Surgery Core Clerkship
Course Overview Document
6.0 credits

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

Welcome to your surgery core clerkship! In this course, we strive to provide medical students with an immersive and balanced surgical experience. Our goal is to equip learners with an appreciation for the diagnosis and treatment of surgical disease and, for those interested in surgical discipline, inspire the next generation of surgical leaders. This document details the structure and operational details of our rotation. Should you need clarification or further information, please contact the Clerkship Director and Clerkship Coordinator.

Rotation Structure:
Three (3) weeks General Surgery AND Three (3) weeks of either Subspecialty Surgery *or* Surgical ICU at one of the following sites:
- Baylor St. Luke's Medical Center (BSTLMC)
- Ben Taub Hospital (BTH)
- Michael E. DeBakey Veterans Affairs Medical Center (MEDVAMC)
- Texas Children's Hospital (TCH)
- Baylor Scott & White Medical Center, Temple (BSW Temple)
- Baylor Scott & White McLane Children's Medical Center, Temple

II. Clinical Sites and Contact Information

- Baylor St. Luke's Medical Center (BSTLMC)
- Ben Taub Hospital (BTH)
- Michael E. DeBakey Veterans Affairs Medical Center (MEDVAMC)
- Texas Children's Hospital (TCH)
- Baylor Scott & White Medical Center, Temple (BSW Temple)
- Baylor Scott & White McLane Children's Medical Center, Temple

Student Escorts within the TMC Campus

- The Texas Medical Center Police Department is available 24/7 for those students who have a legitimate fear that would prevent a student from feeling safe while crossing the TMC campus.
- **Safety Escorts: This escort is to provide safety for 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**

Student Escorts within the BCM Temple Campus

- The Baylor Scott & White Health Public Safety Department provides professional security and law enforcement services to BSW Temple medical center. Services are available 24/7 for those

students who have a legitimate fear that would prevent a student from feeling safe while crossing the BSW Temple campus.

- **Safety Escorts: This escort is to provide safety for 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 254-724-4444**

Contact Information

Michael E. DeBakey Department of Surgery Undergraduate Medical Education Faculty Leadership

Vice Chair for Education:
Bradford G. Scott, MD
Email: bgs@bcm.edu
Phone: 713-798-6078

Surgery Clerkship Director:
Yesenia Rojas-Khalil, MD
Email: yesenia.rojas-khalil@bcm.edu
Phone: 713-798-7348 (office); 713-894-2533 (cell)

Surgery Clerkship Associate Directors:
Cary Hsu, MD
Email: cary.hsu@bcm.edu
Phone: 713-873-3417

Zachary Pallister, MD
Email: zspallis@bcm.edu
Phone: 713-798-7851

Stacey Milan, MD (Temple)
 Email: stacey.milan@bswhealth.org
Phone: 215-275-2742

Site Directors:

Baylor St. Luke's Medical Center (BSLMC)
George Van Buren, MD
Email: george.vanburen@bcm.edu

Ben Taub Hospital (BTH)
Cary Hsu, MD
Email: Cary.Hsu@bcm.edu
Phone: 713-873-2746

Texas Children's Hospital (TCH)
Mark Mazziotti, MD
Email: mazziott@bcm.edu
Assistant: Vanessa Mose
Email: vmose@texaschildrens.org
Phone: 832-822-3126

Michael E. DeBakey Veterans Affair Medical Center (VA)
Konstantinos Makris, MD
Email: Konstantinos.Makris2@bcm.edu
Office: 713-791-1414

Baylor Scott & White Temple
Stacey Milan, MD
Email: stacey.milan@bswhealth.org
Phone: 215-275-2742
Office: Brindley Circles, Room 752

Subspecialty Directors:

Vascular Surgery BSLMC
Jayer Chung, MD
Email: Jayer.Chung@bcm.edu
Phone: 713-798-8840

Vascular Surgery MEDVAMC:
 Natasha Hansraj, MD
 Email: Natasha.Hansraj@bcm.edu

Vascular Surgery BTH:
Zachary Pallister, MD
Email: zspallis@bcm.edu
Office: 713-798-7851

Abdominal Transplant
Abbas Rana, MD
Email: Abbas.Rana@bcm.edu
Office: 832-355-1400

Cardiothoracic Surgery BTH
Ravi Ghanta, MD
Email: Ravi.Ghanta@bcm.edu
Assistant: Mischelle McFall Phone: 713-873-3421

Cardiothoracic Surgery VA
Lorraine Cornwell, MD
Email: cornwell@bcm.edu

General Thoracic Surgery BSLMC
Ramiro Fernandez II, MD
Email: ramiro.fernandezII@bcm.edu

Congenital Heart Surgery TCH:
Neil Cambronero, MD
Email: nxcambro@texaschildrens.org
Office: 832-826-2030

BTH Surgical ICU
Marcus Hoffman, MD
Email: marcus.hoffman@bcm.edu\

BSLMC Surgical ICU:
Zane Quach, MD
Email: Giang.Quach@bcm.edu

VA Surgical ICU:
Katy Deljoui, MD
Email: Katy.Deljoui@bcm.edu

Michael E. DeBakey Department of Surgery UME Administrative Leadership
Director for Education:
Jaye Chambers
Email: jaye.chambers@bcm.edu
Phone: 713-79808629

Surgery Core Clerkship Coordinators:
Tiffany Giles (Baylor Campus)
Email: Tiffany. Giles @bcm.edu
Direct Office number: 713-798-4725
Office Location: Main Baylor, Jewish Institute for Research, Fourth Floor, Room 404D

Terri Okun (Temple Campus)
Email: Terri.Okun@bswhealth.org Terri.Okun@bcm.edu
Office Phone: 254-724-5217
Office Location: Brindley Circles Room 730F

III. BCM Compact between Teachers, Learners and Educational Staff

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

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

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

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

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

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

As educational staff, I pledge to:
- Maintain currency in my professional knowledge and skills
- Help ensure excellence of the educational curriculum
- Embody professionalism in all of my interactions with faculty, learners, patients, colleagues, and staff
- Respect all faculty, learners, patients, colleagues, and staff as individuals, without regard to gender, age, race, national origin, religion, or sexual orientation; and oppose observed disrespect or bias

- Help create a safe environment in which faculty, learners, and staff can work and can communicate any concern about breaches of this compact

IV. BCM Core Competencies and Graduation Goals

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

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

2. Knowledge for Practice— Demonstrate understanding of established and evolving biomedical, clinical, epidemiological, social, behavioral, and population sciences and apply this knowledge to provide enhanced patient care.

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

3. Interpersonal & Cross-Cultural Communication Skills— Demonstrate verbal, nonverbal, and written communication skills that promote the effective exchange of information and foster collaborative and trusting relationships with patients, families and support systems, colleagues, and health professionals from a variety of different backgrounds.

