Obstetrics and Gynecology
Core Clerkship
Course Overview Document
2024-2025

Revised 10/20/2024

Required Review and Attestation:

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

Honor Code:

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

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

Contents

I.   Introduction/Clerkship Overview

Welcome to the core clerkship in Obstetrics and Gynecology. You are about to enter the field of women's health care. Although only a small portion of you will choose OB/GYN as a career, all physicians must have certain knowledge, skills and attitudes about women's health care.

The purpose of this rotation is to provide instruction in the basic knowledge and skills specific to the reproductive health maintenance and the reproduction disorders of women. The clerkship stresses the importance of the doctor-patient relationship, interviewing skills, appropriate physical exam, and clinical problem solving in caring for patients.

We will emphasize the importance of quality obstetrics and gynecology in providing continuous, comprehensive care for women. This foundation will prepare the student for his/her future role as a physician, regardless of specialty choice.

Students will receive teaching from attendings, residents, midwives and other providers involved in the care of patients in our practice. All faculty are either full time or voluntary faculty at BCM.

II.   Clinical Sites and Contact Information

Clerkship Director:
Dr. Tara Harris
Email: tjharris@bcm.edu

Houston Campus Contact Information

Associate Clerkship Director
Dr. Tracilyn Hall
Email: tracilyn.hall@bcm.edu

Assistant Clerkship Director/Site Director
- PFW/BSL Gynecology
- All Outpatient services

Dr. Mary Duarte Thibault
Email: mary.duartethibault@bcm.edu

Assistant Clerkship Director/Site Director
- PFW L&D
- PFW Inpatient MFM

Dr. Sheila Hill
Email: sheila.hill@bcm.edu

Assistant Clerkship Director/Site Director
- Ben Taub L&D
- Ben Taub Inpatient services

Dr. Amanda Williams
Email: amanda.williams@bcm.edu

Sub-Internship Director:
Dr. Kelli Barbour
Email: kelli.barbour@bcm.edu

Specialty-Specific Mentor:
Dr. Matthew Carroll
Email: matthew.carroll@bcm.edu

Clerkship Coordinator- Houston Campus:

    Jessica Reede-Lee

    Phone: 832-826-7373

    Email: jessica.reede-lee@bcm.edu

    Office Location:

    Pavilion for Women Tower II, 11th floor, 6620 Main Street, Houston, TX 77030

Temple Campus Contact Information

    Associate Clerkship Director

        Dr. Christopher Birkholz

        Email: christopher.birkholz@bswhealth.org

    Assistant Clerkship Director

        Dr. Lauren Smith

        Email: lauren.smith@bswhealth.org

    Clerkship Coordinator- Temple Campus:

        Valerie Andress

        Phone: 254-424-2574

        Email: valerie.andress@bcm.edu

        Office Location: 2401 S 31ST St., Temple, TX 76508

Interested in pursuing an OB/GYN career?

- Contact Jessica Reede-Lee or Valerie Andress (see above)
- GOBIG Interest Group

https://www.bcm.edu/departments/obstetrics-and-gynecology/education/medical-student-education

Need a **safety escort** on the TMC campus? Call 713-795-0000 (see section XII for details).

Rotation Structure

The OB/GYN Clerkship is a 6-week rotation. There are multiple teaching sites available. Each student will not rotate at every site; site assignments are made to maximize exposure to different fields and patient populations where possible.

6 weeks

- Week 1-2 – orientation/ didactics/ sub-rotation 1
- Week 3-4 – sub-rotation 2 / didactics PRN

- Week 5-6 – sub-rotation 3/ didactics PRN/ debrief/ NBME review/ standardized patient exam
  - Sub-rotations (2 weeks each)
    - Inpatient
    - Outpatient
    - Labor and Delivery/Triage
- NBME exam (during Intersession)

Sub-rotation and Clinical Site Options
Houston Campus

- **Inpatient**
  - Ben Taub
    - Gynecology
    - Gynecologic Oncology
    - Maternal Fetal Medicine
  - PFW
    - PFW/BSL Gynecology
    - Maternal Fetal Medicine

- **Labor and Delivery (combination of L&D and OB Triage – includes days/nights)**
  - Ben Taub
  - PFW

- **Outpatient**
  - Texas Children's Hospital
    - Pavilion for Women Generalist Clinic-- Tower II site (12th Floor)
    - Pavilion for Women Generalist Clinic—Pearland site
    - Pavilion for Women MFM clinic (aka 4th floor clinic)

  - Harris Health
    - Vallbona Clinic
    - Ben Taub OB High Risk Clinic
    - Ben Taub Towers Gynecology Clinic
    - Martin Luther King, Jr, Health Center
    - Casa de Amigos Health Centers
    -

Temple Campus

- **Inpatient**
  - Baylor Scott & White Medical Center
    - Gynecology

- Gynecologic Oncology
- Maternal Fetal Medicine

- **Labor and Delivery (combination of L&D and OB Triage – includes days/nights)**
  - Baylor Scott & White Medical Center

- **Outpatient**
  - Baylor Scott & White Clinic

III.   BCM Compact between Teachers, Learners and Educational Staff

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

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

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

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

As a teacher, I pledge to:
- Maintain currency in my professional knowledge and skills
- Ensure excellence of the educational curriculum
- Be a model of professionalism in all of my interactions with faculty, learners, patients, colleagues, and staff
- Respect all faculty, learners, patients, colleagues, and staff as individuals, without regard to gender, age, race, national origin, religion, or sexual orientation; and oppose observed disrespect or bias
- Nurture learner commitment to achieve personal, family, and professional balance.

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- Recognize and acknowledge expressions of professional attitudes and behaviors as well as the achievement of quantifiable academic excellence
- Respond vigorously to unprofessional behavior and indications of abuse or exploitation of faculty, learners, patients, colleagues, or staff
- Create a safe environment in which individuals can communicate any concern about breaches of this compact
- Accept responsibility for instilling these attributes in learners and faculty for whom I have responsibility

As a learner, I pledge to:
- Acquire the knowledge, skills, attitudes, and behaviors necessary to fulfill all established educational objectives
- Embody the professional virtues of integrity, empathy, altruism, compassion, respect, honesty, courage, and trustworthiness
- Respect as individuals, without regard to gender, race, national origin, religion, or sexual orientation, all patients, peers, faculty and staff
- Uphold the highest professional standards and conduct myself accordingly in all interactions with patients, peers, faculty and staff
- Assist my fellow learners in meeting their professional obligations, while fulfilling my own obligations as a professional
- Help create a safe environment in which individuals can communicate any concern about breaches of this compact

As educational staff, I pledge to:
- Maintain currency in my professional knowledge and skills
- Help ensure excellence of the educational curriculum
- Embody professionalism in all of my interactions with faculty, learners, patients, colleagues, and staff
- Respect all faculty, learners, patients, colleagues, and staff as individuals, without regard to gender, age, race, national origin, religion, or sexual orientation; and oppose observed disrespect or bias
- Help create a safe environment in which faculty, learners, and staff can work and can communicate any concern about breaches of this compact

IV. BCM Core Competencies and Graduation Goals

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

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

2. Knowledge for Practice— Demonstrate understanding of established and evolving biomedical, clinical, epidemiological, social, behavioral, and population sciences and apply this knowledge to provide enhanced patient care.
1. Demonstrate knowledge and understanding of established and emerging biomedical, clinical, social, behavioral, and population sciences
2. Diagnose, manage, and prevent disease in individuals by applying knowledge of biomedical, clinical, social, and behavioral sciences
3. Apply principles of public health, epidemiology, and biostatistics to prevent or mitigate disease in populations
4. Demonstrate continuous learning and critical appraisal in the acquisition and application of new knowledge
5. Organize, curate, create, and disseminate information relevant to medical practice to advance own and others' knowledge

