



Neurology Core Clerkship Course Overview Document 2025-2026

Required Review and Attestation:

Learners must review and understand the contents of this Course Overview Document and subsequently complete the electronic attestation on Blackboard. A course grade is contingent upon completing the attestation; students will receive an incomplete for this course until it 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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Introduction/Clerkship Overview

The primary aim of the 4-week Neurology Core Clerkship is to instruct students in the principles and abilities needed to identify and handle neurological illnesses commonly seen in clinical practice. This rotation familiarizes students with neurology by offering comprehensive exposure to essential aspects of caring for neurological patients, including ethical considerations, research concepts, and educational aspects of neuroscience. Students gain experience in hospital and outpatient settings, learning through direct patient interaction, bedside instruction, simulations, physical examination training, and team-based learning discussions. All the students will also participate in a one-week sub-rotation at Texas Children's Hospital, where they learn about pediatric neurology illness and management.

Our clerkship prioritizes the safety and well-being of our learners. Please notify the Clerkship Director of any religious exemptions or disability accommodations as soon as possible. While we aim to deliver a high-quality and inclusive curriculum for everyone, we cannot anticipate how every course element will impact different individuals. If you are comfortable, please contact canandan@bcm.edu with any concerns regarding safety, duty hours, mistreatment, or the Neurology Clerkship.

For more information, please search and add our Blackboard page from the course catalog:
2024_Fall_MCNEU_MAIN_1_CLK

I. Clinical Sites and Contact Information

Houston Campus

Inpatient Rotation

Students will spend most of the clerkship time at one primary site, such as Ben Taub General Hospital (BT), St. Luke's Hospital, or DeBakey VA Medical Center (VAMC). They will also complete a one-week subrotation at Texas Children's Hospital (TCH). We will provide the students with a site list before the rotation in advance and ask you to submit preferences before the first day of the rotation. We will honor as many student preferences as possible. Before the clerkship begins, we will inform the students which clinical site they are matched with and where they will work.

Each student will do:

- Every student will rotate one week at TCH and three weeks at either VA, BT, or St. Luke's Hospitals
- Two weeks of Inpatient service (or ICU at St. Luke's)
- Two weeks of Consult service

Outpatient Rotation

Each student will also participate in ambulatory clinic time. Depending on availability, each student will be assigned to a clinic, and details will be sent to them before the start of the rotation. Clinics start at 8 AM, except at the VAMC, which starts at 1 PM.

- McNair clinics are at 7200 Cambridge St., 9th Floor – Pod A-C
- VAMC clinics are on the 2nd floor of the Resident clinic (from Monday through Thursday, starting at 1 PM).
- Ben Taub clinics are at Smith Clinic 2525 Holly Hall 2nd Floor Neurology Clinic
- TCH clinics are at the Neurology Blue Bird Clinic – Wallace Tower, 9th floor

Temple Campus

Inpatient Rotation:

Students will spend most of the clerkship time at one primary site, which is Baylor Scott and White Medical Center Main Hospital

Each student will do:

- Every student will rotate one week on stroke service, two weeks on the consult/primary service, and one week in the clinics as discussed below.

Outpatient Rotation:

- Each student will also participate in ambulatory clinic time. Depending on availability, each student will be assigned to a clinic, and details will be provided to them before the start of the rotation. Clinics start at 8 am daily.
- All clinics are located on the 5th Floor at Brindley Circles, either in the Circles or on the 5th floor – Hallway 1 or 2, depending on which clinic the student will be attending.

Study Areas

| Facility name | Lounge/Conf. rooms | Study areas | Secure Storage Space | Computers and Internet Access | Call room |
|--|---|--|--|---|-----------|
| Ben Taub General Hospital | 5D Team Room | 5D Team Room | 5D Team Room <u>Red Rules</u> | 5D Team Room | N/A |
| Veterans' Affairs Hospital | 2B Conference Room | 2B-285 & 295 Team Room | 2B-285 & 295 Team Room | 2B Team Room | N/A |
| Baylor/St. Luke's Hospital | 2233A & 07-1A (ICU) | Y346- near yellow elevators. Code: 1579* | Y2321 | 22 nd Floor Team Room | N/A |
| Texas Children's Hospital | 12th floor MWT fellows' room, 12th floor MWT conference rooms, 9th floor MWT conference rooms | Mark Wallace Tower (MWT) Cafeteria Area | -10 th Floor Workroom B101.26 West Tower (No Code needed) -12 th Floor MWT fellows' room D.1250.01 Academic Offices Code: 2573* -D.1250.02 (Residents) Code: 2583* | Conference rooms on 12MWT, 10WT work room and unit | N/A |
| Baylor Scott and White Medical Center in Temple | Room 510G (Brindley Circles 5th floor) | Room 510G (Brindley Circles 5th floor) | Room 510G (Brindley Circles 5th floor) | Room 510G (Brindley Circles 5th floor), all conference rooms, and resident rooms that students will join during inpatient | N/A |

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



Student Escorts within the TMC Campus: The Texas Medical Center Police Department is available 24/7 for students with legitimate fears that would prevent them from feeling safe while crossing the TMC campus.

Safety Escorts: This escort aims to provide safety for students who are uncomfortable, fearful, or uneasy about walking alone on campus. The Safety Escort is intended to supplement existing transportation services, such as the Campus Shuttles, for inclement weather or to discourage individuals from walking in groups. It is a safe option for those genuinely concerned for their safety. For a Safety Escort, call 713-795-0000

Contact Information

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III. BCM Compact between Teachers, Learners, and Educational Staff

Learners pursuing a professional career at BCM are responsible for developing in-depth knowledge, acquiring and applying special skills, and being professional. 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 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: Respect for every individual is fundamental to the ethics of professions. 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 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 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 the excellence of the educational curriculum
- Embody professionalism in all 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 that 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 patient encounters, 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 the level of training

2. Knowledge for Practice—Demonstrate an understanding of established and evolving biomedical, clinical, epidemiological, social, behavioral, and population sciences and apply this knowledge to enhance 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 various 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 healthcare 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 personal and professional responsibility, integrity, and accountability standards.

