Psychiatry Core Clerkship
Course Overview Document (COD)
Houston Campus/Temple Campus

Credits: 4.0

Required Review and Attestation

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

Honor Code

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

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

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I. Introduction/Clerkship Overview

The Psychiatry Clerkship is a 4-week clinical rotation at our affiliate hospitals and clinics. The clerkship is designed to build on the foundations course in behavioral science where knowledge about psychiatric evaluation, diagnoses and treatments were introduced. In the clerkship, students will obtain information from patients via the psychiatric interview, work on primary and differential diagnoses, learn to manage psychiatric illnesses, critically evaluate treatments in Psychiatry, and improve overall communication skills with patients. Most students enjoy the rotation as it is one of the few opportunities to work directly with patients with mental illness in medical training.

For more information, please search and add our Blackboard page from the course catalog:
Year_Fall_MCPSY_MAIN_1_CLK

II. Clinical Sites and Contact Information

Houston Campus

Harris Health System/Ben Taub Hospital
- o Inpatient Psychiatry
- o Emergency Psychiatry
- o Consultation Liaison Psychiatry
- o Outpatient Psychiatry

Michael E. DeBakey VA Medical Center
- o Inpatient Psychiatry
- o Consultation Liaison Psychiatry
- o Outpatient Psychiatry

Texas Children's Hospital
- o Outpatient Psychiatry
- o Consultation Liaison Psychiatry

Memorial Park Psychiatry
- o Outpatient Psychiatry

SUN Behavioral Houston/Houston Adult Psychiatry
- o Inpatient Psychiatry/Outpatient Psychiatry

Houston Methodist Hospital
- o Consultation Liaison Psychiatry

Baylor Psychiatry Clinic
- o Outpatient Psychiatry

Menninger Clinic
- o Inpatient Psychiatry

Santa Maria Hostel
- o Residential Substance Use Disorder Treatment Center

Clerkship Director Jin Y. Han, MD. jyhan@bcm.edu 1977 Butler Blvd Suite E4.164 Houston, TX 77030		
Associate Clerkship Director Julie Williams, MD Julie.Williams@bcm.edu		
Clerkship Coordinator Brittany Platt Brittany.Platt@bcm.edu 713-798-4876		
Harris Health System Site Director Anu Matorin, MD matorin@bcm.edu 713-873-2636		
VA Site Director Ali Asghar-Ali, MD asgharal@bcm.edu 713-791-1414 x26771		
TCH Site Director Sindhu Idicula, MD idicula@bcm.edu 832-822-3750		

Houston Campus	Site Director Site Attending	Administrative Contact	Code Info	Spaces for Students
Ben Taub Hospital **Harris Health System**	Anu Matorin, MD matorin@bcm.edu 713-873-2636 One South Psych Unit Ben Taub Hospital 1504 Taub Loop Houston, TX 77030	Uzma Khalid ukhalid@bcm.edu 713-873-5145 Room 2.127, 2nd floor. NPC Building 1502 Taub Loop Houston, TX 77030	<u>**Facility Alerts**</u> **Red** – Fire **Utilities Failure** **Hazardous Spill** **Evacuation** <u>**Medical Alerts**</u> **Blue** – Medical emergency **Crisis Intervention Team** <u>**Security Alert**</u> **Prisoner Escape** **Active Shooter** **Infant Abduction** **Child Abduction** **Hostage Situation** <u>**Weather Alert**</u> **Severe Weather** ***All codes displayed on hospital phones**	**Study space:** BTER work area/office. BTMHS work areas/offices. C/L Office/group room (Unit 5C) Each Clinic office and conference available rooms BT Tower office 1st floor (across Subway) **Secure storage space:** C/L group room BTMHS work areas/offices. BT Tower office 1st floor (across Subway) **Lounge space:** BTER area, BTMHS area, C/L group room, Cafeteria at BT basement, BT and Community Clinic lounges. **BTER:** EP 61 006 (Psych EC study / lounge / storage) - badge access for Psych EC; lockers in lounge. Psych EC work room has individual study desks plus lounge space / tables/ chairs/ computers. **C/L:** 5C 51020 office (locked, study / lounge / storage space) - work room with tables, computers; 5C 51 017 staff lounge / storage - lockers; 5B 31 013 lounge. **NPC:** workrooms 4th floor 4.125 and 4.126 (locked/secure; study / lounge / storage space); 4.104 (lounge / storage - lockers).
Michael E. DeBakey VA Medical Center	Ali Asghar-Ali, MD asgharal@bcm.edu 713-791-1414 x26771 6B-360 ("blue side"); close to unit 6F Michael E. DeBakey VA Medical Center 2002 Holcombe Houston, TX 77030	Tameka Howard Tameka.Howard@va.gov	**Blue**: Cardiac arrest/Medical emergency **Green**: Behavioral emergency **Purple**: Missing/wandering patient or high-risk person **Dr. Red**: Fire **Brown:** Bomb threat **Code Adam**: Missing child **Dr. Dash:** Active threat **Rapid Response Team:** Early clinical deterioration/ Medical urgency	**Study space:** C/L office, inpatient trainee office, outpatient trainee office, library; lecture and conference rooms, individual study carrels **Secure storage space:** Outpatient trainee office **Lounge space:** Coffee shop on first floor and cafeteria/dining area

			Sepsis Team: Sepsis patient **Stroke Team:** Stroke patient **STEMI Team:** Heart attack	Office spaces have multiple computers, and combination of fridges, microwaves, and lockers. **C/L office (6C-168):** provides space for storage, study, lounging (includes printer, fridge, microwave) **Inpatient office 6B-320:** provides space for storage, study, lounging. (Includes printer, fridge, freezer). <u>Location:</u> Blue side, close to blue elevators and adjoining unit 6F. **Inpatient, outpatient, & C/L overflow: 6B-372** **Outpatient office:** On days of the outpatient rotation during which you are present at MEDVAMC in-person, you may be assigned your own office when you may need to address patient related matters (e.g., seeing patients and making patient-related calls independently) by contacting Ms. Kentricia Fowler at 713 791 1414 **x 26910** or going to room **6B-310**. If she cannot be reached, you may ask Ms. Juanita Bowman or Ms. Carla Breaux for assistance; they are located in the same office.
Texas Children's Hospital	Sindhu Idicula, MD idicula@bcm.edu 832-822-3750 TCH-8080 N. Stadium Drive Suite 180 Houston, TX 77054 15400 SW FWY 2nd Fl Sugar Land, TX 77478	Sheryl Croix scroix@bcm.edu 713-798-4068 Or Whitney Jackson wrjackso@texaschildrens.org 832-822-4065	**Dr. Pyro Stat:** Fire **Pink:** Abducted or missing child	**Study space:** Consult Room Wallace Tower 16th Floor. TCH Autism Clinic area Sugar Land Clinic Large Conference Room 200.90 **Secure storage space:** Consult room has cabinets with keys on them. TCH Autism Clinic area Sugar Land Clinic faculty offices **Lounge space:** 16th floor of Wallace tower TCH Autism Clinic area