3. Interpersonal & Cross-Cultural Communication Skills— Demonstrate verbal, nonverbal, and written communication skills that promote the effective exchange of information and foster collaborative and trusting relationships with patients, families and support systems, colleagues, and health professionals from a variety of different backgrounds.
1. Employ active listening during patient-centered interviewing and counseling to create supportive and therapeutic partnerships with patients and families
2. Communicate health information and analysis in well-organized oral presentations and written documentation.
3. Communicate effectively with colleagues, other health care professionals, or health related agencies
4. Employ effective communication to advocate for individual patients and patient populations

4. Professional & Personal Development— Demonstrate a commitment to sustaining lifelong learning and growth while adhering to the highest standards of personal and professional responsibility, integrity, and accountability.
1. Exemplify the values of compassion, empathy, and respect for all persons
2. Demonstrate knowledge, apply skills, and incorporate attitudes needed to maintain and promote wellness of patients, colleagues, community, and self
3. Demonstrate professional behaviors such as integrity, accountability, confidentiality, and responsibility
4. Demonstrate ethical decision making in interactions with patients, families, colleagues, and society, including the avoidance of conflicts of interest
5. Develop self-awareness of biases, emotions, and limitations of knowledge and skills to seek help and integrate feedback with flexibility and maturity

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

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

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

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

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

1. Articulate the roles and responsibilities of team members
2. Apply teamwork knowledge and skills required to be an effective leader or member of a team and navigate differences of opinion with professionalism and respect
3. Communicate information or feedback in a manner that enhances team function
4. Collaborate with members of an interprofessional health care team, patients, families, and support systems to provide safe and effective patient care, including in transitions of care

V. OB/GYN Clerkship Objectives Mapped to the BCM CCGG's and Modes of Assessment
- **MTF:** Mid-Term Feedback--> formal scheduled session with member of UME team
- **NBME:** National Board of Medical Examiners Subject Examination (AKA "shelf exam")
- **SP Exam:** Standardized Patient Exam
- **CSWFT:** Clerkship Student Workplace Feedback Tool --> form used for clinical evaluations
- **HAPPY:** High-Yield Application exercises to Patients of Yours
- **WBA:** Workplace Based Assessment --> category encompassing all the following evaluations:
  - **DO:** Direct Observation of History and/or Physical Exam
  - **ART:** Assessment of Reasoning Tool
  - **IPASS:** Assessment of Verbal Handoff
  - **UAT:** Ultrasound Assessment Tool
  - **PAT:** Procedure Assessment Tool

School of Medicine CCGG	Related OB/GYN 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 obstetric and gynecological conditions 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 patients in a variety of contexts and settings.	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
	Obtain and document informed consent, perform procedures proficiently, and provide appropriate post-procedural care	Clinical Experiences, Didactics, HAPPY exercises	WBAs, HAPPYs, 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
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	ART, 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	CSWFT (Q7), IPE assessments
Health Systems Science & Social Contexts of Care (5.1, 5.2, 5.3, 5.4)	Explain how economic aspects of the US healthcare system dominate healthcare policy	Clinical experiences, Didactics, HAPPY exercises	HAPPYs, WBAs

	and reform efforts and how these impact health outcomes. (Health care policy and Economics)		
	Demonstrate patient-centered care by understanding and addressing the sociocultural attributes, health status, disparities and needs of diverse communities. (Population Health)	Clinical experiences, Didactics, HAPPY exercises	HAPPYs, WBAs

V.   You Said, We Did

We value your feedback and the following changes have been made in response to student concerns and suggestions! A small sample of the Obstetrics and Gynecology Clerkship course changes for 2023-2024 made in response to student feedback:

EVALUATION YEAR	YOU SAID:	WE DID:
2023	"Need more time in the sim/skills lab"	Redesigned format and timing of skills lab to give more dedicated time for each station
2023	"Would have appreciated having more lectures earlier in the course vs some being in the 2nd to last week"	Created list of recorded lectures and APGO/CREOG videos to watch before each sub-rotation, in addition to having recordings of each lecture from previous terms on Blackboard
2023	"PFW/BSL GYN Surgery rotation is disorganized"	Standardized case assignment communications with PGY 4, increased organized interactions with Site Director, and composite evaluation assignment and data collection

VI.   Student Roles, Responsibilities and Activities

During orientation, each student will receive the following:

1. Course overview document
2. Site and specific guidelines/ expectations
3. Orientation schedule
4. Didactic schedule
5. Student rotation schedules
6. List of required clinical experiences
7. List of required workplace based assessments (WBAs)
8. Duty hour log
9. Resident schedules and contact information

10. IPE Evaluation Form
11. Self-Assessment Forms

Clerkship Roles and Responsibilities

- Arrive on time for all scheduled clinical responsibilities and educational activities. Students are expected at all didactics and clinical skill sessions. Attendance will be taken at all sessions and is part of the professionalism grade.
- Participate fully in the care of your patients. Follow up on assessments and results of any diagnostic tests for your patients; be prepared to update your clinical team when asked. Medical students are part of a team and are expected to participate fully as a team member. They must treat patients, their families, and all hospital staff with unfailing courtesy and respect. Students need to take responsibility for patients assigned to their care and communicate with the clinical team.
- Maintain patient confidentiality. Do not discuss patient information to non-medical team members. Do not discuss patient information while on the elevator or in other public spaces.
- All sensitive physical exams (i.e., the breast and pelvic exams) must be done under supervision, and a chaperone (e.g., MA, RN) must also be present. Both are **required** for ALL patient encounters during sensitive physical exams.
- Attend all scheduled rounds, didactics, and teaching conferences offered during each sub-rotation. A list of scheduled conferences and teaching sessions are included in this document. *Students on L&D Nights are excused from certain daytime activities, including didactics and Grand Rounds. Please check the schedule carefully.*

- **Dress Code**
  o As representatives of Baylor College of Medicine and the Department of OB/GYN, you are all expected to uphold a professional level of conduct and appearance in the workplace, including clinical and non-clinical (e.g., core clerkship lecture) settings.
  o Always keep your site specific and BCM ID/student badges in clear view.
  o Scrubs are for when working in the operating room or L&D. Check with your site before wearing scrubs in clinics.
  o Wear appropriate work clothes in all clinics. This includes dress shirts (neck ties are optional), slacks, dresses/skirts at/below the knee, and close-toed shoes.
  o Wear white coat with either scrubs or dress clothes.
  o No dirty scrubs or white coats anywhere.

- **Absences**
  o Students are allowed up to three (3) excused absences during the 6-week OB/GYN Clerkship. Excused absences beyond that will require additional documentation (e.g., a physician's note) and may require remediation.

  o **If you are planning on an absence or have an absence to use this link to log your absence** - Attendance Tracker for Core Clerkship Students
      o The system will automatically notify the clerkship directors and coordinators—they will receive an email asking to APPROVE or DENY a request for an absence.
      o If the absence is approved (or not), this will be routed to the student

- If you have not received a response to your request within 72 hours of submission, please email the clerkship directors and coordinators directly.

