Medicine Sub-Internship
Course Overview Document
2022

Table of Contents

I. Introduction/Sub-Internship Overview:

The Medicine Sub-internship is designed to develop the skills required for internship. Each student will have a unique experience on the rotation. Students will hone history and physical skills, develop evidence-based diagnostic and therapeutic plans independently, and enter orders and prescriptions in the electronic health record. Students will have many opportunities to develop advanced communication skills for working with patients, families, physicians, nurses and other members of the healthcare team. Students will learn best practices for managing transitions of patient care. Learning will be self-directed, based upon each student's patients.

II. Clinical Sites:

Ben Taub Hospital
Michael E. DeBakey VA Medical Center

III. Contact and Site Information:

Anita Kusnoor, MD, FACP
Associate Professor of Medicine
Course Director, Ben Taub General Hospital
Email: avk1@bcm.edu
Office: 713-873-3560
Cell: 409-656-3694

Arlene Back
Academic Coordinator
BCM NcNair Campus A 10.206
Email: aback@bcm.edu
Phone: 713-798-1906
FAX: 713-798-0223

IV. Baylor College of Medicine Core Competencies and Graduation Goals:

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 communciate 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 agenices

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 enviroment and team functioning

V. Relationship of Sub-Internship Objectives to College of Medicine Graduation Competencies and Educational Program Objectives:

Medical Program Objective(s)	Related Sub-Internship Objective	Mode of Teaching	Mode of Assessment	
			Formative	Summative
1.1, 1.2, 1.3 1.4, 1.5, 1.8	Demonstrate compassionate patient care and advocate for patients within the context of the healthcare system	Direct patient care Bedside teaching Attending rounds Crucial Conversations Workshop Environmental Health and Patient Advocacy Module	Passport	Attending evaluation Resident evaluation
1.6 3.2	Organize and prioritize responsibilities to complete coursework and provide patient care that is safe, effective and appropriate.	Orientation Direct patient care	Passport	Attending evaluation Resident evaluation
3.8 3.9	Recognize signs/symptoms of clinical deterioration, outline methods of initial treatment and make appropriate decisions about disposition.	Direct patient care Bedside teaching Attending rounds Morning Report	Passport	Attending evaluation Resident evaluation
3.10	Develop and execute patient management plans, including entering orders and writing prescriptions	Direct patient care Attending rounds Discharge Navigator Workshop	Passport	Attending evaluation Resident evaluation

4.1 4.4	Demonstrate interpersonal communication skills that result in information exchange and collaboration with patients, their families, and colleagues.	Direct patient care Bedside teaching Attending rounds Handoff Workshop Consult Workshop Giving Discharge Instructions Module Crisis Management IPE Simulation Crucial Conversations Workshop Environmental Health and Patient Advocacy Module	Passport Direct observation of discharge Direct observation of handoff	Attending evaluation Resident evaluation
4.2 4.3	Demonstrate written communication skills that result in effective information exchange with all members of the health care team.	Direct patient care Discharge Summaries Workshop	Passport	Attending evaluation Resident evaluation
3.9 5.3	Use evidence based medicine and self-directed learning in the care of patients and education of others.	Direct patient care EBM module	EBM evaluations	Attending evaluation Resident evaluation
5.1 7.2	Demonstrate the ability to seek, accept and integrate feedback; self-aware of performance with respect to self-improvement.	Orientation Midpoint feedback meetings Crisis Management IPE Simulation	Passport	Attending evaluation Resident evaluation

4.4 6.2	Execute safe transitions of patient care between shifts and upon admission and discharge from the hospital	Handoff Workshop Discharge Summaries and the Discharge Navigator Workshop Giving Discharge Instructions Module	Direct observation of Handoff	Attending evaluation Resident evaluation
3.1 7.1	Collaborate as a member of an interprofessional team to facilitate patient care	Direct patient care Bedside teaching Crisis Management IPE Simulation	Passport	Attending evaluation Resident evaluation

VI. You Said, We Did:

We value your feedback and the following changes have been made in response to student concerns and suggestions. Sub-Internship course changes for 2022:

Evaluation Year	YOU SAID:	WE DID:
2019	I would recommend making post night requirements more clear to residents and attendings (maybe an email)	Course director emails attendings and residents about any changes to student schedules (e.g., DDASH) that require deviations from the typical night call procedures.
2019	Badging and computer access remain problematic at the VA.	VA site director provides student roster to VA educational leadership one month before rotation starts in attempt to streamline this process. Going forward, students who do not have computer access by the first Friday of the rotation will be switched to Ben Taub if space is available. Students who cannot switch to Ben Taub may need to drop to the rotation and resume once their access has been established. We recommend against late roster additions to the VA sub-internship.
2019	My upper level did not seem to know what to do with a sub-I.	Supervising sub-interns will be emphasized during resident orientations.
2020	I was limited to 1-2 patients a day for the first week because the non-COVID, non-PUI patients had to be shared with the medical and PA students.	Students are now able to see COVID positive and PUI patients using appropriate PPE. Additionally, sub-interns are encouraged to cross-cover intern patients on the intern's day off to increase their census and to learn about cross coverage.
2020	We need a clearer checklist for requirements. It was kind of disjointed with what all had to be done for the EBM assignment, and the clerkship by midpoint and the end.	We added checklists for requirements at midpoint and end of course to the orientation PowerPoint and the course overview document. Additionally, the course director reminds students of requirements by email every week.