				Sugar Land Clinic Employee Lounge Room 200.95
Memorial Park Psychiatry	Alice Mao, MD amao@bcm.edu 713-864-6694 Sindhu Idicula, MD idicula@bcm.edu 832-822-3750 550 Westcott Suite 520 Houston, TX 77007			**Study Space:** Room MPP 550 **Secure Storage Space:** MPP 550 **Lounge Space:** MPP 550
Sun Behavioral	Michael Barber, MD barberpsych@yahoo. com 713-962-9845 7601 Fannin St Houston, TX 77054	Craig Verret cverret@sunhouston.com 713-796-2273 ext. 1101	**Red** Fire/Smoke **Green** Behavioral Emergency **Blue** Medical Emergency **Grey** Severe Weather **Yellow** Elopement **Silver** Armed Intruder **Pink** Patient Abduction **Orange** Hazardous Materials **Black** Bomb Threat	**Study space:** Cafeteria, administration, and front lobby **Secure storage space:** Lockers in lobby **Lounge space:** Cafeteria, administration, and front lobby
Houston Adult Psychiatry	Michael Barber, MD barberpsych@yahoo. com 713-962-9845 2180 North Loop West, Suite 450 Houston, TX 77018			**Study space:** Conference room **Secure storage space:** Locked cabinet in office manager's office **Lounge space:** Lounge and eating area
Methodist Hospital	Alric Hawkins, MD adhawkins@houston methodist.org 281-380-6612 Methodist Hospital, Room 944	Charlotte Johnson Trainee Affairs Coordinator Office of Education O: 713-363-7280 6670 Bertner Ave. R2-201 Houston, TX 77030		**Study space:** Main 7N library **Secure storage space:** Main 7N area **Lounge space:** Dunn lobby; Walter tower lobby; Cafeteria

	6670 Bertner Ave. Houston, TX 77030	cjohnson1@houstonmethodist.org *Contact Linda Barloon, Psych NP, for orientation questions: 832-549-4384 lbarloon@houstonmethodist.org		
Baylor Psychiatry Clinic	Shradha Thakur, MD Shradha.Thakur@bcm.edu 713-798-7427 Jamail Care Center 1977 Butler Blvd Houston, TX 77030	Whitney Ursin Whitney.Ursin@bcm.edu (713)798-6228		**Study space:** Any available office **Secure storage space:** Offices **Lounge space:** Offices in clinic and cafeteria on 1st floor
Menninger Clinic	**CPAS Unit** Anuron Mandal, MD, Attending Psychiatrist. Phone: 713-275-5234; email: amandal@menninger.edu **ATP/COMPASS Units** Sameera Siddiqi, MD, Attending Psychiatrist. Phone: 713-275-5623; email: ssiddiqi@menninger.edu 12301 S.Main St Houston, TX 77035	Monica Martinez mmartinez1@menninger.edu 713-275-5288		**Study space:** Campus open space area CPAS break room. **Secure storage space:** CPAS break room with lockers. **Lounge space:** CPAS break room
Santa Maria Hostel	Alicia Kowalchuk, DO aliciak@bcm.edu or Daryl Shorter, MD shorter@bcm.edu (713) 899-6394	Amy Isidahomen amy.isidahomen@bcm.edu (713)798-1090		**Study space:** Conference room **Secure storage space:** Locked medication room on detox unit **Lounge space:** Front lobby and detox unit lobby

- *Students are encouraged to contact the Houston Clerkship Director / Coordinator with any concerns related to the availability of these spaces / resources during the rotation. Students may also use the following QR code to report any problems with Space Resources in real-time.*

Temple Campus

Canyon Creek Behavioral Health
- o Inpatient Psychiatry

BSW (Baylor Scott & White) Temple "Memorial" Hospital
- o Inpatient Psychiatry
- o Emergency Psychiatry
- o Consultation Liaison Psychiatry

BSW Mental Health Clinic (MHC)
- o Outpatient Psychiatry – Treatment Resistant Depression (TRD) Program

McLane Children's Specialty Clinic
- o Outpatient Psychiatry – Child/Adolescent Psychiatry

Temple VA Medical Center
- o Outpatient Psychiatry

Associate Clerkship Director Chinonyerem Okwara, MD chinonyerem.okwara@bcm.edu	
Assistant Clerkship Director	
Clerkship Coordinator Peyton Vavra Peyton.Vavra@bcm.edu	

Temple Campus	Site Attending	Administrative Contact	Code Info	Spaces for Students
Canyon Creek Behavioral Health (CCBH)	Jason Boley, MD 1201 Canyon Creek Drive, Temple TX 76502	Katie King Katie.king@uhsinc.com 254-410-5102 (Off.) 404-822-9884 (cell) 1201 Canyon Creek Drive, Temple TX 76502		**Study space:** Room 107E **Secure storage space:** Room 107E **Lounge space:** Room 107E
BSW Temple Memorial* Hospital **Old nicknames: Temple Memorial, Memorial, BSW Main Hospital*	**Psychiatry Consultation-Liaison (C/L) & Psych Emergency Dept (ED)** Jim B. Airhart, MD (MWF) Jimairhart@bswhealth.org Austin Dornan (Tue) Austin.dornan@bswhealth.org Scott Francis, MD (Thu) Scott.francis@bswhealth.org 254-724-0487 Office: D110 on 1st floor near where Psych C/L & ED Psych Teams meet. **Addiction Psychiatry:** Daniel Lavin, DO Daniel.lavin@bswhealth.org. Office: Ground Fl, 16K --> XXXX 254-724-2111 BSW Hosp Temple Memorial 2401 S 31st Street, Temple, TX 76508	Peyton Vavra Peyton.Vavra@bcm.edu		**Study space:** Rm. xxx ("Room H'), door code 2046, 1st floor, near Grobowsky Surgical Center **Secure storage space:** Rm xxx ("Room H'), door code 2046., 1st floor, near Grobowsky Surgical Center **Lounge space:** Consult Room H, door code 2046 Grobowsky Surgical Center, 1st Floor
Temple VA Medical Center	Attendings: Dr. Jacob Richardson, M.D. (Jacob.Richardson3@va.gov) Building 202, C Wing Room 2C234 Dr. Jay Lekireddy, M.D. (Jay.Lekireddy@va.gov) Building 202, C Wing Room 2C233 1901 Veterans Memorial Dr. Temple, TX 76504	Site Director: Dr. Ali Shahid, M.D. (Shahid.Ali1@va.gov) Administration: Angela Durham: Angela.durham@va.gov		

| McLane Children's Specialty Clinic | Dr. Kyle Morrow, M.D. (kyle.morrow@bswhealth.org)

Dr. Joachim Sullivan, M.D. (Joachim.sullivan@bswhealth.org)

1901 SW H K Dodgen Loop Temple, TX 76502 | Peyton Vavra Peyton.Vavra@bcm.edu | | |

- *Students are encouraged to contact the Temple Clerkship Director / Coordinator with any concerns related to the availability of these spaces / resources during the rotation. Students may also use the following QR code to report any problems with Space Resources in real-time.*

III. BCM Teacher-Learner Compact

Learners pursuing a professional career at Baylor 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 BCM 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 faculty, learners, and staff 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 faculty, learners, and staff can communicate any concern about breaches of this compact

IV. BCM Core Competencies and Graduation Goals (CCGG)

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.
5.