1. Employ active listening during patient-centered interviewing and counseling to create supportive and therapeutic partnerships with patients and families
2. Communicate health information and analysis in well-organized oral presentations and written documentation.
3. Communicate effectively with colleagues, other health care professionals, or health related agencies
4. Employ effective communication to advocate for individual patients and patient populations

4. Professional & Personal Development— Demonstrate a commitment to sustaining lifelong learning and growth while adhering to the highest standards of personal and professional responsibility, integrity, and accountability.

1. Exemplify the values of compassion, empathy, and respect for all persons

2. Demonstrate knowledge, apply skills, and incorporate attitudes needed to maintain and promote wellness of patients, colleagues, community, and self
3. Demonstrate professional behaviors such as integrity, accountability, confidentiality, and responsibility
4. Demonstrate ethical decision making in interactions with patients, families, colleagues, and society, including the avoidance of conflicts of interest
5. Develop self-awareness of biases, emotions, and limitations of knowledge and skills to seek help and integrate feedback with flexibility and maturity

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

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

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

V. Surgery Clerkship Objectives Mapped to CCGG's

School of Medicine CCGG	Related Course Objective	Mode of Teaching	Assessment Method

Professional and Personal Development (4.1, 4.2, 4.3, 4.4, 4.5)	Demonstrate compassion, ethical behavior, and professionalism while fostering self-awareness, accountability, and continuous growth.	Clerkship Overview Document, Clerkship Orientation, Clinical experiences	CSWFT (Q8-9), WBAs
Knowledge for Practice (2.1, 2.2, 2.3, 2.4, 2.5)	Apply integrated biomedical, clinical, and public health sciences to diagnose, manage, and prevent common surgical diseases in individuals and populations effectively.	Clinical experiences, Didactics, Small Group Sessions, HAPPY Exercises	NBME, HAPPY, Participation, Case Files Quiz
Patient Care (1.1, 1.2, 1.3, 1.4, 1.5, 1.7)	Perform complete and/or focused patient histories and physical exams for patients in a variety of contexts.	Clinical experiences, Didactics	WBAs, Sim/SP
	Utilize the history and physical, laboratory data, imaging studies, and other diagnostic tools to develop a problem representation, a prioritized differential diagnosis and plan of care.	Clinical experiences, Didactics	CSWFT (Q1-4), WBAs, Sim/SP
	Demonstrate procedural skills and provide appropriate peri-procedural care with an understanding of indications, risks, and benefits	Clinical experiences, Didactics, Skills Lab	WBA's, Sim/SP
Interpersonal and Cross-Cultural Communication Skills (3.1, 3.2, 3.3, 3.4)	Demonstrate effective, respectful, and compassionate communication skills (verbal, non-verbal and written) to effectively interact with patients, families and the medical team across diverse backgrounds.	Clinical experiences, Didactics	CSWFT (Q5-6), WBAs, Sim/SP
Critical Thinking, Inquiry and Problem-Solving (6.1, 6.2, 6.3, 6.4, 6.5, 6.6, 6.7)	Use critical thinking skills to form questions, acquire, appraise, and apply evidence, mitigate bias, and navigate uncertainty in medical decision-making	Clinical experiences, Didactics, Small Group Sessions, HAPPY exercises, NEJM Healer cases	WBA's, HAPPY, Sim/SP, CSWFT (Q3)
Teamwork and Collaboration (7.1, 7.2, 7.3. 7.4)	Demonstrate collaborative skills with all members of the interprofessional team in a manner that maximizes team effectiveness.	Clinical experiences	CSWFT (Q7)
Health Systems Science & Social Contexts of Care (5.1, 5.2, 5.3, 5.4)	Demonstrate mitigation of harm by prioritizing patient safety, through evidence-based strategies for quality-driven care. (Patient Safety)	Clinical experiences, HAPPY exercises, M&M (QI) conferences	HAPPYs, WBAs, participation
	Identify factors that contribute to sustainability of improvement efforts. (Quality Improvement)	Clinical experiences, HAPPY exercises, M&M (QI) conferences	HAPPY, WBAs, participation

VI. You Said, We Did

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

Evaluation year	YOU SAID:	WE DID:

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2021	Lack of space to work at BT SICU	We were granted additional working space at BT by hospital administration
2021	Lack of organization, specifically outdated COD and blackboard	Updated COD and blackboard; and instituted the Weekly Reminder Email on Mondays
2022	Not enough faculty interaction at BSLMC	Assigned students to faculty per week, preceptor like-model and added Plastic surgery subrotation
2023	Needs skills for suturing and knot tying earlier in the rotation	Suture and knot tying skills directly following Orientation on Day 1
2023	Difficulty getting scrubs at the VA; in the basement	Worked with VA to give students access codes to get scrubs from vending machines

VII. Student Roles, Responsibilities and Activities

PATIENT ENCOUNTERS

Logging all required patient encounters (PET) and NEJM Exercises is mandatory and should be completed using LEO. Failure to log these requirements by the last day of the rotation (i.e. the last day of your 6-week clerkship rotation) may result in an **incomplete** grade.

The list of required patient encounters and NEJM Exercises are the **minimum** requirements the Clerkship Director and Curriculum Committee have designated for every student to see and/or do during the surgery clerkship rotation. We strongly advise students to log your patient encounters and other clerkship requirements as you progress along the clerkship. Your log will be reviewed with you during your Mid-term feedback session.

Definition of your role for each patient encounter or other clerkship requirement:
PERFORM = The student performs the patient history, physical and/or mental status exam, differential diagnosis, treatment decision-making, and/or relevant communication or procedural skill.
ASSSIST= The student assists with the patient history, physical and/or mental status exam, differential diagnosis, treatment decision-making, and/or relevant communication or procedural skill.
OBSERVE = The student is present as an observer during the patient history, physical and/or mental status exam, differential diagnosis, treatment decision-making, and/or relevant communication or procedural skill.
SIMULATE = Alternative experience or other Simulated setting (to be used only when actual patient experience is not available and with the permission of the Clerkship Director)
Please contact the Clerkship Director if any clarification is needed on any of the above logging expectations and definitions. A summary of the required patient encounters and other clerkship requirements is provided below.