2020	I think that the upper levels need to get more instruction on this rotation – that its their job to help guide us so that we can be the primary caregiver for our patients.	We added a training session on how to supervising sub-interns to Upper Level Bootcamp, a required educational activity for rising second year medicine residents, focused on developing skills for leading a team.
2021	The sub-interns should be made aware of their specific schedules sooner than the first week of the rotation.	With the change in students' schedules to include a week of night admissions, students will be allowed to self-select weekend days off each week.
2021	One way the sub-I could be improved is to facilitate adding VA sub-Is to Microsoft Teams.	Each month VA sub-interns are added to Microsoft Teams
2021	Would be helpful if didactic times were sent as calendar invite.	Invitations to Crucial Conversations and Environmental Health are sent as calendar invites.

VII. Student Roles, Responsibilities and Activities:

Work: As the sub-intern, you are expected to be the primary medical caregiver for your patients. You should be performing the H&P, ordering diagnostic studies and initiating treatments under the guidance of the upper level resident. We expect you to be available to your patients on the day of their admission until their medical condition is stabilized. You are expected to sign out your patients to the night float (at or after 6 pm on weeknights, after noon on weekends). One week of the rotation will be devoted to night shifts.
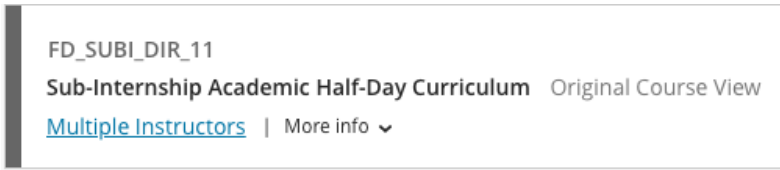
Night Shifts: All students are required to participate in night shifts to experience the unique learning opportunities available at night. Night shifts start at 6 pm and end at 7 am the following day. When DDASH is in session, night shifts on Wednesday and Thursday nights will be 5:30 pm to 11:30 pm. Sub-intern responsibilities during night shifts:
- Observe morning and evening handoffs
- Admit 2 patients under the supervision of the overnight resident or attending.
- Participate in cross coverage with the Intern Night Float and the In House Resident.
- Attend Code Blues and Rapid Responses
- Participate in chalk talks or other curricular offerings with the overnight residents and attendings
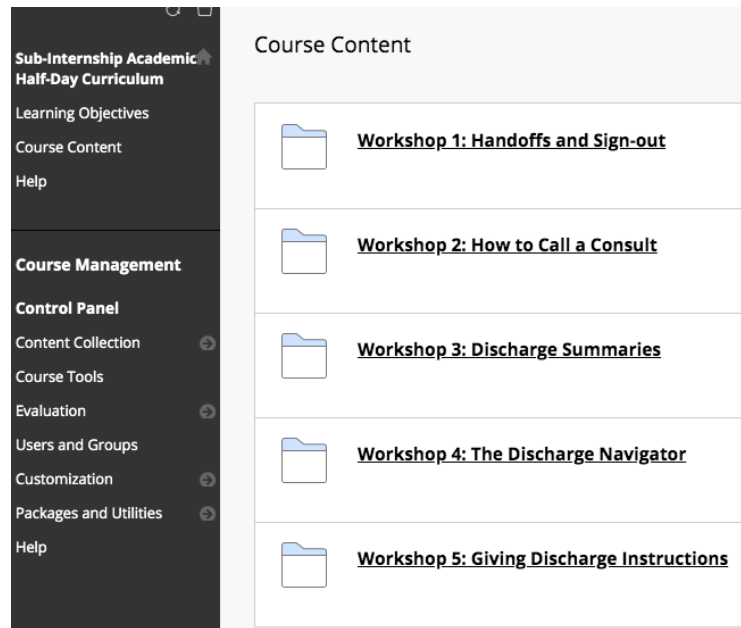
Passport: The sub-intern passport is used to document observation of various skills you will develop over the course of the rotation. One page is to be signed by your resident and the other should be signed by your attending. Students on direct care teams should have both sides of the passport completed by the attending. The passport with feedback documented should be uploaded to Blackboard by 8 AM on Monday of week 3 of the rotation. The completed passport should be submitted on Blackboard by 5 pm on the last Friday of the rotation.

Sub-I Academic Half Day Curriculum*:* Sub-interns are required to attend the Sub-Intern Academic Half Day on the first day of the rotation (8:15 am – noon) at Baylor. The Sub-I Academic Half Day teaches advanced communication skills necessary for success as a sub-intern. Completion of the Sub-I Academic Half Day Curriculum will be required for a minimum score of "pass" for the course. Workshop 5: Giving Discharge Instructions should be completed by students independently.