V. Psychiatry Clerkship Objectives Mapped to CCGG

CCGG	Related Clerkship Objective	Mode of Teaching	Assessment Method	
Patient Care 1.1, 1.2, 1.3, 1.4	-Perform complete and/or focused patient histories and mental status exams for patients in a variety of contexts and settings. -Utilize the history and physical/mental status exam, laboratory data, imaging studies, and other diagnostic tools to develop a problem representation, a prioritized differential diagnosis and plan of care.	Clinical Experiences Didactics NEJM Healer Case(s)	Workplace Based Assessments (WBAs) Clinical Student Workplace Feedback Tool (CSWFT) Standardized Patient (SP) Exam	
Knowledge for Practice 2.1, 2.2, 2.4	-Apply integrated biomedical, clinical, and public health sciences to diagnose, manage, and prevent common psychiatric disorders in individuals and populations effectively.	Clinical Experiences Didactics HAPPY Exercises	WBAs HAPPY Grading SP Exam NBME Exam	
Interpersonal & 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 backgrounds.	Clinical Experiences Didactics	WBAs CSWFT SP Exam	

Professional & 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.	Orientation Clinical Experiences Happy Exercises	WBAs CSWFT HAPPY Grading Professionalism Rubric	
Health Systems & Social Context of Care 5.2, 5.3	Describe how structural barriers, access to care, social determinants of health or health equity lead to adverse health outcomes for patients and populations. (Population Health)	Clinical Experiences Didactics HAPPY Exercises	WBAs HAPPY Grading	
Critical Thinking, Inquiry, & Problem Solving 6.1, 6.2, 6.3, 6.4, 6.5, 6.6, 6.7	Use critical thinking skills to form questions, acquire, appraise, and apply evidence, mitigate bias, and navigate uncertainty in medical decision-making	Clinical Experiences Didactics HAPPY Exercises NEJM Healer Case(s)	WBAs CSWFT HAPPY Grading SP Exam	
Teamwork & Collaboration 7.1, 7.2, 7.3, 7.4	Demonstrate collaborative skills with all members of the interprofessional team in a manner that maximizes team effectiveness.	Clinical Experiences	CSWFT Professionalism Rubric	

VI. You Said, We Did

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

Evaluation Year	YOU SAID:	WE DID:
2023	"Lectures were not very interactive"	Didactics have been reviewed and more interactive style of teaching will be implemented
2023	"Grading system does not seem fair with only 2 evaluations"	Our school has transitioned to Pass/Fail grading system
2023	"I didn't always get verbal feedback, so maybe encourage preceptors to provide feedback."	We will continue to train our faculty about the importance of providing timely actionable quality feedback

2024	"Clear instructions about how to conduct mental status exam"	We included 2 ADMSEP online modules (related to psychiatric interview and MSE) to watch during orientation. Directors will meet with students afterwards to answer any questions. We are working on adding our own simulated video recording showing the psychiatric interview and mental status exam.
2024	"A checklist for all requirements could be helpful"	We have updated our orientation slides, so the requirements are clearly summarized. Our coordinator also sends a spreadsheet via email.
2024	"One of the lecturers cancelled...... and quality of some pre-recorded lecture was poor"	We have removed all previous live lectures (recording still available via blackboard) except the shelf exam review which is conducted in real time. We also introduced a set of peer reviewed online ADMSEP modules covering important psychiatric topic so students can watch them on their own pace.

VII. Student Roles, Responsibilities and Activities

Item	Requirements/Documentations	Due date	Additional details
1	**Course Overview Document attestation (via Blackboard)**	Week 1	Complete attestation at: Blackboard > Course Overview Document/Attestation
2	**Mid-Term Feedback and attestation (via Qualtrics) Psychiatry Clerkship MTF Student Form (via Microsoft Form)**	Week 2/3	Student launches Qualtrics form to preceptor then completes attestation Student completes the MTF form before the meeting
3	**Three WBAs - Observed H&P (via Qualtrics)**	Week 4	-Student launches Qualtrics form to preceptor. -We encourage completing one or two during Weeks 1-2. **-One of these forms must be launched by student and completed by MD/DO faculty. The other forms can be completed by any faculty or trainee educator.** -A complete DO requires both History section and Mental Status Exam (MSE) section completed. -Partial DO (History only or MSE only) is allowed but the missing section must be completed with subsequent partial DO.
4	**Three WBA - ART (via Qualtrics)**	Week 4	-Student launches Qualtrics form to preceptor -We encourage completing one or two during Weeks 1-2. **-One of these forms must be launched by student and completed by MD/DO faculty. The other forms can be completed by any faculty or trainee educator.** -Biopsychosocial formulation/reasoning style is required (see Blackboard)
5	**Two WBA - Written H&P (via Blackboard)**	Week 1 and 2	**-Note#1 is due to be submitted via Blackboard at any point before 11:59 PM on the first Friday of the rotation.** **-Note#2 is due to be submitted via Blackboard at any point before 11:59 PM on the second Friday of the rotation.** -Please upload your assignment as a word doc or compatible file. -The **first H&P note** will be reviewed, graded and feedback will be provided during the MTF meeting with director. -The **second H&P note** will be reviewed, graded and feedback will be provided during meeting with ACTA faculty. -Initial H&P evaluation format preferred -Please do not include any identifying information (i.e., Names, DOB, etc.)
6	**One WBA - EBM**	Week 4	-Student launches Qualtrics form to preceptor.

			-We encourage completing during Weeks 3-4. **-This form must be launched by student and completed by MD/DO faculty** -Identify a clinical question relevant to the case -Define PICOt question, then perform a literature search, and critically appraise the article -Prepare a succinct 3–5-minute presentation
	(via Qualtrics)		
7	**One WBA- Care Discussion** **(via Qualtrics)**	Week 4	-Student launches Qualtrics form to preceptor. -We encourage completing during Weeks 3-4. **--This form must be launched by student and completed by any faculty or trainee educator.**
8	**Patient Encounter Tracking** **(PET via Leo)**	Week 4	-Complete Patient Encounter Tracking on Leo **-Note if completed via standard or alternative method** -We encourage completing it at least halfway through by the midterm feedback meeting.
9	**Three HAPPY Exercises**	Week 1~4	Students complete assigned collaborative exercises during scheduled sessions
10	**Two NEJM Cases**	Week 1~4	Students complete assigned cases
11	**Standardized Patient Exam**	Week 4 (Wed AM)	Simulation Learning Center will inform you of the exact time to report
12	**NBME Exam**	Week 4 (Fri AM)	Curriculum office will inform you with more details
13	**CSWFT** **(via Qualtrics)**	Week 4 (Fri)	Student launches Qualtrics form to preceptors
14	**Evaluation of your preceptor(s)** **(via Leo)**	Monday after Week 4	-Evaluation form on Leo -Please evaluate the faculty and trainees with whom you worked. This is considered a professionalism expectation. -Bookmark this link - **https://bcmsom.davinci-ed.com/leo** because you will use this platform in all your clinical rotations. (Visit the Blackboard Organization page – Curriculum Office and Student Affairs and click the Evaluation Platforms tab under the Curriculum Office and you will find instructions on how to access the evaluation platforms). -Within Leo, go to the "Eval Portal" (selected after clicking on the icon in the top right-hand corner) to complete evaluations for faculty/residents to help give all our educators feedback. You can click on the placeholder evaluation at any time and can use the link multiples times to complete evaluations for different educators.
15	**Evaluation of the course** **(via Leo)**	Monday after Week 4	-Evaluation form on Leo -To help us monitor the quality of the Clerkship and understand your individual experience, please complete a Rotation Evaluation Form by 5:00 pm on the Monday following your Clerkship.

