

Baylor College of Medicine
Department of Medicine- Emergency Medicine



Emergency Medicine
Clerkship Overview Document

April 23, 2024

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I. Introduction and Overview

The Emergency Medicine Clerkship is a two-week rotation that is designed to give students exposure to the field of Emergency Medicine and the emergent approach and stabilization to the undifferentiated patient. This course will take place in the Ben Taub General Hospital Emergency Room, which sees approximately 90,000 patients a year and is also a Level 1 Trauma Center. As part of this rotation, students will learn the emergency medicine approach to common chief complaints. Commonly, the student will be the first provider to take a full history and physical from a patient and from this form a differential and a therapeutic plan to present to the senior resident and the attending. In addition, students will have the ability to perform common Emergency Medicine procedures: laceration repairs, incision and drainage, splinting and iv insertion. Supplanting the clinical experience, the students will also have weekly case and team-based learning didactics to learn concepts important to Emergency Medicine. At the end of the rotation, the student will have to write up a formal history and physical and come up with a PICO question regarding the patient. The student will also have to read two articles regarding the topic and summarize the findings in a two-paragraph summary. The students will also have to assess how Social Determinants of Health affected one of their patients and propose a solution to the barrier. The students will also learn how to use language interpreters and identify and manage emergent EKGs.

II. Clinical Sites

Ben Taub General Hospital Emergency Department.

Address:

1504 Taub Loop

Houston, TX, 77030

The Ben Taub General Hospital is a county hospital that sees approximately 90,000 patients a year. It serves a primarily underserved population and is one of only two Level 1 Trauma Centers in Harris County. In addition, it is a Comprehensive Chest Pain Center and a Comprehensive Stroke Center. At this site, the student will be able to be the first provider to see the undifferentiated patient and form a diagnostic and therapeutic plan. Students will gain exposure to a wide variety of common chief complaints for which students present to the Emergency Center.

A. Study/Storage/Lounge Spaces for Students

a. Site-Ben Taub General Hospital

- **Study space:** Basement Cafeteria
- **Secure Storage Space:** Lockers are located in the Emergency Medicine Academic office in Pod D. They are one foot by one foot. Please bring your own lock.
- **Lounges:** Basement Cafeteria
- **Call Room Space:** N/A as there is no overnight call on this clerkship
- **Please use the below QR code to report issues with Space Resources in Real Time**



B. Student Safety

- a. Student Escorts within the TMC Campus
 - i. The Texas Medical Center Police Department is available 24/7 to escort students safely to their vehicle.
 - ii. 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.
 - iii. For a Safety Escort call 713-795-0000
- b. For students who are working the 3p to 11p shift, they are allowed to park in Lot E at Main Baylor. The passphrase to get in is "Ben Taub Evening Shift." To get to your vehicle after your shift is over, please call BCM security at 713-798-3000. They will meet you between NPC and Ben Taub Annex.
- c. For students who work the overnight shift (shifts ending at 7a), students can park in the E lot. At the gate the student should buzz the attendant through the speaker and the student should show them their Baylor badge and state that you are working an overnight shift at Ben Taub.
- d. Students should not see patients with a Disruptive flag in Epic. The educational opportunity is not worth the risk to the student.

III. Contact and Site Information

Clerkship Director: Navdeep Sekhon
Email: sekhon@bcm.edu
Phone: 925-381-5685

Clerkship Coordinator: Malisa Dever
Email: malisa.dever-cabezas@bcm.edu
Phone: 713-873-2630

Office Location:
1504 Taub Loop
Houston, TX, 77030

1. Information for students interested in Emergency Medicine

- a. Students who are interested in Emergency Medicine should contact our specialty specific mentor, Dr. Kathryn Fisher, kathryn.fisher@bcm.edu.
- b. In addition, you can explore the specialty more by joining the Emergency Medicine Interest Group (EMIG).

- c. Information about Specialty Specific Mentors, as well as links for Academic Support and Student Success resources are available on the Curriculum Office and Student Affairs organization.
- 2. Pear Awards
 - a. PEAR awards were created as a student-led initiative to allow students to recognize educators. You can submit a PEAR award using the following link:
 - i. <https://form.jotform.com/202256428683055>

IV. BCM Graduation Competencies and Educational Program Objectives (Appendix 1)

- a. The educational objectives of the Clerkship in Emergency Medicine are aligned with the Graduation Competencies for Baylor College of Medicine
- b. Students are expected to achieve these objectives by the end of the two-week Clerkship rotation
- c. This document is available through the Blackboard application.

V. Relationship of Clerkships Objectives to BCM Core Competencies and Graduation Goals- (CCGG's) and Entrustable Professional Activities (EPA's)

CCGG	EPA	EM Objective	How is it taught?	How is it assessed?
1.4, 3.5, 3.8	1	Perform pertinent, compassionate and focused history and physical exams on the undifferentiated patient.	Didactics, Direct Observation.	Direct Observation Form, CSWFT, Direct Observation of Using an Interpreter
3.3	2	Create a prioritized differential diagnosis for common Emergent Chief Complaints.	Didactics	CSWFT, ART
3.2, 3.7	3, 10	Create a diagnostic and therapeutic plan for common emergent chief complaints	Didactics	CSWFT, ART
1.2, 4.1, 4.4		Demonstrate interprofessional communication skills that result in information exchange and collaboration with patients, their families and colleagues.	Direct Observation, Didactics	CSWFT, Direct Observation Form, Direct Observation of Using and Interpreter Form
3.4	12	Demonstrate competency in performing basic EM procedures.	Didactics, Simulation,	Case Logging, Ultrasound Assessment Form and Simulation