To access the curriculum, students should enroll in the Sub-I Academic Half Day Blackboard course page:

FD_SUBI_DIR_11

Sub-Internship Academic Half-Day Curriculum   Original Course View
Multiple Instructors | More info ⌄

Then click access Course Content on the left to access the workshops:

Sub-Internship Academic Half-Day Curriculum
Learning Objectives
Course Content
Help

Course Management

Control Panel
Content Collection
Course Tools
Evaluation
Users and Groups
Customization
Packages and Utilities
Help

Course Content

Workshop 1: Handoffs and Sign-out

Workshop 2: How to Call a Consult

Workshop 3: Discharge Summaries

Workshop 4: The Discharge Navigator

Workshop 5: Giving Discharge Instructions

Direct Observation of a Handoff: Your resident or attending will routinely observe you handing off your patients to the overnight physician. For <u>one</u> of these Handoffs, launch the Direct Observation of Handoff form via E-value to your supervising resident or attending in order to receive documentation of specific feedback on this skill. The form must be launched by 8 AM on Monday of week 3 of the rotation.

Direct Observation of Discharge Instructions: Your resident or attending will routinely observe you giving discharge instructions to patients. For <u>one</u> of these Discharge Instructions, launch the Direct Observation of Discharge Instructions form via E-value to your supervising attending in order to receive documentation of specific feedback on this skill. The form must be launched by 8 AM on Monday of week 3 of the rotation.

Sub-I Handoff Observation

Instructions for Students

During this sub-internship, you will need to launch at least one **Handoff Observation forms** to a resident or fellow who observed you performing the handoff. You can launch the handoff observation form directly from your phone or tablet following the directions below.

1. Search for e-value.net on a web browser (Safari, Google, etc.). There is not an app for E*Value.
2. Login manually using your E*Value login and password
3. Select the Sub-Internship program (**BCM, Sub-Internship**)
4. Click Continue (screen shot at right).
5. Choose Ad Hoc from the choices on the screen (screen shot #2 below)
6. On the next screen complete all you have to do is select the timeframe; the other selections are pre-selected: (screen shot #3 below)
   a. Time Frame: **AD HOC, Month XX**
   b. Click Next→
7. To select the name of the person who observed you, (screen shot #4 below)
   a. Click on the bar above Add→
   b. The names will appear below the 'Done' button
   c. Scroll through the names from the list and stop on the name you want to select
   d. Touch Add→ (You may not see a name in the box, but if you click on the bar below ←Remove, you will see the name of the person you chose).
   e. Click Submit
8. The resident/fellow should immediately receive an email with a direct link to the form.
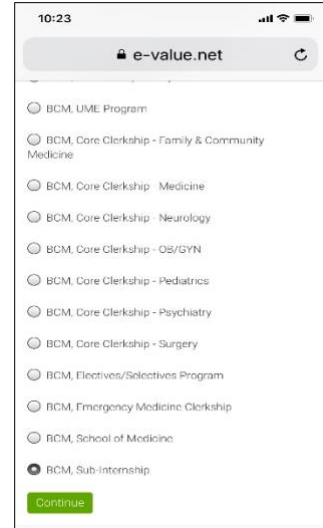
Screen Shot #2	Screen Shot #3	Screen Shot #4
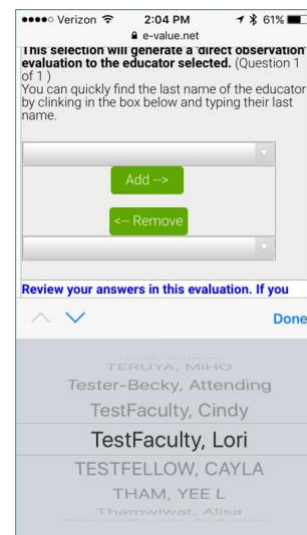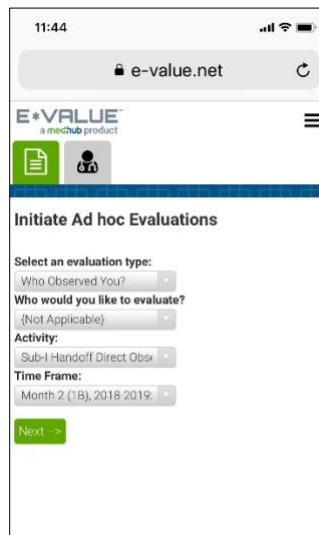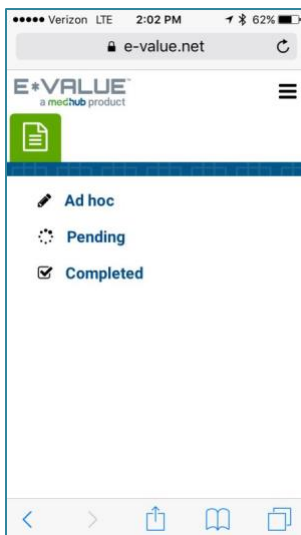
Midterm Feedback: You are required to obtain feedback on your performance from your attending and resident at least halfway through the rotation. In order to get meaningful feedback, we advise you to ask direct and specific questions about your performance. Another helpful tactic is to print out a copy of your evaluation form to use as a guide for the person giving you feedback. Midterm feedback should be documented on your passport. Feedback indicating that you "need significantly more work to approach intern level" may indicate that you are at risk for failing the rotation. If you receive this feedback, contact the course director immediately to schedule a meeting to discuss remediation options for the second half of the rotation.

