Pediatric Clerkship
Course Overview Document (COD)

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."

Pediatric Clerkship COD Table Of Contents

I.   Clerkship Overview

This **6-week clerkship** (divided into 4 subrotations) is designed to help students obtain pediatric skills, knowledge, and professional behavior appropriate for a core clerkship student. We aim to make this clerkship fun while stimulating learning, problem solving, and critical thinking in many settings**. Students will work in inpatient and outpatient settings to gain exposure and experience in both routine well child care and the management of acute and chronic pediatric medical problems.** Students will also begin to appreciate the importance of longitudinal relationships and observe the dynamic process unique to the pediatric patient. This clerkship aims to help students feel more comfortable in dealing with pediatric patients regardless of their ultimate choice of medical specialty.

1. Outpatient (3 weeks)
   - Community Pediatrics (2 weeks)
   - Pediatric Emergency Medicine (PEM) (1 week)
2. Inpatient (3 weeks)
   - Pediatric Hospital Medicine (PHM) (2 weeks)
   - Newborn Medicine (1 week)

II.   Contact Information

Clerkship Office Contacts

Clerkship Coordinator	Pia Hughes	phughes@bcm.edu Office: 832-822-3667 Personal Cell: 832-368-4435	TCH West Tower 19th Floor B.1980.62 Houston, TX 77030
Clerkship Director	Sanghamitra Misra, MD, MEd	smisra@bcm.edu Office: 832-824-6805 Clinic Cell 832-470-1217 Personal cell 832-723-7680	TCH West Tower 19th Floor B.1980.27 Houston, TX 77030 8080 North Stadium Drive, Suite 250, Houston, TX 77054
Associate Clerkship Director	Gal Barak, MD, MEd	gal.barak@bcm.edu Office: 832-824-5447 Personal cell: 908-227-3072	TCH Feigin Center 18th Floor FC.1860 Houston, TX 77030
Clerkship Coordinator (Temple Campus)	Devona Williams	devona.williams@bcm.edu devona.williams@bswhealth.org Office: 254-935-5008 Cell: 254-499-1816	McLane Children's Clinic, 3rd Floor 1901 S.H.K. Dodgen Loop Temple, TX 76508
Associate Clerkship Director (Temple Campus)	Neelam Konnur, MD	neelam.konnur@bswhealth.org neelam.konnur@bcm.edu Office: 254-395-4843 Cell: 304-276-6781	McLane Children's Clinic, 3rd Floor 1901 S.H.K. Dodgen Loop Temple, TX 76508
Assistant Clerkship Director (Temple Campus)	Katrina Zecca, MD	katrina.zecca@bcm.edu katrina.baca@bswhealth.org Cell 254-718-7143 Office 254-831-2132	McLane Children's Clinic, 3rd Floor 1901 S.H.K. Dodgen Loop Temple, TX 76508

Subrotation/Site Contacts

Subrotation	Subrotation/Site Director	Administrative Contacts	Other Helpful Numbers
Community Pediatrics	Sanghamitra Misra, MD, MEd smisra@bcm.edu	Angelle Llave Angelle.llave@bcm.edu	See community clinic contact information listed in COD Addendum.
Newborn Medicine	Katherine Clegg, MD katherine.clegg2@bcm.edu	Hilda Valdez hilda.valdez@bcm.edu 713-873-3515	**Ben Taub:** Neo Office: 713-873-3515 Level 2 Intern: 713-873-9383 Newborn Chief: 713-873-9386 **PFW:** Neo Office: 832-826-1380
Pediatric Emergency Medicine (PEM)	Jeny Nirappil, MD jeny.nirappil@bcm.edu 862-262-9123	Felicia Smith fasmith@texaschildrens.org 6621 Fannin St. Abercrombie Bldg., Office A210 832-824-5399	**Main Campus** PEM fellow: 832-733-5033 PEM attending:832-733-5031 RTA attending: 832-733-5036 **West Campus** attending: 832-227-4701 **Woodlands Campus** attending: 832-733-7305
Pediatric Hospital Medicine (PHM)	Julian Swanson, MD julian.swanson@bcm.edu	Amy Truong amy.truong@bcm.edu 832-824-0844	**Main Campus** Yellow Attending: 832-733-5748 Yellow UL 1 - 30124 Blue Attending - 35479 Blue UL 1 – 30129 Green Attending - 35480 Green UL 1 - 30134 Red Attending - 35477 Red UL 1 - 30139 **West Campus** Hospitalist #3: 832-227-4803 WC Hospitalist #1: 7-4800 WC Inpatient Unit: 7-3300
CHRISTUS Children's San Antotnio, TX	Chris Case, MD christopher.case@bcm.edu	Brandi Pogue brandi.pogue@christushealth.org 333 N. Santa Rosa, Ste. F-5626 San Antonio, Texas 78207 210-704-4408	PHM Attending: 210-618-9575 Resident phone (24/7) 210-710-7761 Pediatric Clinic: 210-704-4966 Clinic Workroom A: 210-704-2228 Clinic Workroom B: 210-704-3312

III: BCM Study Spaces, Lounge/Relaxation Spaces, Lockers, and Storage Spaces

Please check our COD Addendum and in Blackboard for all site-specific information (listing with pictures).
There is ample study space, lounge/relaxation space, lockers, and storage spaces at all our peds clerkship sites.
Students should contact the clerkship director and/or coordinator with any concerns related to the availability of spaces / resources during the rotation. If you have feedback about access to work/study/lounge/ storage space at our clinical sites, please report with QR code.

IV: BCM Compact between Teachers, Learners, and Educational Staff

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

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

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

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

As a teacher, I pledge to:
- Maintain currency in my professional knowledge and skills
- Ensure excellence of the educational curriculum
- Be a Model of professionalism in all of my interactions with faculty, learners, patients, colleagues, and staff
- Respect all faculty, learners, patients, colleagues, and staff as individuals, without regard to gender, age, race, national origin, religion, or sexual orientation; and oppose observed disrespect or bias
- Nurture learner commitment to achieve personal, family, and professional balance.
- Recognize and acknowledge expressions of professional attitudes and behaviors as well as the achievement of quantifiable academic excellence
- Respond vigorously to unprofessional behavior and indications of abuse or exploitation of faculty, learners, patients, colleagues, or staff
- Create a safe environment in which individuals can communicate any concern about breaches of this compact
- Accept responsibility for instilling these attributes in learners and faculty for whom I have responsibility

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

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

V: BCM Core Competencies and Graduation Goals

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

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

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

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

5. Health Systems & Social Context of Care— Demonstrate awareness and responsiveness to the larger context and systems in which illness is experienced and care is delivered and utilize resources to provide optimal health care within these systems.
1. Apply quality improvement principles to improve the quality, efficiency, and cost- effectiveness of healthcare delivery.
2. Utilize individual and population-level patient data to provide care, coordinate referrals, and evaluate health outcomes.
3. Recognize cultural, community, societal, and system-level factors that contribute to differences in health outcomes and evaluate how these factors impact individual and population health
4. Demonstrate the ability to coordinate care and access resources across various healthcare systems

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

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

VI: Pediatric Clerkship Objectives Mapped to BCM CCGGs

School of Medicine CCGG	Related Pediatrics 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.	COD, Clerkship Orientation, Required 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 pediatric illnesses in individuals and populations effectively.	Required Clinical Experiences, Didactics, HAPPYs	NBME, HAPPYs
Patient Care (1.1-1,7)	Perform complete and/or focused histories and physical exams of children and adolescents in a variety of contexts and settings.	Required 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.	Required Clinical Experiences, Didactics	CSWFT (Q1-4), WBAs, Sim/SP
Interpersonal and Cross-Cultural Communication Skills (3.1, 3.2, 3.3, 3.4)	Demonstrate effective, respectful and compassionate communication skills (verbal, non-verbal and written) to effectively interact with patients, families and the medical team across diverse backgrounds.	Required 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	Required Clinical Experiences, Didactics, HAPPYs, 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.	Required Clinical Experiences	CSWFT (Q7), IPE assessments
Health Systems Science & Social Contexts of Care (5.1, 5.2, 5.3, 5.4)	Demonstrate understanding of healthcare policy as it pertains to pediatric and adolescent patients including key policies, gaps in policies, opportunities for advocacy and the ability to critically analyze and propose improvements. (Healthcare Policy and Economics and Quality Improvement) Identify how social and systemic factors influence health inequities and population health on a local, national and global level. (Health Care Structures and Processes, Population Health)	Required Clinical Experiences, Didactics, HAPPYs	HAPPYs, WBAs

VII: You Said, We Did:

We value student feedback. Students should discuss problems and provide suggestions for improvement throughout the clerkship. The following are examples of how we used student feedback to implement changes in the course:

Year	YOU SAID:	WE DID:
2023	No opportunity for students to give feedback and areas for improvement in open discussion during end of course feedback	Lengthened the end of course session to allow time for open discussion and feedback.
2023	The initial email with so many PDF's attached is very overwhelming.	We have moved those PDFs to Blackboard and provided a link to access the important files.
2023	Would have appreciated the lectures to be front loaded as I was learning things late in the rotation that would have been useful during the rotation.	We are starting a full day of didactics on the first day of the clerkship starting in October 2024.