- If the absence involves an exam (NBME or SP exam) or the absence is > or = to 2 days, after the absence has been approved by the clerkship, the Student Affairs deans will automatically be notified. The student will receive an email to confirm the absence and that they need to contact Student Affairs to reschedule the exam and/or discuss make-up days with the clerkship director.
- Planned/anticipated absences are **only** approved by written request to the clerkship director and/or associate clerkship director(s) in advance. **Failure to obtain written approval from clerkship leadership in advance of an anticipated absence may result in the absence being unexcused and may be considered a professionalism concern**.
- Emergencies: Students must submit the request in the tracker as noted above, but also inform the Clerkship Director(s), the Clerkship Coordinator, and their clinical team in writing of any unplanned absence arising from an emergency unless physically unable to communicate. Failure to communicate an absence as directed may be considered an unexcused absence.
- Reasons for excused absenteeism may include: Medical illness experienced by the student, personal crisis (e.g., death or illness of immediate family member), childbirth, presentation at professional meetings (up to two days with attendance up to department's discretion), residency interviews.
- The clerkship directors must also be notified in writing, in advance, of **any scheduled appointments or non-clerkship activities during the clinical workday** for this to be considered excused. Failure to notify clerkship leadership may result in a professionalism concern.
- Any weekdays that are free from your sub-rotation's clinical duties (aka "Study Days") are **NOT** days off; you may still be required to attend clerkship specific activities during those days.
- **Absences NOT covered** by the categories above (such as attending a wedding or graduation of a friend or family member) may or may not be granted following review by the Clerkship Director.
- **An unexcused absence** is any absence in which the student fails to gain prior permission or falls outside of the guidelines outlined above for excused absences. **Unexcused absences are grounds for failure of a clinical rotation and will be reported to the Dean of Student Affairs.**
- **Note**: Frequent absences, regardless of the reason, may be considered a professionalism concern. Misrepresenting absences or absence requests is a breach of professionalism and is grounds for failure.

- **Tips for the OB/GYN Clerkship:**
  - Read the Course Overview Document carefully, as well as the site-specific guidelines.
  - Review the OB/GYN Clerkship Blackboard site—it contains all official clerkship documents and schedules, as well as helpful information such as recorded lectures, information on the SP exam and NBME, study tips, and individual sub-rotation tips.
  - If you have a question, review available resources first. Then, if you are still confused, ASK!

- When emailing the clerkship directors, always include your campus-specific Associate Clerkship Director and Coordinator (Houston--> Dr. Hall and Jessica; Temple --> Dr. Birkholz and Valerie).
  We function as a team, and one of us may be away at any given time--emailing all of us gives you the best chance for a speedy answer! Unless confidentiality is specifically requested by the student, we will include the other site-specific clerkship directors on all responses to ensure everyone is in the loop.
  - Medical students are responsible for the quality of their educational experience. **Be proactive during clinical experiences.**
  - Return to clinical duties after Baylor and/or Clerkship specific activities unless otherwise instructed by your clinical team.
  - Introduce yourself to the patients, nurses, and other clinical team members.
  - Know your patients by reviewing their medical records prior to caring for them.
  - Do not expect to scrub into a case unless you have met the patient and reviewed the chart.
  - Show interest--this is your educational experience.
  - Be present and accountable. It is unprofessional to shirk responsibilities.
  - Do not expect to sleep if you are on the L&D Nights rotation—it is a working shift.
  - Ask for an orientation from your team as well as a clarification of expectations.
  - Demonstrate situational awareness by asking questions at appropriate times.
  - Avoid being argumentative, especially in front of patients.
  - See the patient even if you do not speak the language. Telephone translation services are available at every clinical site.
  - Reflect on your performance. Ask for and integrate feedback to improve clinical skills at every opportunity.
  - If you are the only one sitting there, chances are you may be missing a clinical experience!

- **Evaluations:** Complete evaluations of your attendings, residents, and the overall clerkship via Leo

- **Midterm feedback** (MTF): MTF is a mandatory activity designed as a "checkpoint" to review a student's progress towards completion of course requirements. Items to be reviewed during this session include the following: Workplace based assessments (WBA's), patient experience tracker/clinical activities log, clinical evaluations (CSWFT) and any other feedback (to date), student goals/self-assessment, and plans for improvement and/or remediation. MTF is NOT a predictor of your final grade. A student may meet the criteria for a failing **grade at any time** during the clerkship based on professionalism or clinical performance, including **after** MTF.

  - If your MTF session is not scheduled, or if you miss your scheduled session, please alert clerkship leadership and coordinators IMMEDIATELY so one can be scheduled. MTF sessions are MANDATORY.

- **Interprofessional Education (IPE):** IPE is defined as learning about, with, or from other disciplines, and it is an important part of the BCM curriculum. In this course, IPE activities include:

  - Each medical student will be assigned a shift with a Labor & Delivery nurse during the clerkship. The goal of this experience is to improve communication, teamwork, and awareness of roles and

responsibilities within a health care team. **Students must bring the paper IPE Evaluation form to their IPE session to give to their assigned L&D nurse preceptor**. The nurse will complete the IPE Evaluation form for formative feedback. Students must upload the completed IPE Evaluation form to BOX prior to the last day of the clerkship (see IPE evaluation form in the Evaluation Form section).
   o IPE Activity Checklist form (Pilot) – designed as tool to help nurses and students decide expectations at start of shift.

Forms Required by End of Clerkship

- **ALL** the following must be submitted on or before the last day of the clerkship. If all assignments are not complete by the clerkship's official end date, the student will receive an INCOMPLETE in the course. If the student completes the assignment within seven days of the end of the clerkship, a grade will be assigned accordingly. Students will receive a DEFERRED and are subject to failure if assignments are >7 days past due.

    - **Submission in Leo -->** Data is entered by student only:
        o Patient Experience Tracker (PET)/Clinical Experience Log (100% completion required)
        o Student evaluations of the faculty/housestaff
        o Student evaluation of the course (AKA "End of course survey")

    - **Submission in Qualtrics-->** Forms are launched by student to evaluators:
        o 6 CSWFTs (Clerkship Student Workplace Feedback Tool) in total
            ▪ Student launches to evaluator, who enters in all information
                - 2 CSWFTs from each sub-rotation
                    o 1 composite evaluation (assigned by Clerkship)
                    o 1 WDYWW evaluation (chosen by student)

        o 14 WBAs (Workplace Based Assessment) in total
            ▪ Student enters the information from verbal feedback session, then launches to evaluator to review and approve
                - 3 DOs (Direct Observations of History and/or Physical)
                    o At least 1 history
                    o At least 1 physical
                - 2 IPASSs (Verbal Assessment of Handoff)
                - 3 ARTs (Assessment of Reasoning Tool)
                - 2 UAT (Ultrasound Assessment Tool)
                - 4 PATs (Procedure Assessment Tool)

        o Midterm Feedback Form
            ▪ Student launches to assigned UME Team member prior to scheduled session

    - **Paper documents uploaded to BOX**
        o IPE evaluation form (completed by RN)

o   Mid-term self-assessment forms (completed by student)
o   Duty hour log (completed by student)

Activities

Patient Experience Tracker (PET)/Clinical Experience Log

Clinical Logging is an ESSENTIAL task during your clerkship. The list of required diagnosis and procedures are the **minimum** requirements the Clerkship Director and Curriculum Committee has designated as what every student should see and/or do during the rotation regardless of assigned clinical sites.

THE CLINICAL ACTIVITIES LISTED ARE CRITICAL TO YOUR OB/GYN EXPERIENCE. YOU WILL ONLY LOG ACTIVITES THAT YOU HAVE PARTICIPATED IN AND CONTRIBUTED TO THE CARE OF THE PATIENT. WE ARE TRUSTING YOU TO BE HONEST WITH YOUR EXPERIENCES. DISHONESTY IS A MAJOR PROFESSIONALISM CONCERN.

You will log your completed activities in Leo. The log will be reviewed with you during your mid-term feedback session.

