incomplete should not be used as a placeholder grade when the student’s performance in the course has been unsatisfactory, and remediation is required.
Deferred (D)	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.
Fail (F*)	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 Deferred 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 reviewing all student performance and evaluation data.

Grading Rubric:

Grading Components	Subcomponents	Threshold for Passing
Assessments	National Board of Medical Examiners (NBME) Subject Exam	≥ 5 th percentile nationally
	Standardized Patient (SP) exam	≥ 70%
	Workplace Based Assessments (WBAs)	Must receive ≥ 50% of ratings at “Level 2” or higher on the final item for each WBA
	Clerkship Student Workplace Feedback Tool (CSWFT)	Must receive ≥ 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.](#)

Professionalism standards
No documented breach of timely professional communication (e.g., timely response to clerkship leadership, and timely launched 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 grading 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.

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. Copilot is NOT HIPAA or FERPA compliant. Thus, inputting identifiable patient information into any AI tool is NOT allowed.

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 (e.g., if you used AI to help you create your differential, state that when you present to your attending/resident).

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). Using AI for medical documentation in the EHR is strictly prohibited unless otherwise specified in the COD. Protected health information should never be inputted into AI tools. 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. H&Ps in the Electronic Health Record, 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 and identifiable patient information (e.g., patient name, date of birth, pictures of the patient, medical record numbers, etc.) should never be used with AI tools.

Clinical Assessments Utilized on the Medicine Clerkship

A. Workplace Based Assessments (WBA)

- a. WBAs are a large part of the foundation of the competency based medical education assessment system at BCM. IN 2024 all WBAS are launched via **Qualtrics** which is a survey system BCM is utilizing that is mobile friendly and meant to improve real time capture of data and feedback using a 2 step process (step 1 you fill out and submit, step 2 the evaluator fills out as finalized) and will be used for summarizing the following WBAs:
 - (a) **Direct Observation of History & Physical (DO H&P)** → 5 total by faculty preferred but upper-level residents or fellows permitted.
 - (i) Requirement: Complete five faculty direct observations with at least one being a history and one an observation of a physical. As part of your requirements for Medicine, you are required to have attendings observe you doing ALL or PART of a history and physical exam. There is a BCM policy mandating that any student rotating on the clinics is to be observed by a faculty member at least once during any four-week period. We have a standardized evaluation launched via Qualtrics that your other core rotations will be utilizing as well to capture the observing attending's feedback for the encounter. This aspect of your clerkship is very important, tracked closely and will be discussed during your formal midterm feedback session. Let your current site director and the clerkship director know early if you are tracking behind.
 - (b) **Assessment of Reasoning WBA (ART)** → 4 total completed by a faculty attending.

- (i) Requirement: These are assessments drawn from the clinical reasoning skills used to present an assessment of your patient's history and physical to your supervisors in the clinical setting. Attention is paid to delivering sound clinical reasoning skills. For this term only an attending faculty member can be the individual who is assigned to complete the two step WBA via the Qualtrics system mentioned here. Let your current site director and the clerkship director know early if you are tracking behind.
- (c) **Assessment of Interpreter Use Skills** → 1 total completed by any MD.
 - (i) Requirement: These are assessments drawn from your use of an interpreter service to discuss a portion of the patient encounter with any MD watching your interaction with a patient. We expect this will most naturally occur when you work at our Harris Health sites (in particular Ben Taub General Hospital) and anticipate that they will most often occur while evaluating a patient with an intern or resident member of your team. So please attempt to complete this requirement during your time at Ben Taub, but they can certainly occur at any pavilion/experience when you make use of an interpreter.
- (d) **Evidence Based Medicine (EBM)** → 2 total completed by any MD.
 - (i) Requirement: These are assessments based off of your verbal presentation of a PICOT derived topic relating to one of the patients you have seen in the hospital. Please arrange the presentation using the WBA Evidence Based Medicine process review PowerPoint reviewed during orientation and stored on our blackboard page.
- (e) **Care Discussion** → 2 total completed by any MD.
 - (i) This assessment will be based on your individual discussion with patients observed by a resident or faculty attending that will look to provide feedback on your rapport building skills, discussion of the care plan and eliciting of patient preferences.
- (f) **Calling a Consult** → 2 total completed by any MD.
 - (i) This assessment will be based off any MD (most likely would fit in well with an intern or resident) observing your calling a consult (from any service) and their providing feedback about your skill in introducing yourself and the consult, presenting relevant information, asking a specific consultation question, and confirming next steps.