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 the 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 healthcare delivery's quality, efficiency, and cost-effectiveness.
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 healthcare-related questions by critically evaluating and applying 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 to maximize 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. Neurology Clerkship Objectives Mapped to CCGG's

| School of Medicine CCGG | Related Course Objective | Mode of Teaching | Assessment Method |
|--|---|--|----------------------------|
| Professional and Personal Development (4.1, 4.2, 4.3, 4.4, 4.5) | 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 |
| Knowledge for Practice (2.1, 2.2, 2.3, 2.4, 2.5) | Apply integrated biomedical, clinical, and public health sciences to diagnose, manage, and prevent common neurological disorders in individuals and populations effectively. | Clinical experiences, Didactics, HAPPY Exercises | NBME, HAPPYs |
| Patient Care (1.1, 1.2, 1.3, 1.4, 1.5, 1.6) | Perform complete and/or focused patient histories and physical exams for neurological patients in a variety of contexts (e.g., initial, follow-up) | Clinical experiences, Didactics | WBAs, Sim/SP |
| | 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 | CSWFT (Q1-4), WBAs, Sim/SP |
| Interpersonal and Cross-Cultural Communication Skills (3.1, 3.2, 3.3, 3.4) | 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 |

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|--|---|---|----------------------------------|
| Critical Thinking, Inquiry and Problem-Solving (6.1, 6.2, 6.3, 6.4, 6.5, 6.6, 6.7) | 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 | WBAs, HAPPYs, Sim/SP, CSWFT (Q3) |
| Teamwork and Collaboration (7.1, 7.2, 7.3, 7.4) | Demonstrate collaborative skills with all members of the interprofessional team in a manner that maximizes team effectiveness. | Clinical experiences, team-based learning | CSWFT (Q7), IPE assessments |
| Health Systems Science & Social Contexts of Care (5.1, 5.2, 5.3, 5.4) | Conduct health promotion based on principles of population health, informed by patients' unique backgrounds, characteristics, values, and beliefs (<i>Population Health and Health Care Structures and Processes</i>) | Clinical experiences, Didactics, HAPPY exercises | HAPPYs, WBAs |

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: |
|-----------------|--|--|
| 2024-2025 | Dissatisfaction with SP exam | We will update the current case and add a new one |
| 2024-2025 | Difficult with completing required WBAs | Incorporate ACTA sessions to help students complete the requirements |
| 2024-2025 | Dissatisfaction with quizzes on Blackboard | We updated the quizzes with a NBME-style approach |

VII. Student Roles, Responsibilities, and Activities

| Item | Requirements | Due date | Additional details |
|------|--------------------------------------|----------|--|
| 1 | Course Overview Document attestation | Week 1 | Complete attestation at: Blackboard > Course Overview Document/Attestation |
| 2 | Mid-Term Feedback and attestation | Week 2/3 | Student launches Qualtrics form to preceptor then completes attestation |
| 3 | WBA1 - Direct Observation H&P | Week 4 | Student launches Qualtrics form to preceptor. We encourage completing during Weeks 1-3. A minimum of one faculty observed H&P AND one resident/fellow observed H&P are required. |
| 4 | WBA2 - Assessment of Reasoning Tool | Week 4 | Student launches Qualtrics form to preceptor. We encourage completing during Weeks 1-3. A total of three ARTs are required. |
| 5 | WBA3 – Evidence Based Medicine | Week 4 | Student launches Qualtrics form to preceptor. We encourage completing during Weeks 1-3. A total of two EBM are required. |

| | | | |
|----|--|--------------------|--|
| 6 | WBA4 – Written H&P | Week 2 | Student launches Qualtrics form to preceptor to be discussed during Midterm Feedback. A total of one Written H&P is required. |
| 7 | Patient Encounter Tracking (10) | Week 4 | Complete Patient Encounter Tracking on Leo and note if completed via standard or alternative method. Students need to submit outpatient clinic time. |
| 8 | NEJM Healer Cases (2) | | Complete Vanessa Molina and Joseph Miller cases. Log the cases as PET in Leo. |
| 9 | HAPPY Exercises (3) | Weeks 4 | Students complete assigned collaborative exercises during didactic sessions (Bioinformatics, Capacity and Stroke) |
| 10 | Blackboard Quizzes (3) | Week 4 | Student completes weekly quiz assigned to the TBLs and the NBME Style Mock Test |
| 11 | Standardized Patient examination | Week 4 - Wed | Simulation Learning Center will inform you of the exact time to report |
| 12 | NBME Exam | Week 4 - Fri | Curriculum office will inform you with more details |
| 13 | Clinical Student Workplace Feedback Tool (CSWFT) | Week 4 - Fri | Student launches Qualtrics form to all preceptors |
| 14 | Evaluation of your preceptor(s) | Last Friday Week 4 | Evaluation form on Leo |
| 15 | Evaluation of the course | Last Friday Week 4 | Evaluation form on Leo |
| 16 | Neurophile Lectures | Last Friday Week 4 | Students are required to watch all asynchronous lectures in Blackboard. |
| 17 | TBL | Week 2 | Movement disorders |
| 18 | Neurolytes | Week 1/2/3 | Headache, Multiple Sclerosis, AIDP, Epilepsy |

All individual items must be completed to obtain a Pass. Failure to complete course requirements on time 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.