Required Patient Encounters	Alternative Experiences
Abdominal Pain- Perform H&P	WISE-MD: Appendicitis, Bowel Obstruction, Colon Cancer, Diverticulitis
Biliary Tract Disease- Perform H&P	WISE-MD: Cholecystitis, Pancreatitis

Breast cancer or disease- Assist with H&P	WISE-MD: Breast Cancer WISE-MD Skills: Ultrasound for Breast
Hernia- Assist with H&P	Inguinal Hernia, Pediatric Hernia
Soft Tissue Infection- Perform H&P	WISE-MD: Burn Module, Skin Cancer
Trauma Patient- Perform H&P	WISE-MD: Trauma Resuscitation WISE-MD: EFAST exam
Wound care- Perform	WISE-MD: Burn Module
Suturing and Knot Tying- Perform	WISE-MD Skills: Suturing and Instrument Tie WISE-MD Skills: Two Handed Knot Tie
Urinary Catheter Insertion- Perform	WISE-MD: Skills Foley Catheter
Intubation - Observe	WISE-MD Skills: Trauma Resuscitation

It is our job as Clerkship Director and Site Directors to ensure that you can see/do the required items listed. If a required clinical experience or other clerkship requirement cannot be met, we will provide an approved alternative experience or adjust sites as necessary. *PLEASE NOTE: STUDENTS SHOULD ONLY LOG ALTERNATIVE EXPERIENCES IF THEY HAVE NOT MET THE MINIMUM ROLE REQUIREMENT AND HAVE GOTTEN PERMISSION FROM THE CLERKSHIP DIRECTOR*

NEJM Exercises
- All students are required to complete the assigned NEJM Cases for this clerkship.
- Log completion of the case in your Patient Encounter Tracking (PET) in LEO.
- Please log into https://healer.nejm.org/app/dashboard to complete the case.

NEJM Case Name	
Aliyah Jones	Abdominal pain
Carl Sanders	Abdominal pain
Karl Williams	Abdominal pain

- Completion and logging of the NEJM cases must be done by the last Friday of the rotation.

ADDITIONAL CLERKSHIP REQUIREMENTS

The following table summarizes additional clerkship assignments required for successful completion of the rotation:

Course Requirement	Responsible Personnel
Required WBAs (DO, ART, PAT, Consult)	
• Direct Observation (DO) from General Surgery Subrotation x1 • Direct Observation (DO) from ICU Subrotation *or* Surgical Subspecialty x1 • Assessment and Reasoning Tool (ART) x5 • Procedural Assessment Tool (PAT) x 5 • Calling a Consult x 2	DOs must be completed by <u>faculty only</u>. PATs, ARTs, and Calling a Consult may be completed by residents, fellows, APPs, or faculty.
Evaluations	

• Mid-Term Feedback (completed by Site/Subrotation Director)
• Mid-Term Feedback Attestation Form
• Clerkship Student Workplace Feedback Tool (CSWFT)- Minimum of 4 required:
    General Surgery Subrotation
        1 from faculty
        1 from housestaff
    ICU or Subspecialty Subrotation
        1 from faculty
        1 from housestaff
	Mid-Term Feedback is to be completed by your Site/Subrotation Director.
	
	CSWFT must be completed by <u>Department of Surgery faculty or housestaff only.</u>

Additional Requirements	
• Grand Rounds • Didactic Sessions (Attending Lectures) • Small Group Sessions (including HAPPY exercises) • Skills Labs • Online Independent Learning (NEJM Exercises)	Completion/attendance by each student

Work-Based Assessments (WBAs)
Work-Based Assessments (WBAs) include Direct Observation (DO), Assessment and Reasoning Tool (ART), Procedural Assessment Tool (PAT), and Calling a Consult. DOs are to be completed once on the general surgery sub-rotation and once on the subspecialty or ICU sub-rotation. Students should use BCM standards in their history and physical exams. The evaluation is to be completed and logged on QUALTRICS. **The activity AND evaluation launch in QUALTRICS for each successive DO should be completed prior to the end of the *second week* of each sub-rotation.** *Failure to complete the required direct observations in a timely fashion may result in a loss of professionalism points. Please note that these should NOT be completed during your assigned Trauma Shift or Breast Clinic.*
The remainder of WBAs (ART, PAT, and Calling a Consult) can be completed at any time during your rotation. *Failure to complete the required activities by the end of the course will result in a grade of incomplete until these requirements are fulfilled.*

MID-TERM FEEDBACK EVALUATION
Each student is required to participate in a formal mid-term feedback (MTF) session with the Site Director or Sub-Specialty Rotation Director at the 3-week mark. **Students should contact their Site Director or Sub-Specialty Rotation Director to schedule MTF, with a goal of completion by Thursday of week 3.** *If you have difficulty scheduling, please contact the clerkship coordinator and director for assistance.* The formal mid-term feedback evaluation (assigned to your site director/subrotation director through the education office), located on QUALTRICS, is to be completed and logged. Mid-term Feedback is a mandatory activity designed as a "checkpoint" to review a student's progress towards completion of class requirements. Mid-term feedback is not meant to be a predictor of your final grade. A student may meet criteria for a failing grade at any time during the clerkship based on professionalism or clinical performance, including after MTF. Failure to complete MTF in a timely fashion may result in loss of professionalism points. Failure to complete MTF prior to the end of the clerkship will result in a grade of incomplete for the course until MTF is logged.

GRAND ROUNDS

The Department of Surgery Grand Rounds are held Wednesday mornings from 7:00 a.m. – 8:00 a.m. during the months of September – June. Location will be sent via calendar and email invitation. Attendance is mandatory. For in-person sessions, please wear either business attire or scrubs with your white coat.

The BSW Temple Department of Surgery Grand Rounds are held once monthly on Thursday mornings from 7:00 – 8:00 am in the Mayborn Auditorium. Topics vary, and further information will be sent via calendar and email invitation. Attendance is mandatory.

DIDACTIC SESSIONS AND SMALL GROUPS
Medical student didactic sessions will be held every Wednesday morning directly following Grand Rounds. There will be two (2) sessions per Wednesday: an expert didactic session led by a faculty member followed by a small group learning session facilitated by a faculty member. Typically, these sessions held from 8:15 am – 10:15 am. Location will be sent to you via calendar invitation and email. To prepare for the faculty didactic session, students, will be provided study material both online through Blackboard and in email form in the calendar invitation if requested by the invited lecturer. Students are strongly encouraged to review this information before the live session. For small-groups (including HAPPY exercises), you will be assigned to a group and faculty facilitator. The small-group cases are sent to you via email and are available on Blackboard for your preparation beforehand. Students will also be required to complete an evaluation on their faculty in LEO.

Temple campus medical student didactic sessions will be held every Wednesday morning. There will be two (2) sessions per Wednesday: an expert didactic session led by a faculty member followed by a small group learning session facilitated by a faculty member. Typically, these sessions held from 8:15 am – 10:15 am. Some sessions (HAPPY exercises) will be a hybrid session with the Houston campus via Zoom, and others (expert didactic sessions) will be in person. Location and other details will be sent to you via calendar invitation and email. To prepare for the faculty didactic session, students will be provided study material both online through Blackboard and in email form in the calendar invitation if requested by the invited lecturer. Students are strongly encouraged to review this information before the live session. For small-groups (including HAPPY exercises), you will be assigned to a group and faculty facilitator. The small-group cases are sent to you via email and are available on Blackboard for your preparation beforehand. Students will also be required to complete an evaluation on their faculty in LEO.