VI. You said, We did:

You Said	We Did
Students desire improved feedback from faculty and residents	Initiation of WBA's to provide directed feedback. In addition we will add ACTA faculty and shifts to help improve the quality of feedback.
There were some issues with the learning environment, in particular with respect to discussing patients and other services in a respectful manner.	Faculty and residents were made aware of these issues in resident didactics and the monthly faculty meeting. Expectations were set regarding the learning environment.
Students state that the EM clerkship has too many clerkship requirements for a two-week clerkship.	We will remove the patient write up requirement. The use of ACTA faculty can also be used to help complete the clerkship requirements.
Duty hour violation for 10 hours between shifts and learning activities	Gave you 11 hours between shifts and learning activities
FAST simulation would be beneficial earlier in the clerkship	Moved to 1 st Thursday

Not of all the resident didactics were relevant to students	Clerkship leadership chooses the two most useful hours of resident didactics for students to attend.
You were not receiving valuable feedback	An educational program has been developed to educate faculty on how to give feedback
Stated that the reading materials for lectures were not given early enough	Stressed during orientation that they are always present on blackboard
Two faculty Direct Observations are too much for a two week course	Changed to one faculty and one resident direct observation form per two week rotation.
Students did not have access to the locker rooms behind holding area	Students were given access to locker rooms.
Students stated that 5 FAST exams are too many for a two week clerkship	We will reduce the number of FAST exams to 3 for the two week clerkship.
Students felt unsafe walking to their vehicles after the 3p to 11p shift.	Students working the 3p to 11p shift now can park in Lot E at main Baylor and Baylor Security will escort them to their vehicle from NPC.
Students felt that the instructions for the clerkship were unclear	We now send email every week clarifying the instructions for the clerkship to improve communication.

Students felt that the eFAST Didactics would be better if in person	The eFAST didactics are moved to in person
Students voiced concerns that the quality of feedback/instruction variable between instructors	We have provided feedback to low performing faculty, made mandatory faculty education regarding feedback and will discuss feedback at our faculty retreat.
Students were concerned that the clerkship had too many requirements.	We polled the students regarding clerkship requirements and their educational utility. We found that the Direct Observation of using an interpreter was poorly ranked. We feel that this is due to the lack of feedback from the evaluator. We will begin sending the completed Direct Observation of an interpreter form to the student so that they can grow.
Students were concerned that there varying levels of expectations from faculty regarding what they can do on shift	The Clerkship Director will make a document standardizing learner expectations while on clinical shift and distribute to faculty.
Students were concerned that certain faculty did not provide effective feedback/teaching.	The Clerkship Director will meet with the bottom 10% of faculty and provide directed education to improve feedback/teach.
The Fall 2022 Learning Environment Report showed areas for improvement for the EM clerkship.	During the faculty meeting and resident didactics, the Clerkship Director will discuss the learning environment report and discuss ways to improve the learning environment.

VII. Student Roles, Responsibilities and Activities

- **Before the rotation begins**
 - Students will be notified by the course coordinator as to their schedule and the time and place of the student orientation.
 - Students are responsible for obtaining necessary identification, badges, computer access prior to the first day of the rotation

Contact Information for credentialing:

Ben Taub General Hospital: Medicalstaffservices@harrishealth.org

○ **Roles and Responsibilities**

- The students are expected to attend orientation. Failure to attend orientation precludes the student from participating in the course.
- Students will be given a schedule as to where and when to work in the Emergency Center for every shift. The students cannot switch shifts without the consent of clerkship director. Shift swaps will only be allowed for major conferences, medical school commitments, medical illness, family emergency or at the direction of the clerkship director. The expected clinical work load will be between 60-70 hours for the two week clerkship.
- The students schedule will be made in accordance with the **Duty Hour Policy for the Baylor College of Medicine (28.1.04)** (see policies section for link to this and other SOM policies).
- Students will perform focused history and physical examinations on patients in the Emergency Center. They will present their H&P to senior level residents and attending physicians.
- The students will perform follow up examinations on the patients to see if diagnostic and therapeutic interventions are performed and how the patients respond to aforementioned interventions.
- By the end of the rotation, students must demonstrate the ability to perform a focused history and physical on a patient in the Emergency Center.
- Students are expected to function as a member of the health care team in the Emergency Center and help the team as needed.
- The students will be expected to have one history and one physical exam directly observed by an attending.
 - Baylor College of Medicine Physical Exam Standards
 - <https://bcm.box.com/s/txl1ko6pgxl5rx6zt25onwp7tbvmc2q>
- The students will turn in and complete a Form discussing how social determinants of health affected a patient's presentation to the Emergency Department and discuss how those challenges could be overcome.
- The students will be expected to attend the weekly emergency medicine lectures that are designed for medical students. This will be three to five hours once a week. The students will be expected to read the provided material/online resources before the lectures.
- The student will be expected to complete 3 FAST examinations during the rotation and log them into Leo.

