



**Pediatric Sub-Internship
Course Overview Document**

(Updated April 17, 2022)

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I. Introduction/Sub-Internship Overview:

During this four-week sub-internship, the student demonstrates pediatric intern level knowledge, attitudes and skills. The student is assigned to one of the Texas Children's Hospital's Pediatric Hospital Medicine (PHM) teams, consisting of an attending, 1 supervising resident, 3-4 interns, 1-2 clerkship students, and sometimes a PHM fellow. Patient-family centered rounds (PFCR) are conducted daily at the bedside with the PHM team. The sub-I admits/follows/discharges patients, evaluates all medical problems, and formulates assessments and plans under supervision. S/he is responsible as the primary provider for a minimum of four patients. As the primary provider, the sub-intern is responsible for: giving/receiving patient handoffs at the beginning and end of shifts, requesting consultation as needed for patient care, writing orders for co-signature prior to implementation, utilizing diagnosis specific EBM order sets, and performing all aspects of patient care. Sub-interns take night float directly supervised by a resident; a supervising faculty member and/or fellow is on site at all times. During night float, sub-I is first-call for cross-cover issues on all of his/her team's patients. Attendance at educational conferences is required after the first week of the rotation. Students are excused from educational conferences during their night float.

II. Clinical Sites:

TCH Main Campus, PHM Service

III. Contacts:

Pediatric Sub-I Director	Meghan McClure, MD	memclur@texaschildrens.org 832-824-5447 1102 Bates St. Feigin Center, Suite 1860
Pediatric Sub-I Coordinator	Daisy Aleman	dxalema1@texaschildrens.org 832-824-5447 1102 Bates St. Feigin Center, Suite 1860

*In the event that the Director and/or Coordinator cannot be reached, please contact Dr. Geeta Singhal: gsinghal@bcm.edu or 832-824-5447

IV. Compact Between Teachers, Learners, and Educational Staff

Compact Between Teachers, Learners, and Educational Staff 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.

Teacher Responsibilities

As a teacher, I pledge to:

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

Learner Responsibilities

As a learner, I pledge to:

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

Educational Staff Responsibilities

As educational staff, I pledge to:

- Maintain currency in my professional knowledge and skills
- Help ensure excellence of the educational curriculum
- Embody professionalism in all of my interactions with faculty, learners, patients, colleagues, and staff
- Respect all faculty, learners, patients, colleagues, and staff as individuals, without regard to gender, age, race, national origin, religion, or sexual orientation; and oppose observed disrespect or bias
- Help create a safe environment in which faculty, learners, and staff can work and can communicate any concern about breaches of this compact

V. 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

VI. 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
<i>Professionalism 1.3, 1.4, 1.5</i>	Demonstrate a commitment to accountability, excellence in practice, adherence to ethical principles, humanism, altruism, and sensitivity to diversity	Sub-I Overview Document; Sub-I Orientation; Clinical Experiences	ILP; Direct Observation	Professionalism Rubric; ILP; Direct Observation
<i>Medical Knowledge 2.1, 2.3 Patient Care 3.7</i>	Demonstrate sufficient knowledge to provide patient care with appropriate supervision	Clinical Experiences	ILP; Direct Observation	Evaluations; ILP; Direct Observation
<i>Patient Care 3.2, 3.3</i>	Modify the differential diagnosis, problem list, and management plan to reflect updated clinical data.	Clinical Experiences	ILP; Direct Observation	Evaluations; ILP; Direct Observation
<i>Patient Care 3.8, 3.10</i>	Recognize signs/symptoms of clinical deterioration, outline methods of initial treatment, and make appropriate decisions about disposition.	Clinical Experiences	ILP; Direct Observation	Evaluations; ILP; Direct Observation
<i>Patient Care 3.9, 3.10</i>	Organize and prioritize responsibilities to provide patient care that is safe, effective and appropriate.	Clinical Experiences; Academic Half Day	ILP; Direct Observation	Evaluations; ILP; Direct Observation
<i>Interpersonal and Communication Skills 4.1, 4.3 Leadership 7.1</i>	Demonstrate interpersonal communication skills that result in effective information exchange and collaboration with patients, their families, and all members of the health care team.	Clinical Experiences; Academic Half Day	ILP; Direct Observation	Evaluations; ILP; Direct Observation
<i>Interpersonal and Communication Skills 4.2, 4.4</i>	Demonstrate written communication skills that result in effective information exchange	Clinical Experiences; Academic Half Day	ILP; Direct Observation	Evaluations; ILP; Direct Observation
<i>Practice-Based Learning and Improvement 5.2, 5.3 Leadership 7.3</i>	Use evidence based medicine and self-directed learning in the care of patients and education of others.	Clinical Experiences	ILP; Direct Observation	Evaluations; ILP; Direct Observation
<i>Systems-Based Practice 6.2, 6.3, 6.4</i>	Provide high-quality health care and advocate for patients within the context of the health care system.	Clinical Experiences	ILP; Direct Observation	Evaluations; ILP; Direct Observation
<i>Professionalism 1.6 Practice-Based Learning and Improvement 5.1 Leadership 7.2</i>	Demonstrate the ability to seek, accept and integrate feedback; self-aware of performance with respect to self-improvement.	Clinical Experiences; ILP; Midterm feedback	ILP; Direct Observation	Professionalism Rubric; ILP; Direct Observation

