Neurology Sub-Internship Course Overview Document

2022-2023

Table of Contents

Table of Contents

I. Introduction/Clerkship Overview:

Purpose

- This is a 4 week rotation designed to provide the student with clinical experiences that are similar to a Neurology Intern.

II. Clinical Sites:

- You will be assigned to the inpatient team at Ben Taub. You will be asked to see, interview, and examine patients who are new to the service and then present your findings and analysis to the team. Prior to presenting any new patient to the attending you should discuss it with your resident. You should make every effort to be helpful in the spirit of teamwork, but should never be overworked. Your primary purpose for being there is to learn.

III. Contact and Site Information:

A. Clerkship Leadership:

Clerkship Director	Fernando Cuascut, MPH, MD	Fernando.cuascut@bcm.edu 713-798-5005	Neurology Department McNair Campus 7200 Cambridge Street Floor 9 Houston, Texas 77030
Associate Clerkship Director (Sub-I)	Steven Bellows, MD	stbellow@bcm.edu 713-798-2273	
Associate Clerkship Director (Electives)	Nicolaas Anderson, MD	ncanderson@bcm.edu 713-798-2273	
Clerkship Coordinator	Carolyn Lewis, BS	Carolyn.lewis@bcm.edu 713-798-5942	

COVID Concerns

Our top priority is your safety! Please follow your designated hospital's policies and guidelines regarding care of patients. Please be flexible as we all adjust during the evolving pandemic. Policies can change from day to day or week to week.

1. Students will be allowed to see patients who are COVID positive or Persons Under Investigation (PUI) as long as proper PPE is provided.
2. Students will bring and wear a surgical mask.
3. Maintain 6 feet of separation, (e.g. when rounding with team, when interviewing patients).
4. Wear masks at all times, unless eating or drinking.
5. Please eat alone and not in team rooms.
6. Limit number of people in workrooms. Limit the number of people in patient rooms to 4 or less (not including patient and family member).

What if I get sick?

1. Any student who develops symptoms which may be consistent with COVID-19 should NOT report for duty, and should contact OHP for testing and further guidance
2. Any student with known exposure to a person with confirmed COVID-19 should contact OHP for guidance.
3. You will need to fill out an Absence form and adhere to the Absence policy.
4. Student absences related to COVID-19 (infection or exposure requiring isolation or quarantine) will be excused

5. Students must complete all course requirements in order to successfully pass the course; students will receive an incomplete if course requirements remain pending at the end of the rotation (example: direct observations; required clinical experiences)
6. Students who do not attend / participate in 50% or more of the clinical rotation will be required to participate in additional clinical shift(s) per the discretion of the CD in order for the student to meet course requirements, with consideration of the students' other schedule requirements / conflicts

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 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

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
1.3 1.4	Demonstrate compassionate patient care and advocate for patients within the context of the healthcare system	Direct patient care Bedside teaching Attending rounds	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	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 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 Consult Workshop Giving Discharge Instructions Workshop	Passport Direct observation of discharge	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 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 assignment	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	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 Workshop	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	Interprofessional Education SP session	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.

You Said	We Did
2018-19: More Feedback wanted	Mid-rotation WDYWW implemented
2019-20: Call room access was difficulty	Standardized process established for all sub-I's at Ben Taub

VII.   Student Roles, Responsibilities, and Activities

- **Ben Taub Details (Badging and Computer Access):**
    - Call Medical Staff Services at 713-873-2309 if you do not have previous Harris Health access or call Harris Health IT (713-566-4357) to reset your password, if your computer accounts have already been set up in the past.
    - Go to Ben Taub Security Office for your IDbadge
- **Phone Number: 713-873-2502**

Sub-internship Responsibilities:

Inpatient Duties:

- Sub-Interns take primary responsibility for patients as demonstrated by: admitting the patient, writing a complete history and physical, making a problem list, making an assessment including a differential diagnosis and a plan, leading the discussion on rounds, requesting consults, following the patient(s)' daily progress, writing daily notes, following-up on studies, updating the patient list daily, writing orders and prescriptions, giving and receiving effective check-out, providing cross cover to team patients, and facilitating discharges.
- You will take Over Night Call (see Call Definitions below). Call days have been pre-assigned.
- **On call days you will stay overnight until the next morning at 9AM (24+2 hour call).**
- On call days you will be on call for no more than 28 consecutive hours. We comply with the BCM duty hour policy. As stated in the Student Handbook: 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. Please see the full Duty Hour policy in the Student Handbook.
- You will be on call with a resident and take call on average every 4-5 days. Number of calls per rotation may vary and should amount to 4 total calls.
- No procedures are required for this rotation.