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

1) **Required Sessions**

    i) **Orientation/History and MSE didactic modules (MANDATORY):** Orientation will be held on the first day of the Clerkship via zoom unless prior arrangements are made before the clerkship start date. Time and place for each site-specific orientation will be communicated to students via e-mail.

    After orientation session, please review the following modules and re-join the zoom link provided for Q&A session with facilitator/director(s):

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-The Psychiatric Interview
 https://www.admsep.org/csi-emodules.php?c=psych-interview

-Mental Status Exam
 https://www.admsep.org/eresourcesrepository.php?c=mse

ii) **Grand Rounds/Didactic Modules/HAPPY Exercises/NEJM Cases:**

(a) **High-yield Application of Principles to Patients of Yours (HAPPY) Exercises** are held on Wednesday afternoon (usually at 3PM in person, please see email for details). **Attendance to each session is MANDATORY**. Missing any required session without prior approval from Clerkship Director(s) will result in discussion regarding professionalism issues, possible remediation and further input from UEC. Students should join live sessions before it starts out of courtesy for our facilitators.

HAPPY Exercise Topic	
Foundational Sciences	Depression
Health Systems Science	Substance Use Disorder
Ethics	Physician Boundaries

(b) **Core Psychiatry Didactic Modules** are available in our Blackboard page. **Please see recommended asynchronous study schedule throughout the entire 4 weeks course**. We highly encourage going over all the recommended materials.

(c) **NEJM Cases**

o Provide deliberate practice, formative feedback, and standardization to students, allowing them to develop CR expertise
o Engage the students in active learning and foster critical thinking.
o NEJM Healer platform also used in POM 1-3
o All students are required to complete the assigned NEJM Cases for this clerkship.
o Log completion of the case in your Patient Encounter Tracking (PET) in Leo by the last Friday of the rotation
o **Please log into https://healer.nejm.org/app/dashboard to complete the case.**

NEJM Case Name	
Emma Davis	Complete in Leo via Patient Encounter Tracking (PET) log
William Lewis	Complete in Leo via Patient Encounter Tracking (PET) log

(d) **CPX Q&A and Board Exam Review:** These sessions are **MANDATORY,** and they are conducted via Zoom (please see schedule).

(e) **BCM Psychiatry Grand Rounds (*Only held from September through May):** Students will attend via Zoom, which is held every Wednesday at Noon. Remember, if you have not set up a new profile with the Division of Continuing Professional Development (DCPD), please do so (this is how we track attendance). Occasionally, some presentations are also offered in person as well (hybrid).

iii) **Midterm Feedback (MTF)**: MTF is a mandatory activity designed as a "checkpoint" to review a student's progress towards completion of course requirements. Items to be reviewed during this session include the following: Workplace Based Assessment (WBA) Forms, Patient Encounter Tracking (PET), Evaluations (if available) and other tasks as explained above as well as Student Goals and Plans for improvement and/or remediation. MTF is NOT a predictor of the final grade. A student may meet the criteria for a failing grade **at any time** during the clerkship based on professionalism or clinical performance, including **after** MTF.

The **first H&P note** will be reviewed, graded and feedback will be provided during the MTF meeting.

iv) **Addiction Medicine/Substance Use Disorder Clinic (SUD Clinic-BEAMS Project) Half-Day:**
SUD Clinic is a **MANDATORY** clinical experience scheduled for one half day during the 4-weeks rotation. Students will spend half day working with addiction specialist faculty at the Ben Taub, VA, or Santa Maria Hostel, and will receive formative feedback from the faculty. This section of the rotation is part of a grant based BCM initiative (BEAMS: Buprenorphine Education among Medical Students). Please contact BEAMS coordinator for any scheduling conflict: amy.isidahomen@bcm.edu

2) PET, WBAs

i) **Required Clinical Experiences on Patient Encounter Tracking (PET) in LEO:** Logging clinical encounters/experiences is an essential task during the clerkship. The list of required diagnoses and procedures is the minimum requirement the Clerkship Director(s) and Curriculum Committee has designated as what every student should see and/or do during the rotation regardless of assigned clinical sites. These logs will be reviewed with each student during Midterm Feedback session. **If students are not able to see the required cases by the last Thursday before the end of rotation, they must notify the Directors as soon as possible so Alternative Clinical Experiences can be approved.** Students can refer to the School Policy on Clinical Logging for further details on grading policy. **By the last day of the clerkship, a complete PET is required.**

Students should participate in the care of a patient with each of the following diagnoses and upon completion have an Attending or Resident sign below for the following level of responsibility:

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

Examples: student performs a history/exam, develops the differential diagnosis and treatment plan on a patient with MDD

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

Examples: student participates as a team member in developing a differential diagnosis or management plan for a patient with MDD

You may use one patient for more than one category but please only use it for the category if that specific diagnosis was discussed and addressed during your care of the patient.

ER setting counts as Ambulatory experience. ****If student encounters any difficulty in completing these experiences, he/she should e-mail the Clerkship Director(s) who will facilitate the encounter with a patient, simulated case, or other alternative experience****

PATIENT ENCOUNTER TRACKING (PET)	Alternative Experiences

Mood Disorder (1 case Ambulatory P)	Including, but not limited to Major Depressive Disorder, Bipolar I or II Disorders, Persistent Depressive Disorder, Cyclothymic Disorder, Other Specified/Unspecified Depressive/Bipolar and Related Disorders	Review and answer questions on "mood disorder" case (bcm.blackboard.com under Alternative Cases - Mood Disorder) OR condition seen in alternative setting (e.g., inpatient for an ambulatory case)
Thought Disorder (1 case Inpatient P)	Including, but not limited to Schizophrenia, Schizoaffective Disorder; Schizophreniform Disorder, Delusional Disorder, Brief Psychotic Disorder; Other Specified/Unspecified Schizophrenia Spectrum and Other Psychotic Disorders	Review and answer questions on "thought disorder" case (bcm.blackboard.com under Alternative Cases - Thought Disorder) OR condition seen in alternative setting
Anxiety Disorder (1 case Ambulatory P)	Including, but not limited to Generalized Anxiety Disorder, Panic Disorder, Post-Traumatic Stress Disorder; Social Anxiety Disorder, Other Specified/Unspecified Anxiety/Trauma and Stress/Obsessive-Compulsive and Related Disorders	Review and answer questions on "anxiety disorder" case (bcm.blackboard.com under Alternative Cases - Anxiety Disorder) OR condition seen in alternative setting
Substance Related Disorder* (1 case Inpatient A)	Including, but not limited to a diagnosis of withdrawal, intoxication or Substance Use Disorder	Review and answer questions on "substance related use disorder" case (bcm.blackboard.com under Alternative Cases- Substance Use Disorder) OR condition seen in alternative setting
Personality Traits/Disorder (1 case Ambulatory A)	Traits of any Cluster A, B or C Personality Disorder	Review and answer questions on "Personality Disorders" case (bcm.blackboard.com under Alternative Experiences -Personality Disorder) OR condition seen in alternative setting
Cognitive Disorder (1 case Inpatient A)	Including, but not limited to Delirium, Neurocognitive Disorders, Intellectual Disability	Review and answer questions on "Cognitive Disorder" case (bcm.blackboard.com under Alternative Experiences - Cognitive Disorder) OR condition seen in alternative setting