- At least two hours prior to the end of every shift, the student will be expected to complete and send a **Clerkship Student Workplace Feedback Tool(CSWFT)** in Qualtrics to their attending. For one shift, the **Assessment of Reasoning Form (ART Form)** should be sent in lieu of the CSWYFT (for a total of one ART Form per two week clerkship). This should be done two hours before the end of the shift. Failure to send the evaluation to your attending will result in a reduction of your professionalism grade and can result in a reduction of your course grade by one grade. Please note, that you have document in Qualtrics the feedback you received before the evaluation is sent to your attending.
- Students will have one patient interaction using an interpreter observed and evaluated by a physician (Attending or EM resident).
- Students will send one **Ultrasound Assessment Tool (UAT)** to an EM Resident or EM Attending during the clerkship.
- **Patient Encounter Tracking (PET):**
 - Students are expected to be familiar with the common emergencies that present to the Emergency Center and how to start diagnostic and therapeutic interventions. The common emergencies are below. The students should log that they have seen at least one of the following cases in Leo. Failure to do so will result in a decreased grade. The required cases are:
 - Abdominal Pain
 - Altered Mental Status
 - Chest Pain
 - Shortness of Breath
 - Toxicology/Poisoning
 - Trauma
 - Shock
 - FAST Exam (3 cases)
 - EKG
 - Use of an interpreter
 - Please note that for your procedure log, you can log either the standard method or the alternative experience, which is listed in this clerkship overview document.

Patient Type/Clinical Condition	Procedure/Skills	Clinical Settings	Number Required	Alternative Experience	Were Alternative Experiences Used for Greater than 25% of Students	Changes for 2021? (Y/N)
Abdominal Pain	Perform a History and Physical Examination on a patient with abdominal, create a differential diagnosis, and a diagnostic and therapeutic plan.	Ambulatory	1	Review one article on coreem.net and write a multiple choice question based on what you learn. https://coreem.net/core-topics/abdominal-and-gastrointestinal-disorders/	N	N
Altered Mental Status	Perform a History and Physical Examination on a patient with Altered Mental Status, create a differential diagnosis, and a diagnostic and therapeutic plan.	Ambulatory	1	Review one article on coreem.net and write a multiple choice question based on what you learn. https://coreem.net/core/wernicke-encephalopathy/	N	N
Chest Pain	Perform a History and Physical Examination on a patient with Chest Pain, create a differential diagnosis and a diagnostic and therapeutic plan.	Ambulatory	1	Review one article on coreem.net and write a multiple choice question based on what you learn. https://coreem.net/core/bundle-branch-blocks/	N	N
Shortness of Breath	Perform a History and	Ambulatory	1		N	N

	Physical Examination on a patient with Shortness of Breath, create a differential diagnosis and a diagnostic and therapeutic plan.			Review one article on coreem.net and write a multiple choice question based on what you learn. https://coreem.net/core/traumatic-hemothorax/		
Toxicology/Poisoning	Assist a History and Physical Examination on a patient with Toxicology/Poisoning, create a differential diagnosis and a diagnostic and therapeutic plan.	Ambulatory	1	Review one article on coreem.net and write a multiple choice question based on what you learn. https://coreem.net/core/acetaminophen-toxicity/ https://coreem.net/core/hiet/	N	N
Trauma	Assist with a History and Physical Examination on a patient with trauma, create a differential diagnosis, and a diagnostic and therapeutic plan.	Ambulatory	1	Review two articles on coreem.net and write a multiple choice question based on what you learn. https://coreem.net/core/initial-trauma-assessment/ https://coreem.net/core/compartment-syndrome/	N	N
Shock	Assist with a History and Physical Examination on a patient with trauma, create a differential diagnosis, and a diagnostic and therapeutic plan.	Ambulatory	1	Review two articles on coreem.net and write a multiple choice question based on what you learn. https://coreem.net/core/cardiogenic-shock/ https://coreem.net/core/surviving-sepsis-2017/	N	N

Extended Focused Assessment with Sonography in Trauma (E-FAST Exam)	Perform an Extended Focused Assessment with Sonography in Trauma (E-FAST Exam)	Ambulatory	3	Please watch this video: https://vimeo.com/34118863 And write a multiple choice question based on what you learn.	N	N
Use of an Interpreter	Perform a history using an interpreter	Ambulatory	1	Please review: https://bcm.box.com/s/6tdkaop9k25re78hocv7549oc9w6bj6p . Please write one multiple choice question based on what you have learned.		Y
EKG	Perform an interpretation of an EKG	Ambulatory	1	Please review: https://rebelem.com/five-ecg-patterns-you-must-know/ Please write one multiple choice question based on what you have learned.		Y

- **Lectures and Quiz-** Students will be expected to attend all lectures on this clerkship barring excused absences.
- **Call Requirement**
 - Students are not expected to take call during this rotation

VIII. Course Schedule

- i. The Clerkship rotation is two weeks in duration. Students will be working a schedule like an Emergency Medicine physician; thus students will be working night shifts and weekends. The student should expect to work two night shifts (defined as shift ending at 7am) and two weekend shifts.
- ii. Students will work between 60-70 hours clinically as part of this rotation.
 1. In order to comply with Baylor College of Medicine Policies, the 2nd weekend of the rotation will be off.
- iii. Required Didactics
 1. Orientation- 830a to 1p, first Monday of rotation
 2. Didactics 1- First Thursday from 9a to 1p.
 3. Didactics 2- Second Monday from 9a to 1p.
- iv. Students will be dismissed once their shift is over.