Call Definitions:

Definition of Over Night Call	You come in on a regular day. Stay overnight. Abide by duty hours which is 24+4 with 10 hours between shifts. Call room is mandatory.
Shift	You come in only for your shift. Stay for number of hours as defined (8-14 hrs.). You get 10 hours in between, no call room.
Night Float	A series of consecutive shifts per ACGME (6 max), No call room.

Call rooms:

- Call room is given the evening of the call starting at 8PM.
- Go to the Ben Taub Security office and ask for on-call room access card/key
- Preferably: find a room on the 5th floor near the Neurology team room

Inpatient Hospital Information:

Please note that these spaces may not be available during the COVID pandemic. We encourage students to return home for studying and lounging for the safety of yourselves and others. Please contact the clerkship director if you have questions about space availability.

Facility name	Lounge/Conf. rooms	Study areas	Secure Storage Space	Computers and Internet Access	Call room
Ben Taub General Hospital	5D classroom	5D Team Room	5D Team Room	5D Team Room	As above

- **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 a measure of safety for those students that are uncomfortable, fearful or uneasy about walking alone on campus. The Safety Escort is not intended to replace existing transportation services such as the Campus Shuttles, for inclement weather or to discourage individuals from walking in groups, but a safety option for those that have a genuine concern for their personal safety. **For a Safety Escort call 713-795-0000**

Lectures:
- You are required to attend Neurology Grand Rounds every Monday (via Zoom).

Sub-I Academic Half Day Curriculum:
- The Sub-I Academic Half Day was designed to teach advanced communication skills necessary for success as a sub-intern. All sub-interns must complete the Sub-Internship Academic Half Day Curriculum. You are encouraged to complete all workshops on the first morning of the rotation. Estimated time for completion of the asynchronous components of the curriculum is 3.5 hours. You are also required to attend a synchronous Zoom Handoff Workshop on the first day of the rotation at 11:00 AM. You must complete the didactic component of the Handoff Workshop (on Blackboard) prior to participating in the interactive Zoom component. Completion of the Sub-I Academic Half Day Curriculum will be required for a minimum score of "pass" for the course.

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

Midcourse Feedback:
- At the end of the second week of the rotation, a **Midcourse Feedback** session will occur. This is <u>required</u> and we will assess how you are doing on the rotation as well as discuss your Attending and Resident observation form, your EBM assignment, the goals and objectives of the rotation, available feedback from your faculty and residents, etc. You will set up a time with the Sub-internship Course Director.

Dress Code:
- You are expected to uphold a professional level of conduct and appearance in the workplace, including clinical and non-clinical (i.e. lecture) settings.
- Always keep your BCM ID/student badge in clear view
- **Attire for clinical duties**: professional attire (neck ties are optional), slacks,dresses/skirts at/below the knee, close-toed shoes. **Scrubs are permitted.**

Do's and Don'ts:
- DO communicate with your team about any absences or expected absences for the 4 weeks you are on rotation.
- DO make every effort to be helpful in the spirit of teamwork, but should never be overworked. Your primary purpose for being there is to learn. Enthusiasm and interest are key elements to both enjoying your clinical time and to maximizing your learning.
- DO NOT contact an individual evaluator. Questions about clinical evaluations or grades should be directed to the course director. Contacting a clinical evaluator directly regarding an evaluation will be considered unprofessional behavior.

Required Paperwork:
- **BCM Sub-Intern Passports (2)** – 1 form filled out by the attending and 1 form by the resident on service. These will be reviewed at Midcourse Feedback. The 2 forms are due on the last Friday of the clerkship at end of business day.