VIII. Student Roles, Responsibilities, and Activities

SUMMARY OF STUDENT COURSE REQUIREMENTS				
Clerkship Requirement	**Who completes it?**	**How many needed?**	**When are they due?**	**Which platform do I log or launch it in?** **Additional Comments**
Course Overview Document (COD) attestation	**Student**	1	Week 1 (Wednesday at midnight)	Blackboard Homepage
Midterm Feedback (MTF) & Attestation	**Student**	1	Week 4 –See detailed instructions in MTF Section of COD	
WBA: **Direct Observation (DO)** of History and Physical Exam Skills	**Faculty only**	2	1 history DO with a faculty 1 PE DO with a faculty -Can be same encounter/attending -Cannot do history DO on newborn -Complete ≥1 DO by end of week 3	Qualtrics
WBA: **Assessment of Reasoning Tool (ART)**	**Faculty Fellows Residents Interns**	4	-Can be completed during any subrotation except newborn (rare exceptions to this rule) - Ideally, 1 completed each week during weeks 1-4	Qualtrics
WBA: **Written History and Physical (H&P) Assignment**	**Faculty only** **(Graded by clerkship leadership and ACTA faculty only)**	2	1 on PHM (due Saturday 11:59 pm at end of first week of PHM) 1 on Community Peds (due Saturday 11:59 pm at end of first week of Community) -Complete #1 and upload to Blackboard to be reviewed by MTF faculty in week 4 -Complete #2 and upload to Blackboard to be reviewed by ACTA faculty in week 5/6	Review H&P scoring/comments on Blackboard. Upload H&Ps in Blackboard. *NOTE: If you have phm/community as your first 2 rotations, if you want to revise your H&P #2 based on MTF feedback, you may upload a revised 2nd H&P version by the end of week 4.*
WBA: **Evidence Based Medicine (EBM)**	**Faculty Fellows Residents Interns**	2	-Can be completed during community peds, PHM, or newborn. ≥1 completed before MTF	Qualtrics Note: EBM presentation template is available on Blackboard
WBA: **Modifiable Risk Counseling (MRC)**	**Faculty Fellows Residents Interns**	2	-Can be completed during any subrotation ≥1 completed before MTF	Qualtrics
WBA: **Care Discussion (CD)**	**Faculty Fellows Residents Interns**	2	-Can be completed during any subrotation ≥1 completed before MTF	Qualtrics
CSWFT (Clerkship Student Workplace Feedback Tool)	**Faculty Fellows Residents Interns**	N/A	Launch to at least 1 Attending per week. Launch to as many residents as you would like.	Qualtrics NOTE: launch in Qualtrics, but review completed evaluations in EOS
Required Clinical Encounters/**Patient Encounter Tracking (PET)/**Case Logging	**Students log asap after completion**	13	DUE by week 6 Friday (must alert CD by week 6 Wednesday if incomplete)	Log in real-time in Leo. Within Leo-note if completed via standard or alternative method
NEJM Healer Cases (1) Carson Williams (2) Abigail Delgado (3) Nadine Bouty	**Students**	3	Ideally, complete 1 every 2 weeks	Log in real-time in Leo.

HAPPY Exercises	Students	5	Weeks 3,4,5 as scheduled (Group assignments made in Blackboard on clerkship day 1)	Students complete and submit in Blackboard (only 1 student from each group posts answers)
Required Asynchronous Didactics	**Students**	3	Child Abuse Health Disparities/Global Health in Peds Nephrology	All posted in Blackboard Attestation link (also in Blackboard)
Standardized Patient (**CPX**) examination	**Students**	N/A	Week 6 – Thursday morning	Simulation Learning Center informs of report time
NBME Exam	**Students**	N/A	Week 8 Friday-2 wks after end of course	Instructions sent from BCM
Evaluation of the Pediatrics course	**Students**	1	Friday of Week 6	Leo
Student evaluation of Educators (faculty, fellows, and residents)	**Students**	ALL	Evaluate all educators you worked with during the clerkship by launching separate evaluations	Leo -- you must launch these yourself
Duty Hours Log	**Students**	Form	Last day of clerkhip	Upload in Blackboard
Return clerkship **library materials**	**Students**	N/A	Week 8 Friday—2 weeks after end of course	Pia's office

- o **Clinical Care**
  - o Participate fully in care of your patients including follow up/assessments/results of diagnostic tests
  - o Be prepared to update your preceptor/attending when asked
- o **Didactics-** Attend all core clerkship lectures, workshops, rounds, lectures, and teaching conferences

- o **Absences**
  - o All absences must be <u>filed</u> by the student using this link here.
  - o Please see BCM absence policy link here.
  - o For a 6-week clerkship, the absence policy for **excused** absences is as follows:
    - o **1-3 days missed—no makeup time required**
    - o **4-6 days missed- remediation required**
    - o **More than 6 days- repeat the rotation**
  - o For planned absences, please inform the Clerkship Coordinator and Director before the start of the clerkship or as soon as possible once absence is planned.
  - o You must notify (1) the clerkship coordinator, (2) attending physician, and (3) supervising resident (if applicable) BEFORE your shift if you are going to be absent for any reason. Failure to do so results in an unexcused absence.
  - o Absences are excused for the following reasons:
    - ▪ Medical illness experienced by the student (physician note required after day 3)
      - ▪ GUIDANCE if you are at ANY TCH facility
        - ▪ If no covid symptoms, return to the clerkship when feeling well.
        - ▪ If you have any covid symptom per the CDC (listed below), you MUST be cleared by TCH before you can return to the clerkship. If this applies to you, you must call TCH employee health (832-824-2150. Option 4 twice). (Covid symptoms: Fever/chills, Cough, Shortness of breath or difficulty breathing, Fatigue, Muscle or body aches, Headache, New loss of taste or smell, Sore throat, Congestion or runny nose, Nausea or vomiting, Diarrhea)
      - ▪ GUIDANCE if you are at ANY Harris Health (HH) facility
        - ▪ If you do not have any covid symptoms, you may return to the clerkship as soon as you are feeling well.

- If you have ANY covid symptom per the CDC (listed above), you MUST be cleared by BCM before you can return to the clerkship. If this applies to you, you must call BCM Occupational Health (713–798–7880).
- If you are at a non-TCH, non-HH facility, please contact your course CD or ACD for clearance procedure.
- Personal crisis (e.g., death or illness of immediate family member)
- Childbirth (maternity and paternity BCM policy takes precedence)
- Presentation at professional meetings (up to 2 days with makeup at CD's discretion)
- Residency Interviews
- Other requests (e.g. social events) granted at CD discretion require makeup time

- **Dress Code**
  1. As BCM representatives, you are expected to always uphold a professional level of appearance
  2. Always keep your BCM ID/student badge in clear view
  3. **Attire for clinical duties (in-person)** are site specific and noted in the COD Addendum.
  4. For community pediatrics, confirm with your attending about their clinic's dress code BEFORE the first day. If unsure, wear dress clothes, dress shoes, and white coat on first day.
  5. **For virtual conferences/lectures, students should always turn on their cameras**

IX: Midterm feedback (MTF):
- BCM MTF Policy requires that a student receive feedback at the mid-point of a rotation to assess their progress towards completion of course requirements. Note that a student may meet the criteria for a failing grade at any time during the clerkship based on professionalism or clinical performance-before or after MTF.
- MTF includes review of WBAs, Clinical experiences, CSWFTs, written H&P's and feedback (to date), student goals/self-assessment, and plans for improvement and/or remediation.
- **Students must submit each of the following 24-48 hours before MTF meeting**:
  1. Email completed MTF worksheet to MTF faculty member in Microsoft Word format (worksheet in MTF calendar invite AND available in Blackboard under Orientation materials).
  2. **Clerkship Goals on MTF worksheet should:**
     - *Be SMART- Specific, Measurable, Achievable, Relevant, and Time-bound*
     - *Be related to professional development in skills/knowledge in pediatrics*
     - *NOT be related to personal health and wellness goals*
     - *NOT be lists of course requirements*
  3. H&P #1 uploaded in Blackboard (YOU MUST REVIEW H&P #1 at MTF)
  4. MTF form launched through Qualtrics to MTF faculty member
- After MTF, students must:
  1. Complete Qualtrics MTF attestation (you will receive an email from Qualtrics)
  2. Recommended: Review Written H&P score within Blackboard

X: Clinical Experiences (Patient Encounter Tracking -PET)
Students are required to log all of the requirements below in Leo in REAL-TIME.