The clinical experiences chosen are extremely common presentations and procedures, and the list should be easy for students to complete quickly. Students are expected to be proactive in identifying which activities they need to complete and to alert their clinical teams to assist them during the rotation if needed. Ultimately, it is UME team's job to ensure that you can complete all required clinical experiences, and thus the clerkship team will assist you in arranging a clinical experience if needed. While it is typically easy for the UME team to assist students who are struggling to complete their clinical experience log, it may take some time to do so. Additionally, given the clerkship leadership's clinical schedules, it is extremely taxing to have to arrange experiences on short notice, with only 1-2 days left in the rotation. Therefore, please notify the Clerkship Directors and Coordinator one week before the end of rotation (no later than the last day of week 5) if you cannot complete any logging requirement so we can assist you.

Use of an alternative experience is rarely necessary if students are proactive in identifying and getting the experiences, notify their clinical team if they need assistance, and alert the clerkship team if they are still missing experiences **before** the end of the rotation. **You therefore MUST have approval from the Clerkship Director before using an alternative experience.**

Of note, logging of clinical activities is required for successful completion of many residency programs. Please note that failure to follow the steps described above to complete your clinical log before the end of the clerkship demonstrates a potentially concerning lapse in professionalism that may be reflected in your grade and/or evaluations.

By the last day of the clerkship, you should have completed all activities and have them logged in.

The defined roles for logging are:

*PERFORM: The student **performs** the patient history, physical exam, differential diagnosis, treatment decision-making, and/or relevant procedural skills (DOES, PERFORMS, OBTAINS, FULFILLS).

Examples:
Student **performs** (gathers) a history, exam , or develops the differential diagnosis on a patient with AUB; student gathers and/or interprets pertinent data for a surgical patient; student follows along on a patient admitted to L&D and assesses how the patient is doing/feeling either independently or with resident/attending in the room but student is asking questions.
- If student is asking questions/gathering history, or examines the patient directly, this counts as performing even if the resident/attending verifies findings.

*ASSIST: The student **assists with** gathering the patient history, physical exam, differential diagnosis, treatment decision-making, and/or relevant procedural skills (ASSISTS, HELPS).

Examples:
Student **assists with** or participates as a team member in developing a differential diagnosis or management plan for a patient. Student is **scrubbed in** for surgical procedure and assists with the case.

*OBSERVE: The student is present **as an observer** during the patient history, physical exam, differential diagnosis, treatment decision-making, and/or relevant procedural skills (WATCHES, SHADOWS).

Examples:
Student **observes** the resident performing a history or exam but does not speak to patient or examine patient directly; student is present during a team discussion of the management plan of a patient with AUB (e.g., on rounds) but does not give any input; student observes a surgery/ procedure but is not scrubbed in.

- **COMPLETE** = completion activity, can be on any pertinent sub rotation.

- **ALTERNATIVE EXPERIENCE =** to be used only when actual patient experience is not available. **You MUST have approval from the Clerkship Director before using an alternative experience in the log.**

  *Please contact the Clerkship Directors and Coordinator if any clarification is needed on any of the above logging expectations and definitions. Students must notify the clerkship directors and coordinator by the **LAST DAY OF WEEK 5** if they need the UME Team's assistance in finding patients to meet every objective.

BCM OB/GYN Core Clerkship Patient/Clinical Experience Activity Requirements				
Diagnosis/ Condition Name	Minimum Role Required	Minimum # Required	Clinical Setting (L&D is inpatient)	Options/Alternative Experiences (specify)
Pelvic Exam	Perform	1	In- or Out-patient	Simulation / NEJM video on Pelvic Examination: https://www.nejm.org/doi/full/10.1056/NEJMvcm061320
Urinary Catheter Insertion	Perform	1	Inpatient	Simulation
Verbal Handoff on L&D * (WBA: I-PASS)	Perform	2	Inpatient (L&D)	Verbal presentation to clerkship team
Vaginal delivery	Assist	1	Inpatient	Simulation/ APGO intrapartum management Video : Case
Ultrasound for fetal presentation on L&D (WBA: UAT)	Perform	1	Inpatient (L&D)	Review with the Clerkship Directors
Cesarean section	Assist	1	Inpatient	Cesarean section video
Pre-eclampsia	Perform	1	Inpatient	APGO Preeclampsia: Video : Case
Ruptured membranes	Perform	1	Inpatient	APGO Rupture of membranes Video : Case
Preterm labor	Perform	1	Inpatient	APGO Preterm labor Video : Case
Contraception Counseling	Assist	1	In- or Out-patient	Contraception Video : Case
Vulvovaginal complaint	Perform	1	Outpatient	APGO Vulvovaginal complaint Video : Case
Abnormal uterine bleeding	Perform	1	Outpatient	APGO AUB Video : Case
Pelvic pain	Perform	1	Outpatient	APGO Pelvic pain Video : Case
ADDITIONAL CLERKSHIP ACTIVITIES				
NEJM Healer Cases	Complete	3	N/A	Cases: Sarah Wang, Ayesha Aziz, Mia Lopez
Obstetrics H&P**	Complete	1	In or Out-patient	Written note to clerkship team
Postpartum Progress Note**	Complete	1	Inpatient	Written note to clerkship team
Post-operative Progress Note**	Complete	1	Inpatient	Written note to clerkship team

*Verbal Handoff **must** be performed on the L&D sub-rotation as part of board checkout. You must give handoff twice, ideally once during Days and once during Nights, but you can get both during the same week if needed. Coordinate with your resident team for each of the 2 required Verbal Handoffs.

**The written patient notes are turned into that specific clinical team for review and feedback.

Case Logging in Le: Instructions for Students

During this clerkship, you will be required to log every required patient case listed in the Patient Experience Tracker/Clinical experience log. When you have performed, assisted, or observed an activity on the list, you will log it into Leo. You can log the activity directly from your phone, computer or tablet following the directions below.

1. Log on to https://bcmsom.davinci-ed.com/leo
2. Log in manually using your login and password
3. Select your CURRENT Core Clerkship under the courses tab (**BCM, Core Clerkship-XX**)
4. To log a procedure, click "PET"
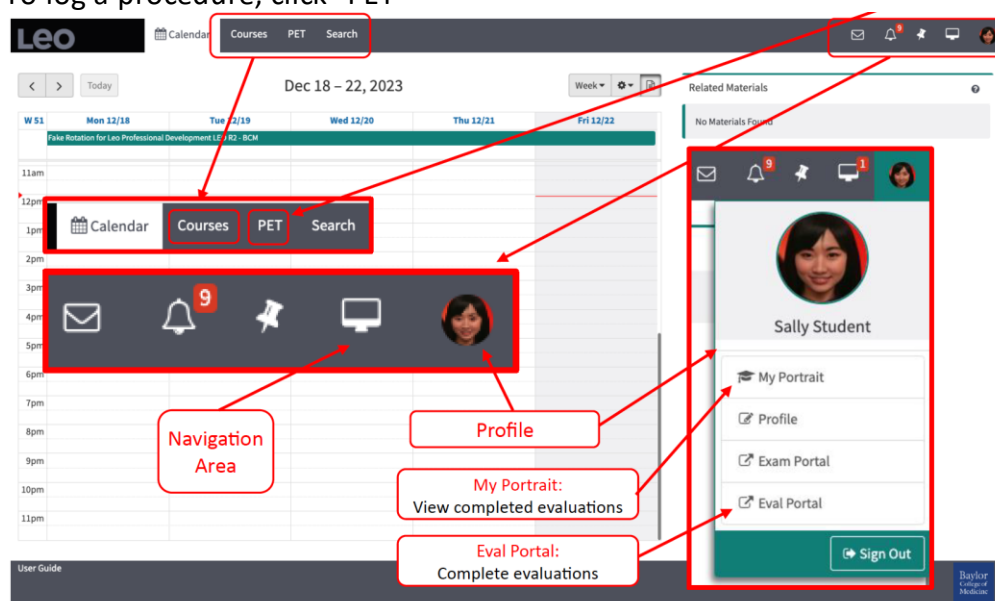
5. To log a new patient encounter, click "Add Patient Encounter"

a. To review past logs and/or edit a past log, click on the "**Edit**" link. **Note:** You can only edit during the course rotation dates.

b. To log a patient encounter, complete select the course from the dropdown. The date will automatically populate. If you need to log an encounter from a previous day, change the date.
   i. IGNORE the diagnosis button.
   ii. Use the **Notes** field to enter the name of the individual supervising this encounter.
   iii. Click "**Add New Procedure**"

   iv. Select the encounter from the dropdown list.
      1. All procedures are organized by Clerkship. Those **required** by your current clerkship will be listed at the top and have a (*****).
   v. Select your level of Participation and Supervisor level.
   vi. Click "Save"

vii. Click "**Save**" again when back in the "**Add PET Patient Record**" box (above).