Student Commitments, Absences, and Tardiness

- Students form an integral part of the hospital or office team and are accorded real roles based on the expectation that they will be there to fulfill their educational and patient care responsibilities. For this reason, it is expected that absences from clinical rotations will be minimal and only for legitimate reasons that are described in the [Absence policy](#) in the Student Handbook.
 - a. Of note, for absences that can be foreseen, at least 4 weeks of advance notice (prior to start of clerkship) is required for it to be considered.

- b. Tardiness greater than 15 minutes will result in an extra shift assigned to the student as well as marking down the student's professionalism grade.
- c. Shift switching
 - v. Shift switching with other students is not permitted without the express written approval of the Clerkship Director and the Clerkship Coordinator. Unauthorized shift switching will result in a reduction of their and an automatic referral to the Professionalism Committee. Students have abused the shift switching policy in the past.
 - vi. Shift switching will only be considered if the reason is an excused absence per the Baylor Clinical Absence Policy. We work hard to create an equitable schedule when it comes to nights and weekends.

IX. Feedback and Evaluation (Grades)

a. Lecture Attendance

- i. The student must attend 90% of all Emergency Medicine Clerkship lectures in order to receive their final grade unless their absence is excused. If the student misses more than 10% of the lectures for the course barring excused absences, the student will be docked one grade and will have to write a written report on a topic of the Clerkship Director's choosing.

b. Clinical Performance

- i. The student will be evaluated by the attendings every shift using Qualtrics. For every shift but one, a CSWFT must be sent to the attending. For the remaining shift, the Assessment of Reasoning Tool (ART) must be sent. One MUST be launched for every shift (The CSWFT should be sent to your attending at least two hours before the end of the shift. For one shift, you should send an ART form in lieu of the CSWFT). Failure to do so may result in a reduction in Professionalism points. The results from these evaluations will be synthesized into a final grade.
 - 1. Resident evaluations may be obtained in addition, and they will be purely formative in content.
- ii. The student will have two Direct Observations performed during this clerkship-
 - 1. One by an attending of a history and physical exam using the Direct Observation Form in Qualtrics
 - 2. One by an attending or resident (EM Resident) of the student using an interpreter. The evaluators will complete the Observation of Using an Interpreter Form in Qualtrics..
- iii. These two direct observation forms above will be evaluated when calculating a course grade based on completion only.
- iv. The completion of the paper passport will be used in determination of the final grade. Loss of the passport will result in a lower grade at the discretion of the clerkship director.

c. Midterm Feedback

- i. At the midpoint of the clerkship, the student will receive an email with:
 - 1. A link to EOS so that students can access the numerical data from the CSWFT
 - 2. A summary of all written feedback given as part of the CSWYFT
 - 3. A compliance report of the case log/patient encounter tracking
 - 4. A compliance report regarding the Direct Observation Requirement and the other WBA's (Workplace Based Assessments)
 - 5. An email offer to perform in person feedback

d. Final Grade

Grade	Description
Pass (P)	Satisfactory overall performance
Incomplete (I)	Temporary grade given when a student is unable to complete the requirements for a rotation because of illness or other extenuating circumstances AND is considered to be passing the rotation at the time the grade is given.
Deferred (D)	Temporary grade given when a student has not successfully completed all of the requirements at the end of the rotation AND requires remediation in order to meet the minimum rotation requirements (e.g., failing the National Board of Medical Examiners examination will result in a Deferred grade). The student will be given an opportunity to retake the failed element. If a passing score is obtained, the student will be issued a final course grade.
Fail (F)	<p>Earning a failure in the clerkship by any of the following manners will require the student to repeat the course in its entirety:</p> <ol style="list-style-type: none"> 1. Failure to pass all the items on the clerkship grading rubric. They follow: <ul style="list-style-type: none"> • CSWFT- Pass Cutoff: Average of 3 on items 1-5 and an average of 2 for 6-9. • WBA's- Pass Cutoff: Completion of all assigned WBA's. • Patient Encounter Tracking/Professionalism- (Pass cutoff- completion of all items in the Patient Encounter Tracking prior to end of clerkship and not losing more than 2 PR** points). 2. Overall performance on the clerkship that is 2 SD below the mean will be reviewed and may result in failure. 2. Clinical performance alone, regardless of test scores, that is 2 SD below the mean will be reviewed and may result in failure. 3. Lapses or issues with professionalism alone, after confirmation by due process, independent of clinical performance. 4. Failing 2 or more components on the clerkship (i.e., the NBME and Standardized Patient (SP) exam) 5. Failing the clerkship SP or NBME Exam: <ol style="list-style-type: none"> a) 1st Failure: Failing the SP or the NBME exam will result in a Deferred grade to be submitted and the student is required to retake and successfully pass the exam. b) 2nd Failure: A second Fail of the SP or NBME exam will require the student to repeat the course in its entirety. An F will appear on the transcript. c) 3rd Failure: On repeat of the course, students who fail any SP or NBME exam on the overall third attempt will fail the course for a second time and be referred to the Student Promotions Committee for adjudication.

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 numerical data, the UMEC reviews narrative comments from evaluators to help inform the final grade. The UMEC may modify the final grade (up or down) after review of all student performance and evaluation data.

Cut-scores for Pass / Fail are determined by using competency-based criteria. In a given term, there is no restriction to how many students can earn a grade of Pass or Fail.