ONLINE INDEPENDENT LEARNING
Students are required to complete the following online learning sessions independently prior to the end of the clerkship:

NEJM Exercises
- All students are required to complete the assigned NEJM Cases for this clerkship.
- Log completion of the case in your Patient Encounter Tracking (PET) in LEO.
- Please log into https://healer.nejm.org/app/dashboard to complete the case.

NEJM Case Name	
Aliyah Jones	Abdominal pain

Carl Sanders	Abdominal pain
Karl Williams	Abdominal pain

VIII. Schedule

Orientation	8:00 a.m. – 10:00 a.m.; 1st day of Clerkship	All students attend, held at BCM main campus	All students attend, held at BSW Temple Campus Medical Education Building-Room 202
Grand Rounds	7a.m. – 8 a.m., Wednesdays, Sept.-June only	All students attend, held at BCM main campus	7-8 am Once monthly on Thursdays Mayborn Auditorium
Didactics	8:15 am- 9:15 am, Wednesdays	All students attend, held at BCM main campus	All students attend, held at BSW Temple Campus Medical Education Building-Room 202
Small Group Sessions	9:30 am-10:15 am, Wednesday	All students attend, held at BCM main campus	All students attend, held at BSW Temple Campus Medical Education Building (MEC 202), HAPPY exercises will be hybrid with Houston

Skills Lab	10:00 a.m-noon on 1st day of Clerkship following Orientation, and 10:30 am- noon every Wednesday	All students attend, held at BCM main campus	All students attend, held at BSW Temple Campus, Room SSL 358-FLS
Chairman's Rounds	1 p.m. – 2 p.m.; Wednesdays	General Surgery/Surgical Oncology sub-rotation students attend	12-1:30 pm Tuesdays Location may vary
Morbidity and Mortality Conference	Held weekly at TCH, VA, BSLMC, BTH	Time varies by site	6:45-7:30 am Held weekly on Thursdays (except when Grand Rounds)
Trauma Shifts	Ben Taub Hospital 7 p.m. to 7 a.m. Friday 7 a.m. to 7p.m. Saturday 7 p.m. to 7a.m. Saturday 7 p.m. to 7 a.m. Sunday 7 p.m. to 7a.m. Monday	Students are assigned to Friday night, Saturday, or Saturday night trauma shifts. BTH General Surgery students are assigned to Sun & Mon	Students will be assigned a trauma shift at BSW Temple Hospital. Times will vary and students will be emailed with the date, time and location to report for this shift.
Outpatient Breast Clinic Experience	All students will be assigned to an afternoon breast clinic at Dan L. Duncan Cancer Center, Smith Clinic, or St. Luke's Woodlands.	All students are assigned to a breast clinic shift during their General Surgery rotation. Students will be emailed with the date, time, and location of this clinic.	Students will be assigned a breast clinic shift at the BSW Vasicek Cancer Center. Times will vary and students will be emailed with the date, time and location to report for this shift.

Additional details for the above schedules may be found on Blackboard and are updated each term. Schedules/activities are subject to change

IX. Grade Components and Passing Thresholds

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

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

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

Overall Grading Information

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

Grading Rubric:

Grading Components	Subcomponents	Threshold for Passing

Assessments	National Board of Medical Examiners (NBME) Subject Exam	$\geq 5^{th}$ percentile nationally
	Standardized Patient (SP) exam	$\geq 70\%$
	Workplace Based Assessments (WBAs)	Must receive $\geq 50\%$ of ratings at "Level 2" or higher on the final item for each WBA
	Clerkship Student Workplace Feedback Tool (CSWFT)	Must receive $\geq 50\%$ of ratings at "Level 3" or higher on each item
	High-yield Application of Principles to Patients of Yours (HAPPY) Exercises	Must meet passing criteria for each exercise
Completion Items	Patient Encounter Tracking Additional Course Requirements as Listed	Completion of all items
Professionalism	Professionalism	Meets all professionalism standards
GRADE:	Pass*/Fail*	

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

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

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

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

Full adherence to the attendance policy
No additional documented concerns in professional interactions with peers, patients, staff, and educators (outside of the clinical assessment form)

- Any and/or all professionalism concerns will be considered by the UME grading committee and any serious level breaches (Reporting and Responding to Breaches of Professionalism and Ethical Conduct) may result in a failing grade and may be reported on the MSPE.
- Ethicspoint report may also be made depending on nature of behavior.
- The student must complete each grading component by the last day of the rotation to pass the course. Late submissions of any required documentation including assessments may be considered as not meeting professionalism standards and can result in a failing grade.

Artificial Intelligence and appropriate use in the clerkships

A few tips on appropriate use of Artificial Intelligence – please also see guidance in Policies section:

Generative Artificial Intelligence (AI) and large language models

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

Educational integration in the core clerkships

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

Prohibited use of AI tools in the core clerkships

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

NBME EXAM

All web-based Medical School Clinical National Board Subject Examinations (NBME) are managed by the Office of Evaluation, Assessment and Education Research. This office will set the schedule for exam administration for all clerkships. Passing is defined as $\geq 5\%$ile.

Administration of NBME Exams:

• Administration of the NBME exams will follow guidelines described by the NBME.

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

STANDARDIZED PATIENT EXAM

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

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

Following the SP examination, requests for SP examination review (without rescoring) can be made at any time. 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 a leave of absence, please contact the Standardized Patient program sim-help@bcm.edu to be reoriented to their procedures and ensure that your login information is correct.

STANDARDIZED PATIENT EXAM CUT SCORES

Clerkship	Hx (35% of grade)	PE (35% of grade)	COMM (20 % of grade)	VPP (10 % of grade)	Overall

SURG	81%	79%	80%	50%	70%

STANDARDIZED PATIENT EXAM REMEDIATION & RETAKES

SP examination failure is earned by:
  o **Failure of overall SP exam score**
  • **REMEDIATION / RETAKES:**
  o **1 or 2 domain failure – student may review own video.**
  o **Overall exam failure – student *must* review own video *and* must retake the exam as per SP Exam Failure Process on Blackboard**

Instructions for on-site Standardized Patient (SP) Exam

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

  • SP examination failure is earned by the failure of the overall SP exam score.
  o 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.*
  o If a student fails the SP examination, the student will receive a deferred grade for the clerkship; the student's second SP exam score would then be used to calculate the final clerkship grade, and the final clerkship grade can be no higher than a Pass.