Seminars and Participation

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

Absences

- For any absences on this rotation, please use the **QR code** or [Attendance Tracker for Core Clerkship Students](#) link to log your absence.
- Students must notify their team (attending and residents) of the absence.
- For acute situations (personal illness or personal emergency), please contact your preceptor and email Ms. Monagas to inform them of your absence.
- Absences are excused for the following reasons:
 - Medical illness experienced by the student
 - A physician's note is required on the 3rd day of illness
 - BCM OHP is required to be notified of any COVID-related absences or quarantine
 - Personal crisis (e.g., death or illness of immediate family member)
 - Childbirth (maternity and paternity policy of the College takes precedence)
 - Presentation at professional meetings (up to two days with makeup at the Clerkship Director's discretion)
 - Residency Interviews

- Other requests (including social events) are granted at the discretion of the Clerkship Director and require makeup time.



Dress Code

- Students can wear scrubs + white coat while completing their inpatient rotations.
- Business casual + white coat is expected during outpatient clinic time and SP exam.

Clinical Responsibilities

- After a brief period of shadowing your resident, you will see patients independently
- You will be asked to see, interview, and examine patients who are new to the service and then present your findings and analysis to the team. Before presenting any new patient to the attending, you should discuss it with your resident (either the junior or chief residents).
- There are no overnight or weekend calls.
- No procedures are required for this rotation.
- Please note that you should continue to be available for clinical/educational responsibilities from 6 AM-6 PM every working day. We will always comply with duty-hour policies.

Mid-Term Feedback (MTF)

- All students complete a midterm feedback session with one of the Neurology UME faculty.
- The coordinator will inform you during Week 2 who will be your designated faculty.
- Students will launch the Qualtrics Mid-Term Feedback form at the end of Week 2 or the beginning of Week 3 and send it to the appropriate faculty member.
- We recommend that students prepare for the Midterm Feedback session by thinking about areas of strength and development, reflections on faculty feedback, and any concerns regarding duty hours or mistreatment.
- Students will obtain feedback on their Written H&P
- MTF is not a predictor of passing the clerkship.
- **Attestation:** After the MTF session, each student must attest in Qualtrics that the session was completed.

NEJM Exercises

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

NEJM Case Name

1. Joseph Miller
2. Vanessa Molina

Required Clinical Experiences on Patient Encounter Tracking (PET) in Leo

- Documenting clinical experiences or alternative experiences is required for every clerkship. Students should see one patient from each of the 10 required patient encounters listed below. As you complete an encounter for a patient with each condition listed, please enter the details on Leo shortly thereafter.
- All clinical conditions (completed via standard or alternative experience) must be logged by **Friday at 5:00 PM** following the clerkship. Following this, your clinical experiences log will be considered **incomplete** and a lapse of professionalism. All professionalism concerns may result in a lowering of your grade by the UME Committee.
- Students must complete their Leo log by Week 4. If unable to see a patient with any of the conditions listed, please complete an alternative experience.

Required Clinical Experiences

ALTERNATE EXPERIENCES SHOULD ONLY BE LOGGED IF THE STUDENT HAS NOT MET THE MINIMUM LEVEL OF RESPONSIBILITY

Clinical Logging is an ESSENTIAL task during your clerkship. The list of required diagnoses and procedures is the minimum requirement the Clerkship Director and Curriculum Committee have designated as what every student should see and/or do during the rotation regardless of assigned clinical sites. Please contact the Clerkship Director if any clarification is needed on the logging expectations and definitions. **All required clinical experiences require a supervising resident, fellow, or faculty presence.**

Level of Student Responsibility:

Perform: The student performs the patient history, physical and/or mental status exam, differential diagnosis, treatment decision-making, and/or relevant communication or procedural skills.

Assist: The student assists with the patient history, physical and/or mental status exam, differential diagnosis, treatment decision-making, and/or relevant communication or procedural skills.

Observe: The student is an observer during the patient history, physical and/or mental status exam, differential diagnosis, treatment decision-making, and/or relevant communication or procedural skills.

| Patient Type/ Clinical Condition | Procedure/ Skills | Clinical Setting(s) | Level of Student Responsibility | Minimum # Required | Alternative Method to Remedy Patient Encounter Gaps |
|--|-------------------|---------------------|---------------------------------|--------------------|--|
| Altered Mental Status | H&P | IP/OP | Perform | 1 | Review topic in Case Files: Neurology Alzheimer and complete quiz |
| Gait Disturbance | H&P | IP/OP | Perform | 1 | Review topic in Clinical Neurology Lange (Chapter 8 Equilibrium Disorders) https://accessmedicine.mhmedical.com/book.aspx?bookID=2274 And take Quiz provided by Course Director |
| Headache | H&P | IP/OP | Perform | 1 | Complete NJEM Healer Case: Jose Vargas |
| Neurologic Emergency (e.g. Stroke, status epilepticus, AIDP) | H&P | IP/OP | Perform | 1 | Complete NJEM Healer Case: Shotaro Kaneda |
| Sensory Dysfunction | H&P | IP/OP | Perform | 1 | Review topic in Clinical Neurology Lange (Chapter 10 Sensory Disorders) https://accessmedicine.mhmedical.com/book.aspx?bookID=2274 And take Quiz provided by Course Director |
| Seizure | H&P | IP/OP | Perform | 1 | Review topic in Clinical Neurology Lange (Chapter 12 Seizures & Syncope) https://accessmedicine.mhmedical.com/book.aspx?bookID=2274 And take Quiz provided by Course Director |
| Visual Disturbance | H&P | IP/OP | Perform | 1 | Review topic in Clinical Neurology Lange (Chapter 7 Neuro-ophthalmic Disorders) https://accessmedicine.mhmedical.com/book.aspx?bookID=2274 And take Quiz provided by Course Director |
| Weakness (central) | H&P | IP/OP | Perform | 1 | Review topic in Clinical Neurology Lange (Chapter 9 Motor Disorders) https://accessmedicine.mhmedical.com/book.aspx?bookID=2274 And take Quiz provided by Course Director |
| Weakness (peripheral) | H&P | IP/OP | Perform | 1 | Aquifer Internal Medicine Case # 34 |

| | | | | | |
|--|----------------------|-------|---------|---------------|---|
| Rehabilitation care (e.g. PT, OT, Speech, IPE) | Discussion with team | IP/OP | Observe | 1 | Read Stroke chapter: https://accessmedicine.mhmedical.com/book.aspx?bookID=2274 and write a multiple-choice question regarding PT/OT care after stroke |
| Ambulatory Clinic | Perform | OP | Perform | 2 clinic days | Discuss with Clerkship Director |