Societal Problem*

ii) Workplace Based Assessment (WBA) Forms:

These forms can be sent by the student to their respective educators using their unique student **QUALTRICS link.** We are unable to give a final grade until all forms are completed, including these WBA Forms. Students should let us know early if they are tracking far behind on these requirements so we can find ways of completing the goals.

⇒ **H&P Direct Observation (DO) Forms:** Students are required to have at least **3 DO Forms** completed for the entire rotation. **At least one of these forms must be completed by MD/DO faculty and the other forms can be completed by any faculty or trainee educator.** Educators must observe him/her doing

complete history and mental status exams (Combination of 1 partial DO with history only AND 1 partial DO with mental status exam only are allowed and both partial DOs will count as 1 complete DO form).

$\Rightarrow$ **Assessment Reasoning Tool (ART) Forms:** Students are required to have at least **3 ART Forms** completed for the entire rotation. **Biopsychosocial formulation/reasoning style is required (see Blackboard for details). At least one of these forms must be completed by MD/DO faculty and the other forms can be completed by any faculty or trainee educator.**

$\Rightarrow$ **Written H&P:** Students are required to have at least **2 Written H&P Forms** completed for the entire rotation. The first H&P is due to be submitted via Blackboard at any point before 11:59 PM on the first Friday of the rotation. The H&P will be reviewed, graded and feedback will be provided during the MTF meeting. The second H&P is due to be submitted via Blackboard at any point before 11:59 PM on the 2nd Friday of the rotation. The H&P will be reviewed, graded and feedback will be provided by ACTA faculty. Please upload your assignment as a word doc or compatible file.

$\Rightarrow$ **Evidence Based Medicine (EBM) Form:** Students are required to have at least **1 EBM Form** completed for the entire rotation. **This form must be completed by the MD/DO faculty.**

$\Rightarrow$ **Care Discussion (CD) Form:** Students are required to have at least **1 CD Form** completed for the entire rotation. **This form can be completed by any faculty or trainee educator.**

3) Feedback

i) **Midterm Feedback (MTF):** This is the feedback session that every student will do with the clerkship leadership during the midpoint of the rotation as explained above.

ii) **Formative Feedback:** Students are required to obtain feedback on their performance during the rotation. Students must approach their evaluators to remind them. To get meaningful feedback, we advise to ask direct and specific questions about the performance (e.g., review notes, ask them to watch doing a part of the history or mental status exam and ask for direct feedback, ask how organized oral presentations are during rounds).

4) Other

i) **Academy of Clinical Teaching and Assessment (ACTA)**
The Academy of Clinical Teaching and Assessment 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 all your necessary WBAs. 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.

ii) **Clinical Work: our clerkship is designed to fully adhere with BCM duty hours policy.** Some clinical assignments work longer hours than others. If there is a concern, students should address this with the Attending(s). Students will find the faculty to be flexible and understanding. Students should plan to be readily available by phone/pager during working hours. There is a social contract: you can learn from a patient if you are functioning as a member of the team; working for the patient—not just observing. Finally, we take your concerns seriously! If you have any concerns about patient care, team dynamics, any other issues that

weigh on your mind, please do not hesitate to contact the attending and/or clerkship directors to help advocate for your point of view!

iii) **Liability/Documentation:** All patients seen by students must be also seen by Resident, Fellow or Attending. All encounter notes must be co-signed by Resident, Fellow or Attending.

iv) **Dress Code:** students should dress in professional attire (scrubs are allowed, specifically in the EC or inpatient settings). Students should follow the protocols for appropriate attire as per each clinical affiliate. Students should wear closed-toed shoes as they are required by the VA.

v) **Credentialing/Computer Training/Badging:** failure to follow through with credentialing instructions on time is a professionalism concern. If we learn that credentialing is not completed in a timely manner and it was due to your lack of follow-through with instructions, we will not be able to reassign you to another site. This means you may not have access to patient records and your ability to engage with patient care will be limited. Less engagement with patient care as well as professionalism concerns may in turn affect your clerkship grade. Please see more information below for specific sites.

vi) **Student Commitments:** Students are expected to be available for patient care per schedule. If a student must be absent from the rotation for any reason, he/she must contact the team, the Attending, and inform the Clerkship Director(s)/Coordinator(s). **Any unexcused absence will be considered a breach of professionalism, and it can result in remediation and risk of failing the rotation. Please refer to the Policies section for Absence Policy.**

vii) **Announcements:** Students should pay attention to their BCM email account as we will email updates and announcements. In addition, students should make use of our BCM sponsored Blackboard website. Students are all entered into the system's user database. Students must self-enroll in the Psychiatry Core Clerkship Course to view materials. If a student has any difficulties with login or password, he/she should contact William McKinney (wwmckinn@bcm.edu) in the Undergraduate Medical Education office

VIII. Schedules

Clinical Schedules

Clinical schedules will be sent via e-mail by our clerkship office. Students will be informed of any schedule adjustments via e-mail.

The SUD Clinic (BEAMS) schedule will be sent separately by the grant coordinator. It will be a 4 hour/rotation experience (Houston only).

Didactic Schedules

Please see recommended asynchronous study schedule throughout the entire 4 weeks course. We highly encourage going over all the recommended materials.

IX. Grade Components and Passing Thresholds

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

Incomplete (I)	A grade of "Incomplete" is considered a temporary grade. With permission of the instructor, a grade of Incomplete should be recorded for a student who has not completed a required component of the course by the course end date. A designation of Incomplete should not be used as a placeholder grade when the student's performance in the course has been unsatisfactory, and remediation is required.
Deferred (D)	A grade of "Deferred" is considered a temporary grade. With permission of the instructor, a "Deferred" grade is given when a student has not successfully met requirements at the end of a course or clerkships and has not yet remediated.

Fail (F*)	Earning a failure in the clerkship by any of the following manners will require the student to repeat the course in its entirety:
	
	1. Lapses or issues with professionalism alone, after confirmation by due process, independent of performance on any grading subcomponent.
	
	2. Not meeting minimum passing threshold in 2 or more of the following subcomponents on the first attempt (NBME, CSWFT, or Standardized Patient (SP) exam).
	