Clerkship Didactic/Teaching Sessions

Each student will participate in scheduled didactics. These include case-based discussions, small group discussions, and hands on skills workshops. Teaching sessions are **MANDATORY**, and attendance is recorded. Failure to attend a scheduled teaching session without an excused absence is a potential professionalism concern and may be reflected in your grade and/or evaluations. **Students rotating on L&D Nights are automatically excused from all daytime OB/GYN clerkship specific lectures except as noted on the schedule and from Grand Rounds.**

Please refer to the didactic schedule distributed on the first day of the clerkship (or the clerkship Blackboard site). The didactic schedule changes per term and may be in-person or remote via Zoom. For some sessions, a recorded version may be employed (on Blackboard). There are also recorded versions of most Didactics on Blackboard for review if needed.

	Didactics
1	GYN 101 (Pilot)
2	Abnormal Uterine Bleeding
2	Intro to L&D
3	Intro to Fetal Heartrate Monitoring
4	Maternal Physiology
5	Early Pregnancy Complications
6	Gynecologic Oncology

7	Infertility
8	Informed Consent Workshop
9	Contraception
10	Diabetes and Hypertension in Pregnancy.
11	Intro to the Gyn Exam (self-study) ***APGO Video: (online YouTube access)*** *Topic 1: History* *Topic 3: Pap Test and DNA Probes/Cultures* *Topic 7: Preventative Care and Health Maintenance*
12	IPV/Sexual Assault
13	Judy's Mission: Survivors Teaching Students
14	Late Pregnancy Complications
15	Maternal Physiology
17	Pelvic Pain
18	STI's
19	Urogynecology
20	OB/GYN History Taking (Pilot)

Student Schedules and Sub-rotation Expectations

Student Schedules:

Please refer to the schedule distributed on the first day of the clerkship (or the clerkship Blackboard site) for a copy of the schedules associated with the clerkship.

ORIENTATION	1ST day of clerkship
Grand Rounds (Zoom)	August-May only: Wednesday 8-9a
Didactics	See lecture schedule on Blackboard
Simulation/Skills Lab	Week 1: Wednesday PM (1-4)
Scrub Training	- Initial scrub training at the Transitions to Clerkship session on Introduction to the OR - Scrub training refresher session during Skills lab - Other scrub training sessions as needed or requested by students

BCM OB/GYN Core Clinical Clerkship Medical Student Sub-Rotation Guidelines/Expectations
See Appendix

Simulation/Skills Lab Session Topics
- Vaginal delivery
- Urinary catheter insertion (Foley and Straight Cath)
- Breast examinations
- Pelvic examinations
- Suturing
- Knot tying
- Scrub training review

VII.   Grades

Grading Rubric

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

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

Overall Grading Information

Clerkship processes to assure fairness in grading:
Core clerkship grades are determined by the corresponding undergraduate medical education committee (UMEC). To ensure valid and fair grades, grades are based on the grading rubric and all available student performance data. Final grades are based on individual student performance; in addition to *objective* data, the UMEC reviews narrative comments from evaluators to help inform the final grade. The UMEC may modify the final grade after 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	≥ 5th percentile nationally
	Standardized Patient (SP) exam	≥ 70%
	Workplace Based Assessments (WBAs)	Must receive ≥ 50% of ratings at "Level 2" or higher on the final item for each WBA
	Clerkship Student Workplace Feedback Tool (CSWFT)	Must receive ≥ 50% of ratings at "Level 3" or higher on each item
	High-yield Application of Principles to Patients of Yours (HAPPY) Exercises	Must meet passing criteria for each exercise
Completion Items	Patient Encounter Tracking Additional Course Requirements as Listed	Completion of all items
Professionalism	Professionalism	Meets all professionalism standards
GRADE:	Pass*/Fail*	

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

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

Professionalism

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

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)

- Professionalism concerns will be considered by the UME grading committee and may result in a failing grade.
- Ethicspoint report may also be made depending on nature of behavior.
- Any incident of unprofessionalism will be reviewed by UMEC and may result in lowering of the final Clerkship Grade. An Incomplete is bestowed for students who do not complete all course requirements, including all required WBAs assigned and the COD attestation.
- The student must complete each grading component by the last Friday of the rotation to pass the course.

Examinations

Standardized Patient Exam

- SP examination failure is earned by the failure of the overall SP exam score.
  - As per the Exam Absence policy (https://www.bcm.edu/education/school-of-medicine/m-d-program/student-handbook/m-d-program-curriculum/examinations), students are required to sit for examinations as scheduled. *Absences for SP Exams are reviewed and authorized by the **Office of Student Affairs.** Unauthorized absences will result in a grade of Fail for the examination. Both excused and unexcused absences will require the student to reschedule the examination (potentially including any associated costs).*
  - If a student fails the SP examination, the student will receive a deferred grade for the clerkship; the student's second SP exam score would then be used to calculate the final clerkship grade.
  - Students MUST arrive at the exam at least 30 minutes before their scheduled time. *Late arrival or failure to show up for the examination must be reported to the **Office of Student Affairs** and may be considered an unexcused absence.*

- Information is presented below regarding the specific exam components and allotted time; students are ultimately responsible for keeping track of time during the examination (using a regular watch or stopwatch – phones and smartwatches are not permitted). *Failure to hear a chime or verbal reminder regarding time remaining will not invalidate an examination.*

- **The OB/GYN SP exam entails:**

  - Gathering a complete history and reviewing any physical exam/lab findings (given to you)
  - Developing 3 differential diagnoses based on the information above
  - Developing a Diagnostic Plan based on the 3 differential diagnoses
  - Writing a post-encounter note
  - Counseling the patient on the differential diagnosis and diagnostic plan
  - **You WILL NOT perform a physical examination; this information will be given to you.**

Exam Components	Description	Time allotted
Patient Info Door Note	You will have two minutes to review the patient's presenting information.	**2 minutes**
History	You will elicit a full history from the patient. As a courtesy, a chime will sound when 5 minutes remain for the encounter.	**15 minutes**
Review Physical Exam results and Labs	After your patient encounter, you will exit the exam room. There will be a laminated card on your laptop. You will have 2 minutes to review the physical exam findings and lab results. **The card will remain until the end of the exam.**	**2 minutes**
Post Encounter Note (PEN) **(Complete/ Full History, Differential Diagnosis, Summary Statement, and Plan)**	You will complete your PEN on the computer outside the room.	**15 minutes**
Patient Counseling/ Diagnostic Plan	You will re-enter the exam room to counsel the patient on your differential diagnoses and diagnostic plan (i.e., "what you think might be going on with the patient" (differential) and "what are next steps" (diagnostic plan). You will *not* receive a notification about the time remaining.	**10 minutes**

Communication Evaluation:

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

How to prepare:

- Please review the APGO YouTube video, Topic 1: History.
- Participation in clinical experiences for the clerkship also provides preparation for this examination.
- Review materials from the Simulation Learning Center link on Blackboard to prepare.
- PRACTICE! Use every clinical opportunity to practice, and use rotation downtime to practice with each other.