VII. You Said, We Did:

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

Evaluation Year	YOU SAID:	WE DID:
2018-2019	Carrying 4-6 patients, especially for students not going into Pediatrics and post-call is very challenging.	Clarified expectations with residents at their orientation to ensure that the workload is evenly distributed.
2018-2019	Need to ensure 'off days' do not fall on DDASH days.	CD has worked with course coordinator and ensured after this happened the first month of DDASH last year that no other students had their off or post-call day on a DDASH day. There have been no subsequent issues.
2018-2019	In the Bi-Annual Learning Environment report, 2 students reported witnessing derogatory language regarding patients and other services.	Results reviewed at formal PHM staff meeting and discussed. BCM mistreatment and learning environment policies reviewed. Will continue to monitor this at MPF/EP meetings.
2019-2020	Students continually gave feedback regarding difficulty of call schedule.	Transitioned to night float schedule with overwhelmingly positive feedback.
2019-2020	Students reported that they never received pages to their assigned pagers and did not find carrying them useful.	Stopped handing out pagers to students. Continued to encourage them to hold the team pager whenever possible outside of the expected times to carry it.
2019-2020	"Voalte" phones are desired, but found to be difficult to use and learn how to log in	Hand out Voaltes during orientation with tutorial on how to use from course director
2020-2021	Night shifts are desired for learning, but need longer than 3 shifts to acclimate.	Each student will have one week (4-5 shifts) of nights each term.
2020-2021	Nurses often contact interns first regarding patient care.	Training provided on assigning correct "frontline provider" in effort to delineate the subintern as the first call.
2020-2021	I enjoy family centered rounds, but the variability amongst attendings is difficult to handle.	Training provided to faculty on IPASS Family Centered Rounding structure with ongoing observations in effort to standardize care and procedures.

VIII. Safety and Study Locations:

- A. **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**

B. Study Space

PFW 14th floor student workroom, TCH-PEM conference rooms, CCC Cafeteria area and resident lounge, PFW workroom has computer access, study materials, and is in locked unit
CCC Cafeteria area and resident lounge

C. Lounge/Relaxation Space

- Seating lounge on 3rd & 4th floor of PFW, PFW NICU lunchroom and resident lounge on 21st Floor or West Tower, Resident workroom (West Campus and Pavilion for Women)

D. Personal Lockers and Storage Space

- Locked cabinets (West Campus and PFW 14th floor workroom); Resident Lounge (TCH Main Campus); Physician workspace (TCH Main Campus ER)

IX: Student Roles, Responsibilities and Activities:

A. General

- Abide by the BCM Teacher-Learner-Staff compact
- Become familiar with this document, course objectives, schedule, course blackboard site, etc.
- Reply promptly to all communications from course coordinators and directors
- Notify the course leadership promptly of any late arrival or unplanned absence. This includes notifying the sub-internship coordinator and director in addition to your PHM team attending and supervising resident.
- Dress Code
 - As members of Baylor College of Medicine, you are all expected to uphold a professional appearance and behavior
 - Keep your BCM ID/student badge in clear view at all times
 - Professional attire is required for clinical duties; scrubs are permitted
- Complete the activities required for the direct observation passport as instructed
- Identify learning objectives at the beginning and middle of the rotation using the Pediatric Sub-Internship Individualized Learning Plan (ILP) template as directed during Orientation
- Deadlines for individual ILP assignments will be communicated to you by the course coordinator
- Document ILP using iSMART format (Important, Specific, Measurable, Attainable, Relevant, Timely) on the ILP template. Formal feedback on your ILP will be provided at the midpoint and end of rotation feedback sessions and informal feedback will be provided by your supervising faculty and residents each week.
- Participate in midpoint feedback (MPF) and end of rotation feedback (ERF) will be scheduled for you during the first week of the rotation by the course coordinator.
- Complete timely evaluations of the faculty, fellows, residents, and the course via E*value. Who Did You Work With (WDYWW) request is launched to you during the final week of the course. **You are expected to select your evaluators from the course by the first Monday following the end of the rotation.**
- **ALL items listed below must be complete and turned in to the Sub-I Coordinator by the last day of the course.** Students who are out of compliance will receive a grade of INCOMPLETE in the course. If the student completes the assignment within five business days of the end of the course, a grade will be assigned accordingly. Students will receive a grade of DEFERRED and are subject to failure if assignments are more than 5 business days past due.
 - Individualized Learning Plan

- Direct Observation Passport
- Return of voalte phone

B. Sub-I Role

- Serves as the primary provider for a minimum of four patients under appropriate supervision
- As the primary provider performs all patient care and communication tasks from admission through discharge
- Takes night float with the team supervisory resident; a supervising faculty member and/or fellow is on site at all times.
- During night float, the sub-I is first call for cross-cover questions on all of his/her team's patients
- Gives/receives patient handoffs at the start and end of each shift
- Works directly with consultants as the primary liaison for her/his patients
- Works cooperatively with the medical team to improve the learning environment
- Serves as a role-model to clerkship students on the PHM teams
- Takes full responsibility for assigned patients, as detailed in the Learning Activities section below

C. Sub-I Responsibilities / Learning Activities

- Sub-Is take full responsibility for patients as demonstrated by:
 - Managing minimum of 4 patients daily
 - Admitting new and transfer patients
 - Performing daily patient care
 - Discharging or transferring patients
 - Performing and documenting initial and daily histories and physical exams
 - Making/updating a problem list for each patient daily
 - Making/updating an assessment including a differential for each patient daily
 - Making/updating a systems based plan for each patient daily
 - Documenting in the EMR in the "med student tab"
 - Leading the discussion on patient-family centered rounds (PFCR) daily for primary patients
 - Requesting consults and maintaining bi-directional communication with the consulting team
 - Requesting and following-up on pending diagnostic tests
 - Updating the written patient handoff list daily in I-PASS format
 - Giving and receiving effective verbal handoffs daily
 - Writing orders and prescriptions for co-signature, using diagnosis specific EBM order sets when available
 - Taking night float 5 times, mirroring the PHM supervisory resident's schedule to maximize longitudinal supervision.
 - Providing cross cover to team patients by holding the team pager
 - Working with care coordinators to identify resources and barriers to discharge
 - Facilitating discharges
 - Identifying patient safety concerns and learning about the safety reporting system
 - Monitors duty hour compliance
 - Attendance at all scheduled educational conferences is required after the first week of the rotation

D. Sub-Internship Academic Half Day

- Occurs the first morning of the rotation from 8:15am-12pm at Main Baylor. 3 interactive workshops covering IPASS Handoffs, Calling Consults, Discharging patients
- Students are required to complete all 3 workshops prior to the start of their sub-internship rotation.