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

- a. These are a portion of the didactic curriculum that you will experience on this rotation and the other clinical core rotations. These exercises are designed to vertically integrate your preclinical curriculum with the clinical curriculum and your patients. Certain pre-determined sessions will be scheduled to complete these exercises. The logistics will be communicated via email before the session but will include the groups that you will be part of to complete this experience, the process for how to have a representative patient example that will inform the exercise and then how to complete the exercise during the session. Once the exercise has completed a member of your HAPPY group will submit the exercise assignment on blackboard for assessment and feedback. For your term we are planning to have the following sessions include a HAPPY exercise:
 - i. COPD case series
 - ii. CHF case series
 - iii. The QI and Patient Safety Workshop
 - iv. Communication Workshop
 - v. Value Based Care session

C. Assessment of Written H&P

- a. Twice during the rotation, you will have Histories and Physicals that you will take from your clinical experience and submit for formal assessment. These will be due at two points (1st due the third Friday and

then second due the 6th Friday) during the rotation and submitted onto your blackboard course page for review. Please follow the BCM rubric that is in the assignment folder where you will submit the history and physical. Remember that the History and Physical submission includes a full history and physical that would include an assessment and plan and evidence-based discussion.

- b. The following are tips for writing an Internal Medicine history and physical but please primarily refer to the grading rubric for the exercise for full review of our expectations for how to write this important document:
 - i. **Chief Concern (CC)**
 1. Sometimes, use a few words, such as "Altered mental status" when the patient's words do not give a good picture of their presenting signs or symptoms.
 2. Chief concern should not include the patient's age or any other information aside from the patient's chief concern.
 - ii. **History of Present Illness**
 1. The first sentence in the HPI should include the patient's age, gender and pertinent PMH.
 2. If patient's CC is "foot ulcer," and the patient has a history of diabetes, include diabetes mellitus in the first sentence – "A 67-year-old female with a history of diabetes mellitus (last a1c 9.5) presents complaining of a foot ulcer."
 3. The HPI should start at the patient's baseline state of health and progress chronologically. It should flow in the same manner as a story you would tell to a friend that had no idea of what happened to the patient. Identify when the patient was last feeling well and show the progression of symptoms. The HPI does NOT need to be reported in the order the patient told the story. Many times, it must be reorganized.
 4. The HPI should include an appropriate description of the cardinal symptom. (For example, onset, location, duration, character, aggravating/alleviating factors, associated symptoms, radiation, timing, severity)
 5. Relevant ROS should be included. For example, if your patient has a CC of headache, include if the patient has fever, changes in vision, nausea/vomiting, lightheadedness/vertigo, etc. In addition to relevant ROS any prior work up, related conditions or related medications should be included in the HPI to fully allow the listener/reader to form a differential diagnosis for what is wrong with the patient.
 - iii. **Past Medical History**
 1. Format the PMHx in bullet or list format rather than complete sentences - just makes it easier to read.
 2. For PMH, give information on the level of control of various common problems. For example:
 - a. For diabetes, include a1c or insulin status.
 - b. For CHF, include if it's systolic vs. diastolic and include last LVEF if known.
 - c. For HTN, include typical BP at home.
 - d. For HIV/AIDS, include last CD4 count, if available
 - iv. **Rest of History**
 1. Medications
 - a. All medications should include dose, frequency, route; including why the patient takes it is not mandatory but provides insight into the patient's understanding of their meds and helps you learn immensely; be sure to include if the patient takes any over the counter or herbal meds.
 2. Allergies
 - a. Allergies must include what type of reaction (anaphylaxis vs. minor discomfort)
 3. Social History

- a. In social history, include tobacco, alcohol, drugs, occupation, living environment and sick contacts.
 - b. If a patient smokes, specify pack-years (for example, a patient who smoked 1 pack per day for 30 years has a 30-pack year history).
 - 4. Family History
 - a. Please include a family history that covers major illnesses/conditions for genetically linked family members and includes illnesses/conditions that may be related to the DDX.
 - 5. ROS – for the full ROS aim for 8 systems covered at minimum
- v. **Physical Exam**
 - 1. Perform and document the appropriate focused physical exam for the DDX of your HPI.
 - 2. Do not write "Vitals: not provided." HR and RR can easily be determined on all patients.
 - 3. Avoid "swelling" in the PE if you mean "peripheral edema."
- vi. **Labs and Imaging**
 - 1. Please include all labs and imaging that you think were relevant to include for advancing the differential diagnosis (those that you would present to your attending)
- vii. **Assessment and Plan**
 - 1. Please complete a full assessment and plan as you have been doing on the wards.
 - 2. The Assessment should include a Problem Representation: The assessment starts with a problem representation (a.k.a., summary statement). This is a “big picture” synthesis of the information you gathered that leads to your differential diagnosis. The problem representation should:
 - a. Include critical findings from the history and physical exam (including epidemiologic features and key clinical features)
 - b. Synthesize findings into medical terms and concepts. For example:
 - i. “Started today” = acute
 - c. Characterize findings using semantic qualifiers.
 - i. One leg is swollen = unilateral lower extremity edema
 - 3. Your assessment should include a full impression of the differential diagnosis for your patient.
 - 4. The plan should be a well-organized, complete and prioritized accounting for the initial plan that you and your team undertook for the patient as they were being admitted, a new consult H&P or were transferred to your team from ICU.
- viii. **Discussion**
 - 1. For students, residents and practicing physicians, patients frequently inspire continued learning. What question arose for you after seeing this patient? Find any appropriate medical literature (e.g., textbook chapter, review article, randomized controlled trial) that answers this question. Summarize your findings from the literature and apply them to your patient’s situation. Cite your reference and appraise its credibility.