SP Exam Scheduling and Exam Questions or Concerns:

The Simulation team will be in contact with you to sign up for an exam time. Please email sim-help@bcm.edu and copy the course director(s) with any questions or concerns.

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

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

Following the SP examination, requests for SP examination review (without rescoring) can be made at any time. Requests for SP examination regrade (i.e., rescoring) must be made within 10 calendar days of receiving the score report, resulting in a grade increase or decrease depending on the re-evaluation. See CLINICAL PERFORMANCE EXAM RESCORING guideline for more details. Please note that a request for SP examination regrade is not equal to an official grievance or grade appeal for the course; see the POLICIES section of this document for more information regarding the Student Appeals and Grievances Policy (23.1.08).

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

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

SP Exam Cut Scores (score needed to pass each domain):

Hx History	PE N/A	DP/C Diagnostic Plan and Counseling	COMM Communication	PEN Post Encounter Note	OVERALL
61%		70%	80%	50%	70%

SP Exam Weighting:

Hx History	PE N/A	DP/C Diagnostic Plan and Counseling	COMM Communication	PEN Post Encounter Note	OVERALL
30 %		30 %	30 %	10 %	100 %

SP Exam Remediation and Retakes:

SP examination failure is earned by failure of overall SP exam score (≥ 70 %)

Remediation/Retakes:
- 1 or 2 domain failure – student may review own video and Gold Standard Video
- Overall exam failure – student *must* review own video and Gold Standard Video, *and* must retake the exam as per SP Exam Failure Process on Blackboard

Standardized Patient Score Report:
Students will receive a summary of the SP examination performance in SimIQ after grades have been submitted. If you have questions/concerns, please see Blackboard for official policies.

Student Orientation/General Announcements
- **You MUST arrive 30 minutes BEFORE your assigned exam time.**.
  - o   Missing or arriving late to the simulation orientation will result in the student being disallowed to participate in that scheduled session. The student must contact the Office of Student Affairs, who will determine if this absence is excused or not. Student Affairs must authorize any exam reschedules. A rescheduling fee will be assessed with the requirement of payment in full prior to making up the session. The clerkship director and the simulation program manager must also be contacted should a student will be late or miss their scheduled session.
- Upon arrival place personal items away in lockers and enter orientation room seated every other seat
- There is a clock in each room so please be mindful of your time. The announcements over the intercom are courtesy and not hearing an announcement will not invalidate your exam. You are responsible for your own time management.
- Make sure your pockets are empty (no notes, phones, smart watches, etc.)

- There are proctors assigned to your hallway if you have questions during any part, please let them know.
- Educator will give you your room assignments during orientation (very important to be on-time to receive this information). Line up from greatest to least based on your Exam room number.

NBME Exam

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 –

     o All testing rooms should be reserved until 6 PM on testing day to accommodate learners.

     O Technical difficulties will be addressed through instructions in the NBME Chief Proctor's Manual.

     O If an exam cannot be immediately restarted, the Testing Administrator will contact the NBME and attempt to restart the exam within 30 minutes.

     O If unsuccessful, the chief proctor, in conjunction with other appropriate parties, will make the decision whether or not to exit the exam with specific keystrokes, found in the proctor's manual in each testing room, to keep the first exam from being scored.

     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.

*Any concerns or technical difficulties with the NBME must be reported to the exam proctor(s) <u>during the exam session</u>.

NBME Remediation Policy

Students who are required to remediate the **NBME examination** should contact Yvette Pinales (Yvette.Pinales@bcm.edu) and Gician "Shaun" Roberson-Ury (Gician.Roberson@bcm.edu) to arrange a retake of the NBME. Students are required to sit for the remedial NBME examination within six months of the original test date.

VIII.   Clinical Evaluations

The clinical evaluations will follow the standard performance assessment format instituted by the medical school. All students will have 6 evaluations: one will be a "Composite" which is assigned by the clerkship, and one chosen by the student ("Who Did You Work With?") for each of the three sub-rotations. Assigned attendings or residents will collect and compile feedback from the entire team for the "Composite" evaluation, excluding the one person chosen by the student for the "WDYWW" evaluation.

All clinical evaluations are completed using the Clerkship Student Workplace Feedback Tool (CSWFT), and they are all launched in Qualtrics. Students must launch the CSWFTs to the assigned composite evaluator as well as the evaluator chosen by the student for the WDYWW evaluation by or on the last day of the sub-rotation.

Clerkship Student Workplace Feedback Tool (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

Clinical Evaluations Summary (Qualtrics)

- 6 evaluations total --> 2 evaluations per sub-rotation:
    - 1 Composite (assigned by the clerkship)
    - 1 WDYWW (chosen by the student)
- All weighted equally
- Will be averaged to calculate your evaluation portion of the grade
- Do not ask for additional CSWFTs, though you should ask for verbal feedback
- **Students are responsible for launching both the composite and the WDYWW evaluations in Qualtrics by the end of the specific sub-rotation**. The clerkship will ensure the completion of the forms.
- At PFW, try to avoid asking the private practice physicians to complete your WDYWW. While the private physicians are excellent at teaching, they are less likely to complete evaluations (with a few exceptions). If you do not know your attending's affiliation, please ask one of your residents. Note that a list of BCM attendings at PFW is available on Blackboard and will also be sent to you via email for your reference.
- DO NOT approach faculty with concerns. Please send your concerns to the Clerkship Directors and Coordinator.

Who Did You Work With (WDYWW) Evaluations

- May only select a faculty member, fellow, or 3rd/4th year resident unless otherwise specified by the sub-rotation (e.g., **L&D WDYWW must be done by a faculty member** as the residents are doing the composite evaluation)
- For the Houston campus, PGY-1 and PGY-2 residents cannot serve as WDYWW evaluators. Their feedback will be included in the composite evaluation. The only routine exceptions to this policy are the following:
    - Inpatient: Ben Taub Antepartum Service--> can ask PGY-2
    - Outpatient: Vallbona Clinic --> can ask PGY-2
- You must verbally confirm with the desired evaluator prior to launch the WDYWW form
- You should have 3 WDYWW evaluations by the end of week 6

Composite Evaluations

- Assigned to an attending or resident who is scheduled to work with the students during the sub-rotation
- All members of the clinical team are solicited for feedback by the composite evaluator, who then compiles the data into one evaluation. The person selected as the WDYWW evaluator does not contribute to the composite evaluation.
- Composite evaluator may select 1-2 weeks as the time spent with the student as it is a summary of the entire sub-rotation

IX. Workplace Based Assessments (Qualtrics)

- 14 WBAs (Workplace Based Assessments) are required in total by the end of the clerkship.
- Please see the sample forms and screenshots on how to launch WBAs on the OB/GYN Clerkship Blackboard page.
- Students will enter the information from verbal feedback session into the form on Qualtrics, then will launch the form to the evaluator for their review and approval.
- Students need to be **proactive** about telling team members which WBAs they still need and asking the appropriate team members to complete them or help facilitate them.
- **DO NOT wait until the end of the sub-rotation to ask for WBAs**. Make sure to communicate with your team daily and remind them if needed.
- Note: Some attending physicians at PFW are private practice physicians who have a BCM Voluntary Faculty Appointment. In general, try to focus on the Baylor Faculty to complete WBAs, as while the private physicians are excellent at teaching, they are less likely to complete evaluations. If you do not know your attending's affiliation, please ask one of your residents. Note that a list of BCM attendings at PFW is available on Blackboard and will also be sent to you via email for your reference.