E. Individualized Learning Plan (ILP)

- Curriculum is learner centered with a focus on self-directed learning. Writing out goals is shown to improve achievement of goals.
- Goals will be written using the 'iSMART' framework: Inspiration, Specific, Measurable, Achievable, Rewards, Time-bound. Examples are provided to guide you.
- The first week, you will be asked to submit 2-3 learning goals including a rationale for why you have chosen this goal and how you will assess your progress. You will receive feedback from a course director on your goals via email.
- Prior to midpoint, you will write about your progress for your first 2-3 goals and submit two additional goals for the second half of the rotation. This part of the assignment is reviewed at the midpoint feedback meeting.
- Prior to the end of course, you will write about your progress for your final 2-3 goals and submit additional goals for the remainder of medical school. This part of the assignment is reviewed at the end of rotation wrap up meeting.
- You will receive instructions and deadlines for each segment of the ILP from the course coordinator.
- Send each revision/addition to the ILP form to: Dr. McClure, Daisy Aleman, supervising resident, team attending (each week)
- Discuss your goals with your supervisors so that you can solicit feedback on your progress towards your ILP goals
- Timely and thorough completion of each portion of the ILP is required in order to receive full credit. ILP completion is part of your professionalism score. Tardiness and/or incomplete answers will result in deductions.

Learning Objective #1

Rationale for choosing this learning objective:

Learning activities and strategies to work toward this objective:

Ways I will assess my progress:

Date completed: ___/___/___

Final Reflection

Learning Objective

#1: _____

How much progress did you make toward your learning objective?

- No progress A little progress Some progress A lot of progress
 Met my objective

Please describe your progress, including the ways it was assessed?

Direct Observation Passport

Forms are provided at orientation, available on course blackboard site, brought to MPF for review, and must be turned in to the course coordinator by the final Friday of the rotation. The bottom of the form “midpoint feedback” should be completed by the supervising faculty/fellow and resident prior to your formal midpoint feedback session with the course director.

BCM Sub-Intern Passport Attending Observation

I observed the sub-intern meeting the expected level of performance in the following areas:	Legible Signature	Date
Communication		
Deliver clear and concise verbal presentations, including problem list, information synthesis, prioritized differential diagnosis, and evidence-based plan		
Communicate daily updates and results to patients/families in a sensitive manner using appropriate lay terms and avoiding/explaining medical jargon		
Communicate with patient/family and ensure their understanding of the indications, risks, benefits, alternatives, and potential complications for treatments or procedures		
Articulate a specific clinical question to initiate a consult request and communicate recommendations back to the primary team		
Coordination of Care		
Effectively cooperate with physician and non-physician members of the health care team (nursing, social work, physical therapy, etc.)		
Information Management		
Review of discharge summary – Discharge date _____		
Review of discharge summary – Discharge date _____		

Midpoint Feedback

Current Readiness for Internship (circle one)

Needs significantly more work to approach intern level	On track to achieve intern level	Already performing at intern level
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Student’s areas of strength:	Areas for improvement and specific suggestions for student to act upon:
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Date _____ Faculty Name _____ Faculty Signature _____

BCM Sub-Intern Passport Resident Observation

I observed the sub-internal meeting the expected level of performance in the following areas:	Legible Signature	Date
Clinical Skills		
Organize and prioritize responsibilities to provide effective patient care		
Identify a clinical situation requiring urgent or emergent care and initiate appropriate management (including communicating with supervisors) Specify the clinical situation:		
Participate in cross-coverage of a patient		
Information Management		
Document concise, updated progress notes that reflect the rationale behind medical decision-making		
Draft admission orders		
Draft discharge orders and prescriptions		
Communication		
Articulate a specific clinical question to initiate a consult request and communicate recommendations back to the primary team		
Coordination of Care		
Effectively cooperate with physician and non-physician members of the health care team (nursing, social work, physical therapy, etc.)		
Procedures – optional		
Perform one (or more) procedure(s) on a patient or a simulator (circle): Venipuncture PIV line insertion Bag-mask ventilation Basic CPR Other procedure(s):		

Midpoint Feedback

Current Readiness for Internship (circle one):

Needs significantly more work to approach intern level	On track to achieve intern level	Already performing at intern level
--	----------------------------------	------------------------------------

Student's areas of strength:	Areas for improvement and specific suggestions for student to act upon:

Date _____ Resident Name _____ Resident Signature _____

F. Midterm Feedback Form

Forms are available on course blackboard site. The forms are completed together by the student and course director during the midterm feedback session.