- **Direct Observations (2**) – 1 Handoff Direct Observation and 1 Discharge Direct Observation. Please launch these as "Ad hoc" evaluations on E-value. The 2 forms are due on the last Friday of the clerkship at end of business day.
- **EBM assignment** – see below for instructions and Blackboard

EBM Assignment:
- Goal: To identify, analyze and present a primary paper from the medical literature that guides the management of one your current patients.
- Learning Objectives:
  - o Identify personal knowledge gaps and use technology to find primary literature that will expand knowledge and advance patient care (5.2)
  - o Apply the principles of evidence-based medicine to a primary paper about treatment, prevention, a diagnostic test, prognosis or a meta-analysis (5.3)
  - o Critically appraise and analyze a primary paper from the medical literature to support patient care decisions (3.9)
- Instructions:
  - Peruse your current list of patients to identify a dilemma that leads you to search for additional evidence.
  - Research your question using PubMed or another search engine.
  - Choose a primary paper (e.g., clinical trial, observational study, systematic review or meta- analysis) that best answers the clinical question.
  - Read the appropriate Users' Guide to the Medical Literature paper, which will walk you through the analysis of your paper. (See Blackboard - "Resources for Critical Appraisal of Literature")
  - Download and complete the corresponding Critical Appraisal Worksheet on Blackboard. Bring this worksheet with you to Midcourse Feedback.
  - Present your findings to clerkship director (or associate clerkship director) at Midcourse Feedback.

Direct Observation instructions:

Sub-I Handoff and Discharge Direct Observation
Instructions for Students

During this sub-internship, you will need to launch at least **one Discharge and one Handoff Observation forms** to a resident or fellow who observed you. You can launch the direct 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

9
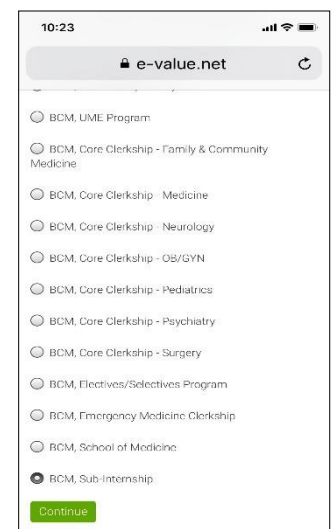
d. Touch Add→ (You may not see a name in the box, but if you click on the bar below ←Remove, you will see the name of the person you chose).

e. Click Submit

8. The resident/fellow should immediately receive an email with a direct link to the form.
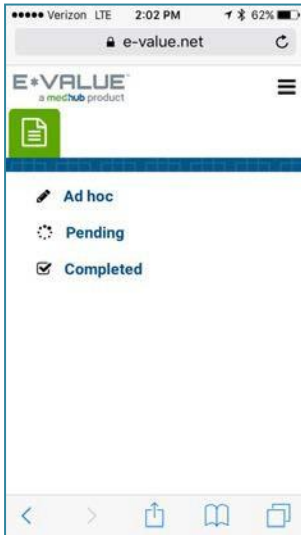
Screen Shot #2	Screen Shot #3	Screen Shot #4
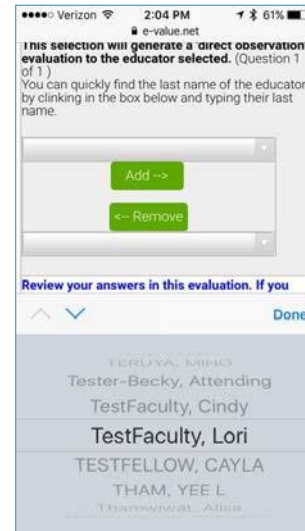
VIII. Schedules

Lectures and Conferences - <mark>Highlighted lectures are mandatory, currently all lectures are Zoom</mark>

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
Noon to 1:00	<mark>Grand Rounds;</mark> Via Zoom	Resident Lecture	Child Neurology Conference Abercrombie Auditorium; TCH	Resident Lecture	Professor's Rounds- 1st floor McNair Campus
1:00 to 2:00					Resident Lectures – 1st floor McNair Campus

IX. Grades:

Grading Rubric: Sub-internship

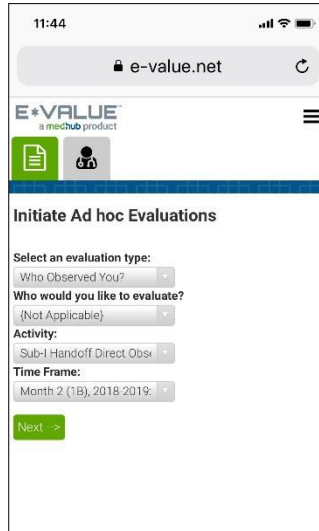| Requirements	% of Final Grade	Minimum Score to Pass
Clinical Evaluations	90%	
EBM Module	5%	Complete Blackboard module
Professionalism	5%	Unprofessional behavior can be grounds for failure of the clerkship