Level of Student Responsibility:

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

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

The pediatric hospital medicine (PHM) and newborn medicine are inpatient subrotations.
Community peds and the peds emergency medicine (PEM) are ambulatory subrotations.

*If you are unable to complete ANY required clinical experience during the term, you must contact the CD who will assist you in completing a requirement or will assign the alternative experience for credit. You cannot opt for the alternative experience unless you have permission from CD.

Patient Type/ Clinical Condition/ Age of Patient	Procedure/ Skill	Clinical Setting(s)	Level of Student Responsi-bility	Minimum Required	*Alternative Experiences (Assignments/quizzes MUST be approved by and turned in to the Clerkship Director for credit)
Complete Newborn Exam (Newborn)	Complete Physical Exam	Inpatient (Newborn)	Perform	1	Contact CD
Nutrition Counseling (0-1 yrs.)	Counseling	Inpatient (Newborn)	Assist	1	Complete 1 Aquifer Case: Case #2: Infant Well Child Visits (2,6 and 9 month visits)
Respiratory Condition (0-18 yrs.)	Hx & PE	Inpatient	Perform	1	Complete 2 Aquifer Cases: Case #7- 2 hour old with respiratory distress Case #12- 10 month old with cough
Abdominal Pain (0-18 yrs.)	Hx & PE	Inpatient	Perform	1	Complete 2 Aquifer Cases: Case #27- 8 y/o with abdominal pain Case #22-16 y/o with abdominal pain
Rash (0-18 years)	Hx & PE	Inpatient	Perform	1	Watch Video: Viral Rashes in Children Take quiz & submit to CD: Prolonged Fever in an 11 month old Complete 1 Aquifer case: Aquifer case #32-5 y/o with rash
Heart murmur (0-18 yrs.)	Hx & PE	Inpatient or Ambulatory	Perform	1	Watch Video/podcast: Murmur Evaluation Watch Video/podcast: Tetrology of Fallot Take the following quizzes and submit to CD: 2-month old murmur 6-month old murmur
Ear Concern (0-18 yrs.)	Hx & PE	Ambulatory	Perform	1	Watch: Video: otoscopy Take quiz: Ear Pain
Well child visit with growth interpretation, immunization record review, Tanner staging, & HEADDS (10-18 yrs.)	Hx & PE	Ambulatory	Perform	1	Complete 1 Aquifer Case: Case #5: 16 y/o health maintenance visit Watch Video/podcast: normal puberty Take the following quiz and submit to CD: Possible Growth Delay Video/podcast: Childhood Immunizations 1 Video/podcast: Childhood Immunizations 2 Submit quiz to CD: Vaccine hesitancy
Well child visit with growth interpretation, immunization record review & development assessment (0-4 yrs.)	Hx & PE	Ambulatory	Perform	1	Complete Aquifer case #28: 18 month old male with developmental delay Video/podcast: Childhood Immunizations 1 Video/podcast: Childhood Immunizations 2 Video/podcast: Childhood Immunizations 3 **Submit quiz to CD: Vaccine hesitancy**
Injury prevention (0-18 yrs.)	Counseling	Ambulatory	Perform	1	Video/podcast: Injury Prevention Video/podcast: pediatric health supervision Assignment: oral case presentation with CD

Mental/ Behavioral Health Evaluation and Counseling (3-18 yrs.)	Evaluation/ Counseling	Ambulatory	Assist	1	Video/podcast: An approach to dealing w/ challenging behavior and mood changes in adolescents Video/podcast: Suicidal Ideation and Behavior
Obesity (2-18 yrs.)	Evaluation or Counseling	Ambulatory	Assist	1	Watch Video/podcast: obesity Watch Video/podcast: Type 2 diabetes Assignment: write a 1-page summary of the impact of obesity on a child's mental/physical health
SubQ/IM medication administration (0-18 yrs.)	Procedure	Ambulatory	Assist	1	Contact CD
NEJM Cases: (1) Carson Williams (2) Abigail Delgado (3) Nadine Bouty	Complete online cases	N/A		3	**N/A**

XI: Pediatric Clerkship Didactic Schedule

Orientation Day (First Monday of Clerkship) * **(All Students in person in Houston or Temple)**
10/21/24, 1/6/2025, 3/3/2025, 4/28/25

7:45-8:00 * *	Welcome/Sign in	Pia Hughes/Devona Williams (clerkship coordinator)
8:00-9:30	Orientation	Sanghamitra Misra, MD, MEd (clerkship director)
9:30-10:15	Coming up with Differential Diagnoses	Dr. Brian Rissmiller (Residency program director)
10:15-10:30	Break	
10:30-11:30	Immunizations Workshop	Julie Boom, MD (Academic general peds)
11:30-12:30	Cardiology	Shagun Sachdeva, MD; Tam Doan, MD, Katie Salciccioli, MD, Aura Sanchez, MD (Pediatric Cardiologists)
12:30-1:00	Lunch Break	
1:00-2:00	Growth and Development	Holly Harris, MD (Developmental peds)/Fellows
2:00-2:45	Adolescent Medicine /HEADS exam	Melanie Ramos, MD, Jelina Castillo, MD, Stefan Breitling, MD, Joseph Walker, MD (Adolescent medicine specialists)
2:45-3:45	Difficult Conversations in Pediatrics Workshop	Valeria Smith, MD/Netta Schneller, MD (Peds Heme-onc)

Lectures for Week 3 (Third Friday of Clerkship) (VIRTUAL FOR EVERYONE)
11/8/24, 1/24/25, 3/21/25, 5/16/25

8:00-8:45	PEM Case Scenarios	Asha Morrow, MD (Peds emergency medicine)
8:45-9:45	Infectious Diseases	Catherine Foster, MD, Ryan Rochat, MD
9:45-10:00	Break	
10:00-11:00	Respiratory Noises	Amee Patel, DO (Peds pulmonology)
11:00-12:00	Allergy & Immunology	Vibha Szafron, MD; Lenora Noroski, MD
12:00-1:00	Lunch Break	
1:00-1:45	Happy Exercise 1: Asthma	STAR Resident/CD/ACD
1:45-2:30	Happy Exercise 2: Pneumonia	STAR Resident/CD/ACD

HAPPY Exercise (Fourth Friday of the clerkship) (VIRTUAL FOR EVERYONE)
*11/15/24, 1/31/25, 3/28/25, 5/27/25 ****step away from clinical duties for this 1-hour virtual session*

12:00-1:00	Happy Exercise 3: Ethics	STAR Resident/CD/ACD

Lectures for Week 5 (Fifth Friday of Clerkship) (VIRTUAL FOR EVERYONE)
11/22/24, 2/7/25, 4/4/25, 5/30/25

8:00-9:00	Access to care in Pediatrics Workshop	Aditi Gupta, DO/Marina Masciale, MD
9:00-9:45	Endocrinology	Aikaterini Nella, MD (peds endocrinology)
9:45-10:00	Break	
10:00-10:30	End of clerkship check-in/CPX exam review	Sanghamitra Misra, MD, MEd (clerkship director)
10:30-11:30	Oncology	Timothy Porea, MD, MPH (peds heme-onc)
11:30-12:00	Lunch Break	

12:00-1:00	SHELF review	STAR Resident/CD/ACD
1:00-1:45	Happy Exercise 4: SDOH	STAR Resident/CD/ACD
1:45-2:30	Happy Exercise 5: Advocacy	STAR Resident/CD/ACD

Required Asynchronous Sessions (posted in Blackboard)

Health Disparities /Global Health in Peds Workshop	Lynda Aririguzo, MD, MPH/Michelle Lopez, MD
Nephrology	Shweta Shah, MD (peds nephrologist)
Child Abuse	Virtual curriculum module

Recommended Asynchronous Sessions (posted in Blackboard)

Neonatal counseling education session "Healthy Moms, Healthy Babies"	Created by former clerkship students
Pedscases.com cases on GI, fluids/electrolytes, rheumatology & ingestions.	Various activities

***NOTE that you may attend **Texas Children's Hospital Grand Rounds** in person or virtually on Friday mornings from 8:30-9:30 am during your Newborn, PEM, and PHM subrotations, if schedule allows.