The UMEC's determination of the final grade includes the following measures to assure fairness of performance assessment:

- All clerkships account for identifiable variability in educator grading patterns (i.e. adjustments for “hawks” and “doves”). Clerkships utilize one or more of the following tools as determined by the individual clerkship’s UMEC, and as appropriate based on the context and structure of the rotation.
 - a. Review of educator bias reports by the UMEC (i.e. if a student is graded by a predominance of “stringent” graders, this is considered when determining the final grade).
 - b. Z-score adjustments (i.e. adjustment of scores based on historical grading patterns for each educator).
 - c. Dropping “outlier” evaluations (i.e. if an evaluation is 2 SD’s below the mean, the evaluation is dropped, AND the highest evaluation is also dropped) *[only possible for clerkships with a sufficient number of evaluations]*.
- For clerkships with more than one site, data on student performance by site is reviewed on a regular basis to assure comparability. Any identified discrepancies are acted upon by the clerkship leadership.

Grading Components	Subcomponents	Threshold for Passing
Assessments	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
Completion Items	Patient Encounter Tracking Additional course requirements as listed	Completion of all items
Professionalism	Professionalism	Meets all professionalism standards
GRADE:	Pass*/Fail*	

- There is no overall score that the student needs to reach to pass the clerkship. 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

Grade cutoffs:

Final Grade	Cutoff range
Pass	<p>To Pass the course, it will be a conjunctive model where students have to pass each of the following components:</p> <ul style="list-style-type: none"> • CSWFT- Pass Cutoff: Average of 3 on items 1-5 and an average of 2 for 6-9. • WBA’s- Pass Cutoff: Completion of all assigned WBA’s.

	<ul style="list-style-type: none"> • Patient Encounter Tracking/Professionalism- (Pass cutoff-completion of all items in the Patient Encoutner Tracking prior to end of clerkship and not losing more than 2 PR points).
Failure	<p>Earning a failure in the clerkship can be obtain by not passing the above passing criteria for CSWFT, WBA's, and Patient/Encounter Tracking/Professionalism.</p> <p>In addition, earning a failure in the clerkship by any of the following manners will require the student to repeat the course in its entirety:</p> <ol style="list-style-type: none"> Overall performance on the clerkship that is 2 SD below the mean will be reviewed and may result in failure. Clinical performance alone, regardless of test scores, that is 2 SD below the mean will be reviewed and may result in failure. Lapses or issues with professionalism alone, after confirmation by due process, independent of clinical performance. Failing 2 or more components on the clerkship (i.e., the NBME and Standardized Patient (SP) exam) Failing the clerkship SP or NBME Exam: 1st Failure: Failing the SP or the NBME exam will result in a Deferred grade to be submitted and the student is required to retake and successfully pass the exam. 2nd Failure: A second Fail of the SP or NBME exam will require the student to repeat the course in its entirety. An F will appear on the transcript. 3rd Failure: On repeat of the course, students who fail any SP or NBME exam on the overall third attempt will fail the course for a second time and be referred to the Student Promotions Committee for adjudication.

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 student performance 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. 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).

i. The final grade will be based on passing all of the following:

1. To Pass the course, it will be a conjunctive model where students have to pass each of the following components:

- a. **CSWFT**- Pass Cutoff: Average of 3 on items 1-5 and an average of 2 for 6-9.
- b. **WBA's**- Pass Cutoff: Completion of all assigned WBA's.
- c. **Patient Encounter Tracking/Professionalism**- (Pass cutoff- completion of all items in the Patient Encounter Tracking prior to end of clerkship and not losing more than 2 PR** points).

**** Case Log/Professionalism grading rubric**

- -1 if Case Log and Discussion of Social Determinants of Health are not complete by end of rotation
- -5 if Case Log and Discussion of Social Determinants of Health are not complete by two weeks after end of rotation
- -1 if Attestation of COD not completed by first day of rotation
- -2 if Patient Write Up and PICO question not turned in by the last Sunday of the two week block
- -5 if Patient Write Up and PICO question not turned in by two weeks after the clerkship ended.
- -1 if student was tardy to a shift by more than 15 minutes.

ii. Unexcused absences or lapses in professionalism may result in a lesser final grade given to the student or course failure.

1. Tardiness greater than 15 minutes will result in an extra shift assigned to the student as well as marking down the student's professionalism grade.

iii. How a Failure May Be Earned for the Course:

1. Earning a failure in the clerkship by any of the following manners will require the student to repeat the course in its entirety:
 - a. ALL of the following must be completed/turned in to the Clerkship Office on or before the last day of the clerkship. Failure to do so will result in failure.
 - i. Case Log (Patient Encounter Tracking) in Leo (formerly "Passport") – 100% completion required
 - ii. Discussion regarding social determinant of health.
 - iii. The direct observation by a faculty of a history and physical examination.
 - iv. The direct observation of the student using an interpreter.
 - b. If all assignments are not complete by the official end date of the clerkship, the student will receive an INCOMPLETE in the course.
 1. If the student completes the assignment within seven days of the end of the clerkship, a grade will be assigned accordingly.
 2. Students will receive a DEFERRED and are subject to failure if assignments are >7 days past due.
 3. Case Logs that are completed after the clerkship is completed may result in a lower grade or failure at the Clerkship Director's Discretion
 - c. Clinical performance alone, regardless of test scores, that is 2 SD below the mean will be reviewed and may result in failure.
 - d. Lapses or issues with professionalism alone independent of clinical performance.
 - e. Failing 2 or more graded components on the clerkship (ie: the NBME and SP exam)