D. **NBME Exam**

- a. **The Medicine NBME:** You are required to take and pass the NBME shelf exam in Medicine which is typically scheduled for the last Friday of the rotation. The registrar administers this exam once a term. A passing score is determined by Baylor College of Medicine as exceeding the 5th percentile nationally, which usually corresponds to a normed score of around 58 - 60. This score does vary according to each cohort’s NBME data. If you fail the exam, then you will be required to repeat the NBME and the highest grade you can receive for the rotation is a PASS. If you fail the exam twice you will receive a grade of fail for the clerkship. Students who are required to remediate the NBME examination will be contacted by

the clerkship director and will work with Student Affairs to schedule a retake of the NBME. Students are required to sit for the remedial NBME or SP examinations within six months of the original test date.

- i. Administration of NBME Exams:
 1. Administration of the NBME exams will follow guidelines described by the NBME.
 2. NBME exams that are required and contribute towards a course or clerkship grade will follow the accommodations procedure provided by Student Disability Support Services
 3. In the event of a late start, learners are expected to be available until 6 PM on in-person assessment days.
 4. NBME Testing Irregularities –
 - a. All testing rooms should be reserved until 6 PM on testing day to accommodate learners.
 - b. Technical difficulties will be addressed through instructions in the NBME Chief Proctor’s Manual.
 - c. If an exam cannot be immediately restarted, the Testing Administrator will contact the NBME and attempt to restart the exam within 30 minutes.
 - d. 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.
 - e. 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.

E. Standardized Patient Exam

i. **Medicine Standardized Patient (SP) Exam:** You will be required to complete a standardized patient encounter during your clerkship. The exam typically occurs on the last Monday of the rotation and is scheduled directly through the BCM Sim Center. The passing rate is an overall score of 70%. Failure to show up for the exam will result in a major professionalism citation. Students must arrive 30 min before the examination. Late arrival or failure to show up for the examination may require students to reschedule the examination and will lead to an incomplete grade for the clerkship (including the associated costs).

i. **STANDARDIZED PATIENT EXAM in detail:**

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

Hx (22.22% of grade)	PE (22.22% of grade)	COMM (22.22% of grade)	PEN (33.34% of grade)	Overall 100%
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65%	65%	80%	50%	70%
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6. BCM Physical Exam Standard Videos Link:
<https://youtube.com/playlist?list=PLB0msUc7n7ONWp2Wtkn12VCBiXjz9qYD8> If you are a returning dual-degree program student or have been on a leave of absence, please contact the Standardized Patient program Sim-help@bcm.edu to be reoriented to their procedures and ensure that your login information is correct.
7. **STANDARDIZED PATIENT EXAM REMEDIATION & RETAKES**
 - a. **SP examination failure is earned by:**
 - i. **Failure of overall SP exam score**
 - b. **REMIEDIATION / RETAKES:**
 - i. **1 or 2 domain failure – student may review their own video.**
 - ii. **Overall exam failure – student *must* review own video *and* must retake the exam as per SP Exam Failure Process on Blackboard**
8. **INTERNAL MEDICINE specific:**
 - a. **Instructions for on-site Standardized Patient (SP) Exam** -Students are required to complete a standardized patient encounter (SP exam) at the end of the rotation. The SP exam is scheduled and administered by the BCM Simulation Learning Center. **This exam will be conducted on the main BCM campus.** Students must arrive 30 min before the examination; late arrival or failure to show up for the examination may require students to reschedule the examination (including the associated costs) and/or a reduction in their overall letter grade for the clerkship.
 - b. Information is presented here regarding the specific exam components and allotted time; students are ultimately responsible for keeping track of time during the examination (using a regular watch or stopwatch – phones and smartwatches are not permitted). *Failure to hear a chime or verbal reminder regarding time remaining will not invalidate an examination.*

Exam Components	Description	Time allotted
Patient Info Door Note	You will have two minutes to review the patient’s presenting information.	2 minutes
History, Physical Exam and Communication Skills with SP	You will elicit a relevant history to prepare a complete HPI and perform a physical exam. As a courtesy, a chime will sound when 5 minutes remain for the encounter.	20 minutes
Post Encounter Note (PEN)	You will exit the room and complete your PEN on the computer outside the room. This will consist of 5 detailed questions that relate to the encounter. There will be a link to a supplementary piece of information pertaining to the case in the PEN instructions. You will <i>not</i> receive a notification about the time remaining.	20 minutes

- c. **Communication Evaluation:** You are expected to demonstrate the same communication skills you learned in previous clinical courses. Your communication with the standardized patient will be evaluated using the same checklist used by previous clinical courses (Patient, Physician, and Society Course).
- d. More information is available on the Blackboard site for the Simulation Learning Center > Physical Exam Standards and Communication Skills Guide
- e. **Post Encounter Note:** following the SP portion of the exam you’ll be asked to complete a five-item post encounter note on a provided computer. Please read the instructions to the post encounter note carefully **and note that there is a link in the instructions that will provide you some objective data to utilize for the questions asked.**
- f. How to prepare:

- i. No formal review is needed. You will be practicing the skills needed to pass this exam in every patient encounter in our hospitals. Please review the BCM OSCE standards, which will be the basis for the physical exam portion of the exam.
 - ii. Please review materials from the Simulation Learning Center link on Blackboard to prepare.
9. SimulationIQ Login Instructions:
 - a. <https://bcm.simulationiq.com>
 - b. From the Login screen, enter you Username and Password.
 - c. Your username is your ECA login and password is your Baylor ID starting with "u" and ending with a "!" Example: u123456!
 - d. Click Login.
 - e. 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.
10. SP Scheduling and Exam Questions or Concerns: The Simulation team will be in contact with you to sign up for an exam time (this is typically done in week 5 or 6 of the clerkship). Please email Sim-help@bcm.edu and copy the course director(s) with any questions regarding the SP examination for this clerkship.

X. Evaluations

The Medicine Clerkship uses the followings evaluations for each student.

- A. Preceptor Evaluation of the Student (CSWFT) – on Qualtrics
 - We use the same Clinical Student Workplace Feedback Tool (CSWFT) used by all clerkships.
1. Student Evaluation of the Preceptor – on Leo
 - *Please evaluate the faculty and residents with whom you worked. This is considered a professionalism expectation.*
 - 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.
2. 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 caruso@bcm.edu

Data Platforms

- Leo:
 - Patient Encounter Tracking (Case Log)
 - Student evaluation of the faculty
 - Student evaluation of the course
- Qualtrics:
 - WBAs - DOHP, ART, Interp, CD, WBM, Consult
 - Faculty evaluation of student (CSWFT)
 - Midterm Feedback (MTF)
- Blackboard:

- Assignments
- HAPPY Exercises
- NEJM Healer

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	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 regard 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	Uses verbal and non-verbal communication that values all	Communicates information, including basic feedback with	Facilitates interprofessional team communication	Adapts communication style to fit interprofessional
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	that values all members of the health care team	members of the health care team	all health care team members, using language that values all members of the health care team	to reconcile conflict and provides difficult feedback, using language that values all members of the health care team	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 regard to reflective practice and personal growth?

N/A Not observed	Not yet able to set goals, track progress, or seek feedback	Establishes personal and professional development goals, tracks own progress, seeks and is receptive 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?

NA Not observed	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 guidance, arrives on time and prepared for work	Independently completes tasks and assigned responsibilities in a timely manner with appropriate attention to detail in routine situations	Independently completes tasks and assigned responsibilities in a timely manner with appropriate attention to detail in complex or stressful situations	Proactively communicates with clerkship leadership and faculty regarding situations that may impact own ability to complete tasks and responsibilities in a timely manner
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XII. Additional Reading/Resources

A. For Overall Content:

- a. Step Up to Medicine – Version 4

B. For Thorough Internal Medicine Knowledge:

- a. Cecil's Medicine
- b. Harrison's Medicine
- c. Frameworks

C. Q Banks

- a. Most Student's utilize UWorld 2 (there are about 1400-1500 between inpatient and ambulatory medicine)
- b. I recommend as a second bank of questions the MKSAP For Students Question Banks or AMBOSS

- D. Physical Exam References
 - a. Stanford 25 Exam Videos (through Stanford Medical website)
- E. Online Resources
 - a. Online Med ED Videos in Internal Medicine
 - b. Twitter MedEd Follows:
 - i. Dr. Zaven Sargsyan (BCM Hospitalist) @sargsyanz
 - ii. BCM Residency Program @BCM_InternalMed
 - iii. #MedTwitter
 - c. Podcasts: Clinical Problem Solvers
- F. Tips on Presentation Skills:
 - a. This is an excellent article written by BCM clinicians and a former BCM student about how best to construct an HPI: [https://www.amjmed.com/article/S0002-9343\(24\)00495-9/fulltext](https://www.amjmed.com/article/S0002-9343(24)00495-9/fulltext)

XIII. Interprofessional Education

Interprofessional Education (IPE), defined as learning about, with or from other disciplines, is an important part of the BCM curriculum and the IM Clerkship.

- A. No Place Like Home (NPLH) is an interprofessional educational activity where BCM Houston medical students and University of Houston pharmacy students will work as a team to assess the patient's compliance and /or concerns related to their medications and perform a targeted physical assessment. Students will share their findings and plan of care with the attending faculty who may be either a nurse practitioner, physician assistant or physician. Your specific date for when you will attend this experience will be emailed to you along with other salient details the week before it occurs.
- B. The Patient Safety and Quality Improvement Workshop is an interprofessional educational activity where BCM all medical students, BCM physician assistant students, TWU nursing students, and University of Houston pharmacy students work in teams to develop their understanding of patient safety and practice utilizing quality improvement tools to analyze a case of a patient with a medical error. The session that you are required to attend will be communicated to you via email and will likely be a virtual meeting as a portion of the afternoon of one Friday during your term.