All students will meet with the course director for formal midterm feedback. Students should complete the following tasks by 8 AM on the Monday of week 3 of the rotation as preparation for the midterm feedback meeting:
1. Launch Handoff Direct Observation Form to resident or attending
2. Launch Discharge Instructions Direct Observation Form to attending
3. Have attending and resident document midterm feedback on the Sub-I Passport and upload passport to Blackboard.
4. Complete the midterm feedback self-assessment (link available on Blackboard)
5. Complete Who Did You Work With for attendings and residents from weeks 1-2
6. Schedule a midterm feedback meeting with the course director

Crisis Management Interprofessional Education Simulation: As part of the medicine sub-internship, students participate in the Crisis Management simulation with students from the University of Houston College of Pharmacy and the Texas Woman's University School of Nursing. No pre-encounter preparation is required. You must dress professionally and arrive on time. Additional information is posted on Blackboard. You will also receive an email with detailed instructions for the session. Completion of this activity is required for receiving a grade for the sub-I.

Evidence-Based Medicine Assignment: This self-directed learning assignment requires you to identify a primary paper that influences the management of one of your patients, analyze that paper and succinctly present your findings to your team. You will receive feedback from your attending, resident and peers for this assignment. Please see Blackboard for the complete instructions. All documentation for this assignment should be submitted on Blackboard by 5 pm on the last Friday of the rotation.

Environmental Health and Patient Advocacy Module: This learning activity gives students the opportunity to examine the impacts of the environment on the health of individual patients. Students will watch a module on Environmental Health and Patient Advocacy. Using resources provided on Blackboard, students will obtain an environmental health history for one of their patients and develop an advocacy plan for the patient. Students will share their histories and plans with each other during a large group discussion. Each student should prepare a single PowerPoint slide and a 2-3 minute presentation. Please see Blackboard for the complete instructions.

Checklist of Administrative Responsibilities

✓	Task	Deadline
	Complete Sub-I Academic Half Day Workshops	1st day of rotation
	Launch E-value Direct Observation of Handoff to Resident	Monday of week 3 at 8 am
	Launch E-value Direct Observation of Discharge Instructions to Attending	
	Complete E-value Who Did You Work With to launch Student Performance Evaluation Form to attendings and upper levels from weeks 1-2. If you cannot find your attending or resident in E-value, email Mrs. Arlene Back.	
	Seek feedback from attending and resident. Upload passport with feedback documented to Blackboard	
	Complete midterm self-assessment form on Blackboard	
	Schedule your midterm feedback meeting.	
	Complete Environmental Health and Patient Advocacy module and upload slide to Blackboard	Before Environmental Health Discussion
	Complete EBM assignment and upload documents to Blackboard	Friday of week 4 at 5 pm
	Upload completed passport to Blackboard	
	Complete E-value Who Did You Work With to launch Student Performance Assessment Form to resident and attendings from weeks 3 and 4	
	Complete your evaluation of rotation	

Study / Secure Storage / Lounge and Call Room spaces available for students:

	BTGH	MED VAMC
Study space	6th floor Morning Report Room; 2nd floor Pathology classroom; 5th and 6th floor team rooms. These spaces are available for study and lounge space when lectures are not occurring.	Team rooms A to H; Call room lounges; Rm 4A-400D & 4A-400G.
Secure storage space	5th and 6th floor team rooms	Team rooms A to H: every team room has a locking door

	5th floor lounge	and individual lockers available
Lounge space	5th floor lounge	Resident call room areas

Site: Ben Taub General Hospital
- Study space: 6th floor Morning Report Room; 2nd floor Pathology classroom; 5th and 6th floor team rooms. These spaces are available for study and lounge space when lectures are not occurring.
- Secure storage space: 5th and 6th floor team rooms
- Lounge space: 5th floor lounge
- Call room space: A call room key should be picked up from the Security Office on the first floor at 20:00 on the night of call. It is a hotel system, meaning which room you are assigned will depend on availability. The officer will give you a map to your call room.

Site: MEDVAMC
- Study space: Team rooms A to H, call room lounges, Room 4A-400D and 4A-400G.
- Secure storage space: Team rooms A to H: every team room has a locking door and individual lockers available
- Lounge space: Resident call room areas
- Call room space: Call rooms are located on the 4th floor. Take the red elevators, turn right, pass the library. 7291 is the call room code.