**If you are unable to complete the required clinical experiences during your clinical placements, you must contact the Clerkship Course Director (CD). CD will assist you in completing the requirements or assign an alternative experience for credit. You cannot opt for the alternative experience unless you have permission from CD.*

Tips to Maximize Your Experience

1. Take the initiative to make this a valuable educational experience and ask for orientation, feedback, and direct observation at the appropriate times of the clerkship:
2. Develop your self-learning skills
 - You will notice that your team's busy flow of patients may make the teaching time less organized and formal than in other rotations. While your team will make an effort to teach you between patients and at the beginning or end of the day, it likely will be difficult for him/her to teach you everything you want to know.
 - Use this opportunity to develop your self-learning skills. Use your skills in evidence-based medicine to research answers to your questions on your own. Develop skills in searching for and answering clinical questions on your own as they arise. Read references from the Selected Reference list.
3. Join the clinical team and contribute where you can provide quality care
 - During your time in your team, you will be part of the clinical team that cares for patients. You have much to contribute to the team's functioning. Learn the roles and responsibilities of other team members and help them during busy periods. Keep your eyes open for other opportunities to help your preceptor or the office staff provide better care (e.g., call patients, provide patient education, research answers to clinical questions).
4. Give positive praise and constructive feedback
 - We ask you to evaluate many items because we sincerely want your opinions and suggestions on how to improve. Input from previous students has resulted in several revisions and improvements in the clerkship.
 - If any educator went above and beyond, be sure to include details in your evaluation—our faculty loves it when they are nominated for a POP or PEAR award.
5. Do's:
 - Be on time and present when expected, or contact your team and the clerkship coordinator if you are not able to be present when expected
 - Demonstrate professionalism in your interactions with your team, staff, and patients
 - Show an interest in learning about all the patients you see and the conditions that they present with
6. Don'ts:
 - You may not schedule any meeting away from your hospital during patient care time without the permission of the Clerkship Director in advance.
 - Do not disagree with your evaluator before a patient or staff member. Please privately discuss your patient care suggestions or concerns with your preceptor. If you still have concerns, please contact the Clerkship Director.
 - Do not contact your evaluator about your grade. If you have any concerns about your grade, including the preceptor component, please contact the Clerkship Director.

VIII. Schedule

During the BCM holidays, the seminar schedule will be slightly modified.

Note: This is only an example. Please check Blackboard for the updated calendar.

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---|--|--|---|--|
| WEEK 1 | <ul style="list-style-type: none"> • Orientation 9:00AM-12PM • Neurological Examination Workshop 1- 2:30 PM | <ul style="list-style-type: none"> • Complete quiz prior to TBL | <ul style="list-style-type: none"> • NeuroLyte Case Discussion 12-1PM • Read DAWN trial • TBL Session • NEJM Case • Self-Study (neurophile lectures) | | <ul style="list-style-type: none"> • Complete 1 Direct Observation |
| WEEK 2 | <ul style="list-style-type: none"> • Grand Rounds 12-1PM | <ul style="list-style-type: none"> • Complete H&P by 5 PM | <ul style="list-style-type: none"> • NeuroLyte Case Discussion 12-1PM • HAPPY Exercises (2) • Self-Study (neurophile lectures) | | <ul style="list-style-type: none"> • Midterm Feedback (TBD) |
| WEEK 3 | <ul style="list-style-type: none"> • Grand Rounds 12-1PM • Midterm Feedback (TBD) | <ul style="list-style-type: none"> • Complete quiz prior to TBL | <ul style="list-style-type: none"> • NeuroLyte Case Discussion 12-1PM • TBL Session • HAPPY Exercise (1) • NEJM Case • Self-Study (neurophile lectures) | | <ul style="list-style-type: none"> • IPE Activity |
| WEEK 4 | <ul style="list-style-type: none"> • Grand Rounds 12-1PM | | <ul style="list-style-type: none"> • SP exam – 1PM | <ul style="list-style-type: none"> • Afternoon off | <ul style="list-style-type: none"> • Complete: DOs, ARTs, PETs, CSWFT, EBM, HAPPY Exercises, NEJM Healer, and Course Eval and Attending Feedback (Leo) • NBME – 8:30 AM |

- **Calendar events subject to change***
- All reading, quizzes, and Neurophile lecture reviews are self-paced and posted on Blackboard.
- The first three (3) Wednesday afternoons will be didactic blocks with lectures from 12-5 pm.
- IPE schedule: 7/19, 8/21, 9/5, 10/11, 11/8, 12/6 (2024)

X. 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 uses 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). Grades are based on the grading rubric and all available student performance data to ensure valid and fair grades. Final grades are based on individual student performance; in addition to *objective* data, the UMEC reviews narrative comments from evaluators to help inform the final grade. The UMEC may modify the final grade after review of all student performance and evaluation data.