XIV. Frequently Asked Questions

- **(from Nov 2024) Question from the cohort :**
 - "Hi Dr. Caruso, For the PET surveys on Leo, it says to perform a history and physical for each patient category. Do progress reports (SOAP notes) and their corresponding physicals count too?"
 - **Response:** *Yes - if we're talking about the PET symptoms/diseases like chest pain or heart failure as long as you are actively managing the problem in a H&P/SOAP that counts for PET logging. What's used on the forms/surveys is a phrasing that tries to match a national standard and work for all clerkships. If we're talking about the additional measure of trying to capture when you guys are getting full H&Ps (or new consult notes) reviewed by any MD then it has to be a full H&P or new consult H&P and not a SOAP.*

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

You can nominate him/her for a PEAR award at the link below. PEAR awards were created as a student-led initiative to allow students to recognize educators. <https://form.jotform.com/202256428683055>

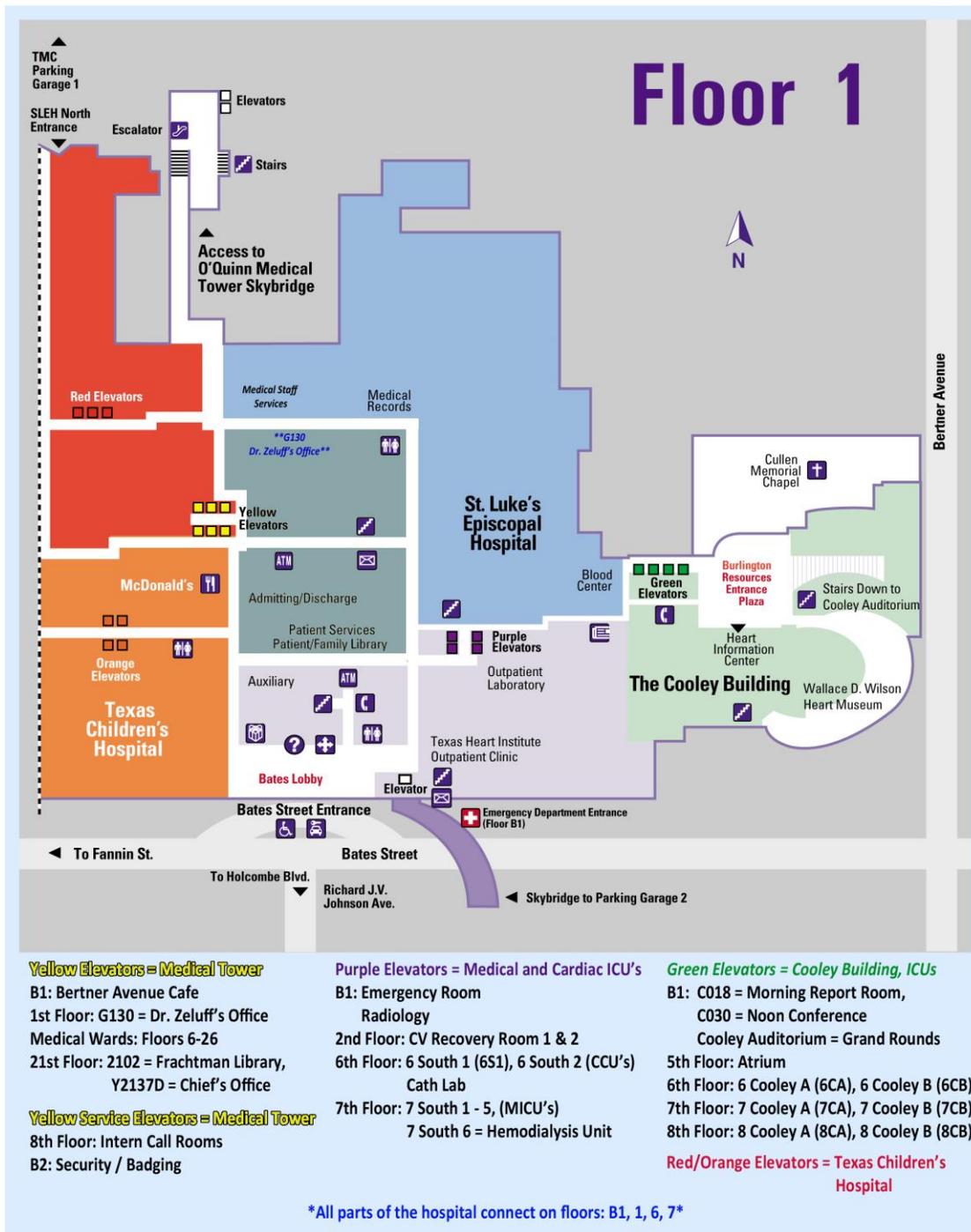
XVI. What if I am interested in Internal Medicine as a career?