Required WBAs, Details, and Tips:

- **Observed H&Ps (Direct Observations of History and/or Physical)**
  - **3 total required** (1 history, 1 physical, and 1 of either)

  - ***Can ONLY be completed by BCM ATTENDING PHYSICIANS*** (as per BCM policy).
    - While residents, fellows, and physician extenders can and should observe you gathering an history and performing physical exams and should give you feedback, ONLY an attending physician can complete the Direct Observation WBA.
    - If you are unsure if the person you are working with is an Attending, ask!

  - Does NOT need to be a complete history—can be PART of a history (e.g., HPI, OB History, GYN history, etc.). Does NOT need to be a complete physical exam—can be PART of an exam (e.g., abdominal exam, measuring fundal height and obtaining fetal heart tones, etc.)

  - ***The exam DO does NOT need to be a pelvic exam!***
    - One pelvic exam is required during the rotation, and all pelvic exams must be done under supervision; however, they may be supervised by a resident, fellow, or physician extender. Only BCM ATTENDING PHYSICIANS can complete the required DO.

  - Can be done on any sub-rotation, but we *highly* recommend getting during **OUTPATIENT.** Difficult to get on L&D (except in OBI/WAC). May be able to get physical exam in the OR on Inpatient Gynecology/GYN ONC, but difficult to get history. May be able to get history on Inpatient MFM/Antepartum, but physical may be challenging.

- **L&D I-PASSs (Verbal Assessment of Handoff)**
  - **2 total required**
  - **MUST** be completed during the **L&D sub-rotation.**
  - 2 verbal handoffs at board checkout are required during your L&D sub-rotation. The I-PASS should be a record of the verbal feedback obtained following each handoff.
  - Can be done by residents (PGY-2 or above), Fellows, or attending physicians.
  - When your team is planning for you to do a handoff, make sure to remind them that you will talk to them following board checkout for feedback, and that you will then send them the L&D I-PASS form.

- **ARTs (Assessment of Reasoning Tool)**
  - **3 total required**
  - Can be done on any sub-rotation, but we *highly* recommend getting during **OUTPATIENT.** May be able to get on Inpatient MFM/Antepartum. Very difficult to get on L&D except in OBI/WAC. Extremely difficult to get during Inpatient Gynecology.
  - Can be done by residents (PGY 2 or above), Fellows, or attending physicians.

- **PAT (Procedure Assessment Tool)**
  - **4 total required**
  - Can be done on any service, but easiest to get during L&D or an Inpatient service.
  - Can be completed by residents (PGY 2 or above), Fellows, or Attending physicians.

- **UAT (Ultrasound Assessment Tool)**
  - **2 total required**
  - **Must** be done on L&D when scanning patients for fetal presentation.
  - Can be completed by residents (PGY 1 or above), Fellows, or Attending physicians.

IX. IPE Information

Obstetrics/ Gynecology Clerkship
Inter-professional Educational (IPE) Experience

Nurse Instructions

1. Please allow the student to participate in all nursing activities appropriate for patient care. Try to avoid having the student standing on the side solely observing.
2. The purpose of this activity is to expose and educate the medical student about the roles and responsibilities of nurses. Please avoid situations that could be perceived as "pimping" the student.
3. Nursing documentation is a very important component of patient care that the medical student should be exposed to during the shift. However, we would like to avoid the student observing documentation for long periods of time. If you find that you have extensive documentation to complete, please try to give the student helpful patient care tasks during this period.
4. We understand that you have specific times for breaks and lunch during your shift. The medical student can be excused during this time as well, or you can negotiate meal and break time at the beginning of the shift.
5. The student is responsible for providing the Medical Student IPE evaluation form to the nurse and turning it in to the clerkship. Please assist in completing the form and providing constructive feedback to the student.
6. NEW "PILOT" Checklist – in an attempt for improved clarity regarding the activities/ expectations of the IPE experience, we have created a checklist of "possible" activities that the student may experience. The student is not expected to complete all activities on list, use it as a guide for options.

Medical Student Instructions

1. Try to come to the experience with an open mind and willingness to learn. The nurses are critical members of the healthcare team and are an expanse of knowledge. Please be respectful of the nurse's time and expertise.
2. IPE badges (clip on) identifying you as the IPE student are available in the L&D workrooms. This is to alert all patient care providers of your role.
3. You are excused from any duties pertaining to the OB Team during your (6hr) shift other than attending L&D Board Check-Out. This includes rounding and scrubbing in for surgeries and deliveries. The other half of the shift you should work with you normal L&D team.
4. The nurse will have specific times for lunch and breaks as a part of her shift. Please be respectful of this time. You can also use the allotted time for the same activities, or you can negotiate those at the beginning of your shift
5. You are responsible for giving the Medical Student IPE evaluation form to the nurse and turning it in to the clerkship. This is a valuable opportunity to receive feedback from the nurse.
6. NEW "PILOT" Checklist – in an attempt for improved clarity regarding the activities/ expectations of the IPE experience, we have created a checklist of "possible" activities that you may experience. You are not expected to complete all activities on list, use it as a guide for options.

IPE Evaluation Forms and Checklists

Medical Student Inter-Professional Experience
Department of Obstetrics and Gynecology

IPE Evaluation Form

The goal of this experience is to improve communication, teamwork and awareness of roles and responsibilities within a healthcare team for our medical students. Please complete this form at the completion of the Inter-professional experience (IPE).

Instructions:

1. Observe the student over the course of the experience.

2. Using the 9-point scale, assess the student's ability to demonstrate the 9 objectives listed. The expectation for the student is to demonstrate most of the competencies outlined. [Baylor CCGGs]

Student Name: _____   **PFW** or **Ben Taub** (please circle one)

Date of IPE:_____

		Well below expected		Below Expected		As Expected	Above expected		Well above expected	
		1	2	3	4	5	6	7	8	9
Communication	1. Communicates with colleagues and other healthcare professionals in a respectful and professional manner. [ICS 4.2]									
	2. Communicates with patients and families in a form that is understandable, avoiding discipline-specific terminology when possible. [ICS 4.1]									
	3. Communicates clearly in a logical and structured manner with other healthcare team members. [ICS 4.3]									
	4. Displays a willingness to listen to patients and family members. [ICS 4.1]									
	5. Uses respectful language when discussing patients. [PR 1.4]									

Teamwork	6. Establishes/maintains collaborative working relationships with other providers, patients and families. [L 7.1]									
	7. Reports increased identification with one another, resulting in respect and trust for members of other disciplines. [L 7.1]									
Reflection of roles and responsibilities	8. Reports increased identification of the roles and responsibilities of labor and delivery nurses. [PC 3.1]									
	9. Able to name at least one contribution by other professions that they weren't fully aware of before the session. [PR 1.6]									
Overall Rating										

Evaluator (printed) _____   Evaluator's Signature _____

Comments:_____

_____

_____

_____

"Labor & Delivery" OBGYN Clerkship / *IPE Checklist*

*** Please review checklist with your nurse preceptor at the <u>BEGINNING</u> of your shift. ***

*** Please complete only activities that you experience during your shift. ***

Metric Item	Verbalizes	Demonstrates	Comments
General Nursing Procedures: (directly supervised by preceptor)			
A. Admits Patient			
B. Transfers Patient			
C. Discharges Patient			
Technical Procedures			
A. Administers Medication			
1. Intramuscular			
2. Intravenous			
3. IV Piggyback			
4. Oral			
5. Subcutaneous			
6. Suppository			
B. Demonstrates			
1. IV insertion			
2. IV piggyback			
3. IV site care/maintenance			
4. Discontinuing IV			
5. Saline lock maintenance			
6. Phlebotomy			
C. Perform sterile vaginal exam			
D. Perform catheterization (urinary)			
E. Demonstrates point of care waived testing:			
1. Blood glucose			
F. Perform/Document Fetal Monitoring Strip Assessment			
G. Demonstrates stretcher preparation			
1. Cleans stretcher with Oxivir Wipes			
2. Dresses stretcher with linen			
Initial assessment: (start of shift)			
A. Weight and height			
B. Review of obstetrical history			
1. Allergies			
2. Medications			
3. Past medical history			
C. Vital signs (including Temperature, BP, HR, RR, and pulse oximetry)			
Postpartum Assessment: (w/in 2 hrs of delivery)			
A. Perform Postpartum Fundal Exam			
B. Documents Delivery Preference in EMR			
Student Printed Name:	**Student Signature:**		
Competency validator(print/sign):			**Date:**