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: The purpose of this escort is to provide ameasure of safety for those students that are uncomfortable, fearful or uneasy about walking alone on campus. The Safety Escort is not intented to replace existing transportation services suchas 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.

VIII. Schedules:

Sub-intern Academic Half Day: The rotation begins with a series of workshops covering important skills for sub-interns in communication and transitions of patient

care. Sub-interns are required to attend the Sub-Intern Academic Half Day on the first day of the rotation (8:15 am – noon) at Baylor. Students should bring a laptop to the session.

Orientations: Students must be present for orientation on the first day of the rotation. A general orientation to the sub-internship occurs from 12-1, immediately following the Sub-I Academic Half Day.

Hospital orientations occur on the first day of the rotation at the times specified below.
    Ben Taub: 1:15 PM in the 6th floor Morning Report Room (outside 6D)
    VA: 1:30 PM in the Morning Report Room in the library (4th floor).

Following orientation, students should meet their teams in the team workroom.

Thursday afternoons: MS3's are expected to attend DDASH on Thursday afternoons in March, April, May and June. You are expected to return to your ward duties afterwards.

Sub-intern Conferences: Sub-interns should attend resident conferences including morning report, noon conference, grand rounds and quality improvement conference.

Student Commitments: You are expected to be available for rounds and patient care 6/7 days of the week. For the night call week, you will work 4 night shifts in a row (Tues – Fri for weeks 1-3 of the rotation; Sun – Wed for week 4 of the rotation). Sub-intern days off will occur on Saturdays or Sundays. On the first day of the rotation, you should notify your resident and attendings regarding which 4 days you will be off. If you must be absent from the rotation for any reason, you must notify your team and inform the course director and course coordinator. Any unexcused absence will be considered a serious breach of professionalism and can result in a failing grade.

Absence Policy: The absence policy can be found in the BCM Student Handbook: https://www.bcm.edu/education/schools/medical-school/md-program/student-handbook/academic-program/attendance-and-absences

IX. Grades:

Evaluations: Your grade is based on your evaluations by your attendings and residents equally. Five percent of the final score is derived from completion of the Evidence Based Medicine assignment. An additional five percent of the final score is derived from Professional Responsibilities. Please see rubric below. The Sub-Internship Committee meets at the end of the rotation to determine grades of Honors, High Pass, Pass, Marginal Pass, or Fail.

E*VALUE: You will be using the "Who did you work with" function to launch your evaluations for the rotation. During weeks 2 and 4 of the rotation, two evaluations will

be sent to you. They are 1-question evaluations called "Who Did You Work With?"(WDYWW).

On one evaluation you will choose the <u>attendings</u> you worked with (from a list of names that is specific for the location you worked); on the other evaluation you will choose the <u>residents</u> you worked with (from another list of names). You have the ability to <u>choose as many attendings and residents you would like, but you <u>must select them at the same time (you will not be sent another WDYWW evaluation to select additional attendings and residents)</u>. If you have worked with more than one attending for the month, please choose all of the attendings and residents at this time. Do not "cherry-pick" your evaluators. Do not pick interns.

After you submit the WDYWW evaluations, E*Value will <u>automatically</u> send the attendings and housestaff a Student Performance evaluation to complete on you <u>AND</u> an Attending/Housestaff Evaluation for you to complete on them. All you have to do is complete each evaluation and click "Submit". Just be sure to write down or remember the names of the residents and attendings with whom you worked.

You MUST have at least one attending evaluation submitted in order to receive a grade.

No paper-based evaluations will be accepted.

NOTE: You will not be able to launch any evaluations after the last day of your sub-internship. Failure to launch the appropriate number of evaluations in a timely manner will result in a deferred grade for the sub-I. You will then be required to repeat the sub-I in order to obtain your evaluations. Your final grade will be no higher than a Pass, and your actions will be reported to the Integrity Hotline.

Course Evaluations: E*Value will launch an overall course evaluation for you to complete in the last week of this rotation.

Grading Rubric: Your grade is based on evaluations by your attendings and residents equally. You MUST have at least one attending evaluation submitted in order to receive a grade. Ninety percent of your grade is derived from clinical evaluations. Five percent of the final score is derived from completion of the Evidence Based Medicine assignment. An additional five percent of the final score is derived from Professional Responsibilities. Scores are calculated, and grades are assigned according to the following rubric.

Medicine Sub-I Grading Rubric 2021

Item	MP or F	Minimum Score for Pass	Minimum Score for High Pass	Minimum Score for Honors	Total Possible Points
SPAF 16 items. Each item is worth a total of 9 points. • 0 = cannot assess – eliminate from calculations • Change professionalism items to 9 point scale by multiplying by 3.	Total points /144 *100 * 0.9 < 69	110/144 * 100 * 0.9 = 69	122/144 * 100 * 0.9 = 76	130/144 * 100 * 0.9 = 81	144/144 * 100 * 0.9 = 90
EBM assignment • Completed & uploaded by deadline = 5 • Completed & uploaded late = 3 • Not done = 0	0	0	3	5	5
Professional responsibilities 1 point for completing each by deadline • Launched Handoff D.O. • Launched Discharge D.O. • Completed MTF self-assessment • Submitted passport with MTF at midpoint • Submitted passport by end of course	0	1	1	4	5
TOTAL POINTS	< 70	70	80	90	100
Mode of readiness for internship	1	2 (with 1)	2 (no 1)	3 (no 1)	3

- Students must complete 4 of the 5 professional responsibilities to be eligible for a grade of Honors.
- Comments and Readiness for Internship are considered global items and will be used for correlation with grade assignment.