	3. Not meeting passing threshold on any one (1) grading subcomponent:
	
	    a) **1st attempt:** inability to meet the minimum passing threshold will result in a Deferred grade, and the student must 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.

<div style="float:right">

Commented [KDH9]: IF there is more than 1 case, then you have to pass each case, if fail 1 case, then you would have to remediate the case not all cases.

Commented [MM10R9]: we only have 1 case. but, yes, that is what i understood from the meeting

Commented [HY11R9]: We have 1 case too ...

</div>

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

Clerkship Processes to Assure Fairness in Grading

Core clerkship grades are determined by the corresponding undergraduate medical education committee (UEC). 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 numerical data, the UEC reviews narrative comments from evaluators to help inform the final grade. The UEC 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 ≥ 50% of ratings at "Level 2" or higher on the final item for each WBA
	Clerkship Student Workplace Feedback Tool (CSWFT)	Must receive ≥ 50% of ratings at "Level 3" or higher on each item
	High-yield Application of Principles to Patients of Yours (HAPPY) Exercises	Must meet passing criteria for each exercise
Completion Items	Patient Encounter Tracking Additional Course Requirements as Listed	Completion of all items
Professionalism	Professionalism	Meets all professionalism standards
GRADE	Pass*/Fail*	

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

Processes for Students with Concerns about their Clerkship Grade

- If a student requests a grade verification, the course leadership or designee (with or without the coordinator) will meet with the student on an individual basis.

- If a student has a concern regarding a submitted assessment form, the student should contact the clerkship director regarding the concern. Questions about clinical evaluations or grades should be directed to the clerkship director. Contacting a clinical evaluator directly regarding an evaluation will be considered unprofessional behavior.

- If a student has a concern regarding a submitted student assessment form completed by a clerkship leadership member due to, for example, conflict of interest, the student should contact the clerkship coordinator regarding the concern. The coordinator will contact an alternative clerkship leadership member to meet with the student and discuss the concern. Following the meeting, the issue may be brought to the UEC 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 UEC.

- 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 VII. Student Roles, Responsibilities and Activities.

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

> No additional documented concerns in professional interactions with peers, patients, staff, and educators (outside of the clinical assessment form)

- **Professionalism concerns will be considered by the UEC grading committee and may result in a failing grade.**
- **Ethicspoint report may also be made depending on the nature of behavior.**
- **Any incident of unprofessionalism will be reviewed by UEC 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.**

Artificial Intelligence and appropriate use in the clerkships
A few tips on appropriate use of Artificial Intelligence – please also see guidance in the Policies section.

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

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

NBME

- Students are required to take and pass the NBME shelf exam in Psychiatry given at the end of the rotation. A passing score as determined by Baylor College of Medicine is the 5th percentile nationally. This score does vary according to each cohort's NBME data. Please refer to "Grades" Section above regarding failure related procedures.

- The NBME scheduling will be managed by the Division of Evaluation, Assessment and Research Office.

- Failure to show up for the exam will require student to be referred to Student Affairs to help determine if absence is considered authorized or not. An unauthorized absence for this exam, will be counted as a FAILURE for the exam (https://www.bcm.edu/education/school-of-medicine/m-d-program/student-handbook/m-d-program-curriculum/examinations)

- Students who are required to remediate the NBME examination should contact Yvette Pinales (Yvette.Pinales@bcm.edu); Shaun Roberson (Gician.Roberson@bcm.edu) to arrange a retake of the NBME or if you have any other questions.

- **Students are reminded to have their laptop certified and inspected with Ken Melton before each NBME test.**

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

Standardized Patient (SP) Exam

Students are required to complete a standardized patient encounter (SP exam) at the end of the rotation. The SP exam is scheduled and administered by the BCM Simulation Learning Center. **This exam will be conducted on the Houston and Temple campuses.** Students must arrive <u>30 min before</u> the examination; late arrival or failure to show up for the examination may require students to reschedule the examination (including the associated costs) and/or a reduction in their overall letter grade for the clerkship. ⌨

- SP examination failure is earned by failure of the overall SP exam score.

- 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 allowed– smart 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.	**2 minutes**
History	You will obtain a complete **history and a mental status exam (MSE).** As a courtesy, a chime will sound when 5 minutes remain for the encounter.	**30 minutes**
Post Encounter Note (PEN)	You will exit the room and complete your PEN on the computer outside the room. You will *not* receive a notification about the time remaining.	**15 minutes**

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Counseling Session	You will re-enter the exam room to discuss/explain the diagnosis and treatment plan with the patient. As a courtesy, a verbal announcement will play when 2 minutes remain for the encounter.	8 minutes

Communication Evaluation:

- You are expected to demonstrate the same communication skills you learned in previous clinical courses. Your communication with the standardized patient will be evaluated using the same checklist used by previous clinical courses (Patient, Physician, and Society Course).

- More information is available on the Blackboard site for the Simulation Learning Center > Physical Exam Standards and Communication Skills Guide.

How to prepare:

- Please review materials from the Psychiatric Interview/Mental Status Exam modules given at orientation to prepare and practice during the rotation. You may access the content via Blackboard. Information is also provided at the CPX Q&A session.

- Please review materials from the 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(s) with any questions regarding the SP examination for this clerkship.

SP Cut Scores, Review, Regrade and Remediation

	Hx	MP	COMM	PEN	Overall
Passing Cut Scores	75%	71%	80%	50%	70%
Weighting per Domain	30%	30%	30%	10%	

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

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

- Following the SP examination, requests for SP examination review (without rescoring) can be made at any time. See REVIEW OF SP ENCOUNTER VIDEO guideline for more details.

- Requests for SP examination regrade (i.e., rescoring) must be made within 10 calendar days of receiving the score report, resulting in a grade increase or decrease depending on the re-evaluation. See CLINICAL PERFORMANCE EXAM RESCORING guideline for more details. Please note that a request for SP examination regrade is not equal to an official grievance or grade appeal for the course; see the POLICIES section of this document for more information regarding the Student Appeals and Grievances Policy (23.1.08).

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

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

    SP examination failure may by earned by:

    • Failure of overall SP exam score

    REMEDIATION / RETAKES:

    • 1 or 2 domain failure(s): -Student may review own video
    • Overall exam failure: -Student must review own video and must retake the exam as per SP Exam Failure
                                         Process on Blackboard

Grade Verification

Due process involves providing students with a clear description of course expectations, including grading requirements, as well as behavioral and professionalism guidelines. Students may have questions about their final grade or the grading process. If students want to verify their final grade, they are first encouraged to meet with the course/clerkship directors informally to discuss those questions. After grade verification and discussion, the student may choose to proceed with a formal grade appeal if they believe they have received a grade unjustly. Grievances are not the same as disagreements. A student cannot file a grievance merely because s/he disagrees with the grade. A student can file a grievance if they believe the grade was unfair, for example, if it is felt to be an act of discrimination
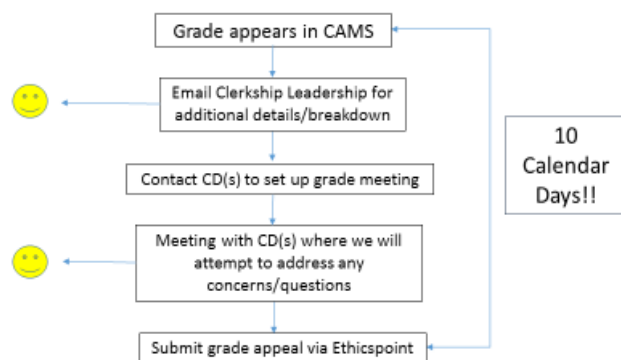
Grade Appeal