- f. Failing only the SP or NBME Exam (This is not applicable to the EM Clerkship as we do not have a SP or NBME Exam. This is standard language used for all clerkships):
 - i. 1st Failure: Failing the SP exam or the NBME will result in a Deferred grade to be submitted and the student is required to retake and successfully pass the exam. The highest grade that can be received for the course will be a Pass.
 - ii. 2nd Failure: A second Fail of the SP exam or the NBME will require the student to repeat the course in its entirety. An F will appear on the transcript and the highest grade that can be received upon repeat of the course is a Pass.
 - iii. 3rd Failure: On repeat of the course, students who fail any SP or NBME examination on the overall third attempt will fail the course for a second time and be referred to the Student Promotions Committee for adjudication.
- g. Overall performance on the clerkship that is 2 SD below the mean will be reviewed and may result in failure.

iv. The student may verify or dispute their final grade based upon the policy delineated in the Grade Verification section. Please refer to the Baylor Grade Verification and Grade Appeal Guidelines in the Policies Section.

v. Grades will be administered in a timely fashion in accordance with the policies of Baylor College of Medicine. For further information, please consult the Timeliness of Grades Policy in the Policies Section.

vi. Students will be able to evaluate the course, site faculty, and residents confidentially through the Leo system

vii. Grading committee Structure and Function

1. For each core clerkship, the final grade is determined by an undergraduate medical education committee, based on the grading rubric and with consideration of a variety of data to ensure that student assessments are valid, fair and timely.
2. 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 student performance assessment form completed by a clerkship leadership member, or other perceived 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 undergraduate medical education committee for further review and adjudication. 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).

e. Viewing your evaluation in CAMS

- i. Please use the linke below to learn how to access your gradesheet in CAMS

1. [Customer Service - How to View My Gradesheet in the Student Portal \(service-now.com\)](http://service-now.com)

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 numerical data, the UMEC reviews narrative comments from evaluators to help inform the final grade. The UMEC may modify the final grade (up or down) after review of all student performance and evaluation data.

The UMEC's determination of the final grade includes the following measures to assure fairness of performance assessment:

- All clerkships include an adjustment for Early Clinical Learners (defined as students within the first 6 months of clinical training or who have been out of training for three years or more and are on their first clerkship upon re-enrollment)
- All clerkships account for identifiable variability in educator grading patterns (i.e. adjustments for "hawks" and "doves"). Clerkships utilize one or more of the following tools as determined by the individual clerkship's UMEC, and as appropriate based on the context and structure of the rotation.
 - Review of educator bias reports by the UMEC (i.e. if a student is graded by a predominance of "stringent" graders, this is considered when determining the final grade)
 - Dropping "outlier" evaluations (i.e. if an evaluation is 2 SD's below the mean, the evaluation is dropped, AND the highest evaluation is also dropped) [only possible for clerkships with a sufficient number of evaluations]
- For clerkships with more than one site, data on student performance by site is reviewed on an annual basis to assure comparability. Any identified discrepancies are acted upon by the clerkship leadership.

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 student performance 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 UMEC for review and adjudication.

Administration of NBME Exams (Not relevant to the EM Clerkship as we currently do not have a NBME exam):

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

- NBME exams that are required and contribute towards a course or clerkship grade will follow the accommodations procedure provided by Student Disability Support Services.
- In the event of a late start, learners are expected to be available until 6 PM on in-person assessment days.
- NBME Testing Irregularities –
 - 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.

X. Evaluation Forms

- a. See attached forms

XI. PEAR Awards

- a. For Faculty that do exceptional teaching
 - i. <https://form.jotform.com/202256428683055>
 - ii. <https://www.bcm.edu/education/academic-faculty-affairs/center-professionalism/awards>

XII. Recommended Texts/Resources

Markovchick, V, Pons, P, et al. EM Secrets. 5th edition.

EM Basics podcast: <http://embasic.org/>

Ganhi, L, Kaufman, M. First Aid for Emergency Medicine. 3rd edition.

Clerkship Directors in Emergency Medicine website for medical education: Cdemcurriculum.org

XII. Policies (edited 6-01-2022)

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. Please copy and paste the links into your browser for optimal use. While every effort is made to keep the links up to date, please inform the course director if you are unable to locate the policies due to a broken link or other technical problem.