- Breaches in professionalism alone, independent of clinical performance, may be grounds for grade lowering, and serious professionalism breaches may result in course failure.

In addition to achieving the competencies described above, a student performing at a level of Honors typically demonstrates the following behaviors:

- Takes ownership of his/her patient.
- Acts as an advocate for the patient.
- Incorporates psychosocial concerns into patient's management.
- Patient looks to the student as their primary care provider as it is the student who explains things to them and answers questions. (Of course student defers when appropriate.)
- Brings literature and outside resources to help develop and support their plan.
- Develops an organizational system to complete tasks in a timely fashion.
- Communicates with consultants, nurses, and ancillary providers.
- Takes initiative to teach core medical students and team.
- Familiar with patients other than those assigned to them and able to assist.

Clerkships and Sub-internships: How a Failure May Be Earned for the Course

1. Clinical performance alone, regardless of test scores, that is 2 SD below the mean will be reviewed and may result in failure.
2. Lapses or issues with professionalism alone independent of clinical performance.
3. Failing 2 or more graded components on the sub-internship (ie: the NBME and SP exam)
4. Failing only the SP or NBME Exam:
   1. 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.
   2. 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.
   3. 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.
5. Overall performance on the sub-internship that is 2 standard deviations below the mean will be reviewed and may result in failure.

An "F" will appear on the transcript. Remediation of a failure requires that the course be repeated in its entirety. After successful remediation, the highest grade that can be earned is a Pass.

Conflicts of Interest

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.

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)

X. Evaluation Forms:

Sub-Internship Student Performance Evaluation

BCM prohibits educational assessment of student performance by instructors who have a Conflict of Interest related to the student. Such Conflicts of Interest may include but are not limited to provision of health services by you to the student, immediate or extended family relationships with the student, personal and/or social relationships with the student or the student's family members, or business and/or financial relationships with the student or the student's family members. Further information is available in the *BCM Educator Conflict of Interest Policy*.

NOTE: If you select YES below, do NOT assess this student. Close this form and click **SUSPEND**.

Do you have a Conflict of Interest related to this student? *(Question 1 of 26 - Mandatory)*
- ○ No – I do NOT have a Conflict of Interest (proceed with this form)
- ○ Yes – I have a Conflict of Interest (do NOT assess this student, CLOSE this form and click the SUSPEND button)

If you chose **YES** above, you are indicating that you have a conflict of interest. Please confirm the conflict of interest by typing "**Cannot Assess**" in the box below so a new evaluator can be assigned. *(Question 2 of 26)*

[   ]

Please choose the best indicator of your role as an evaluator of this sub-intern. *(Question 3 of 26 - Mandatory)*
- ○ Resident   ○ Fellow   ○ Attending

What is the basis for your evaluation of this sub-intern? (please check all that apply) *(Question 4 of 26 - Mandatory)*

Selection	Option
☐	Review patient write-ups
☐	Observation of history taking, physical exam, discussion with patient or family
☐	Case presentation
☐	Attending rounds
☐	Procedures
☐	Discussion about the sub-intern with other evaluators

Please estimate the amount of contact you had with this sub-intern: *(Question 5 of 26 - Mandatory)*
- ○ < 1 week
- ○ About 1 week
- ○ About 2 weeks
- ○ About 3 weeks
- ○ About 4 weeks

The sub-intern modifies the differential diagnosis (DDX) and problem list (PL) to integrate updated clinical data. *(PC)*   *(Question 6 of 26 - Mandatory)*

Cannot Assess	DDX/PL never evolves appropriately to reflect updated data (novice)		DDX/PL rarely evolves appropriately to reflect updated data (clinical beginner)		DDX/PL sometimes evolves appropriately to reflect updated data (advanced clinical beginner)		DDX/PL usually evolves appropriately to reflect updated data (competent clinical student)		DDX/PL consistently evolves appropriately to reflect updated data (master clinical student)
○	○	○	○	○	○	○	○	○	○

The sub-intern recognizes signs/symptoms of clinical deterioration and outlines methods of initial treatment. *(MK, PC)*   *(Question 7 of 26 - Mandatory)*

Cannot Assess	No independent recognition of shifts in clinical status; no appropriate recommendations (novice)		Limited independent recognition of shifts in clinical status; rare appropriate recommendations (clinical beginner)		Sometimes independently recognizes shifts in clinical status; sometimes appropriate recommendations (advanced clinical beginner)		Usually independently recognizes shifts in clinical status; usually appropriate recommendations (competent clinical student)		Consistently and independently recognizes subtle shifts in clinical status; consistent appropriate recommendations (master clinical student)
○	○	○	○	○	○	○	○	○	○