XII: HAPPY Exercises

- Within your groups, you will work as a team to answer questions that help you understand pathophysiology of disease, health system sciences, and ethics in relation to pediatric patients.
- **You will be assigned to groups on Blackboard on day 1 of the term.**
- Each student will have a different "role" for each HAPPY exercise. One person may need to cover more than one role.
    - o Scribe – downloads, scribes, and uploads assignment
    - o Moderator – leads the discussion and keeps the group on task
    - o Timekeeper – ensures group remains efficient and completes all prompts in the allotted time
    - o Patient data reviewer – reviews the chart for the patient selected for the exercise
    - o Framework reviewer – shares and dissects the provided figure (conceptual framework) for the group
    - o Resource reviewer – accesses resources (literature, third party resources) to help guide the discussion
- **For all the HAPPY exercises, before the sessions**, one person must document actual patient information with H&P and A/P to present during the session. That person will be the "Patient Data Reviewer."
    - o **Asthma**: Choose a patient that has a likely diagnosis of asthma.
    - o **Pneumonia**: Choose a patient that has a likely diagnosis of pneumonia.
    - o **Health Inequity/SDOH**: Choose a patient where you noticed a health inequity that impacted your patient's care.
    - o **Ethics/Patient Confidentiality**: Choose an adolescent patient who presented with an issue they wanted to keep confidential from their parents.
    - o **Advocacy/Policy**: Choose a patient who was due for/behind on immunizations AND you discussed the importance of immunizations with their parent/caregiver.
- One student will submit the HAPPY exercise for the group in Blackboard.
- The team will receive feedback and a grade through Blackboard.

XIII: Grade Components and Passing Thresholds

Grade	Description
Pass (P*)	Meets minimum passing threshold on all grading subcomponents.
Incomplete (I)	A grade of "Incomplete" is considered a temporary grade. With permission of the instructor, a grade of Incomplete should be recorded for a student who has not completed a required component of the course by the course end date. A designation of Incomplete should not be used as a placeholder

	grade when the student's performance in the course has been unsatisfactory, and remediation is required.
Deferred (D)	A grade of "Deferred" is considered a temporary grade. With permission of the instructor, a "Deferred" grade is given when a student has not successfully met requirements at the end of a course or clerkships and has not yet remediated.

Fail (F*)	Earning a failure in the clerkship by any of the following manners will require the student to repeat the course in its entirety:
	
	1. Lapses or issues with professionalism alone, after confirmation by due process, independent of performance on any grading subcomponent.
	2. Not meeting minimum passing threshold in 2 or more of the following subcomponents on the first attempt (NBME, CSWFT, or Standardized Patient (SP) exam).
	3. Not meeting passing threshold on any one (1) grading subcomponent:
	    a) 1st attempt: inability to meet the minimum passing threshold will result in a **Deferred** grade as described above to be submitted and the student is required to retake and successfully pass the subcomponent.
	    b) 2nd attempt: inability to meet the minimum passing threshold will require the student to repeat the course in its entirety. An F* will appear on the transcript.
	    c) 3rd attempt: Upon repeat of the course, students who do not meet the minimum passing threshold on any subcomponent on the overall third attempt will fail the course for a second time and be referred to the student promotions committee for adjudication.

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

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

Grading Rubric:

Grading Components	Subcomponents	Threshold for Passing
Assessments	National Board of Medical Examiners (NBME) Subject Exam	$\geq 5^{th}$ percentile nationally
	Standardized Patient (SP) exam	$\geq 70\%$
	Workplace Based Assessments (WBAs)	Must receive $\geq 50\%$ of ratings at "Level 2" or higher on the final item for each WBA
	Clerkship Student Workplace Feedback Tool (CSWFT)	Must receive $\geq 50\%$ of ratings at "Level 3" or higher on each item
	High-yield Application of Principles to Patients of Yours (HAPPY) Exercises	Must meet passing criteria for each exercise (score of 5 or higher)
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. 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 reported 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 reported concerns in professional interactions with peers, patients, staff, and educators (outside of the clinical assessment form)

- Severe cases of professionalism concerns will be considered separately 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.

IX: NBME Exam
- Administration of the NBME exams will follow guidelines described by the NBME.
- NBME exams that are required and contribute towards a course or clerkship grade will follow the accommodations procedure provided by Student Disability Support Services.
- In the event of a late start, learners are expected to be available until 6 PM on in-person assessment days.
- NBME Testing Irregularities –
    - All testing rooms should be reserved until 6 PM on testing day to accommodate learners.
    - Technical difficulties will be addressed through instructions in the NBME Chief Proctor's Manual.

- If an exam cannot be immediately restarted, the Testing Administrator will contact the NBME and attempt to restart the exam within 30 minutes.
- If unsuccessful, the chief proctor, in conjunction with other appropriate parties, will make the decision whether or not to exit the exam with specific keystrokes, found in the proctor's manual in each testing room, to keep the first exam from being scored.
- If 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.

NBME Examination Failure Guidance: Students who are required to remediate the NBME examination should contact Shaun Roberson (Gician.Roberson@bcm.edu) and Phoung Huynh at Phoung.Huynh@bcm.edu to arrange a retake of the NBME. Students are required to sit for the remedial NBME or SP examinations within 6 months of original test date.

TIPS for Studying for the NBME Shelf EXAM
1. Build your knowledge base
    a. Watch the 8 hours of peds OnlineMedEd videos
    b. Review Emma Holiday PPT
    c. Read BRS only for targeted sections of personal weakness (we have copies)
    d. Listen to Divine Interventions podcasts
    e. Complete the Aquifer cases (BCM students have free access)
    f. Question banks
        i. Complete all the UWorld questions by the end of the clerkship or at least 2 weeks before the exam
        ii. AMBOSS (not compulsory but some students benefit from the questions)
2. Take really thorough notes (flashcards are fine if that is how you like to study) during studying time (missed questions from question banks, etc.) and spend the last week before the exam reviewing notes

XV. Standardized Patient (SP) Exam

Instructions for Standardized Patient (SP) Exam
Students are required to complete a standardized patient encounter (SP exam) at the end of the rotation. The SP exam is scheduled and administered by the BCM Simulation Learning Center. **This exam will be conducted in person**. Students must arrive 30 minutes before the examination; late arrival or failure to show up for the examination may require students to reschedule the examination (including the associated costs) and/or a reduction in your overall letter grade for the clerkship. **Students are excused from clinical duties the day of the CPX exam.**

- SP examination failure is earned by 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. *Unauthorized absences will result in a grade of Fail for the examination.*
- 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 and the final clerkship grade can be no higher than a Pass.
- 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 smart watches are not permitted). *Failure to hear a chime or verbal reminder regarding time remaining will not invalidate an examination.*

Exam Components	Description	Time Allotted
Patient Info Door Note	You will have two minutes to review the patient's presenting information (including vital signs).	2 minutes

History	You will obtain a focused history from the parent. There will be no physical exam of a child during this exam. You will be given a verbal announcement when 2 minutes remain.	**10 minutes**
Post Encounter Note (PEN)	You will exit the room and complete your PEN. No time remaining notification will be given.	**15 minutes**
Counseling Session	You will counsel the parent on your findings and plan, with the bulk of your time informing the parent of the most likely diagnosis but touch on the differential. You will be given a verbal announcement when 2 minutes remain.	**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 (POM Course).
- More information is available on the Blackboard site for the Simulation Learning Center > Physical Exam Standards and Communication Skills Guide.

How to prepare:
- Participation in the clerkship (including patient history / physical examination and write-ups) should help prepare students for this examination. Additionally, students may review the COMSEP PDPhysical video (on Blackboard).
- Please review materials from Simulation Learning Center link on Blackboard to prepare.

SP 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 with any questions regarding the SP examination for this clerkship.

Following the SP examination, requests for SP examination review (without rescoring) can be made at any time. See SIM Blackboard policy for more details.

Requests for SP examination regrade (i.e. rescoring) must be made within 10 calendar days of receiving the score report, and can result in a grade increase or decrease depending on the re-evaluation. See STUDENT REGRADE PROCESS on SIM Blackboard page 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 prior to release of the score report. Students who are required to remediate the SP examination should contact their Clerkship Director and Student Affairs to initiate the retake of the SP examination. A meeting with the Clerkship Director is also required prior to an examination retake. See SP EXAM FAILURE PROCESS policy for more details. Students are required to sit for the remedial SP examination within six months of the original test date. Visit the SIM Core Blackboard page to review all policies and procedures.

STANDARDIZED PATIENT EXAM CUT SCORES

	Hx (30% of grade)	**PE**	**MP** (Management/Plan) (30% of grade)	**COMM** (30% of grade)	**PEN** (10% of grade)	**Overall**
PEDS	71%		93%	80%	50%	70%

STANDARDIZED PATIENT EXAM REMEDIATION & RETAKES
SP examination failure is earned by failure of overall SP exam score.