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.1.08

1.   Students must file an Appeal through the Integrity Hotline within 10 calendar days of the grade's posting in the student portal. All students receive grade notification electronically.
2.   The Associate Dean/Program Director or Designee consults the Course or Clerkship Director concerning the contested grade within 15 calendar days after the appeal is filed and communicates the findings to the student in writing. Exceptions to this time frame may be authorized by the Provost or Designee.
3.   If dissatisfied with the initial determination, the student must request escalation of the Appeal in writing within 7 calendar days to the Dean of School or Designee. The Dean of School or Designee reviews the determination and makes the decision within 15 calendar days.
4.   If a student elects to Appeal the decision of the Dean or Designee, the student must file contest in writing within 7 calendar days to the Office of the Provost. The Associate Provost of Student Services or Designee will convene a 7- member ad hoc Subcommittee of the Student Appeals & Grievances Committee to review the final Appeal, within 15 calendar days. The ad hoc Appeal Subcommittee will review the Appeal, conduct an independent review, and provide a recommendation to the Provost or Designee within 20 calendar days. Exceptions to this time frame may be authorized by the Provost or Designee.
5.   The Provost or Designee determines and distributes the final Appeal decision in writing to the student and the Dean of School or Designee within 10 calendar days.

School Wide Policies
Grade verification Process

Grade appears in CAMS

Email Clerkship Leadership for additional details/breakdown

Contact CD(s) to set up grade meeting

Meeting with CD(s) where we will attempt to address any concerns/questions

Submit grade appeal via Ethicspoint

10 Calendar Days!!

X. Evaluations

- **Global Assessment Scale for all WBAs**

To what degree did you need to help with the student's clinical reasoning during this patient's presentation?

I had to do it	I helped a lot	I helped a little	I needed to be there but did not help	I didn't need to be there at all
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

- **Clinical Student Workplace Feedback Tool (CSWFT) – on Qualtrics**

  ☐ We use the same CSWFTs used by all clerkships
  ☐ **Students will be assigned to mandatory MD/DO faculty per sub-rotation (inpatient site and ambulatory site)**
  ☐ **Students must launch the CSWFTs to these assigned mandatory MD/DO faculty via QUALTRICS.**
  ☐ **Additional CSWFTs may be launched by the student to another faculty/resident/fellow(s)**
  - **Please avoid requesting CSWFTs from people with whom you have a preexisting relationship that may influence their ability to evaluate you impartially.**
  - **Non-mandatory CSWFTs submitted > 10 days after the last day of the rotation will not be considered in the student's grade.**
  - **We will not be responsible for ensuring that non-mandatory CSWFTs are completed in time to be considered in the student's grade.**
  - **<u>Students are not allowed to reach any evaluator directly regarding how to complete/grade each evaluation or dispute any submitted form. Students can contact the CD(s) instead.</u>**

  CSWFT Form Sample

  o **What did the student do well?**
  o **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)**

Commented [DK12]: @Han, Jin Yong @Williams, Julie @Pratt, Brittany Going forward in October, we will not be taking out any evaluations. We can remove this statement

Commented [JH13R12]: Fixed thanks

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

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

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

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	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, seeks and is receptive to feedback	Recognizes when performance falls short of expectations, seeks feedback for improvement, and adapts behavior based on feedback	Seeks performance data with intention to improve; independently creates and implements a learning plan	Uses performance data to measure the effectiveness of the learning plan and identifies when the plan should be modified

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

NA Not obser ved	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 **routine** situations	Independently completes tasks and assigned responsibilities in a timely manner with appropriate attention to detail in **complex or stressful** situations	Proactively communicates with clerkship leadership and faculty regarding situations that may impact own ability to complete tasks and responsibilities in a timely manner

Please remember to complete evaluations of educators and the course via Leo!

XI. Recommended Texts/Videos/Resources

1. Stahl's Essential Psychopharmacology: Neuroscientific Basis and Practical Applications (latest edition)
2. Kaplan & Sadock's Pocket Handbook for Clinical Psychiatry (latest edition)
3. Introductory Textbook of Psychiatry by Black and Andreason (latest edition)
4. Any USMLE/NBME style question book (e.g., First Aid)
5. Uploaded Lectures on Blackboard

XII. Are you interested in Psychiatry?

Students interested in Psychiatry may contact the Directors for further recommendations regarding mentoring or networking opportunities. You may also find additional Specialty Specific Mentors on COSA Blackboard Organization under Students Affairs heading on the left-hand menu.

XIII. PEAR Awards

These awards were created as a student-led initiative to allow students to recognize educators. Please use following links.

https://form.jotform.com/202256428683055
or
https://www.bcm.edu/education/academic-faculty-affairs/center-professionalism/awards

XIV. Houston Campus Specific Information

Student Escorts within the TMC Campus

The Texas Medical Center (TMC) Police Department is available 24/7 for those students who have a legitimate fear that would prevent a student from feeling safe while crossing the TMC campus.

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

For a Safety Escort call 713-795-0000

Credentialing

a. **VA Badging/Computer Access**: VA access is an extensive process. All student components must be completed **prior** to the first day of the block. Otherwise, students will jeopardize the ability to rotate at the VA and possibly the ability to complete the rotation.

> **VA Badge:** The PIV badge is a recognized governmental form of ID. It's like a driver's license or passport. Therefore, losing it is something to report and rectify immediately. The badging process takes months and is why it is initiated during MS 1 year. If a student does not have a badge, he/she should contact Dr. Han, Dr. Williams, Ms. Platt, and VA Site Director Dr. Asghar-Ali (asgharal@bcm.edu) immediately. Student should also contact our BCM contact person, Ms. Dianne Ohnstad (dianne.ohnstad@bcm.edu), as well. **The badge and credentialing process are required prior to the VA rotation.**

> **Computer access/training:** Computer access from the VA will be requested in advance of the rotation and is often dependent on student maintaining yearly HIPAA training at the VA through their online training system called TMS (email notification will be sent to students to renew this training). On the first day of your rotation, students will receive training on the VA computer system called CPRS. For issues regarding computer access, students should contact Ms. Tameka Howard (Tameka.Howard@va.gov) or Dr. Uma Ayyala (Uma.Ayyala@va.gov). For issues regarding TMS training, students should contact Ms. Valerie Williams (WILLIAMS.VALERIE@va.gov).

b. **Methodist Badging/Computer Access:** Methodist access is an extensive process. All student components must be completed **prior** to the first day of the block. Otherwise, students will jeopardize the ability to rotate at Methodist and possibly the ability to complete the rotation.