Pediatric Sub-Internship Midterm Feedback (MTF) Form

-
- Review learner's Midpoint Feedback Self-Assessment (on Page 2 of this form)
 - Review ILP (including status of objectives set forth by learner)
 - Review learner's midterm feedback (Direct Observation Form + informal comments)

Sub-I Check-in
(Circle your answer)

1. Are you in compliance with the BCM Duty Hours Policy? **Yes No**
If no, please explain.

2. Have you found the learning environment of the Pediatric Sub-Internship positive? **Yes No**
If no, please explain.

3. Have you experienced mistreatment or unprofessional behavior during the Pediatric Sub-Internship? **Yes No**
If yes, please explain.

Notes/additional information:

Learner signature and date

Preceptor signature and date

***Preceptors, please turn this form/self-eval in to Daisy Aleman in the Pediatric Sub-internship office upon completion**

Modifies the differential diagnosis (DDX) and problem list (PL) to integrate updated clinical data. (PC)

Never		Rarely		Sometimes		Usually		Consistently
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Modifies management plan to reflect updated clinical data. (PC)

Never		Rarely		Sometimes		Usually		Consistently
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Recognizes signs/symptoms of clinical deterioration and outlines methods of initial treatment. (MK, PC)

Never independent; No appropriate recs		Limited independent; Rarely appropriate recs		Sometimes independent; Sometimes appropriate recs		Usually independent; Usually appropriate recs		Consistently & independently; Consistent appropriate recs
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Makes appropriate decisions about admission, discharge and transfers to higher/lower levels of care. (PC)

Never		Rarely		Sometimes		Usually		Consistently
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Plans and executes patient handoffs that ensure safe continuity of care. (SBP, PC)

Never		Rarely		Sometimes		Usually		Consistently
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Participates in identifying system deficiencies that could jeopardize patient safety. (SBP)

No		Yes, when team identifies		Yes, independently identifies	
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Frames an effective clinical question for a consultant or ancillary staff. (COMM)

Never		Rarely		Sometimes		Usually		Consistently
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Interprets consultant recommendations and applies appropriately to the patient. (PC, SBP)

Never		Rarely		Sometimes		Usually		Consistently
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Medical record entries are organized, appropriately focused, and accurate. (COMM)

Never		Rarely		Sometimes		Usually		Consistently
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Oral presentations on rounds are organized, appropriately focused, and accurate. (COMM, SBP)

Never		Rarely		Sometimes		Usually		Consistently
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Provides effective patient/family education (re: dx, discharge, treatment plan) taking into account health literacy level. (COMM)

Minimal explanation; Little ability to educate		Unclear explanation; considerable jargon		Adequate explanation for most lay persons; too much jargon		Clear explanation to most lay persons; minimal jargon		Skilled explanation to varied sophistication of lay persons;
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							No jargon
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Requests and works with interpretation services appropriately. (COMM)

Never		Rarely		Sometimes		Usually		Consistently
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Builds rapport and encourages patient/family participation in shared decision-making (SDM). (COMM)

Poor rapport; No SDM		Poor Rapport; Limited SDM		Good rapport; limited SDM		Good rapport; Some SDM		Good rapport; Consistent SDM
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Organizes and prioritizes responsibilities to provide patient care that is effective and efficient. (PC, SBP)

Never		Rarely		Sometimes		Usually		Consistently
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Uses evidence-based medicine and/or current literature to appropriately answer a clinical question. (PBL)

Never		Rarely		Sometimes		Usually		Consistently
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Overall competency and READINESS for beginning residency.

Needs more work to approach intern level	Should quickly achieve intern level during residency	Already performing at intern level
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X. Schedules:

Pediatric Sub-Internship Sample Student Schedule

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1 <i>First Day</i> Day Shift	2 Day Shift	3 Day Shift	4 Late Stay	5 Day Shift	6 Day Shift
7 Day off	8 Night Float	9 Night Float	10 Night Float	11 Night Float	12 Night Float	13 <i>Last Day</i> Post-nights
14 Day off	15 Day Shift	16 Late stay	17 Day Shift	18 Day Shift	19 Day Shift	20 Late Stay
21 Day off	22 Day Shift	23 Day Shift	24 Late Stay	25 Day Shift	26 Day Shift	