The department of Medicine would like to help mentor you through the process of choosing a specialty and seeing if Internal Medicine is the right fit for you. Through collaboration with the Deans of Student Affairs BCM offers the Specialty Specific Mentors program. Please review the Specialty Specific Mentors list held on the COSA blackboard page that is updated regularly. At time of COD update the current 4 BCM Internal Medicine mentors are:

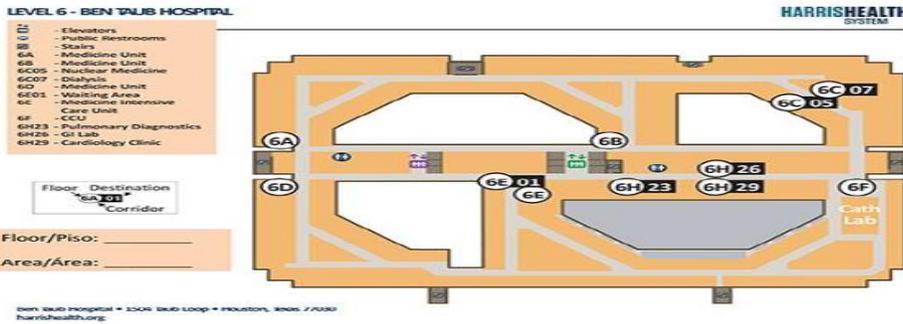
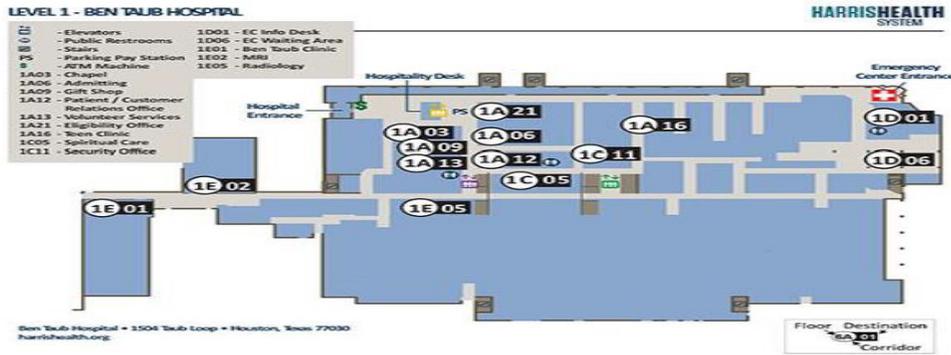
- 1) Katie Scally – scally@bcm.edu
- 2) Andrew Caruso – caruso@bcm.edu

XVII. Houston Specific Course Information:

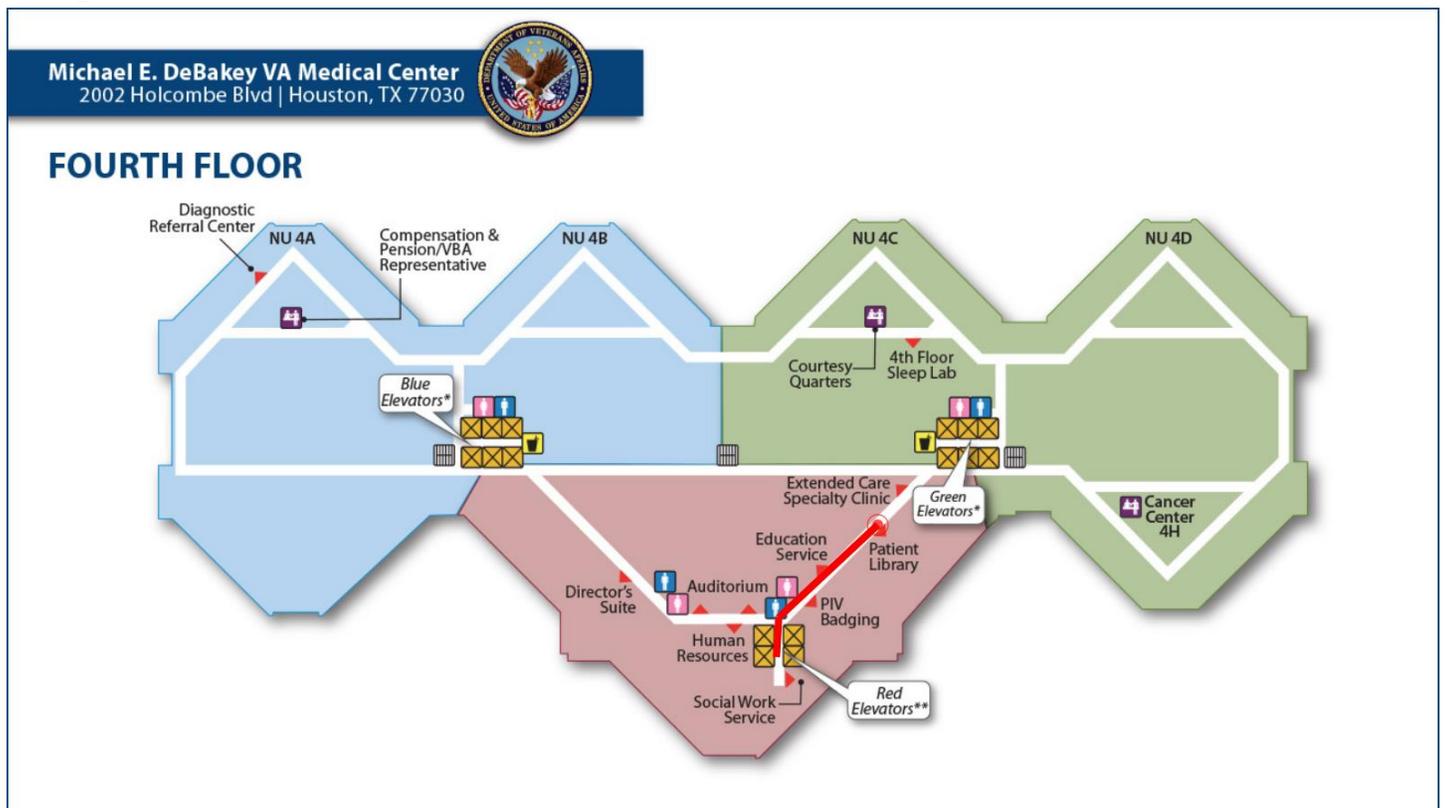
Map of Baylor St Luke's Medical Center:



Map of Ben Taub Floors 1 and 6:

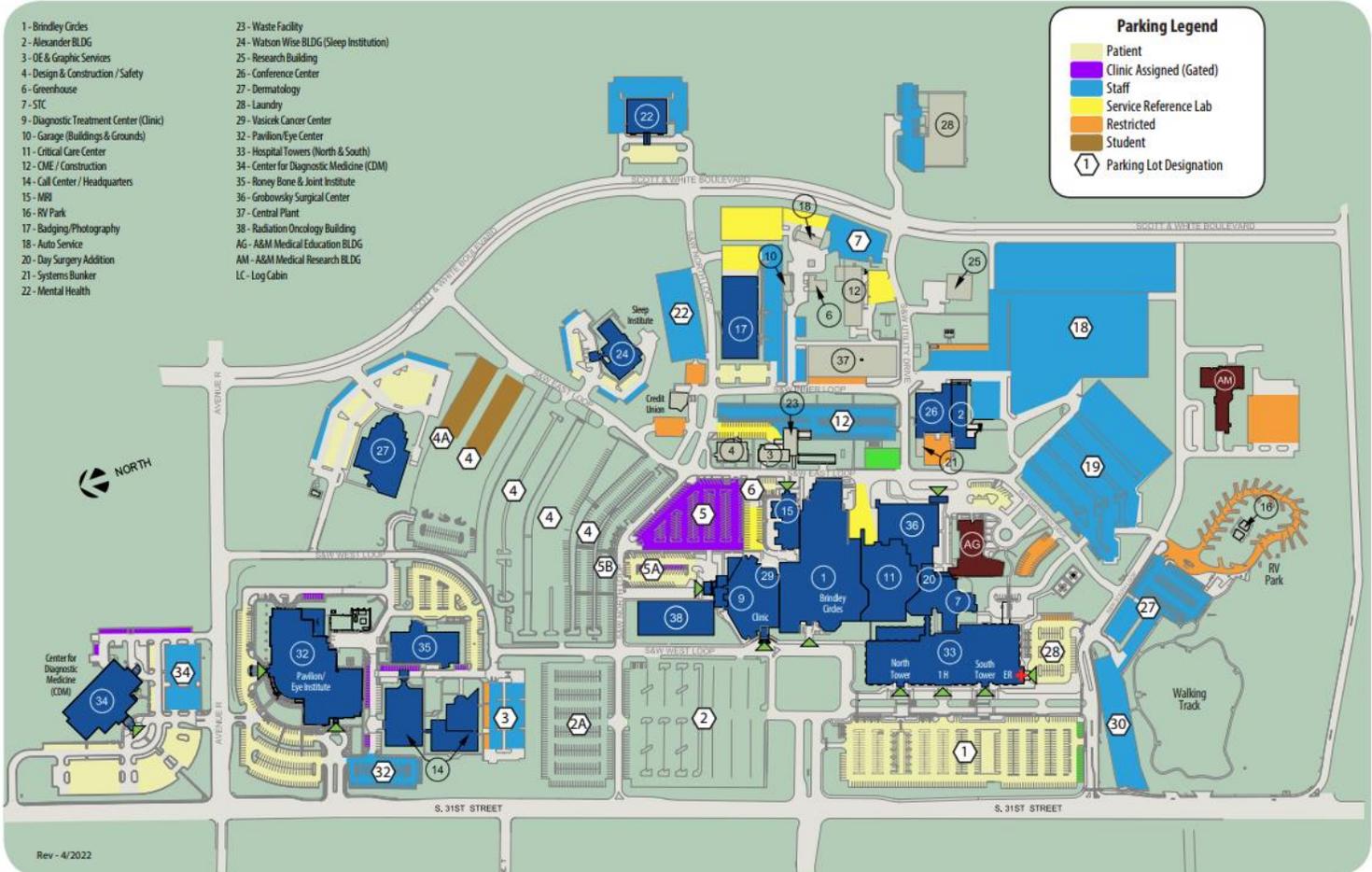


Map of VA Floor 4:



XVIII. Temple Specific Course Information:

Will be discussed in specified Temple orientation.