The sub-intern makes appropriate decisions about admission, discharge and transfers to higher/lower levels of care. *(PC)*   *(Question 8 of 26 - Mandatory)*

Cannot Assess	Makes no appropriate decisions (novice)		Rarely makes appropriate decisions (clinical beginner)		Sometimes makes appropriate decisions (advanced clinical beginner)		Usually makes appropriate decisions (competent clinical student)		Consistently makes appropriate decisions (master clinical student)
○	○	○	○	○	○	○	○	○	○

The sub-intern uses evidence-based medicine and/or current literature to appropriately answer a clinical question. *(PBL)*   *(Question 9 of 26 - Mandatory)*

Cannot Assess	Never critiques or applies information appropriately (novice)		Rarely critiques or applies information appropriately (clinical beginner)		Sometimes critiques and applies information appropriately (advanced clinical beginner)		Usually critiques and applies information appropriately (competent clinical student)		Consistently critiques and applies information appropriately (master clinical student)
○	○	○	○	○	○	○	○	○	○

The sub-intern modifies management plan to reflect updated clinical data. *(PC)*   *(Question 10 of 26 - Mandatory)*

Cannot Assess	Plan never evolves appropriately to reflect updated data (novice)		Plan rarely evolves appropriately to reflect updated data (clinical beginner)		Plan sometimes evolves appropriately to reflect updated data (advanced clinical beginner)		Plan usually evolves appropriately to reflect updated data (competent clinical student)		Plan consistently evolves appropriately to reflect updated data (master clinical student)
○	○	○	○	○	○	○	○	○	○

The sub-intern drafts basic orders for daily patient care and transitions of care. *(PC)*   *(Question 11 of 26 - Mandatory)*

Cannot Assess	Drafts no orders (novice)		Rarely drafts orders (clinical beginner)		Sometimes drafts orders (advanced clinical beginner)		Usually drafts orders (competent clinical student)		Consistently drafts orders (master clinical student)
○	○	○	○	○	○	○	○	○	○

The sub-intern organizes and prioritizes responsibilities to provide patient care that is effective and efficient. *(PC, SBP)*   *(Question 12 of 26 - Mandatory)*

Cannot Assess	Never organizes or prioritizes responsibilities appropriately (novice)		Rarely organizes or prioritizes responsibilities appropriately (clinical beginner)		Sometimes organizes and prioritizes responsibilities appropriately (advanced clinical beginner)		Usually organizes and prioritizes responsibilities appropriately (competent clinical student)		Consistently organizes and prioritizes responsibilities appropriately (master clinical student)
○	○	○	○	○	○	○	○	○	○

The sub-intern collaborates with members of an interprofessional team (e.g., nurses, pharmacists, social workers, case managers, physical therapists, occupational therapists, etc.) to facilitate patient care. *(PC, LEAD)*   *(Question 13 of 26 - Mandatory)*

Cannot Assess	Never collaborates with members of the interprofessional team (novice)		Rarely collaborates with members of the interprofessional team (clinical beginner)		Sometimes collaborates with members of the interprofessional team (advanced clinical beginner)		Usually collaborates with members of the interprofessional team (competent clinical student)		Consistently collaborates with members of the interprofessional team (master clinical student)
○	○	○	○	○	○	○	○	○	○

Please comment on this sub-intern's delivery of patient care during the Sub-Internship. *(Question 14 of 26 - Mandatory)*

[   ]

The sub-intern's medical record entries are organized, appropriately focused and accurate. *(COMM)* *(Question 15 of 26 - Mandatory)*

Cannot Assess	Never organized, focused or accurate (novice)		Rarely organized, focused or accurate (clinical beginner)		Sometimes organized, focused and accurate (advanced clinical beginner)		Usually organized, focused and accurate (competent clinical student)		Consistently well-organized, focused and accurate (master clinical student)
○	○	○	○	○	○	○	○	○	○

The sub-intern's oral presentations on rounds are organized, appropriately focused and accurate. (COMM, SBP) *(Question 16 of 26 - Mandatory)*

Cannot Assess	Never organized, focused or accurate (novice)		Rarely organized, focused or accurate (clinical beginner)		Sometimes organized, focused and accurate (advanced clinical beginner)		Usually organized, focused and accurate (competent clinical student)		Consistently well-organized, focused and accurate (master clinical student)
○	○	○	○	○	○	○	○	○	○

The sub-intern provides effective patient/family education (re: diagnosis, discharge, treatment plan) taking into account health literacy level and language differences. *(COMM)* *(Question 17 of 26 - Mandatory)*

Cannot Assess	Minimal explanation; Little ability to educate (novice)		Unclear explanation; uses considerable jargon (clinical beginner)		Adequate explanation for most lay persons, but includes too much jargon (advanced clinical beginner)		Clear explanations for most lay persons; minimal jargon (competent clinical student)		Skilled explanation to lay persons with different levels of understanding; free of jargon (master clinical student)
○	○	○	○	○	○	○	○	○	○