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

Exam Components	Description	Time allotted
Patient Info Door Note	You will have two minutes to review the patient's presenting information.	**2 minutes**
History & Physical Exam	You will elicit a full history and perform a focused physical examination based on the chief complaint. A general exam (i.e., heart, lungs) is NOT required. As a courtesy, a chime will sound when 5 min. remain for the encounter. (There will be no verbal notification.)	**15 minutes**

Verbal Patient Presentation (VPP)	When finished with the Hx & PE, remain in the room. You will have a total of 15 min to prepare and present your patient to a Standardized Faculty Member (SFM). When 7 min remain, the SFM will enter the room. When 5 min. remain, If you have not started presenting, the SFM will provide a verbal reminder to prevent running out of time.	15 minutes (10 minutes to prepare your notes; 5 minutes to present

Communication Evaluation:

- You are expected to demonstrate the same communication skills you learned in previous clinical courses. Your communication with the standardized patient and Standardized Faculty member 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:

- Practice with clinical experiences on the clerkship, including focused physical examinations based on the clinical presentation, will help prepare students for this examination.
- 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 (SimHelp@BSWHealth.org for Temple campus) and copy the course director(s) with any questions regarding the SP examination for this clerkship

- Students can access their scores and feedback directly from Simulation iQ. Students will be notified via email that simulation exam results are available from **SMTP.EMS**. Please note this is an automated messaging system, and students may find this email in spam folder.

- To navigate these new features, please view the tutorial video on how to view published exam reports/simulation exam results on the Simulation Core Blackboard page. The Login instructions, tutorial video, and Simulation Core Blackboard page can be viewed from the links below.

1. **SimulationiQ Login Instructions:**
    https://bcm.simulationiq.com
    - From the Login screen, enter you Username and Password.
    - Your username is your **ECA** login and password is your **Baylor ID** starting with "**u**" and ending with a "**!**" **Example: u123456!**
    - Click Login.
    Once you have successfully log in to SimulationiQ, select Scores & Reports at the top of the page, click My Reports, then select your published Score Report.

X. Evaluations

Clinical evaluations of clerkship students are obtained via the Clerkship Student Workplace Feedback Tool (CSWFT). A minimum of 1 faculty and 1 house staff CSWFT must be completed per sub-rotation. Each CSWFT from the Sub-Specialty or ICU Sub-rotation will count equally towards the final grade. Completed in QUALTRICS. *REMINDER: house-staff and faculty must be from the Department of Surgery (not Plastic surgery, ER, Ob/gyn, etc).*

Evaluation of Student (CSWFT)

What did the student do well?

What can the student do to improve?

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

[click here for examples and explanations for each item]

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

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

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

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

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

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

8. What best describes the student's abilities with regards to **reflective practice and personal growth**?

N/A Not observed	Not yet able to set goals, track progress, or seek feedback	Establishes personal and professional development goals, tracks own progress, and is receptive to feedback, but does not modify behavior or respond to feedback	Recognizes when performance falls short of expectations, seeks feedback for improvement, and adapts behavior based on feedback	Seeks performance data with intention to improve; independently creates and implements a learning plan	Uses performance data to measure the effectiveness of the learning plan and identifies when the plan should be modified

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

N/A Not observed	Not yet able to complete tasks and assigned responsibilities; not yet able to arrive on time nor prepared for work	Completes tasks and assigned responsibilities with prompting; arrives on time and prepared for work, but needs reminders	Independently completes tasks and assigned responsibilities in a timely manner with appropriate attention to detail in **most** situations	Independently completes tasks and assigned responsibilities in a timely manner with appropriate attention to detail in **any** situation	Proactively communicates with the team regarding responsibilities in a timely manner, and completes tasks in advance or ensures coverage of responsibilities when appropriate.

XII. Additional Reading/Resources

XIII. Interprofessional Education

XIV. Frequently Asked Questions

XV. What if I have an outstanding faculty or housestaff who deserves further recognition?

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

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

XVII. Houston Specific Course Information:

Can include maps, site specific information and any other information.

XVIII. Temple Specific Course Information:

Temple Addresses and maps and any specific information..

XIX. BCM Policies and Procedures

(edited 12.3.23)
Policies affecting Baylor College of Medicine students in undergraduate medical education may be found on the following BCM intranet sites:
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Policies&area=28
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Policies&area=23
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Policies&area=26
Additional information may be found in the student handbook: https://www.bcm.edu/education/schools/medical-school/md-program/student-handbook
Brief descriptions of relevant policies and procedures are provided below; however, please refer to the full policies and procedures for additional information.
Academic Workload in the Foundational Sciences Curriculum (Policy 28.1.09):
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.09
This policy establishes procedures to balance the academic workload, which includes scheduled foundational curriculum responsibilities, classroom learning in multiple formats, independent learning, and time for attention to personal health and well-being. Scheduled learning activities are limited to a maximum of 25 hours per week averaged out over the term.
Accommodations for Learners and Program Applicants with Disabilities (23.1.07):
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.1.07
Baylor College of Medicine (BCM) is committed to providing equal educational access for qualified students with disabilities in accordance with state and federal laws including the Americans with Disabilities Act of 1990, as amended in 2008, and Section 504 of the Rehabilitation Act of 1973.

To effectuate equal access for students with disabilities, this policy formalizes BCM criteria for requesting reasonable accommodations, defines parameters for consideration of such requests, and outlines procedures for appeal.
Add/drop Policy:
https://www.bcm.edu/sites/default/files/2020-02/Add-Drop-Policy-2-12-20.pdf

Academic Workload in the Foundational Sciences Curriculum (Policy 28.1.09):
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.09

This policy establishes procedures to balance the academic workload, which includes scheduled foundational curriculum responsibilities, classroom learning in multiple formats, independent learning, and time for attention to personal health and well-being. Scheduled learning activities are limited to a maximum of 25 hours per week averaged out over the term.
Alternative Instructional Site Request Procedure (Policy 28.1.10):
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.10
Clinical course directors are responsible for assigning medical students to Educational Sites during clinical rotations, and for approving or denying each student request for an alternative Educational Site assignment based on the rationale and circumstances.

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

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

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

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

Attendance / Participation and Absences:
https://www.bcm.edu/education/schools/medical-school/md-program/student-handbook/academic-program/attendance-and-absences
See other sections of the Course Overview Document regarding course-specific attendance / participation and absence criteria.
Clinical Supervision of Medical Students (Policy 28.1.08):
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.08
The policy ensures that the level of responsibility delegated to a medical student is commensurate with their level of training, and that activities supervised by health professionals are within their scope of practice.
The level of responsibility delegated to a medical student by a supervising health professional must be appropriate to the medical student's level of training, competence, and demonstrated ability.
Students should only perform clinical tasks for which they have received adequate training.
Students must inform the supervising health professional or clinical course director of concerns about levels of supervision.
Code of Conduct:
https://media.bcm.edu/documents/2015/94/bcm-code-of-conduct-final-june-2015.pdf
The BCM Code of Conduct is our comprehensive framework for ethical and professional standards.
It is designed to ensure that all members of the BCM community understand the expectations to conduct ourselves in an ethical and professional manner while complying with all laws, regulations, rules and policies to the fullest degree.
Compact Between Teachers, Learners and Educational Staff: https://www.bcm.edu/education/academic-faculty-affairs/academic-policies/compact