Grading Rubric:

| Grading Components | Subcomponents | Threshold for Passing |
|--------------------|---|---|
| Assessments | National Board of Medical Examiners (NBME) Subject Exam | $\geq 5^{\text{th}}$ percentile nationally |
| | Standardized Patient (SP) exam | $\geq 70\%$ |
| | Workplace Based Assessments (WBAs) | Must receive $\geq 50\%$ of ratings at “Level 2” or higher on the final item for each WBA |

| | | |
|------------------|---|---|
| | Clerkship Student Workplace Feedback Tool (CSWFT) | Must receive $\geq 50\%$ of ratings at “Level 3” or higher on each item |
| | High-yield Application of Principles to Patients of Yours (HAPPY) Exercises | Must meet passing criteria for each exercise |
| Completion Items | Patient Encounter Tracking Additional Course Requirements as Listed | Completion of all items |
| Professionalism | Adhere to BCM policies Demonstrate professionalism in all interactions Timely professional communication No documented concerns in professional interactions with others | 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 individually.
- If a student is concerned about a submitted assessment form, the student should contact the clerkship director. 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 is concerned about a narrative assessment submitted, the student should request a grade verification meeting. The course leadership or designee (with or without the coordinator) will meet with the student individually. If the narrative assessment contains factual errors or inaccuracies, changes may be considered. The student’s request will be further reviewed and adjudicated by the UMEC.
- If the above measures do not address the student’s concern, the student may file a grievance or grade appeal, 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 launching of Evaluations and WBA forms) |
| Full adherence to the attendance policy |
| No additional documented concerns in professional interactions with peers, patients, staff, and educators (outside of the clinical assessment form) |

- Any and/or 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 reports may also be made depending on the nature of the 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. Generative AI (e.g., CoPilot and ChatGPT) are 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. 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 and identifiable patient information (e.g. written H&P on the Pediatrics clerkship or reflection assignment for a failed Standardized Patient case on the Family and Community Medicine clerkship). Protected health information (patient name, date of birth, pictures of the patient, and medical record numbers) should never be used with AI tools.

AI Pre-generated MSPE Paragraph

Microsoft Copilot AI will be utilized to generate initial draft paragraphs for the Medical Student Performance Evaluation (MSPE). These drafts will serve as a starting point and will subsequently be reviewed and refined by a faculty member to ensure clarity, accuracy, and appropriateness of content. The final paragraph will be cross-checked against verified data sources, including evaluations and performance records, to maintain alignment with the student's actual academic and clinical performance. The final paragraph will follow the structure below.

| | BCM Narrative Template: A total of 11 sentences |
|---|---|
| Knowledge for Practice including Critical Thinking, Inquiry, and Problem Solving | <p><i>2 sentences</i></p> <p><i>Fund of knowledge, ability to identify and correctly interpret exam, ability to access medical literature, apply evidence-based practices, ability to develop and present learning issues</i></p> |
| Patient Care | <p><i>2 sentences</i></p> <p><i>History/exam skills, developing differential diagnosis and management plans</i></p> |

| | |
|--|--|
| Professionalism and Personal Development | <i>2 sentences Behavior, dependability, acceptance of responsibility, receptive to feedback, motivation</i> |
| Interpersonal and Cross-Cultural Communication Skills; Teamwork and Collaboration | <i>2 sentences Oral presentations and written documentation - organization, thoroughness, accuracy, and conciseness; use of EMR, calling consults, respectful communication with team and families</i> |
| Specific Quotes, Clinical Examples, or Anecdotes | <i>3 sentences Representative examples from WBAs/CSWFTs</i> |

Clinical Evaluations

Workplace-Based Assessments (WBA)

Students are required to log all WBAs in Qualtrics as assigned. They must also complete at least four Direct Observations, three Assessments of Reasoning Tools, two Evidence-Based Medicine, and one written H&P (as described below). Before presenting, the student must let the evaluator know they would like their presentation assessed.

WBA1: Direct Observation History and Physical (DOHP)

- Students are required to have at **LEAST** one faculty-observed history and one faculty-observed physical exam documented. Also, students are required to have at **LEAST** one resident/fellow-observed history and one resident/fellow-observed physical exam documented.
- Every direct observation involves observing a portion or the entirety of a history or neurological examination.
- Students must complete at least one direct observation by the first week.
- **All the Direct Observations** are done via Qualtrics and are due by the end of the business day on the last Friday of the rotation.

WBA2: Assessment of Reasoning Tool (ART)

- The goal of the WBA is to improve diagnostic performance. Students will be assessed in four diagnosis reasoning domains: hypothesis-directed history and exam, Problem representation, Differential diagnosis, and Development of the plan. There will also be one Global/Entrustment Scale.
- The ideal patient is somewhat complex and does not yet have a diagnosis. We will provide more details during Orientation and on Blackboard.
- Students are required to have at LEAST two faculty-assessed ART and one resident-assessed ART launched in Qualtrics.

WBA3: Evidence-Based Medicine (EBM)

- The Evidence-Based Medicine WBA (EBM) provides an objective and structured approach to assessing competencies in EBM and giving feedback.
- The students are expected to clearly articulate the clinical problem and ask a well-defined PICOt question (patient, intervention (or exposure), comparison, outcome timeframe/type of question/type of design), critically evaluate the study methodology to determine the validity of the results, accurately interpret results, and appropriately determine whether evidence can be applied to a specific patient context.
- Students are required to have at LEAST two faculty-assessed EBM launched in Qualtrics.

WBA4: Written H&P

- The final Written History and Physical Exam must be uploaded in Blackboard in a Word document by 5 PM on the second Tuesday of the rotation. No remedies will be accepted. We will provide feedback about the document during midterm feedback.
- Please see details about the format and requirements under Blackboard's [History and Physical](#) section under the Clerkship Content tab.
- To continue our efforts to promote fairness of assessment, the grading rubric is shared on Blackboard under the Clerkship Content tab.