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 exam as per SP Exam Failure Process on Blackboard

XVI: Workplace Based Assessments (WBAs)
Students are required to log all WBAs in Qualtrics.

TIPS FOR WBA SUCCESS:
- o Ask to be assessed on a given WBA prior to the actual clinical encounter
- o Receive verbal feedback in real-time and populate the WBA form with the educator's feedback
- o Launch the WBA in Qualtrics after verbal feedback is received. WBA should be launched on the SAME day as the actual clinical encounter
- o Make sure the educator received your WBA link
- o Aim to complete 2-3 WBA's per week for a total of 13 over the 6 week course
- o Review your ACTA schedule to anticipate which WBAs you could complete during those sessions

Direct Observations (DOs):
In accordance with the BCM Direct Observation policy, all students must complete the following:
- o **Minimum of 2 total DOs including:**
    1. **1 history DO from 1 Faculty Attending (from any subrotation except newborn)**
    2. **1 physical exam DO from 1 Faculty Attending (from any subrotation)**
    3. **The DOs can be from the same Faculty Attending and from the same subrotation**
- o Residents, fellows, and advanced practice providers (APPs) like nurse practitioners and physician assistants cannot complete a DO for the minimum requirement.
- o **TIPS for DO SUCCESS:**
    1. DO's are focused (e.g. atopy history or focused lung exam on an asthmatic patient).
    2. Make a plan with your attending early in the week to help set aside time for the DO
- o DOs should facilitate the feedback and coaching process to help you improve your clinical performance and prepare you for SP Exams.

Written History & Physical (H&P) Assignment:
- o **Minimum of 2 total Written H&P WBAs**
- o One must be on PHM and one must be on Community Peds
- o Students must submit 2 written H&P assignments. These assignments should be submitted on Blackboard by the following deadlines:
    - o One H&P is due Saturday 11:59 PM at the end of the first week of PHM
    - o One H&P is due Saturday 11:59 PM at the end of the first week of Community
- o You will review the written H&P with a faculty member (Assignment #1 with MTF faculty, Assignment #2 with ACTA faculty) to receive verbal feedback. Then, your faculty will grade your written H&P in Blackboard
- o See Blackboard Folder which includes:
    - o H&P and Instructions
    - o Written H&P Rubric
    - o Searching on the Go resource
- o TIPS FOR WRITTEN H&P SUCCESS:
    - o Written H&P should be completed on clinical encounters where you collect a complete yet focused history and exam about an acute problem (ie admission to the hospital, sick visit in clinic, etc.)
    - o Review the grading rubric posted in Blackboard
    - o **Be mindful of confidentiality (eliminate patient identifiers) and integrity (do not copy/paste from a resident note)**

- o Always include a thorough differential diagnosis with rationalization (even if straightforward case)
- o Review the H&P assignment with your faculty for feedback specific to your skills
- o Upload the H&P to Blackboard by the deadline noted above
- o **NOTE**: If you have phm/community as your first 2 rotations, if you want to revise your H&P #2 based on MTF H&P #1 feedback, you may upload a revised 2nd H&P version by the end of week 4.

Evidence Based Medicine (EBM):
- o **Minimum of 2 total EBM WBAs**
- o **Can be completed by faculty, fellows, residents, or interns**
- o TIPS for EBM SUCCESS:
  1. Identify a clinical question about any of your patients
  2. Complete the EBM PowerPoint slide template available in Blackboard and have it ready to present to your educator
  3. Present the content of the EBM PowerPoint slide to obtain feedback specific to your EBM skills
- o **Can be completed on PHM and community subrotations**

Assessment of Reasoning Tools (ARTs):
- o **Minimum of 4 total ARTs**
- o **Can be completed by faculty, fellows, residents, or interns**
- o **TIPS for ART SUCCESS:**
  1. ART should be done on a full presentation in which you present a hypothesis driven history/exam, full assessment and prioritized differential, and complete plan
  2. Let your educator know prior to your presentation so they may review the ART components to guide their feedback and evaluation
- o **ARTs can be completed on PHM, PEM, and Community Pediatrics (not Newborn unless educator feels it is appropriate for a specific clinical scenario)**

Modifiable Risk Counseling (MRC):
- o **Minimum of 2 total MRC WBAs**
- o **Can be completed by faculty, fellows, residents, or interns**
- o TIPS for MRC SUCCESS:
  - o MRC should be done in clinical encounters where you address modifiable health risks with a patient/family (including diet/exercise, medication adherence, safe sleep, etc)
  - o You do not need to perform the H&P to conduct the risk counseling portion
- o MRCs should facilitate the feedback and coaching process to help your improve your communication skills and prepare you for the SP Exams.
- o **Can be completed on any subrotation**

Care Discussion (CD):
- o **Minimum of 2 total CD WBAs**
- o **Can be completed by faculty, fellows, residents, or interns**
- o TIPS for CD SUCCESS:
  - o CD should be done in clinical encounters where you share information with a patient/family regarding their care so far and discuss next steps for treatment/diagnosis
  - o Focus on using clear and family centered language
- o CDs should facilitate the feedback and coaching process to help you improve your communication skills and prepare you for the SP Exams.
- o **Can be completed on any subrotation**

ACTA:

The Academy of Clinical Teaching and Assessment (ACTA) is a program that matches clerkship students with teaching faculty to work on core clinical skills. The primary purpose is to have faculty use direct observation in order to help students get better through useful verbal and written feedback. Think of ACTA faculty are like Teaching Assistants in Organic Chemistry who help focus in on specific lab skills with your primary team attending as the lead Professor. These sessions provide you opportunities to practice skills such as taking a history, obtaining a physical, or giving a presentation with the ACTA faculty member and then to bring back your new skills to your primary team. ACTA sessions are a great opportunity for you to complete as many of your required WBAs as possible. The ACTA Faculty can help strategize with you on how to get your remaining assessments done before the end of the clerkship. Please be sure to attend all assigned ACTA sessions and respond when ACTA faculty reach out. For any questions or concerns regarding ACTA, you can reach out to the ACTA administrator Mya Thomas or the ACTA Director Dr. Jonathan Lim.

- o You MUST attend all scheduled sessions with ACTA faculty.
- o Students will be emailed about ACTA sessions directly by the ACTA faculty member in Houston and by Devona Williams in Temple.
- o If you have questions about your ACTA schedule, you can contact Ms. Mya Thomas (carmen.thomas@bcm.edu) in Houston and Ms. Devona Williams in Temple.
- o These are dedicated 1:1 opportunities to work with a clinician educator to focus on skills such as history taking, physical exam, verbal presentations, and counseling patients.
- o These sessions will also give you the opportunity to complete WBA's corresponding to these skills.
- o To help plan your WBA distribution, please note:
    - o DO H&Ps and ARTs can often be completed by ACTA faculty.
    - o MRC and CD *may* occasionally be completed, if appropriate for the clinical setting.
    - o Your second graded H&P will be graded by ACTA in a specially planned virtual session (in week 5 or 6).
    - o EBM can be done with ACTA faculty if you are unable to meet the requirement with your clinical faculty. If this applies to you, please come prepared to present your EBM slide at your virtual ACTA session.
- o ALL WBAs must be launched the ACTA faculty the SAME day as the ACTA session

Remember to complete YOUR evaluations ABOUT your faculty, fellow, and resident educators in LEO.

XVII. Clinical Evaluations (CSWFT)
- o **Students launch all clinical evaluations (CSWFT) to educators in Qualtrics**
- o Students are required to launch at least 1 CSWFT to an attending each week
    1. Exception is if you work with the same attending for 2 weeks, only launch 1 CSWFT to them **at the end**—this may happen on community pediatrics.
    2. If a faculty member feels that they do not have enough information to complete an evaluation, they will suspend the evaluation or complete only the portions observed.
- o **Students launch to as many BCM residents (PGY1 and above) as they would like.**
- o **Advanced practice providers (APPs) cannot complete clinical evaluations.**
- o All evaluations must be launched by the last Friday of the clerkship.
- o Evaluations completed by faculty ≥ 2 weeks after end of course will not be considered for grading

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?

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	had to do it	helped a lot	helped a little	needed to be there but did not help	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. |

XVIII. Recommended Educational Resources

Students are encouraged to access evidence-based information from the following suggested textbooks, journals, and online resources. Students may check out books from our library located in the Clerkship Office.