Teams A, B and D are all located in Building 33. Team A is on the 7th Floor North Tower, Team Room NT743 (across from NT 704). The code for the door is 4321. Team B is on the 7th Floor North Tower, Team Room #NT771. Team D is on 4th Floor South Tower and the Team Room is #ST410 and the door codes are 2015 for the first door and 126 for the second door.

Temple Community Clinic

Address is 1508 W Ave J.

XIX. BCM Policies and Procedures

(edited 12.3.23)

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

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

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

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

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 Guidance for Educators and Learners:

Artificial intelligence (AI) refers to a suite of computational methods—e.g., machine learning (ML), natural language processing and generative AI tools such as Chat Generative Pre-trained Transformers (ChatGPT) and robotics—that can perform complex analytical tasks normally requiring human intelligence. AI creates clear opportunities to support future students in undergraduate medical education and beyond but also raises acute ethical issues for professional integrity and academic honesty.

In line with the college's mission of innovation and professional integrity, Baylor students will be expected to understand when and how to use AI/machine learning-based tools in clinically effective and ethically responsible ways.

The following guidance is meant to help students and instructors reflect on when, how, and for what purposes AI may be used to support undergraduate medical education. This guidance is subject to change as AI technologies evolve.

Please refer to your individual Blackboard course site under SOM policies and procedures, SOM guiding principles.

<https://bcm.blackboard.com/ultra/institution-page>

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

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

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

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

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

Code of Conduct:

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

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

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

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

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

Guiding Principles of the Educational Compact

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

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

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

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

Criminal Allegations, Arrests and Convictions Policy (28.1.13):

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

All BCM students currently enrolled in any SOM program must report all criminal allegations and other legal actions 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

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

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

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

Duty Hours Policy (Policy 28.1.04):

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

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

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

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

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

Educator Conflicts of Interest Policy (Policy 23.2.04)

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

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> 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

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). This reporting mechanism allows learners the option to pursue complaints and maintain anonymity during the investigation

Leave of Absence Policy (23.1.12):

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

The purposes of this policy are to:

1. define and describe circumstances in which a student may take a [Voluntary Leave of Absence](#),
2. outline student rights and obligations in the event of Voluntary Leave of Absence,
3. define and describe circumstances in which a student may be placed on an [Involuntary Academic, Administrative, or Medical Leave of Absence](#);

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

Medical Student Access to Health Care Service Policy (28.1.17)

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

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

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

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

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

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

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

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

See also:

Blood Borne Pathogens (Standard Precautions Policy 26.3.06):

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

Vaccine-Preventable Diseases Policy (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

Mandatory Respirator Fit Testing Procedure (28.2.01):

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

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

Midterm Feedback Policy (28.1.02): https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.02

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

Foundational Sciences:

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

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

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

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

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

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

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

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

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

Reporting Breaches in Professional Behavior:

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

Sexual Misconduct and Other Prohibited Conduct Policy (02.2.26):

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

See also relevant sections of the 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

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

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 Handbook:

[Student Handbook \(bcm.edu\)](http://www.bcm.edu)

Student Progression and Adverse Action Policy (Policy 28.1.05):

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

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

Technical Standards Policy (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 "crosswalk" below.

EPA 1: Gather a History and Perform a Physical Exam		
PCRS Description	PCRS Identifier	CCGG(s)
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
EPA 2: Prioritize a Differential Diagnosis Following a Clinical Encounter		
PCRS Description	PCRS Identifier	CCGG(s)
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
EPA 3: Recommend and Interpret Common Diagnostic Tests		
PCRS Description	PCRS Identifier	CCGG(s)
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

EPA 4: Enter and Discuss Orders and Prescriptions		
PCRS Description	PCRS Identifier	CCGG(s)
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
EPA 5: Document a Clinical Encounter in the Patient Record		
PCRS Description	PCRS Identifier	CCGG(s)
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
EPA 6: Provide an Oral Presentation of a Clinical Encounter		
PCRS Description	PCRS Identifier	CCGG(s)
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
EPA 7: Form Clinical Questions and Retrieve Evidence to Advance Patient Care		
PCRS Description	PCRS Identifier	CCGG(s)
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
EPA 8: Give or Receive a Patient Handover to Transition Care Responsibility		
PCRS Description	PCRS Identifier	CCGG(s)
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
EPA 9: Collaborate as a Member of an Interprofessional Team		
PCRS Description	PCRS Identifier	CCGG(s)
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
EPA 10: Recognize a Patient Requiring Urgent or Emergent Care and Initiate Evaluation and Management		
PCRS Description	PCRS Identifier	CCGG(s)
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
EPA 11: Obtain Informed Consent or Tests and/or Resources		
PCRS Description	PCRS Identifier	CCGG(s)
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
EPA 12: Perform General Procedures of a Physician		
PCRS Description	PCRS Identifier	CCGG(s)
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
EPA 13: Identify System Failures and Contribute to a Culture of Safety and Improvement		
PCRS Description	PCRS Identifier	CCGG(s)
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
Remaining PCRS Linkage		
PCRS Description	PCRS Identifier	CCGG(s)
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