Day Shifts (6am - 3pm)

Late Stays (6am-7pm): 4 shifts/month

Night Float (7p - 7am): 5 shifts/month

Days Off: 4 days off

Daily Schedule

Weekdays	
06:00	Arrive early to look at vitals, new notes/data
06:30	Sign in rounds
06:45-08:00	Pre-round and work on your daily notes
08:00-08:45	Morning report (Mon – Thu) (<i>*optional 1st wk: focus on being ready for rounds</i>)
09:00-11:30	PFCR
12:00	Didactic conference
16:00	Sign-out rounds (*7pm on late stay days)
Weekends	
06:00	Arrive early to look at vitals, new notes/data
06:30	Sign in rounds
07:00-09:00	Pre-round and work on your daily notes
09:00-11:30	PFCR
12:00	Sign-out rounds (or later after you have tucked in all your patients)

Didactic Conference Locations: (currently being broadcast to team work rooms via Zoom)

1. **Grand Rounds:** Friday 8:30 – 9:30 am TCH Auditorium, B1, near St. Luke’s cafeteria
2. **Noon Conference:** Mon – Thurs 3rd floor CCC
Friday – TCH Auditorium
3. **Morning Report:** Mon – Thurs 8:00 – 8:45 am in Neo Conf. Rm 6WT
4. **Pediatric Diagnostic Rounds:** 4th Tues of each month 8 am Feigin 1st Fl. Conf. Rm

XI. Grades:

- E*Value
 - o Who Did You Work With (WDYWW) request is sent to sub-Is during the final week of the course.
 - o Sub-I selects a minimum number of evaluators who spent time working with the sub-I:
 - two faculty AND
 - one supervising resident
 - o You are welcome to launch additional evaluation requests beyond the minimum.
 - o You are expected to select all your evaluators from the course no later than by the first Monday following the end of the rotation.
 - o **In addition to WDYWW, faculty, fellows, and residents may select to evaluate you. These evaluations will be considered equally to those which you initiate.**
 - o Evaluations received more than 3 weeks after the end of the rotation will not be considered
- A remediation plan will be developed between the student and the course director at the midpoint if the student is not making adequate progress on the rotation
- Grade verifications, grievances, and appeals proceed according to BCM policies

Grade	Description	*Historic % of students in academic year
Honors (H)	Exceptional performance in all areas	63%
High Pass (HP)	Performance exceeds the Pass requirements but does not reach Honors level	27%
Pass (P)	Satisfactory overall performance	10%
Marginal Pass (MP)	Minimal performance	0%
Incomplete (I)	Temporary grade given when a student is unable to complete the requirements for a rotation because of illness or other extenuating circumstances AND is considered to be passing the rotation at the time the grade is given.	
Deferred (D)	Temporary grade given when a student has not successfully completed all of the requirements at the end of the rotation AND requires remediation in order to meet the minimum rotation requirements. <i>The highest final grade that can be earned is a Pass.</i>	
Fail (F)	<p>How a failure may be earned:</p> <ol style="list-style-type: none"> 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 clerkship (ie: the NBME and SP exam) 4. Failing only the SP or NBME Exam: <ol style="list-style-type: none"> 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. 1. Overall performance on the clerkship that is 2 SD below the mean will be reviewed and may result in failure. 	

Pediatrics Sub-I Grading Rubric 2021

Item	MP or F	Minimum Score for Pass	Minimum Score for HP	Minimum Score for Honors	Total Possible Points
<p><u>SPAF</u> 16 items. Each item is worth a total of 9 points. (90%)</p> <ul style="list-style-type: none"> 0 = cannot assess – eliminate from calculations Change professionalism items to 9 point scale by multiplying by 3. 	Total points /144 *100 * 0.9 < 65	105/144 * 100 * 0.9 = 65	118/144 * 100 * 0.9 = 73	131/144* 100 * 0.9 = 81	144/144* 100 * 0.9 = 90
<p><u>EBM assignment</u> (5%)</p> <ul style="list-style-type: none"> Completed & submitted by deadline = 5 Completed & uploaded late = 3 Not done = 0 	0	0	3	5	5
<p><u>Professional responsibilities</u> (5%)</p> <p>1 point for completing each by deadline</p> <ul style="list-style-type: none"> Timely and appropriate completion of ILP Completed MTF self-assessment Submitted passport with MTF at midpoint Submitted passport by end of course Timely and appropriate correspondence with course director and course coordinator 	0-1	2	3	4	5
TOTAL POINTS	< 67	67	78	90	100
Mode of readiness for internship	1	2 (with 1)	2 (no 1)	3 (no 1)	3