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

- High-Yield Application of Principles to Patients of Yours” (HAPPY) exercises are a mechanism for students to apply principles from the foundational curriculum to patients with whom they are interacting in the clinical curriculum.
- These are performed in pre-assigned TBL groups
- A faculty will facilitate the session during the didactic block
- Students must download, complete, and submit a Word Document in Blackboard
- The documents will be assessed by a faculty member who will provide feedback
- Students are required to complete three HAPPY exercises (Ischemic stroke, Bioinformatics, and Capacity)
- Please find more details on Blackboard

NBME Exam

The name of the exam you will be taking is the Clinical Neurology Subject Exam

- There are 110 multiple-choice questions to take in 2 hours and 45 minutes.
- Information from the NBME on topics covered and sample questions are available at: <https://www.nbme.org/subject-exams/clinical-science/clinical-neurology>

Administration of NBME Exams:

- Administration of the NBME exams will follow guidelines described by the NBME.
- NBME exams that are required and contribute towards a course or clerkship grade will follow the accommodations procedure provided by Student Disability Support Services.
- In the event of a late start, learners are expected to be available until 6 PM on in-person assessment days.
- NBME Testing Irregularities –
 - All testing rooms should be reserved until 6 PM on testing day to accommodate learners.
 - Technical difficulties will be addressed through instructions in the NBME Chief Proctor’s Manual.
 - If an exam cannot be immediately restarted, the Testing Administrator will contact the NBME and attempt to restart the exam within 30 minutes.
 - If unsuccessful, the chief proctor, in conjunction with other appropriate parties, will decide whether or not to exit the exam with specific keystrokes found in the proctor’s manual in each testing room to prevent the first exam from being scored.
 - If testing irregularities are resolved in real time and the student can finish the exam, the student will not be allowed a re-examination.
 - In the case of a misadministration of the NBME exam, the chief proctor can declare a misadministration and request that the student exit the exam to prevent the first exam from being scored. The declaration must be made prior to the student leaving the testing center.
 - If the NBME exam cannot be administered on the scheduled day, the Associate/Assistant Dean of Evaluation, Assessment and Educational Research (EAR) and Curriculum Office will identify the earliest possible date for exam re-administration.

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

- As with most clerkships, prior students have suggested UWorld is the best resource for practice questions.
- PreTest: Neurology, Case Files: Neurology 4th Edition, AMBOSS, and Blueprint Neurology are common review materials students choose to use

- NBME Clinical Science Mastery Series: Neurology Self-Assessment. Available for purchase at: (<http://www.nbme.org/students/sas/MasterySeries.html>)
- Additional readings and resources are available on Blackboard under “NBME Exam Preparation”

NBME Failure

Students who are required to remediate the NBME examination should contact Yvette.Pinales@bcm.edu. Students must sit for the remedial NBME examination within six months of the original test date.

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

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- NBME exams that are required and contribute towards a course or clerkship grade will follow the accommodations procedure provided by Student Disability Support Services.
- In the event of a late start, learners are expected to be available until 6 PM on in-person assessment days.
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 - o If unsuccessful, the chief proctor, in conjunction with other appropriate parties, will decide whether or not to exit the exam with specific keystrokes found in the proctor’s manual in each testing room to prevent the first exam from being scored.
 - o If the NBME exam is unable to be administered on the scheduled day, the Assistant Dean of Evaluation, Assessment and Educational Research (EAR) and Curriculum Office will identify the earliest possible date for exam re-administration.

Standardized Patient Exam

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

1. **SimulationiQ Login Instructions:**

<https://bcm.simulationiq.com>

- From the Login screen, enter your Username and Password.
- Your username is your ECA login and password is your **Baylor ID** starting with “u” and ending with a “!” **Example: u123456!**
- Click Login.

Once you have successfully log in to SimulationiQ, select Scores & Reports at the top of the page, click My Reports, then select your published Score Report.

2. [Blackboard - SimulationiQ Instructions](#)

3. [Video Tutorial on How to View Published Reports](#)

- For additional feedback, students can request written feedback at any time by contacting sim-help@bcm.edu
- Requests for SP exam regrade (i.e., rescoring) must be made within 10 calendar days of your overall clerkship grade being posted on EOS/CAMS.
- Rescoring can result in a grade increase or decrease. See the CLINICAL PERFORMANCE EXAM RESCORING guideline for details. Please note that a request for an SP examination regrade does not equal an official grievance or grade appeal for the course; see the Student Appeals and Grievances Policy (23.1.08).

What is covered on the SP Exam?

- The SP Exam is a Summative test to measure competence in clinical performance and clinical reasoning abilities in neurological patients
- The SP exam assesses your ability to conduct the visit type the door note identifies. There's no twist that you must unveil; however, the patient's responses to your history and physical exam will determine the appropriate elements of your management plan.

SP Exam Rubric

There are four domains of the SP exam.

| | History | Physical Exam | Communication skills | Verbal Patient Presentation (VPP) | Overall |
|------------------------------------|---------|---------------|----------------------|-----------------------------------|---------|
| Weight Percentage of SP Exam Score | 35% | 35% | 20% | 10% | 100% |
| Cut scores | 75% | 71% | 80% | 50% | |
| Minimum Score needed | | | | | 70% |

- If a student fails to achieve the minimum score needed for 1 or 2 domains, the student may review their video and the Reference video
- An overall SP Exam Score < 70% constitutes an exam failure – in which case the student must review their video the Reference video and retake the exam per the SP Exam Failure Process on Blackboard