Policies: Table of Contents

Add/drop Policy:

Academic Workload in the Foundational Sciences Curriculum (Policy 28.1.09):

Alternative Educational Site Request Procedure (Policy 28.1.10):

Attendance / Participation and Absences:

Clinical Supervision of Medical Students (Policy 28.1.08):

Code of Conduct:

Compact Between Teachers, Learners and Educational Staff:

Course Repeat Policy:

Criminal Allegations, Arrests and Convictions Policy (28.1.13):

Direct Observation Policy (Policy 28.1.03):

Diversity, Equity, and Inclusion policies:

Duty Hours Policy (Policy 28.1.04):

Educator Conflicts of Interest Policy (Policy 23.2.04)

Examinations Guidelines:

Grade Submission Policy (28.1.01):

Grading Guidelines:

Grade Verification and Grade Appeal Guidelines:

Learner Mistreatment Policy (23.2.02):

Leave of Absence Policy (23.1.12):

Medical Student Access to Health Care Service Policy (28.1.17)

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

Midterm Feedback Policy (28.1.02):

Narrative Assessment Policy (Policy 28.1.11):

Notice of Nondiscrimination:

Patient Safety:

Policy Regarding Harassment, Discrimination and Retaliation (02.2.25):

Religious Holiday and Activity Absence Policy:

Respectful & Professional Learning Environment Policy: Standards for Student Conduct and College Oversight (Policy 23.2.01):

Social Media Policy (02.5.38):

Sexual Misconduct and Other Prohibited Conduct Policy (02.2.26):

Student Appeals and Grievances Policy (23.1.08):

Student Disability Policy (23.1.07):

Student Handbook

Student Progression and Adverse Action Policy (Policy 28.1.05):

Technical standards:

Statement of Student Rights:

Understanding the curriculum (CCGG's; EPA's; PCRS)

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 Educational 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.

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.

A. 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.

a) 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.

B. Diversity, Equity, and Inclusion policies:

<https://www.bcm.edu/about-us/diversity-equity-and-inclusion/policies>

C. 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

D. 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)*.

a) 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.

b) 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.

c) Options for Reporting Learner Mistreatment:

d) Informal Reporting Mechanisms:

- a. Office of the Ombudsman. <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

Influenza & COVID-19 Vaccination Policy (18.1.04)

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

Institutional Policy on Infectious Disease: (Infection Control and Prevention Plan Policy 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.

E. Notice of Nondiscrimination:

<https://www.bcm.edu/about-us/diversity-equity-and-inclusion/policies/notice-of-nondiscrimination>

F. 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).

G. 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.

H. 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.

I. 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.

J. Student Disability Policy (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.

Student Handbook:

[Student Handbook \(bcm.edu\)](#)

K. 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.

L. Technical standards:

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.

CCGG	PCRS	EPA
3.5, 3.7, 3.8	PC2	EPA 1: Gather a History and Perform a Physical Exam
4.1	ICS1	
4.1	ICS7	
1.2	P1	
1.2, 1.8	P3	
1.4	P5	
2.3	KP1	
3.5, 3.7, 3.8	PC2	EPA 2: Prioritize a Differential Diagnosis Following a Clinical Encounter
2.1	KP3	
2.2	KP4	
2.1	KP2	
3.7	PC4	
5.1	PPD8	
5.1	PBLI1	
4.3	ICS2	EPA 3: Recommend and Interpret Common Diagnostic Tests
3.9	PC5	
3.6, 3.2	PC9	
6.1, 6.3, 2.2	SBP3	

3.1	PBLI9	
2.3	KP1	
2.2	KP4	
4.1	PC7	
3.7	PC4	

CCGG	PCRS	EPA
3.2	PC6	EPA 4: Enter and Discuss Orders and Prescriptions
5.1	PBLI1	
3.9	PC5	
3.5, 3.7, 3.8	PC2	
5.2	PBLI7	
4.1, 1.5	ICS1	
6.3, 2.2	SBP3	
1.3, 1.6	P4	EPA 5: Document a Clinical Encounter in the Patient Record
4.1	ICS1	
3.10, 4.4	ICS5	
6.2, 3.5	SBP1	
3.7	PC4	
3.2	PC6	
4.3	ICS2	
3.5, 3.7, 3.8	PC2	EPA 6: Provide an Oral Presentation of a Clinical Encounter
5.1	PBLI1	
7.2	PPD4	
1.2	P1	
4.3	ICS2	
3.2	PC6	
4.1	ICS1	

4.2	PPD7	
1.2,1.8	P3	
1.2	P1	

CCGG	PCRS	EPA
2.1	KP3	EPA 7: Form Clinical Questions and Retrieve Evidence to Advance Patient Care
5.3	PBLI6	
5.1	PBLI1	
5.1, 5.2	PBLI3	
5.2	PBLI7	
2.2	KP4	
4.1	ICS1	
4.3	ICS2	
4.2, 4.3, 7.3	PBLI8	
3.1	PBLI9	
4.1	PC7	
5.2	PBLI7	EPA 8: Give or Receive a Patient Handover to Transition Care Responsibility
4.3	ICS2	
7.1	ICS3	
1.2, 1.8	P3	
6.2	PC8	
7.2	PBLI5	

CCGG	PCRS	EPA
3.1	IPC2	EPA 9: Collaborate as a Member of an Interprofessional Team
4.3, 6.1, 6.2	SBP2	
7.1	ICS3	
4.3	ICS2	

4.3	IPC3	
1.2, 7.1	IPC1	
1.4, 4.1	ICS7	
1.2, 1.7	P1	
3.5, 3.7, 3.8	PC2	EPA 10: Recognize a Patient Requiring Urgent or Emergent Care and Initiate Evaluation and Management
3.7	PC4	
3.9	PC5	
3.1, 3.3	PC3	
3.2	PC6	
1.3	PPD1	
3.1	PC1	
4.3, 6.2	SBP2	
7.1, 7.3	IPC4	
4.3	ICS2	
7.1, 7.3	ICS6	