- Grade breakdown – Students successfully completing all required elements including professionalism may earn scores as follows:
    - Honors = mode 3/3 global readiness for internship (with no 1/3) AND mean 8 or greater/9 on clinical evaluation
    - High Pass = mode 2/3 global readiness for internship (with no 1/3) AND mean 7 or greater/9 on clinical evaluation
    - Pass = mode 2/3 global readiness for internship (with 1/3) AND mean of 6 or greater/9 on clinical evaluations
    - Marginal Pass = mode 1/3 global readiness for internship and mean 6.0-6.4 on clinical evaluations
    - Fail = mode 1/3 global readiness for internship and mean below 6 on clinical evaluations
- Students can Fail the course for unprofessional behavior alone independent of clinical performance.
- Please see Policies and Procedures (Section XII) regarding 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 their patient.
- Acts as an advocate for the patient.

11

- Incorporates psychosocial concerns into patient's management.
- Patient looks to them as their primary care provider. (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.

Evaluations:
- Your grade is based on your evaluations by your Neurology attendings and residents equally. The Neurology Sub-Internship Committee meets at the end of the rotation to determine grades of Honors, High Pass, Pass, Marginal Pass, or Fail. Five percent of the final score will be derived from Professionalism items.
- 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. Do not contact an individual evaluator to change an evaluation. This is considered unprofessional behavior.
- 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.
- A student can file a grievance if they believe the grade was unfair, for example, if it is felt to be an act of discrimination. 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) Grievances are not the same as disagreements. A student cannot file a grievance merely because s/he disagrees with the grade.
- For any grade appeals, the student is encouraged to follow procedures on Grade Appeals and contest the grade in writing through www.bcm.ethicspoint.com, within 10 business days of the grade's posting in the student portal.

E*VALUE: You will be using the "Who did you work with" function to launch your evaluations for the rotation.
- You are advised to list all attendings and residents with whom you have worked. Do not "cherry-pick" your evaluations. You are encouraged to list at least 2 attendings and 3 Neurology residents. You have the ability to choose as many attendings and residents you would like to evaluate and submit evaluations on you but you must select them at the same time (you will not be sent another WDYWW evaluation to select additional attendings and residents).
- After you submit the WDYWW evaluations, an Attending/Housestaff Evaluation for you to complete on them will be opened. You will need to submit the evaluation before it is sent to the attending/housestaff. All you have to do is complete each evaluation and click "Submit". You MUST have at least one attending evaluation submitted in order to receive a grade.
- 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 SPRINT committee.
- 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. Do not contact an individual evaluator to change an evaluation. This is considered unprofessional behavior.
- 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.

- A student can file a grievance if they believe the grade was unfair, for example, if it is felt to be an act of discrimination. 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) Grievances are not the same as disagreements. A student cannot file a grievance merely because s/he disagrees with the grade.
- For any grade appeals, the student is encouraged to follow procedures on Grade Appeals and contest the grade in writing through www.bcm.ethicspoint.com, within 10 business days of the grade's posting in the student portal.

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

X. Evaluation Forms:
- This is provided in a pdf on Blackboard.

XI. Recommended Texts/Videos/Resources:
- There is no required text for the course.
- Supplemental texts include: Lange Clinical Neurology (*available online via the library*), Blueprints Series Neurology, Neurology Secrets, and Clinical Neuroanatomy Made Ridiculously Simple.

Interested in Neurology?
- Information for students interested in Neurology should contact our Neurology Specialty Mentor, Dr. Atul Maheshwari – atul.maheshwari@bcm.edu
- Please also feel free to reach out to the Neurology Student Interest Group (SIGN).
- Information and links for Academic Support and Student Success resources are available on the Curriculum Office and Student Affairs organization.

Have an educator you want to recognize?
- **PEAR award**: Pear awards were created as a student-led initiative to allow students to recognize educators. https://forms.gle/mq5HrdCC5SZf2XYXA

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

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)

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.

<u>Foundational Sciences</u>:

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.

<u>Clinical Courses</u>

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

3.6, 3.2	PC9	Common Diagnostic Tests
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	

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

4.3, 6.1, 6.2	SBP2	Interprofessional Team
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	