Before the clerkship:
- Listen to Onthewards podcast: Assessing and treating pediatric patients (May 24, 2017 episode)
- Read: 12 Tips for Students to Succeed on Wards. Medical Teacher, October 2017
- Review "Taking a pediatric history" –posted in Blackboard with orientation materials
- Review resources on physical exam skills –posted in Blackboard with orientation materials

Online resources
- www.uptodate.com
- Texas Children's Hospital – Clinical Guidelines (access available via TCH intranet/home page)
- AAP Policies/Guidelines Updates
- PedsCases.com
- AAP Adolescent medicine overview –use TMC library access
- Aquifer online cases (free for BCM students)

Podcasts
- EM Clerkship
- PedsCases.com
- On the Wards

Practice questions/case scenarios
- http://www.pedscases.com/

GENERATIVE AI CLERKSHIP GUIDELINES:

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

Educational integration in the core clerkships
Generative AI <u>may</u> be incorporated as a supplementary learning tool to support existing curriculum and pedagogical strategies. Examples of acceptable use of AI tools include refining illness scripts during pre-rounding, broadening a differential diagnosis prior to presenting a patient, and stimulating discussion during didactic exercises. Use of AI tools should be properly cited (e.g., if you used AI to help you create your differential, state that when you present to your attending/resident).

Prohibited use of AI tools in the core clerkships
Submitting work contributed to by an AI tool for a course requirement or for a grade is prohibited unless specifically permitted in the Course Overview Document (COD). Using AI for medical documentation in the EHR is strictly prohibited unless otherwise specified in the COD. Protected health information should never be inputted into AI tools. Any prohibited use of AI is grounds for an Honor Council investigation. Specific examples of prohibited use of AI tools include using AI on written work specifically designed to assess a student's clinical reasoning or knowledge (e.g. H&Ps in the Electronic Health Record, written H&P on the Pediatrics clerkship or reflection assignment for a failed Standardized Patient case on the Family and Community Medicine clerkship). Protected health information and identifiable patient information (e.g., patient name, date of birth, pictures of the patient, medical record numbers, etc.) should never be used with AI tools.
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XIX. BCM Policies and Procedures

(edited 12.3.23)

Policies affecting Baylor College of Medicine students in undergraduate medical education may be found on the following BCM intranet sites:
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Policies&area=28
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Policies&area=23
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Policies&area=26
Additional information may be found in the student handbook: https://www.bcm.edu/education/schools/medical-school/md-program/student-handbook
Brief descriptions of relevant policies and procedures are provided below; however, please refer to the full policies and procedures for additional information.

Academic Workload in the Foundational Sciences Curriculum (Policy 28.1.09):
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.09
This policy establishes procedures to balance the academic workload, which includes scheduled foundational curriculum responsibilities, classroom learning in multiple formats, independent learning, and time for attention to personal health and well-being. Scheduled learning activities are limited to a maximum of 25 hours per week averaged out over the term.

Accommodations for Learners and Program Applicants with Disabilities (23.1.07):
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.1.07
Baylor College of Medicine (BCM) is committed to providing equal educational access for qualified students with disabilities in accordance with state and federal laws including the Americans with Disabilities Act of 1990, as amended in 2008, and Section 504 of the Rehabilitation Act of 1973.
To effectuate equal access for students with disabilities, this policy formalizes BCM criteria for requesting reasonable accommodations, defines parameters for consideration of such requests, and outlines procedures for appeal.

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

Academic Workload in the Foundational Sciences Curriculum (Policy 28.1.09):
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.09
This policy establishes procedures to balance the academic workload, which includes scheduled foundational curriculum responsibilities, classroom learning in multiple formats, independent learning, and time for attention to personal health and well-being. Scheduled learning activities are limited to a maximum of 25 hours per week averaged out over the term.

Alternative Instructional Site Request Procedure (Policy 28.1.10):
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.10
Clinical course directors are responsible for assigning medical students to Educational Sites during clinical rotations, and for approving or denying each student request for an alternative Educational Site assignment based on the rationale and circumstances.

Artificial Intelligence Guidance for Educators and Learners:
Artificial intelligence (AI) refers to a suite of computational methods—e.g., machine learning (ML), natural language processing and generative AI tools such as Chat Generative Pre-trained Transformers (ChatGPT) and robotics—that can perform complex analytical tasks normally requiring human intelligence. AI creates clear opportunities to support future students in undergraduate medical education and beyond but also raises acute ethical issues for professional integrity and academic honesty.
In line with the college's mission of innovation and professional integrity, Baylor students will be expected to understand when and how to use AI/machine learning-based tools in clinically effective and ethically responsible ways.
The following guidance is meant to help students and instructors reflect on when, how, and for what purposes AI may be used to support undergraduate medical education. This guidance is subject to change as AI technologies evolve.

Please refer to your individual Blackboard course site under SOM policies and procedures, SOM guiding principles.
https://bcm.blackboard.com/ultra/institution-page

Attendance / Participation and Absences:
https://www.bcm.edu/education/schools/medical-school/md-program/student-handbook/academic-program/attendance-and-absences
See other sections of the Course Overview Document regarding course-specific attendance / participation and absence criteria.

Clinical Supervision of Medical Students (Policy 28.1.08):
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.08
The policy ensures that the level of responsibility delegated to a medical student is commensurate with their level of training, and that activities supervised by health professionals are within their scope of practice.
The level of responsibility delegated to a medical student by a supervising health professional must be appropriate to the medical student's level of training, competence, and demonstrated ability.
Students should only perform clinical tasks for which they have received adequate training.
Students must inform the supervising health professional or clinical course director of concerns about levels of supervision.

Code of Conduct:
https://media.bcm.edu/documents/2015/94/bcm-code-of-conduct-final-june-2015.pdf
The BCM Code of Conduct is our comprehensive framework for ethical and professional standards.
It is designed to ensure that all members of the BCM community understand the expectations to conduct ourselves in an ethical and professional manner while complying with all laws, regulations, rules and policies to the fullest degree.

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

Guiding Principles of the Educational Compact
Duty: All participants in the education mission have a duty to sustain a learning environment conducive to maintaining the knowledge, attitudes, and skills necessary for providing contemporary standards of professional behavior.
Integrity: All education participants/parties will behave in a manner that reflects individual and institutional commitment to intellectual and moral excellence.
Respect: Fundamental to the ethic of professions is respect for every individual. Mutual respect between learners, as newer members of the profession, and their teachers, as experienced professionals, is essential for nurturing that ethic. In addition to individual respect, all educational parties must respect and follow established professional policies.
Course Repeat Policy: https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.1.09

Criminal Allegations, Arrests and Convictions Policy (28.1.13):
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.13
All BCM students currently enrolled in any SOM program must report all criminal allegations and other legal actions to the Sr. Associate Dean of Student Affairs within 5 calendar days of such event.

Direct Observation Policy (Policy 28.1.03):
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.03
BCM physician faculty participating in core clerkships must conduct direct observations of medical students during clinical encounters with patients for the purpose of performing student assessments and providing feedback.
Students are encouraged to solicit additional feedback on direct observations from residents and fellows (beyond the requirements for direct observation by physician faculty).
For clinical courses, please refer to other sections of the Course Overview Document for course-specific instructions related to direct observation requirements and logging.

Duty Hours Policy (Policy 28.1.04):
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.04
This policy outlines the procedures regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities during clerkships.
Compliance of this policy is mandatory for all BCM faculty members who teach, facilitate, and / or precept medical students in the clinical setting.
Duty hours, including all in-house call activities, must be limited to an average of 80 hours per week over a four-week period. Duty periods may be scheduled to a maximum of 24 hours of continuous duty in the hospital. An additional four hours may be spent to ensure appropriate, effective and safe transition of care. Minimum time off between scheduled duties is 10 hours. Students must also receive a minimum of either 24 hours off per seven-day work period, or four days off per 28-day work period.
Please contact the course director immediately with any concerns related to duty hours violations or other scheduling questions.

Educator Conflicts of Interest Policy (Policy 23.2.04)
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.2.04
This policy establishes and describes the specific types of educator conflicts of interest and how they are avoided.
This policy is designed to keep the learning environment free from real or perceived personal, financial, or other biases that could arise from participating in the assessment, interview, or promotion of any current or prospective student with whom the educator has an existing personal relationship or significant connection.
This policy outlines how educators must avoid providing healthcare services to any learner that the educator must also teach, assess, or advise as a part of a BCM educational program.
Learners are expected to report an actual or perceived conflict of interest that may impact the teacher-learner paradigm. Reports should be directed as follows:
1) Clerkships: report to the clerkship director
2) Courses: report to the course director
3) Other Issues: Sr. Associate Dean of Student Affairs or designee

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

Examinations Guidelines:
https://www.bcm.edu/education/school-of-medicine/m-d-program/student-handbook/m-d-program-curriculum/examinations
Grade Submission Policy (28.1.01): https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.01
BCM course directors in the School of Medicine shall submit final grades to the Office of the Registrar within four weeks of the end of a course.