Learners pursuing a professional career at Baylor College of Medicine assume responsibility to develop in-depth knowledge, acquire and apply special skills, and demonstrate professionalism. Teachers guide and educate learners, and model appropriate attitudes, interpersonal skills, and professional behaviors. Core educational staff support both learners and teachers. This compact serves both as a pledge and a reminder to teachers, learners, and educational staff that moral, ethical and professional behavior by all Baylor personnel is essential to the basic principles of this institution.
Guiding Principles of the Educational Compact
Duty: All participants in the education mission have a duty to sustain a learning environment conducive to maintaining the knowledge, attitudes, and skills necessary for providing contemporary standards of professional behavior.
Integrity: All education participants/parties will behave in a manner that reflects individual and institutional commitment to intellectual and moral excellence.
Respect: Fundamental to the ethic of professions is respect for every individual. Mutual respect between learners, as newer members of the profession, and their teachers, as experienced professionals, is essential for nurturing that ethic. In addition to individual respect, all educational parties must respect and follow established professional policies.
Course Repeat Policy: https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.1.09

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

All BCM students currently enrolled in any SOM program must report all criminal allegations and other legal actions to the Sr. Associate Dean of Student Affairs within 5 calendar days of such event.

Direct Observation Policy (Policy 28.1.03):
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.03
BCM physician faculty participating in core clerkships must conduct direct observations of medical students during clinical encounters with patients for the purpose of performing student assessments and providing feedback.
Students are encouraged to solicit additional feedback on direct observations from residents and fellows (beyond the requirements for direct observation by physician faculty).
For clinical courses, please refer to other sections of the Course Overview Document for course-specific instructions related to direct observation requirements and logging.
Duty Hours Policy (Policy 28.1.04):
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.04
This policy outlines the procedures regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities during clerkships.
Compliance of this policy is mandatory for all BCM faculty members who teach, facilitate, and / or precept medical students in the clinical setting.
Duty hours, including all in-house call activities, must be limited to an average of 80 hours per week over a four-week period. Duty periods may be scheduled to a maximum of 24 hours of continuous duty in the hospital. An additional four hours may be spent to ensure appropriate, effective and safe transition of care. Minimum time off between scheduled duties is 10 hours. Students must also receive a minimum of either 24 hours off per seven-day work period, or four days off per 28-day work period.
Please contact the course director immediately with any concerns related to duty hours violations or other scheduling questions.
Educator Conflicts of Interest Policy (Policy 23.2.04)
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.2.04
This policy establishes and describes the specific types of educator conflicts of interest and how they are avoided.
This policy is designed to keep the learning environment free from real or perceived personal, financial, or other biases that could arise from participating in the assessment, interview, or promotion of any current or prospective student with whom the educator has an existing personal relationship or significant connection.
This policy outlines how educators must avoid providing healthcare services to any learner that the educator must also teach, assess, or advise as a part of a BCM educational program.
Learners are expected to report an actual or perceived conflict of interest that may impact the teacher-learner paradigm. Reports should be directed as follows:
1) Clerkships: report to the clerkship director
2) Courses: report to the course director
3) Other Issues: Sr. Associate Dean of Student Affairs or designee
Equity and Inclusion policies:
https://www.bcm.edu/about-us/diversity-equity-and-inclusion/policies

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

Grading Guidelines:
 https://media.bcm.edu/documents/2016/d9/grading-policy-final-7-14-16.pdf.
Grading rubrics and graded components are determined by the individual course and course directors.
See other section(s) of the course overview document for course-specific grading information.
Grade Verification and Grade Appeal Guidelines: https://www.bcm.edu/education/academic-resources/student-trainee-services/appeals-grievances/grade-verification *See also Student Appeals and Grievances Policy (23.1.08).*
Grade Verification
If students have questions about a final course grade, exam grade, or the grading process, BCM strongly encourages them to first verify the grade before pursuing a formal Appeal. Grade verification is an informal process during which the affected student meets with the course and/or clerkship directors to review the grade and discuss any lingering questions. After grade verification, the student may choose to proceed with a formal grade appeal. However, appeals must have merit in order to proceed. Appeals must satisfy criteria described below to trigger reconsideration of the grade, and appeals based on mere disagreement are not valid.
Grade Appeal Application
Consistent with relevant provisions of school handbooks, students may pursue grade appeals under only the following circumstances:

1. *Mistreatment*. To prevail on this basis, the grade appeal must allege, and investigatory findings must demonstrate, that the grade was awarded based on factors other than academic or clinical performance, as outlined in the syllabus, or based on mistreatment, such as discrimination.

2. *Deviation* from Established Criteria or Guidelines. To prevail on this basis, the grade appeal must allege, and investigatory findings must demonstrate, that the grade awarded was not calculated according to prior established guidelines set forth by the faculty and distributed to students.

3. *Calculation Error*. To prevail on this basis, the grade appeal must allege, and investigatory findings must demonstrate, that the grade awarded was calculated using false or erroneous information.

Learner Mistreatment Policy (23.2.02):
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.2.02

In accordance with relevant BCM accreditation standards, BCM promotes a culture of respect between teacher and learner and works to ensure that the learning environment is free from conduct by faculty, staff, supervising residents, or others that could be reasonably interpreted by Learners as Mistreatment or other misconduct prohibited by BCM policies.

Mistreatment refers to behavior that demonstrates disrespect for a Learner and that creates a condition, circumstance, or environment that unreasonably interferes with the learning process.

Options for Reporting Learner Mistreatment:

Informal Reporting Mechanisms:

a. Office of the Ombuds https://www.bcm.edu/about-us/ombuds

b. Any school official (learner's choice)

Formal Reporting Mechanisms:

a. Course evaluation

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

Leave of Absence Policy (23.1.12):
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.1.12

The purposes of this policy are to:

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

Medical Student Access to Health Care Service Policy (28.1.17)
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.17

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

Medical Student Exposure to Infectious and Environmental Hazards Policy (28.1.15)
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&policy_number=28.1.15

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

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

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

Site-specific procedures for care and treatment after exposure are outlined on the OHP website: https://www.bcm.edu/occupational-health-program/needlestick-exposure.
See also:
Blood Borne Pathogens (Standard Precautions Policy 26.3.06):
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=26.3.06
Vaccine-Preventable Diseases Policy (18.1.04)
https://intranet.bcm.edu/policies/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=18.1.04
Infection Control and Prevention Plan (26.3.19)
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&policy_number=26.3.19
Mandatory Respirator Fit Testing Procedure (28.2.01):
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.2.01
All SOM students, including medical students enrolled in the M.D. Degree Program and visiting students participating in clinical activities overseen by the SOM, must be fit tested for a N95 respirator prior to the start of the clinical rotation curriculum