- Students must meet the minimum criteria in each category (SPAF, EBM, Professional Responsibilities) to earn each grade. For example, a student who meets criteria for Honors on the SPAF but not on Professional Responsibilities or EBM assignment will not be able to earn 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.

-

XII. Evaluations

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 25 - 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)

Please choose the best indicator of your role as an evaluator of this sub-intern. (Question 2 of 25 - Mandatory)

- Resident Fellow Attending

What is the basis for your evaluation of this sub-intern? (please check all that apply) (Question 3 of 25 - Mandatory)

Selection	Option
<input type="checkbox"/>	Review patient write-ups
<input type="checkbox"/>	Observation of history taking, physical exam, discussion with patient or family
<input type="checkbox"/>	Case presentation
<input type="checkbox"/>	Attending rounds
<input type="checkbox"/>	Procedures
<input type="checkbox"/>	Discussion about the sub-intern with other evaluators

Please estimate the amount of contact you had with this sub-intern: (Question 4 of 25 - 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 5 of 25 - 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)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The sub-internal recognizes signs/symptoms of clinical deterioration and outlines methods of initial treatment. (MK, PC) (Question 6 of 25 - 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)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The sub-internal makes appropriate decisions about admission, discharge and transfers to higher/lower levels of care. (PC) (Question 7 of 25 - 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)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The sub-internal uses evidence-based medicine and/or current literature to appropriately answer a clinical question. (PBL) (Question 8 of 25 - 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)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The sub-internal modifies management plan to reflect updated clinical data. (PC) (Question 9 of 25 - 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)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The sub-internal drafts basic orders for daily patient care and transitions of care. (PC) (Question 10 of 25 - 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)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The sub-intern organizes and prioritizes responsibilities to provide patient care that is effective and efficient. (PC, SBP) (Question 11 of 25 - 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)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 12 of 25 - 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)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please comment on this sub-intern's delivery of patient care during the Sub-Internship. (Question 13 of 25 - Mandatory)

The sub-intern's medical record entries are organized, appropriately focused and accurate. (COMM) (Question 14 of 25 - 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)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The sub-intern's oral presentations on rounds are organized, appropriately focused and accurate. (COMM, SBP) (Question 15 of 25 - 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)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The sub-intern provides effective patient/family education (re: diagnosis, discharge, treatment plan) taking into account health literacy level and language differences. (COMM) (Question 16 of 25 - 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)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The sub-intern frames an effective clinical question for a consultant or ancillary staff. (COMM) (Question 17 of 25 - 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)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The sub-intern plans and executes patient handoffs that ensure safe continuity of care. (SBP, PC) (Question 18 of 25 - 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)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please comment on the sub-intern's communication skills during the Sub-Internship. (Question 19 of 25 - Mandatory)

The sub-intern exhibits professionalism with respect to patients and families: compassionate and respectful, advocates for patient/family's needs. (PROF) (Question 20 of 25 - Mandatory)

Cannot Assess	Major concerns	Minor concerns	No concerns
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The sub-intern exhibits professionalism with respect to colleagues and team: reliable and prepared, cooperative, proactive. (PROF) (Question 21 of 25 - Mandatory)

Cannot Assess	Major concerns	Minor concerns	No concerns
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The sub-intern exhibits professionalism with respect to self-improvement: seeks, accepts and integrates feedback; self-aware of performance. (PROF, PBL) (Question 22 of 25 - Mandatory)

Cannot Assess	Major concerns	Minor concerns	No concerns
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please comment of this sub-intern's professionalism during the Sub-Internship. (Question 23 of 25 - Mandatory)

Please consider this sub-intern's **OVERALL** competency and rate this sub-intern's **READINESS** for beginning residency. (Question 24 of 25 - Mandatory)