CCGG	PCRS	EPA
3.2, 3.4	PC6	EPA 11: Obtain Informed Consent for Tests and/or Resources
2.1	KP3	
2.2	KP4	
5.2	KP5	
1.1, 1.8	P6	
4.1	PC7	
4.1	ICS1	
1.4, 4.1	ICS7	
3.9	PC5	
1.3	PPD1	
4.2	PPD7	
5.1	PPD8	
3.1	PC1	EPA 12: Perform General Procedures of a Physician
4.1	PC7	
7.1, 7.3	ICS6	
1.1, 1.8	P6	
1.3	PPD1	
4.2	PPD7	

CCGG	PCRS	EPA
2.3	KP1	EPA 13: Identify System Failures and Contribute to a Culture of Safety and Improvement
4.3	ICS2	
1.3, 1.6	P4	
1.3, 1.6	PPD5	
6.3	PBLI4	
5.3	PBLI10	
1.3, 6.3	SBP4	
6.4	SBP5	

XIII. Frequently Asked Questions

- A. Where do I show up for orientation?
 - a. In the Ben Taub ER Pedi EC conference room unless otherwise specified.
- B. Am I required to go to grand rounds?
 - a. No
- C. When are didactics?
 - a. The first Thursday and the second Wednesday of the course.
- D. Do I need to stay for signout?
 - a. Yes, unless otherwise specified by an attending/resident.
- E. Can the FASTs be supervised by a resident?
 - a. Yes.

XIV. Interprofessional Education (IPE)

- a. Interprofessional Education (IPE), defined as learning about, with or from other disciplines, is an important part of the BCM curriculum. In this course, IPE activities include: None currently scheduled at this time.

XV. Appendix 1- CCGG's.

1. Professionalism

Each student graduating from BCM will:

- 1.1. Apply ethical decision making that upholds patient and public trust
- 1.2. Employ honesty, integrity, and respect in all interactions
- 1.3. Demonstrate a commitment to advocate for the needs and well-being of patients, colleagues, and self
- 1.4. Demonstrate caring, compassion, and empathy
- 1.5. Demonstrate awareness of one's own biases and sensitivity to diverse patients and colleagues
- 1.6. Identify and fulfill responsibilities and obligations as a learner and a colleague
- 1.7. Recognize and avoid conflicts of interest

1.8. Adhere to patient confidentiality rules and regulations

2. Medical knowledge

Each student graduating from BCM will:

2.1. Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to diagnose, manage, and prevent disease

2.2. Utilize the principles of public health, epidemiology, and biostatistics in identifying and reducing the incidence, prevalence, and severity of disease to improve health

2.3. Interpret diagnostic tests as they relate to common clinical, laboratory, and radiologic findings in the spectrum of health and disease

3. Patient care

Each student graduating from BCM will:

3.1. Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient and population-centered care

3.2. Develop and implement patient evaluation and management plans appropriate to all levels of patient acuity

3.3. Develop a prioritized problem list and differential diagnosis using patient's biopsychosocial history, medical records, physical exam findings, and diagnostic studies

3.4. Obtain consent for and perform basic technical procedures competently

3.5. Perform comprehensive and focused biopsychosocial exams in a variety of patient care settings and recognize when each is indicated

3.6. Assess health risks using gender- and age-appropriate criteria and recommend potential preventive and therapeutic interventions

3.7. Select and interpret diagnostic tests accurately

3.8. Interpret physical findings accurately

3.9. Utilize critical thinking to provide appropriate evidence or support for clinical decisions and management of diseases

3.10. Provide timely and accurate documentation of all assessment, plans, interventions, and orders – including prescriptions and transfers-of-care between providers or settings

4. Interpersonal and communication skills

Each student graduating from BCM will:

- 4.1. Demonstrate patient-centered interview skills in order to create and sustain a supportive and therapeutic relationship with patients and families
- 4.2. Demonstrate the ability to communicate effectively, efficiently, and accurately as a member or leader of a health care team
- 4.3. Demonstrate the ability to effectively communicate and collaborate with colleagues, other health care professionals, or health related agencies
- 4.4. Apply verbal and written medical communication skills to basic and advanced medical scenarios

5. Practice-based learning and improvement

Each student graduating from BCM will:

- 5.1. Identify personal strengths and deficiencies in one's knowledge, skills, and attitudes to integrate feedback and set personal improvement goals
- 5.2. Use and manage technology to access medical information resources to expand personal knowledge and make effective decisions
- 5.3. Apply principles and practices of evidence-based medicine (EBM) in making decisions about prevention, diagnosis, and treatment of disease

6. Systems-based practice

Each student graduating from BCM will:

- 6.1. Analyze the roles insurance plans and health care providers play in the health care system and how they affect providers' and patients' behavior
- 6.2. Provide appropriate referral of patients, including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes
- 6.3. Examine the role of quality improvement and clinical pathways in optimizing health systems
- 6.4. Demonstrate the rationale for reporting and addressing events that could affect patient safety

7. Leadership

Building upon the foundation of competence in the other six domains, each student graduating from BCM will be able to:

- 7.1. Demonstrate the ability to work effectively as a member of an interprofessional health care team
- 7.2. Demonstrate the ability to give and receive behaviorally-specific feedback
- 7.3. Utilize skills that enhance the learning environment and team functioning

XVI. Physician Exam Standard Videos

- a. <https://youtube.com/playlist?list=PLB0msUc7n7ONWp2Wtkn12VCBiXJz9qYD8>