Midterm Feedback Policy (28.1.02): https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.02
All BCM course directors are responsible for ensuring that faculty members who teach, facilitate, or precept medical students provide verbal or written midterm feedback, including an overall evaluation of a student's progress towards completion of course requirements, in order to allow the student sufficient time for remediation.
Foundational Sciences:
Foundational science course directors provide mid-course feedback using a variety of formative examinations, sample questions with delayed release of answers, on-line examinations, homework assignments and laboratory practicums that occur early enough in each term that the student can take actions to remedy deficiencies.
The mid-course assessment method is documented in the course overview document which is created for every pre-clinical course by the course director and reviewed and approved by the Curriculum Committee.
Clinical Courses
Student Midterm Feedback Forms are reviewed by the mid-point of each clinical course by course directors and leaders to confirm that they are completed. Faculty members should identify deficiencies in clinical performance and/or completion of course objectives and work with the student to prepare an action plan to resolve any issues.
During the midterm feedback evaluation, if any component of the Student Midterm Feedback Form has not been completed, the course director works to address and rectify any deficiencies.
At the end of each course, the Curriculum Office surveys students on whether they have received formal midterm feedback.
Please refer to other sections of the course overview document for course-specific instructions related to mid-term feedback requirements and documentation.
Narrative Assessment Policy (Policy 28.1.11):
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.11
This policy outlines how the School of Medicine Deans and Course / Clerkship Directors work to ensure that when teacher-student interaction permits, a narrative assessment of a student's performance, including their non-cognitive achievement is provided.
This assessment is in the form of narrative descriptions of medical student performance, including references to non-cognitive achievement, as a component of the overall assessment in the respective course and/or clerkship.
Notice of Nondiscrimination:
https://www.bcm.edu/about-us/diversity-equity-and-inclusion/policies/notice-of-nondiscrimination

Patient Safety:
Information for Reporting Patient Safety Incidents at BCM Affiliated Institutions: https://media.bcm.edu/documents/2019/2d/2019-cler-guide-to-reporting-patient-safety-incidents.pdf
Policy Regarding Harassment, Discrimination and Retaliation (02.2.25):
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=02.2.25
Religious Holiday and Activity Absence Policy: https://www.bcm.edu/education/schools/medical-school/md-program/student-handbook/academic-program/attendance-and-absences/religious-holiday-and-activity-absence-policy
Respectful & Professional Learning Environment Policy: Standards for Student Conduct and College Oversight (Policy 23.2.01):
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.2.01
The Baylor College of Medicine (BCM) is committed to the values of integrity, respect, teamwork, innovation, and excellence, and requires all BCM learners to practice these values consistently during the completion of requirements for educational progression and performance of scholarly and professional duties.
Creating and sustaining an environment reflective of BCM values is the responsibility of every individual at BCM.
This policy outlines the expectations of academic honesty and integrity; professionalism issues relating to alcohol and substance abuse; expectations for proper management of social media and internet use along with use of BCM resources; options for reporting lapses in professionalism against learners.
Reporting Breaches in Professional Behavior:

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

Sexual Misconduct and Other Prohibited Conduct Policy (02.2.26):
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=02.2.26
See also relevant sections of the BCM website: https://www.bcm.edu/education/academic-faculty-affairs/academic-policies/title-ix-and-gender-discrimination/education/sexual-harassment
Sexual harassment is unwelcomed verbal or physical conduct of a sexual nature that is sufficiently severe, pervasive or persistent that it interferes with, denies or limits a person's ability to participate in or benefit from the college's academic environment, educational programs and/or activities, and is based on power differentials or quid pro quo, results in the creation of a hostile environment, or retaliation.
Examples of sexual harassment include but are not limited to: an attempt to coerce an unwilling person into a sexual relationship or experience; repeated subjection to egregious, unwelcomed sexual attention; punishment in response to a refusal to comply with a sexual request; a conditioned benefit in response to submission to sexual advances or requests; acts of sexual violence; domestic violence; dating violence; stalking.
This policy outlines: several types of prohibited conduct, privacy protection for reporters, complainants, and respondents and options for reporting prohibited conduct to the college.

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

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

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

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

The BCM SOM curriculum involves program-specific objectives (CCGG's) while taking into consideration curricular frameworks from the AAMC (American Association of Medical Colleges). For example, EPA-1 (Gather a History and Perform a Physical Exam) requires multiple physician competencies (PCRS) and can be mapped to several CCGG's in the domains of patient care, medical knowledge and interpersonal and communication skills).

To help students understand how the BCM curriculum integrates CCGG's, EPA's and the PCRS, please see the "cross-walk" below.

EPA 1: Gather a History and Perform a Physical Exam		
PCRS Description	**PCRS Identifier**	**CCGG(s)**
Patient Care	PC2	1.1, 1.2
Knowledge for Practice	KP1	2.3, 6.7
Interpersonal and Communication Skills	ICS1	3.1, 3.3
Interpersonal and Communication Skills	ICS7	4.5
Professionalism	P1	1.2, 1.2, 1.7, 4.1, 4.3
Professionalism	P3	4.1, 4.3
Professionalism	P5	1.4, 4.1, 4.5
EPA 2: Prioritize a Differential Diagnosis Following a Clinical Encounter		
PCRS Description	**PCRS Identifier**	**CCGG(s)**
Patient Care	PC2	1.1, 1.2
Knowledge for Practice	KP2	2.2, 2.3
Knowledge for Practice	KP3	2.1, 2.2, 6.7
Knowledge for Practice	KP4	2.3, 6.7
Practice-Based Learning and Improvement	PBLI1	4.5, 6.5
Interpersonal and Communication Skills	ICS2	3.3
Professionalism	P4	4.3
Personal and Professional Development	PPD8	6.4, 6.5
EPA 3: Recommend and Interpret Common Diagnostic Tests		
PCRS Description	**PCRS Identifier**	**CCGG(s)**
Patient Care	PC5	1.4, 6.7
Patient Care	PC7	3.1, 6.6
Patient Care	PC9	1.6
Knowledge for Practice	KP1	2.3, 6.7
Knowledge for Practice	KP4	2.3, 6.7
Practice-Based Learning and Improvement	PBLI9	5.2, 5.3
Systems-Based Practice	SBP3	5.1, 6.6
EPA 4: Enter and Discuss Orders and Prescriptions		
PCRS Description	**PCRS Identifier**	**CCGG(s)**
Patient Care	PC2	1.1, 1.2
Patient Care	PC4	1.2
Patient Care	PC5	1.4, 6.7
Patient Care	PC6	1.4
Practice-Based Learning and Improvement	PBLI1	4.5, 6.5
Practice-Based Learning and Improvement	PBLI7	2.4, 6.3
Interpersonal and Communication Skills	ICS1	3.1, 3.3
Systems-Based Practice	SBP3	5.1, 6.6
EPA 5: Document a Clinical Encounter in the Patient Record		
PCRS Description	**PCRS Identifier**	**CCGG(s)**
Patient Care	PC4	1.2
Patient Care	PC6	1.4
Interpersonal and Communication Skills	ICS1	3.1, 3.3
Interpersonal and Communication Skills	ICS2	3.3
Interpersonal and Communication Skills	ICS5	1.5, 3.2
Professionalism	P4	4.3