SP Exam Timing

Students are responsible for keeping track of time during the examination (using a regular watch or smart device is 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 | Student will have two minutes to read the patient's information | 2 minutes |
| History and Physical | Student will perform a focused history and neurological examination and communicate with their patient. Stay in the room and write up your findings. | 30 minutes |

| | | |
|-----------------------------------|---|------------|
| Prepare for presentation | Student will prepare to a standardized faculty member. The faculty will enter the room when there is 3 minutes of preparation time remaining. Students may start immediately or continue preparing for the remaining 3 minutes. | 10 minutes |
| Verbal Patient Presentation (VPP) | Present to the Standardized faculty member. Present a full H&P including localization, DDx., rationale and testing/plan. | 5 minutes |

SP Exam failures

- An SP Educator reviews all videos of failing student encounters to confirm scoring accuracy before releasing the score report. Students who are required to retake the SP examination should contact their Clerkship Director and Student Affairs to initiate the retake process. See [CLINICAL PERFORMANCE EXAM FAILURE](#) guideline for more details.
- Students are generally required to remediate the SP exam within six months of the original test date.
- If a student fails the SP Exam, the student will receive a Deferred grade for the clerkship. The student will receive a Pass upon successful remediation.

Communication Evaluation

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

SP Exam Scheduling or Concerns

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

XI. Evaluations

The Neurology Clerkship uses three end-of-rotation evaluations for each student.

1. Preceptor Evaluation of the Student (CSWFT) – on Qualtrics
 - We use the same Clinical Student Workplace Feedback Tool (CSWFT) used by all clerkships
 - o You must launch an evaluation form for all the faculty and residents you have worked with for over a day. Do not “cherry-pick” your evaluations.
 - o You must have at least one attending evaluation submitted to receive a grade.
 - o Please do NOT need to submit multiple evaluations for the same person since duplicate evaluations are not allowed.
 - o Typically, students will select 2-3 faculty and 3-4 residents/fellows.
 - If you have any concerns about your Clinical Evaluation, please contact the Clerkship Director. Please do not contact your preceptor directly.
2. 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://bcmson.davinci-ed.com/leo>—because you will use this platform in all your clinical rotations. Visit the Blackboard Organization page—Curriculum Office and Student Affairs—and click the Evaluation Platforms tab under the Curriculum Office. 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 use the link multiple times to complete evaluations for different educators. The course

evaluation will also be accessed here at the end of the clerkship. See student instructions on using Leo on the Blackboard page.

3. Student Evaluation of the Clerkship – on Leo

- To help us monitor the Clerkship's quality and understand your experience, please complete a Rotation Evaluation Form by 5:00 pm on the last Friday of the Clerkship. If you are comfortable, we welcome any feedback (especially regarding mistreatment or duty hour violations) to fernando.cuascut@bcm.edu

Data Platforms

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

Preceptor Evaluation of Student (CSWFT)

What did the student do well?

What can the student do to improve?

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

[click here for examples and explanations for each item]

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

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

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

| | | | | | |
|---------------------|---|---|---|--|--|
| N/A Not observed | Not yet able to develop a therapeutic relationship using language and nonverbal behavior to demonstrate respect and establish rapport | Develops a therapeutic relationship using language and nonverbal behavior to demonstrate respect and establish rapport with patients of all backgrounds, but does not employ active listening | Develops a therapeutic relationship using active listening, clear language with patients of all backgrounds | Develops a therapeutic relationship to sensitively and compassionately deliver medical information and elicit patient/family values from all backgrounds with guidance | Easily establishes therapeutic relationships to use shared decision making to make a personalized care plan with patients of all backgrounds |
|---------------------|---|---|---|--|--|

7. What best describes the student's abilities with regards to **interprofessional and team communication**? The health care team includes all allied health professions in addition to the physician team (e.g. nurses, social workers, physical therapists, physicians, specialists, etc.)

| | | | | | |
|---------------------|---|---|--|--|---|
| N/A Not observed | Not yet able to use verbal and non-verbal communication that values all members of the health care team | Uses verbal and non-verbal communication that values all members of the health care team, but does not convey information effectively | Communicates information, including basic feedback with all health care team members, using language that values all members of the health care team | Facilitates interprofessional team communication to reconcile conflict and provides difficult feedback, using language that values all members of the health care team | Adapts communication style to fit interprofessional team needs and maximizes impact of feedback to the team, using language that values all members of the health care team |
|---------------------|---|---|--|--|---|

8. What best describes the student's abilities with regards 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, and is receptive to feedback, but does not modify behavior or respond to feedback | Recognizes when performance falls short of expectations, seeks feedback for improvement, and adapts behavior based on feedback | Seeks performance data with intention to improve; independently creates and implements a learning plan | Uses performance data to measure the effectiveness of the learning plan and identifies when the plan should be modified |
|---------------------|---|---|--|--|---|

9. What best describes the student's abilities with regards to **accountability**?

| | | | | | |
|---------------------|--|--|---|---|--|
| N/A 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 prompting; arrives on time and prepared for work, but needs reminders | Independently completes tasks and assigned responsibilities in a timely manner with appropriate attention to detail in most situations | Independently completes tasks and assigned responsibilities in a timely manner with appropriate attention to detail in any situation | Proactively communicates with the team regarding responsibilities in a timely manner, and completes tasks in advance or ensures coverage of responsibilities when appropriate. |
|---------------------|--|--|---|---|--|

XII. Additional Reading/Resources

There are no required reading assignments for this rotation, and examinations are not based on textbooks. Students are expected to read about the clinical conditions they encounter on this rotation and any common neurological conditions. Students are also expected to pursue answers to their clinical questions that arise during patient care. Students may use textbooks or journals they know or any from the recommended reading list below. Students are encouraged to access clinical decision support tools and clinical practice guidelines through UpToDate, MDCalc, the USPSTF app, etc.

Other supplemental texts that students have found useful include Lange Clinical Neurology (*available online via the library*), Blueprints Series Neurology, Neurology Secrets, and Clinical Neuroanatomy Made Ridiculously Simple.