"Transition Care Nursery" OBGYN Clerkship / *IPE Checklist*

Metric Item	Met	Not Met	Comments
Newborn Vital Signs			
D. Vital signs			
a. Q 30 min X 2 hours			
b. Q 1 hour X 2 hours			
E. Breastfeeding/Intake & Output			
Newborn identification:			
A. ID bands			
B. Footprints			
C. Security tag			
Newborn assessment:			
A. Weight and length			
B. FOC & Chest circumference			
Newborn medications:			
A. **Erythromycin**			
1. Don clean gloves			
2. Open eye and place an inch ribbon of medication in the lower conjunctival sac (from inner to outer canthus)			
3. After 1 min excess medication may be wiped off			
B. **Vitamin K**			
1. Gather supplies: Vit. K, alcohol pad			
2. Don clean gloves and locate injection site in vastus lateralis			
3. Assemble pre-filled syringe and prepare dose as ordered			
4. Clean site with alcohol pad and let dry			
5. While stabilizing leg, inject vitamin K into the vastus lateralis slowly			
Blood glucose screening			
1. Gather supplies: glucometer, alcohol pad, lancet, gauze pad, bandage, reagent strip, heel warmer			
2. Choose puncture site on heel; use lateral aspect of either heel			
3. Don clean gloves. Clean heel site with alcohol pad and let dry completely			
4. Puncture with lancet			
5. Let first drop of blood form and wipe it off with gauze pad			
6. Apply the second drop of blood to the reagent strip			
7. Apply bandage to heel			
8. Clean glucometer after use			
Student Printed Name:		**Student Signature:**	
Competency validator(print/sign):		**Date:**	

XI. Study / Storage / Lounge Spaces for Students

Houston Campus

	Ben Taub	BSLMC	TCH
Study space	• Gynecology Oncology Workroom (3 SP 40-001), Door Code 2810 • MFM (3C) Workroom (3C-51 006), Door Code 3222 • GYN Workroom (near 3F), Door Code 2810 • L&D Workroom (3-LD-70 002) • L&D 3F-13, 2LD 63 001 • 3D Classroom • 3A Conference Room (3A-32-001) • Basement Cafeteria	• 3rd floor BSL medical student workroom (Y346 - near Yellow elevators -CODE 1579*) • Cooley library/atrium, 5th floor	• 9th floor L&D Physician Lounge/Work Room (F.0975.05), Door code 2026* • 9th floor L&D Physician Work Room (F0940.25) • PFW 5th floor Surgery workroom (next to Staff lunchroom, F.0540.44) (PFW/BSL Surgery team) • PFW 11th floor WSU workspace, (F.1140.23, MFM) • PFW 3rd and 4th floor café areas • Mark Wallace Tower 3rd floor café and conference rooms (Blattner, Room B) • Outpatient areas w/ physician work room (hall w/ badge access)
Lounge / relaxation space	• Gynecologic Oncology Office (3 SP 40-001) • Other service-specific team rooms also provide lounge space (L&D 3F-13 3LD 63 001; Gyn near 3F; 3-LD-70 002; MFM 3C 51 006)	• 3rd floor BSL medical student workroom (Y346 - near Yellow elevators -CODE 1579*) • Cooley library/atrium, 5th floor	• PFW 3rd and 4th floor café areas • 5th floor PFW Gyn Physician lounge (F.0540.44) • 9th floor L&D Physician Lounge/Work Room (F.0975.05), Door code 2026* • 9th floor L&D Physician Work Room (F0940.25)
Secure Storage space	Personal lockers in room adjacent to L&D work room (3F-13 #LD 63001); other service-specific team rooms provide secure storage space (keypad lock on doors) – Gyn near 3F; 3-LD 70 002; MFM 3C 51 006; Gyn Onc 3 SP 40 001	• 3rd floor BSL medical student workroom (Y346 - near Yellow elevators - CODE 1579*)	• 5th floor PFW Gyn Physician lounge (F.0540.44) • 9th floor L&D Physician Lounge/Work Room (F.0975.05), Door code 2026* • 9th floor L&D Physician Work Room (F0940.25) • Outpatient areas w/ physician work room (hall w/ badge access)

Temple Campus: Baylor Scott and White

Study Space	Secure Storage
General • Medical Library (3rd floor MEC) • Atrium Lobby • Cafeteria	**General** • Lockers in MEC
Obstetrics and Gynecology • Brakemier Conference Room (room 369) • L&D Checkout (room 301)	**Obstetrics and Gynecology** • L&D Checkout (room 301) • Resident Lounge (room 392)

Students are encouraged to contact the clerkship directors / coordinators with any concerns related to the availability of these spaces / resources during the rotation.

XII. Student Escorts within the TMC Campus

The Texas Medical Center Police Department is available 24/7 for those students who feel unsafe while crossing the TMC campus.

Safety Escorts: The purpose of this escort is to provide a measure of safety for those students that are uncomfortable, fearful, or uneasy about walking alone on campus. The Safety Escort is not intended to replace existing transportation services such as the Campus Shuttles, for inclement weather or to discourage individuals from walking in groups, but a safety option for those that have a genuine concern for their personal safety.

For a Safety Escort call 713-795-0000

XIII. Recommended Texts/Videos/Resources
• Join American College of Obstetricians and Gynecologists (ACOG) (www.acog.org)! Medical student memberships are free, and will give you access to practice bulletins, committee opinions, and UTD clinical practice guidelines. You can also put the membership on your CV.

• NBME Study resource: Association of Professors of Gynecology and Obstetrics website question bank "U Wise" along with other useful resources which can be accessed at https://www.apgo.org/student.html → use your BCM email to create an account.

- Case Files Obstetrics and Gynecology, Sixth Edition, Toy et al.

- Blueprints Obstetrics and Gynecology, 7th Revised Edition, Callahan and Caughey

- Hacker and Moore's Essential's of Obstetrics and Gynecology, 6th Edition

- Obstetrics and Gynecology, Beckman and Ling, 9th Edition

- A website with description of common Obstetrics and Gynecology procedures can be found at
  http://atlasofpelvicsurgery.com/home.html

- APGO OB/GYN Clerkship: Your Guide to Success
    - https://www.apgo.org/binary/ObGynClerkshipGuidetoSuccess.pdf

- APGO Medical Student Educational Objectives (Videos)
    - https://www.youtube.com/playlist?list=PLy35JKgvOASnHHXni4mjXX9kwVA_YMDpq

XIV.   PEAR award

Baylor College of Medicine

Professional Educator Appreciation and Recognition (PEAR) Awards

Tell us a story about a teacher that challenged you, expanded your knowledge, or imparted a significant lesson to you.

The PEAR awards were created as a student-led initiative to allow students to recognize educators. This can be done on any rotation. https://form.jotform.com/202256428683055

XV.   BCM Physical Examination Standards

Physical exam standards are created for educators to have a standard for the physical exam components that medical students should be instructed upon. These are standards to also help educators adequately observe students on physical exam skills (part of DO) (LCME 9.4)

https://bcm.box.com/s/txl1ko6pgxl5rx6zt25onwp7tbvmpc2q

XVI. Policies

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