Grading Guidelines:
 https://media.bcm.edu/documents/2016/d9/grading-policy-final-7-14-16.pdf.
Grading rubrics and graded components are determined by the individual course and course directors.
See other section(s) of the course overview document for course-specific grading information.
Grade Verification and Grade Appeal Guidelines: https://www.bcm.edu/education/academic-resources/student-trainee-services/appeals-grievances/grade-verification *See also Student Appeals and Grievances Policy (23.1.08).*

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

Grade Appeal Application
Consistent with relevant provisions of school handbooks, students may pursue grade appeals under only the following circumstances:
1.*Mistreatment*. To prevail on this basis, the grade appeal must allege, and investigatory findings must demonstrate, that the grade was awarded based on factors other than academic or clinical performance, as outlined in the syllabus, or based on mistreatment, such as discrimination.
2.*Deviation* from Established Criteria or Guidelines. To prevail on this basis, the grade appeal must allege, and investigatory findings must demonstrate, that the grade awarded was not calculated according to prior established guidelines set forth by the faculty and distributed to students.
3.*Calculation Error*. To prevail on this basis, the grade appeal must allege, and investigatory findings must demonstrate, that the grade awarded was calculated using false or erroneous information.

Learner Mistreatment Policy (23.2.02):
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.2.02
In accordance with relevant BCM accreditation standards, BCM promotes a culture of respect between teacher and learner and works to ensure that the learning environment is free from conduct by faculty, staff, supervising residents, or others that could be reasonably interpreted by Learners as Mistreatment or other misconduct prohibited by BCM policies.
Mistreatment refers to behavior that demonstrates disrespect for a Learner and that creates a condition, circumstance, or environment that unreasonably interferes with the learning process.

Options for Reporting Learner Mistreatment:
Informal Reporting Mechanisms:
a. Office of the Ombuds https://www.bcm.edu/about-us/ombuds
b. Any school official (learner's choice)

Formal Reporting Mechanisms:

a. Course evaluation

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

Leave of Absence Policy (23.1.12):

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

The purposes of this policy are to:

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

Medical Student Access to Health Care Service Policy (28.1.17)

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

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

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

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

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

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

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

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

See also:

Blood Borne Pathogens (Standard Precautions Policy 26.3.06):

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

Vaccine-Preventable Diseases Policy (18.1.04)

https://intranet.bcm.edu/policies/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=18.1.04

Infection Control and Prevention Plan (26.3.19)

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&policy_number=26.3.19

Mandatory Respirator Fit Testing Procedure (28.2.01):

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

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

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

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

Foundational Sciences:

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

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

Clinical Courses

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

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

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

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

Narrative Assessment Policy (Policy 28.1.11):
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.11
This policy outlines how the School of Medicine Deans and Course / Clerkship Directors work to ensure that when teacher-student interaction permits, a narrative assessment of a student's performance, including their non-cognitive achievement is provided.
This assessment is in the form of narrative descriptions of medical student performance, including references to non-cognitive achievement, as a component of the overall assessment in the respective course and/or clerkship.
Notice of Nondiscrimination:
https://www.bcm.edu/about-us/diversity-equity-and-inclusion/policies/notice-of-nondiscrimination

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

Policy Regarding Harassment, Discrimination and Retaliation (02.2.25):
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=02.2.25

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

Respectful & Professional Learning Environment Policy: Standards for Student Conduct and College Oversight (Policy 23.2.01):
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.2.01
The Baylor College of Medicine (BCM) is committed to the values of integrity, respect, teamwork, innovation, and excellence, and requires all BCM learners to practice these values consistently during the completion of requirements for educational progression and performance of scholarly and professional duties.
Creating and sustaining an environment reflective of BCM values is the responsibility of every individual at BCM.
This policy outlines the expectations of academic honesty and integrity; professionalism issues relating to alcohol and substance abuse; expectations for proper management of social media and internet use along with use of BCM resources; options for reporting lapses in professionalism against learners.

Reporting Breaches in Professional Behavior:
Learners may report alleged violations of this policy through the Integrity Hotline either by calling the toll-free Hotline number (855-764-7292) or by accessing the Integrity Hotline website (www.bcm.ethicspoint.com).
Sexual Misconduct and Other Prohibited Conduct Policy (02.2.26):
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=02.2.26
See also relevant sections of the BCM website: https://www.bcm.edu/education/academic-faculty-affairs/academic-policies/title-ix-and-gender-discrimination/education/sexual-harassment
Sexual harassment is unwelcomed verbal or physical conduct of a sexual nature that is sufficiently severe, pervasive or persistent that it interferes with, denies or limits a person's ability to participate in or benefit from the college's academic environment, educational programs and/or activities, and is based on power differentials or quid pro quo, results in the creation of a hostile environment, or retaliation.
Examples of sexual harassment include but are not limited to: an attempt to coerce an unwilling person into a sexual relationship or experience; repeated subjection to egregious, unwelcomed sexual attention; punishment in response to a refusal to comply with a sexual request; a conditioned benefit in response to submission to sexual advances or requests; acts of sexual violence; domestic violence; dating violence; stalking.

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

Social Media Policy (02.5.38):
https://intranet.bcm.edu/policies/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=11.2.15
Use good ethical judgment when posting and follow all College policies and all applicable laws/regulations such as, but not limited to, the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA). Physicians and those who interact with patients should follow the guidelines promulgated by the American Medical Association. Do not post anything that would do harm to the college, its personnel, patients, or any patients treated by college faculty, staff or learners at any of the college affiliated hospital partners.

Student Appeals and Grievances Policy (23.1.08):
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.1.08
When possible, students are encouraged to seek resolution of informal grievances through direct communication with the individual involved. This may be facilitated by the BCM Ombudsman.
Formal Grievances are reported through the Integrity Hotline: (855) 764-7292 or
https://secure.ethicspoint.com/domain/media/en/gui/35125/index.html
Grade Appeal Procedure: Students must file an appeal through the Integrity Hotline within 10 calendar days of the grade's posting in the student portal.
Adverse Academic Action Appeal Procedure: A student must appeal an adverse academic action in writing through the Integrity Hotline within 10 calendar days of the issuance of the notice of action by the Student Promotions Committee or program director.
Student Handbook:
Student Handbook (bcm.edu)

Student Progression and Adverse Action Policy (Policy 28.1.05):
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.05
This policy explains the disciplinary role of the MD Committee on Student Promotion and Academic Achievement. The policy defines "Adverse Action" and details student's rights specific to each type of action.

Technical Standards Policy (28.1.16):
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.16
Statement of Student Rights: https://www.bcm.edu/education/academic-faculty-affairs/academic-policies/statement-student-rights
Understanding the curriculum (CCGG's; EPA's; PCRS):
What are **Core Competency Graduation Goal (CCGG's)?** The CCGG's are the program objectives for BCM School of Medicine, i.e. what every student should be able to know or do by graduation. All curricular objectives flow from and are mapped to the CCGG's.
https://www.bcm.edu/education/schools/medical-school/md-program/student-handbook/academic-program/requirements-for-degree-doctor-of-medicine
What are **Entrustable Professional Activities (EPA's)?** Developed by AAMC: "activities that all medical students should be able to perform upon entering residency, regardless of their future career specialty" https://www.aamc.org/what-we-do/mission-areas/medical-education/cbme/core-epas
What is the **Physician Competency Reference Set (PCRS)?** Developed by AAMC: "a list of common learner expectations utilized in the training of physicians and other health professionals….PCRS will serve as an aggregation tool that allows the AAMC to collect and analyze data through the Curriculum Inventory about competency-based education and the use of expectations (competencies, objectives, milestones, EPAs, etc.) in medical education." https://www.aamc.org/what-we-do/mission-areas/medical-education/curriculum-inventory/establish-your-ci/physician-competency-reference-set

Why are these concepts important?
The BCM SOM curriculum involves program-specific objectives (CCGG's) while taking into consideration curricular frameworks from the AAMC (American Association of Medical Colleges). For example, EPA-1 (Gather a History and Perform a Physical Exam) requires multiple physician competencies (PCRS) and can be mapped to several CCGG's in the domains of patient care, medical knowledge and interpersonal and communication skills).
To help students understand how the BCM curriculum integrates CCGG's, EPA's and the PCRS, please see the "cross-walk" below.