> For any Methodist credentialing issues, students should contact Ms. Charlotte Johnson (cjohnson1@houstonmethodist.org), including approving all necessary paperwork submitted in MERLIN system, submitting paperwork to EPIC team for access, establishing provision access, completing Laborworkx and Time ID.

> After above has been completed, for all other troubleshooting regarding password/EPIC access, students should contact IT department at (832)667-5600

XV. Temple Campus Specific Information

Credentialing

a) **VA Badging/Computer Access**: VA access is an extensive process. All student components must be completed **prior** to the first day of the block. Otherwise, students will jeopardize the ability to rotate at the VA and possibly the ability to complete the rotation.

> **VA Badge:** The PIV badge is a recognized governmental form of ID. It's like a driver's license or passport. Therefore, losing it is something to report and rectify immediately. The badging process takes months and is why it is initiated during MS 1 year. If a student does not have a badge, he/she should contact Dr. Okwara, Ms. Vavra, and VA Site Director Dr. Ali Shahid (Shahid.Ali1@va.gov) immediately. Student should also contact our BCM contact person, Ms. Amanda Martinez (Amanda.Martinez@bcm.edu) and Ms. Angela Durham (Angela.Durham@va.gov) as well. **The badge and credentialing process are required prior to the VA rotation.**

> **Computer access/training:** Computer access from the VA will be requested in advance of the rotation and is often dependent on student maintaining yearly HIPAA training at the VA through their online training system called TMS (email notification will be sent to students to renew this training). On the first day of your rotation, students will receive training on the VA computer system called CPRS. For issues regarding computer access, students should contact Angela Durham at angela.durham@va.gov.

XVI. Policies

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

BCM Policies and Procedures- Clinical Policies
BCM Policies and Procedures- Students and Learners
BCM Policies and Procedures- Undergraduate Medical Education

Additional information may be found in the 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 (Beginning with Fall 2023 Matriculants) (28.1.09):
https://intranet.bcm.edu/policies/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.19
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 20 hours per week averaged out over the term.

Academic Workload in the Foundational Sciences Curriculum (Legacy Curriculum) (28.01.09)
https://intranet.bcm.edu/policies/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.

Accommodation 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

Alternative Instructional Site Request 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.

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.

BCM UME AI 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.

Clinical Supervision of Medical Students (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.

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

Criminal Allegations, Arrests, and Convictions Policy (28.1.13):
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.13

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 (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 (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

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

Grade Verification and Grade Appeal: *See also Student Appeals and Grievances Policy (23.1.08).*

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 Ombudsman. https://www.bcm.edu/about-us/ombuds
b. Any school official (learner's choice)

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

<u>M.D. Program Student Handbook</u>

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:
> *Infection Control and Prevention Plan (26.3.19)*
> https://intranet.bcm.edu/policies/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
>
> *Standard Precautions Policy (26.3.06)*
> https://intranet.bcm.edu/policies/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=26.3.06
>
> *Vaccine-Preventable Diseases Policy (18.1.04)*

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 (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/our-campus/notice-of-nondiscrimination

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

Respectful & Professional Learning Environment Policy: Standards for Student Conduct and College Oversight (23.2.01):
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.2.01

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 and Responding to Breaches of Professionalism and Ethical Conduct

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 (11.2.15):
https://intranet.bcm.edu/policies/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=11.2.15

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

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

Strategic and Continuous Quality Improvement Policy (28.1.18)
https://intranet.bcm.edu/policies/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.18

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.

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.

Student 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 a Voluntary Leave of Absence,
3. define and describe circumstances in which a student may be placed on 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.

Student Progression and Adverse Action 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

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

Absences and Tardiness

- Regular attendance and participation in every aspect of the rotation is required. Advance notice of any planned absences must be directed to the clerkship office before the beginning of the rotation.
- Excused and Unexcused absences are defined in the handbook: https://www.bcm.edu/education/schools/medical-school/student-affairs/student-handbook/policies-guidelines/attendance-and-participation
- If a student must miss any part of the rotation, they should notify the Clerkship Office immediately. A message left on voice mail or sent via email is acceptable.
- It is the student's responsibility to inform their upper-level resident and preceptor of any absences – planned or otherwise. **Failure to communicate with the Clerkship Office and preceptor about an absence will result in the absence being considered unexcused and is grounds for failure.**
- **If a student misses > 4 days of the Clerkship for any reason, she/he will receive an Incomplete grade and will be required to repeat part or all the rotation. Such arrangements will be made after discussion with the Clerkship Director.**

Clinical Rotation Absence Policy (Clerkships, Sub-Internships, Selectives, and Electives)

An excused absence is one in which the student has a legitimate reason for being absent and he/she obtains appropriate permission, **in advance**, from the course director for the days in question.

- Students must inform the course coordinator, the course director, and the appropriate attending physician or chief resident on the team to which they are assigned for any scheduled absences and any absence arising from an emergency situation unless physically unable to communicate. **Failure to communicate an absence as directed may be considered an unexcused absence and may be grounds for failure of the rotation.**

- Reasons for excused absenteeism may include:
  - Medical illness experienced by the student **(physician note required on the 3rd day of illness)**

- o   Personal crisis (e.g., death or illness of immediate family member)
- o   Childbirth (maternity and paternity policy of the College takes precedence)
- o   Presentation at professional meetings **(up to two days with attendance up to department's discretion)**
- o   Residency Interviews
- o   USMLE Exams / Completion and/or remediation of exams required by BCM
- Absences NOT covered by the categories above (such as attending a wedding or graduation of a friend or family member) may or may not be granted following review by the Clerkship Director(s).

An unexcused absence is any absence in which the student fails to gain prior permission or falls outside of the guidelines outlined above for excused absences. **Unexcused absences are grounds for failure of a clinical rotation and should be reported to the Dean of Student Affairs.**

NOTE: Frequent absences, regardless of the reason, may be used as one component in calculating a student's overall grade, and may result in grades of Marginal Pass or Fail. Misrepresenting absences or absence requests is a breach of professionalism and is grounds for failure.

Students who miss more than the minimum allowed absences may still pass the rotation if: a) performance on days attended is satisfactory; **AND** b) students make-up the excess days missed in a manner acceptable to the course director. Make-up time will not exceed the number of days missed.

Excused Absences and Remediation

Each clinical rotation allows a limited number of excused absences based on the length of rotation. Refer to the table below to determine the number of excused absences allowed before remediation is required.

Clinical Course	Excused absences	Resulting consequences
1 week rotation	0.5 days	No remediation
	1 day	Remediation required
	>1 days	Repeat the rotation or sub-rotation
2 week rotation	1 day	No make-up time
	2 days	Remediation required
	>2 days	Repeat the rotation or sub-rotation
4 week rotation	1-2 days	No make-up time
	3-4 days	Remediation required
	>4 days	Repeat the rotation or sub-rotation

NOTE: Students requesting more than 2 days of excused absences per 4 weeks will need to include supporting documentation (e.g., e-mail confirmation or invitation) for further consideration. Approval may or may not be granted following review by the Clerkship Director(s). If approved, students will be required to make up/remediate for such absences.