For NBME Exam Preparation, please see the corresponding page on Blackboard.

XIII. Interprofessional Education

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

- In this course, IPE activity is expected for all the students rotating at Ben Taub Hospital, but any student can participate. Separate emails will be sent to students participating in this learning activity (or posted on Blackboard).
- Please email Dr. Steven Bellows for more information at stbellow@bcm.edu or Dr. Fernando Cuascut at Fernando.Cuascut@bcm.edu

XIV. Frequently Asked Questions

1. What do I do if I am unable to come in one day?
 - a. If you are ill or have a personal emergency, please contact your preceptor and email Ms. Rosalia Monagas (rosalia.monagasmartinez@bcm.edu) to report your absence.
 - b. For planned absences (e.g. presenting a poster) or any potential planned absence that does not meet the requirement for an excused absence, please contact the Clerkship Director in advance.
2. What if hazardous road conditions affect my commute to my preceptor's office?
 - In the event of an acute weather event (heavy rain, hurricane, ice storm) that may result in flooding or icy roads, please stay informed regarding the progress of the weather event on the news and weather websites. Consider their effect on your commute to the hospital. Travel conditions are available from the Houston Transtar website (<https://www.houstontranstar.org/>).
 - Please follow the status of the College on BCM intranet page (intranet.bcm.edu) or by calling 713-798-4444. If the College closes, you are not expected to be at your hospital site
 - If the College remains open, please consider your personal health and safety as the most important factors as you decide whether to travel to your preceptor's office or not
 - On a given morning, if flooded or icy roads have developed overnight, which will impair your ability to get to your preceptor's office safely, please do not go at that time. Please inform your preceptor and Ms. Monagas that you cannot attend your hospital rotation.
 - Or if you start to travel to your hospital and encounter high water or other hazardous conditions, please turn around and go home. Please inform your preceptor and Ms. Monagas that you cannot come to your preceptor's office at that time.
 - Please continue to monitor the weather situation. Road conditions may improve, and traveling to your hospital may be safe later in the day.
 - Conversely, when at your hospital, please monitor the weather and road conditions. If hazardous road conditions start to affect the highway or roads you use to travel home, please inform your team and discuss leaving early that day.
3. What time counts towards the clinical duty hours rules?

The Duty Hours policy states a violation occurs when, on average, over four weeks, an excess of 80 clinical hours per week are worked. Additionally, a violation occurs when, on average, over four weeks, one day off per 7-day work week is not granted. Historically, students do not approach anywhere near the 320 clinical hour limit for the four-week timeframe on this rotation. Additionally, all students are scheduled for at least four days off per 28-day work period. The clinical duty hours policy does not include time spent commuting to your site, studying for the NBME exam, or performing other non-clerkship-related activities.
4. What should I do if I have been mistreated but I don't feel comfortable reporting it?
 - Students should report all mistreatment to the Integrity Hotline at 855 764-7294 or go to the Integrity Hotline Portal: <https://secure.ethicspoint.com/domain/media/en/gui/35125/index.html>

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

- The Senior Associate Dean for Student Affairs (Dr. Andrea Stolar), the Associate Dean for Student Affairs (Dr. Lee Poythress) or the Assistant Dean for Student Affairs (Dr. Achilia Morrow)
- The Neurology Clerkship Director (Dr. Fernando X. Cuascut, Fernando.cuascut@bcm.edu)
- The BCM Office of the Ombudsman at ombudsoffice@bcm.edu or (713) 798-5039

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

You can nominate him/her for a 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 Neurology as a career?

- Information for students interested in Neurology should contact our Neurology Specialty Mentor, Dr. Atul Maheshwari – atul.maheshwari@bcm.edu
- Please also contact the Neurology Student Interest Group (SIGN).
- Information and links for Academic Support and Student Success resources are available on the Curriculum Office and Student Affairs organization.

XVII. Houston Specific Course Information:

Baylor College of Medicine Medical Center, McNair Campus
7200 Cambridge St., Houston, TX 77030

Website: <https://www.bcm.edu/departments/neurology/education/neurology-clerkship>

Baylor St. Luke's Medical Center
1101 Bates Ave, Houston, TX 77030

Harris Health Ben Taub Hospital
1504 Ben Taub Loop, Houston, TX 77030

Mark A. Wallace Tower at Texas Children's Hospital
6621 Fannin St, Houston, TX 77030

Michael E. DeBakey VA Medical Center
2002 Holcombe Blvd, Houston, TX 77030

McNair Clinic
7200 Cambridge St., Houston, TX 77030

Harris Health Smith Clinic
2525 A Holly Hall St, Houston, TX 77054

XVIII. Temple-Specific Course Information:

Baylor Scott & White Medical Center
2401 S 31 St., Temple, TX 76508
Brindley Circles 5th Floor (Building 1 on the map via the link below)

Map: [bswhealth.sharepoint.com/sites/BSWTemple/Shared Documents/Forms/AllItems.aspx?id=%2Fsites%2FBSWTemple%2FShared Documents%2FBSWMC Maps%2F2022 Main Campus Parking Map%2Epdf&parent=%2Fsites%2FBSWTemple%2FShared Documents%2FBSWMC Maps](https://bswhealth.sharepoint.com/sites/BSWTemple/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FBSWTemple%2FShared%20Documents%2FBSWMC%20Maps%2F2022%20Main%20Campus%20Parking%20Map%2Epdf&parent=%2Fsites%2FBSWTemple%2FShared%20Documents%2FBSWMC%20Maps)

Website: [Neurology | Baylor Scott & White Health \(bswhealth.com\)](https://www.bswhealth.com)

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 \(bcm.edu\)](#)

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 "cross-walk" 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 |
| Personal and Professional Development | PPD6 | 7.1, 7.2 |