Systems-Based Practice	SBP1	3.3, 5.4
EPA 6: Provide an Oral Presentation of a Clinical Encounter		
PCRS Description	**PCRS Identifier**	**CCGG(s)**
Patient Care	PC2	1.1, 1.2
Patient Care	PC6	1.4
Practice-Based Learning and Improvement	PBLI1	4.5, 6.5
Interpersonal and Communication Skills	ICS1	3.1, 3.3
Interpersonal and Communication Skills	ICS2	3.3
Professionalism	P1	1.2, 1.2, 1.7, 4.1, 4.3
Professionalism	P3	4.1, 4.3
Personal and Professional Development	PPD4	4.5
Personal and Professional Development	PPD7	4.2, 7.2, 7.3
EPA 7: Form Clinical Questions and Retrieve Evidence to Advance Patient Care		
PCRS Description	**PCRS Identifier**	**CCGG(s)**
Patient Care	PC7	3.1, 6.6
Knowledge for Practice	KP3	2.1, 2.2, 6.7
Knowledge for Practice	KP4	2.3, 6.7
Practice-Based Learning and Improvement	PBLI1	4.5, 6.5
Practice-Based Learning and Improvement	PBLI3	2.5, 4.4, 4.5, 6.1, 6.2, 6.3, 6.7
Practice-Based Learning and Improvement	PBLI6	2.4, 2.5, 6.3, 6.7
Practice-Based Learning and Improvement	PBLI7	2.4, 6.3
Practice-Based Learning and Improvement	PBLI8	2.5, 3.2, 3.3, 6.6
Practice-Based Learning and Improvement	PBLI9	5.2, 5.3
Interpersonal and Communication Skills	ICS1	3.1, 3.3
Interpersonal and Communication Skills	ICS2	3.3
EPA 8: Give or Receive a Patient Handover to Transition Care Responsibility		
PCRS Description	**PCRS Identifier**	**CCGG(s)**
Patient Care	PC8	5.2, 5.4, 7.4
Problem-Based Learning and Improvement	PBLI5	4.5, 7.3
Practice-Based Learning and Improvement	PBLI7	2.4, 6.3
Interpersonal and Communication Skills	ICS2	3.3
Interpersonal and Communication Skills	ICS3	7.2, 7.3, 7.4
Professionalism	P3	4.1, 4.3
EPA 9: Collaborate as a Member of an Interprofessional Team		
PCRS Description	**PCRS Identifier**	**CCGG(s)**
Interpersonal and Communication Skills	ICS2	3.3
Interpersonal and Communication Skills	ICS3	7.2, 7.3, 7.4
Interpersonal and Communication Skills	ICS7	4.5
Professionalism	P1	1.2, 1.2, 1.7, 4.1, 4.3
Systems-Based Practice	SBP2	1.5, 5.2, 5.4
Interprofessional Collaboration	IPC1	3.3, 4.2, 7.2, 7.4
Interprofessional Collaboration	IPC2	7.1
Interprofessional Collaboration	IPC3	3.3, 7.3
EPA 10: Recognize a Patient Requiring Urgent or Emergent Care and Initiate Evaluation and Management		
PCRS Description	**PCRS Identifier**	**CCGG(s)**
Patient Care	PC1	1.1
Patient Care	PC2	1.1, 1.2
Patient Care	PC3	1.3, 7.4
Patient Care	PC4	1.2
Patient Care	PC5	1.4, 6.7
Patient Care	PC6	1.4
Interpersonal and Communication Skills	ICS2	3.3
Interpersonal and Communication Skills	ICS6	3.1, 4.1
Systems-Based Practice	SBP2	1.5, 5.2, 5.4
Interprofessional Collaboration	IPC4	7.1, 7.2, 7.3, 7.4
Personal and Professional Development	PPD1	4.2, 4.5

EPA 11: Obtain Informed Consent or Tests and/or Resources		
PCRS Description	**PCRS Identifier**	**CCGG(s)**
Patient Care	PC5	1.4, 6.7
Patient Care	PC6	1.4
Patient Care	PC7	3.1, 6.6
Knowledge for Practice	KP3	2.1, 2.2, 5.3
Knowledge for Practice	KP4	2.3, 6.7
Knowledge for Practice	KP5	1.5
Interpersonal and Communication Skills	ICS1	3.1, 3.3
Interpersonal and Communication Skills	ICS7	4.5
Professionalism	P6	1.7, 4.3, 4.4
Personal and Professional Development	PPD1	4.2, 4.5
Personal and Professional Development	PPD7	4.2, 7.2, 7.3
Personal and Professional Development	PPD8	6.4, 6.5
EPA 12: Perform General Procedures of a Physician		
PCRS Description	**PCRS Identifier**	**CCGG(s)**
Patient Care	PC1	1.1
Patient Care	PC7	3.1, 6.6
Interpersonal and Communication Skills	ICS6	3.1, 4.1
Professionalism	P6	1.7, 4.3, 4.4
Personal and Professional Development	PPD1	4.2, 4.5
Personal and Professional Development	PPD5	3.3, 4.3
Personal and Professional Development	PPD7	4.2, 7.2, 7.3
EPA 13: Identify System Failures and Contribute to a Culture of Safety and Improvement		
PCRS Description	**PCRS Identifier**	**CCGG(s)**
Knowledge for Practice	KP1	2.3, 6.7
Problem-Based Learning and Improvement	PBLI4	2.4, 5.1
Problem-Based Learning and Improvement	PBLI10	6.2, 6.3
Interpersonal and Communication Skills	ICS2	3.3
Professionalism	P4	4.3
Systems-Based Practice	SBP4	3.4
Systems-Based Practice	SBP5	5.1, 5.3
Remaining PCRS Linkage		
PCRS Description	**PCRS Identifier**	**CCGG(s)**
Patient Care	PC10	4.3, 7.2
Patient Care	PC11	1.7, 4.5
Knowledge for Practice	KP6	2.5, 5.1
Practice-Based Learning and Improvement	PBLI2	4.5
Professionalism	P2	4.1, 4.2, 4.3
Systems-Based Practice	SBP6	1.5, 5.4
Personal and Professional Development	PPD2	4.2
Personal and Professional Development	PPD3	4.3, 4.4
Personal and Professional Development	PPD6	7.1, 7.2