The sub-intern frames an effective clinical question for a consultant or ancillary staff. *(COMM)* *(Question 18 of 26 - Mandatory)*

Cannot Assess	Never frames effective questions for consultants (novice)		Rarely frames effective questions for consultants (clinical beginner)		Sometimes frames effective questions for consultants (advanced clinical beginner)		Usually frames effective questions for consultants (competent clinical student)		Consistently frames effective questions for consultants (master clinical student)
○	○	○	○	○	○	○	○	○	○

The sub-intern plans and executes patient handoffs that ensure safe continuity of care. *(SBP, PC)* *(Question 19 of 26 - Mandatory)*

Cannot Assess	Never plans or executes handoffs (novice)		Rarely plans or executes handoffs (clinical beginner)		Sometimes plans and executes handoffs (advanced clinical beginner)		Usually plans and executes handoffs (competent clinical student)		Consistently plans and executes handoffs (master clinical student)
○	○	○	○	○	○	○	○	○	○

Please comment on the sub-intern's communication skills during the Sub-Internship. *(Question 20 of 26 - Mandatory)*

The sub-intern exhibits professionalism with respect to patients and families: compassionate and respectful, advocates for patient/family's needs. *(PROF)* *(Question 21 of 26 - Mandatory)*

Cannot Assess	Major concerns	Minor concerns	No concerns
○	○	○	○

The sub-intern exhibits professionalism with respect to colleagues and team: reliable and prepared, cooperative, proactive. *(PROF)* *(Question 22 of 26 - Mandatory)*

Cannot Assess	Major concerns	Minor concerns	No concerns
○	○	○	○

The sub-intern exhibits professionalism with respect to self-improvement: seeks, accepts and integrates feedback; self-aware of performance. *(PROF, PBL)* *(Question 23 of 26 - Mandatory)*

Cannot Assess	Major concerns	Minor concerns	No concerns
○	○	○	○

Please comment of this sub-intern's professionalism during the Sub-Internship. *(Question 24 of 26 - Mandatory)*

```
```

Please consider this sub-intern's OVERALL competency and rate this sub-intern's READINESS for beginning residency. *(Question 25 of 26 - Mandatory)*

Cannot Assess	Needs significantly more work to achieve intern level	On track to achieve intern level	Already performing at intern level
○	○	○	○

Please provide constructive feedback for this sub-intern about areas for improvement. These are essential if the sub-intern is NOT already performing at the level of an intern. *(Question 26 of 26 - Mandatory)*

```
```

Review your answers in this evaluation. If you are satisfied with the evaluation, click the SUBMIT button below. Once submitted, evaluations are no longer available for you to make further changes.

Save For Later   Submit

XI. Recommended Texts/Videos/Resources:

Your reading about individual patients can involve review of relevant textbook chapters (Harrison's, Cecil's, or Kelly's). All students should use the library's search engine and *PubMed* to find relevant articles that answer clinical questions that arise in the course of practice. Access Medicine, also available through the library, provides free access to multiple medical textbooks.

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.

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.

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

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

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 Ombudsman. https://www.bcm.edu/about-us/ombuds

b. Any school official (learner's choice)

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

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.

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).

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.

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.

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 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)

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:

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	
3.9	PC5	EPA 3: Recommend and Interpret Common Diagnostic Tests
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:

Where should I report on the first day?
The rotation begins with the Sub-Intern Academic Half-Day, at 8:15 am at Baylor. In this workshop series, students learn important skills regarding communication and transitions of patient care. Students should bring a laptop to the session.

I am planning to be absent on certain days of the rotation. Will my absence be excused, and whom should I notify?
For excused absences, notify the course director, your attending and your senior resident. The absence policy can be found in the BCM Student Handbook: https://www.bcm.edu/education/schools/medical-school/md-program/student-handbook/academic-program/attendance-and-absences

I cannot find my resident/attending in E-value. Whom should I notify?
The course coordinator, Mrs. Arlene Back, can assist you in adding your resident or attending as a sub-I evaluator in E-value.

I'm considering a career in Internal Medicine. How can I find guidance?
The Department of Medicine, in collaboration with the Deans of Student Affairs, has designated faculty to mentor you through the process of choosing a specialty and determining if Internal Medicine is the right fit for you. Please review the list of Specialty

Specific Mentors on the COSA Blackboard page. At time of COD update, the BCM Internal Medicine mentors are

- Dr. Katie Scally – scally@bcm.edu
- Dr. Marc Robinson – mdrobins@bcm.edu
- Dr. Mini Varughese – mvarughe@bcm.edu
- Dr. Andrew Caruso – caruso@bcm.edu

My resident/attending was a wonderful teacher. How can I ensure this person receives recognition for his/her efforts?
PEAR awards were created as a student-led initiative to allow students to recognize educators. Use this form to submit a nomination: https://form.jotform.com/202256428683055. You can also access the form through the Center for Professionalism.