EPA 1: Gather a History and Perform a Physical Exam		
PCRS Description	**PCRS Identifier**	**CCGG(s)**
Patient Care	PC2	1.1, 1.2
Knowledge for Practice	KP1	2.3, 6.7
Interpersonal and Communication Skills	ICS1	3.1, 3.3
Interpersonal and Communication Skills	ICS7	4.5

Professionalism	P1	1.2, 1.2, 1.7, 4.1, 4.3
Professionalism	P3	4.1, 4.3
Professionalism	P5	1.4, 4.1, 4.5

EPA 2: Prioritize a Differential Diagnosis Following a Clinical Encounter		
PCRS Description	**PCRS Identifier**	**CCGG(s)**
Patient Care	PC2	1.1, 1.2
Knowledge for Practice	KP2	2.2, 2.3
Knowledge for Practice	KP3	2.1, 2.2, 6.7
Knowledge for Practice	KP4	2.3, 6.7
Practice-Based Learning and Improvement	PBLI1	4.5, 6.5
Interpersonal and Communication Skills	ICS2	3.3
Professionalism	P4	4.3
Personal and Professional Development	PPD8	6.4, 6.5

EPA 3: Recommend and Interpret Common Diagnostic Tests		
PCRS Description	**PCRS Identifier**	**CCGG(s)**
Patient Care	PC5	1.4, 6.7
Patient Care	PC7	3.1, 6.6
Patient Care	PC9	1.6
Knowledge for Practice	KP1	2.3, 6.7
Knowledge for Practice	KP4	2.3, 6.7
Practice-Based Learning and Improvement	PBLI9	5.2, 5.3
Systems-Based Practice	SBP3	5.1, 6.6

EPA 4: Enter and Discuss Orders and Prescriptions		
PCRS Description	**PCRS Identifier**	**CCGG(s)**
Patient Care	PC2	1.1, 1.2
Patient Care	PC4	1.2
Patient Care	PC5	1.4, 6.7
Patient Care	PC6	1.4
Practice-Based Learning and Improvement	PBLI1	4.5, 6.5
Practice-Based Learning and Improvement	PBLI7	2.4, 6.3
Interpersonal and Communication Skills	ICS1	3.1, 3.3
Systems-Based Practice	SBP3	5.1, 6.6

EPA 5: Document a Clinical Encounter in the Patient Record		
PCRS Description	**PCRS Identifier**	**CCGG(s)**
Patient Care	PC4	1.2
Patient Care	PC6	1.4
Interpersonal and Communication Skills	ICS1	3.1, 3.3
Interpersonal and Communication Skills	ICS2	3.3
Interpersonal and Communication Skills	ICS5	1.5, 3.2
Professionalism	P4	4.3
Systems-Based Practice	SBP1	3.3, 5.4

EPA 6: Provide an Oral Presentation of a Clinical Encounter		
PCRS Description	**PCRS Identifier**	**CCGG(s)**
Patient Care	PC2	1.1, 1.2
Patient Care	PC6	1.4
Practice-Based Learning and Improvement	PBLI1	4.5, 6.5
Interpersonal and Communication Skills	ICS1	3.1, 3.3
Interpersonal and Communication Skills	ICS2	3.3
Professionalism	P1	1.2, 1.2, 1.7, 4.1, 4.3
Professionalism	P3	4.1, 4.3
Personal and Professional Development	PPD4	4.5
Personal and Professional Development	PPD7	4.2, 7.2, 7.3

EPA 7: Form Clinical Questions and Retrieve Evidence to Advance Patient Care		
PCRS Description	**PCRS Identifier**	**CCGG(s)**
Patient Care	PC7	3.1, 6.6
Knowledge for Practice	KP3	2.1, 2.2, 6.7
Knowledge for Practice	KP4	2.3, 6.7
Practice-Based Learning and Improvement	PBLI1	4.5, 6.5
Practice-Based Learning and Improvement	PBLI3	2.5, 4.4, 4.5, 6.1, 6.2, 6.3, 6.7

Practice-Based Learning and Improvement	PBLI6	2.4, 2.5, 6.3, 6.7
Practice-Based Learning and Improvement	PBLI7	2.4, 6.3
Practice-Based Learning and Improvement	PBLI8	2.5, 3.2, 3.3, 6.6
Practice-Based Learning and Improvement	PBLI9	5.2, 5.3
Interpersonal and Communication Skills	ICS1	3.1, 3.3
Interpersonal and Communication Skills	ICS2	3.3

EPA 8: Give or Receive a Patient Handover to Transition Care Responsibility

PCRS Description	PCRS Identifier	CCGG(s)
Patient Care	PC8	5.2, 5.4, 7.4
Problem-Based Learning and Improvement	PBLI5	4.5, 7.3
Practice-Based Learning and Improvement	PBLI7	2.4, 6.3
Interpersonal and Communication Skills	ICS2	3.3
Interpersonal and Communication Skills	ICS3	7.2, 7.3, 7.4
Professionalism	P3	4.1, 4.3

EPA 9: Collaborate as a Member of an Interprofessional Team

PCRS Description	PCRS Identifier	CCGG(s)
Interpersonal and Communication Skills	ICS2	3.3
Interpersonal and Communication Skills	ICS3	7.2, 7.3, 7.4
Interpersonal and Communication Skills	ICS7	4.5
Professionalism	P1	1.2, 1.2, 1.7, 4.1, 4.3
Systems-Based Practice	SBP2	1.5, 5.2, 5.4
Interprofessional Collaboration	IPC1	3.3, 4.2, 7.2, 7.4
Interprofessional Collaboration	IPC2	7.1
Interprofessional Collaboration	IPC3	3.3, 7.3

EPA 10: Recognize a Patient Requiring Urgent or Emergent Care and Initiate Evaluation and Management

PCRS Description	PCRS Identifier	CCGG(s)
Patient Care	PC1	1.1
Patient Care	PC2	1.1, 1.2
Patient Care	PC3	1.3, 7.4
Patient Care	PC4	1.2
Patient Care	PC5	1.4, 6.7
Patient Care	PC6	1.4
Interpersonal and Communication Skills	ICS2	3.3
Interpersonal and Communication Skills	ICS6	3.1, 4.1
Systems-Based Practice	SBP2	1.5, 5.2, 5.4
Interprofessional Collaboration	IPC4	7.1, 7.2, 7.3, 7.4
Personal and Professional Development	PPD1	4.2, 4.5

EPA 11: Obtain Informed Consent or Tests and/or Resources

PCRS Description	PCRS Identifier	CCGG(s)
Patient Care	PC5	1.4, 6.7
Patient Care	PC6	1.4
Patient Care	PC7	3.1, 6.6
Knowledge for Practice	KP3	2.1, 2.2, 5.3
Knowledge for Practice	KP4	2.3, 6.7
Knowledge for Practice	KP5	1.5
Interpersonal and Communication Skills	ICS1	3.1, 3.3
Interpersonal and Communication Skills	ICS7	4.5
Professionalism	P6	1.7, 4.3, 4.4
Personal and Professional Development	PPD1	4.2, 4.5
Personal and Professional Development	PPD7	4.2, 7.2, 7.3
Personal and Professional Development	PPD8	6.4, 6.5

EPA 12: Perform General Procedures of a Physician

PCRS Description	PCRS Identifier	CCGG(s)
Patient Care	PC1	1.1
Patient Care	PC7	3.1, 6.6
Interpersonal and Communication Skills	ICS6	3.1, 4.1
Professionalism	P6	1.7, 4.3, 4.4
Personal and Professional Development	PPD1	4.2, 4.5
Personal and Professional Development	PPD5	3.3, 4.3
Personal and Professional Development	PPD7	4.2, 7.2, 7.3

EPA 13: Identify System Failures and Contribute to a Culture of Safety and Improvement		
PCRS Description	**PCRS Identifier**	**CCGG(s)**
Knowledge for Practice	KP1	2.3, 6.7
Problem-Based Learning and Improvement	PBLI4	2.4, 5.1
Problem-Based Learning and Improvement	PBLI10	6.2, 6.3
Interpersonal and Communication Skills	ICS2	3.3
Professionalism	P4	4.3
Systems-Based Practice	SBP4	3.4
Systems-Based Practice	SBP5	5.1, 5.3
Remaining PCRS Linkage		
PCRS Description	**PCRS Identifier**	**CCGG(s)**
Patient Care	PC10	4.3, 7.2
Patient Care	PC11	1.7, 4.5
Knowledge for Practice	KP6	2.5, 5.1
Practice-Based Learning and Improvement	PBLI2	4.5
Professionalism	P2	4.1, 4.2, 4.3
Systems-Based Practice	SBP6	1.5, 5.4
Personal and Professional Development	PPD2	4.2
Personal and Professional Development	PPD3	4.3, 4.4
Personal and Professional Development	PPD6	7.1, 7.2