Cannot Assess	Needs more work to approach intern level	Should quickly achieve intern level during residency	Already performing at intern level
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 25 of 25 - 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](#)

XIII. Recommended Texts/Videos/Resources:

- A. Documents and website links found on Sub-I Blackboard site in “Clinical Resources” folder:
- **Calling Consults Materials**
 - o Guide to Calling Consults
 - o Communicating with Subspecialists
 - **IPASS Handoff Materials**
 - o Handoff Badge Card
 - o IPASS brief overview
 - o Subic IPASS orientation
 - o IPASS Example
 - **Discharge Materials**
 - o Resident EMR Discharge
 - **EBM Clinical Guidelines and Order Sets**
 - **Redbook Online**
 - **Nutrition Care Manual**
 - **Drug Information and Formulary**
 - **TMC Resources Site**
 - o Recommended journals:
 - Review articles: Pediatrics in Review
 - Evidence-based Medicine: Dynacare, Pediatrics, NEJM Pads, JAMA Pads, Hospital Medicine, Contemporary Pediatrics
 - Did: IsabelHealthcare <http://www.isabelhealthcare.com/home/default>
 - At home/no remote access: EMedicine, Google Scholar
 - **Textbooks:**
 - o Caring for the Hospitalized Child: A Handbook of Inpatient Pediatrics (AAP)
 - o Harriet Lane Handbook
 - o Nelson's Textbook of Pediatrics
 - o Redbook
 - o TCH Handbook of Pediatrics and Neonatology
- B. For more information about pursuing Pediatrics as a specialty, please feel free to reach out to the Pediatric student interest group. Information about Specialty Specific Mentors, as well as links for Academic Support and Student Success resources are available on the Curriculum Office and Student Affairs organization.
- C. **PEAR award:** PEAR awards were created as a student-led initiative to allow students to recognize educators. Nomination form can be found here: <https://forms.gle/mq5HrdCC5SZf2XYXA>
- D. **Physical exam standards:** <https://bcm.box.com/s/txl1ko6pgxl5rx6zt25onwp7tbvmpc2q> (helpful for direct observations)

XII. Policies (edited 12-8-2020)

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):

Attendance / Participation and Absences:

Alternative Educational Site Request Procedure (Policy 28.1.10):

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):

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)

Blood Borne Pathogens (Standard Precautions Policy 26.3.06):

Institutional Policy on Infectious Disease: (Infection Control and Prevention Plan Policy 26.3.19)

Student handbook

Midterm Feedback Policy (28.1.02):

Narrative Assessment Policy (Policy 28.1.11):

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):

Mandatory Respirator Fit Testing Procedure (28.2.01):

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 Progression and Adverse Action Policy (Policy 28.1.05):

Technical standards:

Notice of Nondiscrimination:

Statement of Student Rights:

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

Add/drop Policy: <https://media.bcm.edu/documents/2017/a1/add-drop-policy-06-13-2017.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.

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.

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.

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>

Compact between Teachers, Learners, and Educational Staff 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 (as specified below) to the Associate Dean of Student Affairs within 5 calendar days of such event.

Direct Observation Policy (Policy 28.1.03): https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.03

BCM physician faculty participating in core clerkships must conduct direct observations of medical students during clinical encounters with patients for the purpose of performing student assessments and providing feedback.

Students are encouraged to solicit additional feedback on direct observations from residents and fellows (beyond the requirements for direct observation by physician faculty).

For clinical courses, please refer to other sections of the Course Overview Document for course-specific instructions related to direct observation requirements and logging.

Duty Hours Policy (Policy 28.1.04):

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.04

This policy outlines the procedures regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities during clerkships.

Compliance of this policy is mandatory for all BCM faculty members who teach, facilitate, and / or precept medical students in the clinical setting.

Duty hours, including all in-house call activities, must be limited to an average of 80 hours per week over a four-week period. Duty periods may be scheduled to a maximum of 24 hours of continuous duty in the hospital. An additional four hours may be spent to ensure appropriate, effective and safe transition of care. Minimum time off between scheduled duties is 10 hours. Students must also receive a minimum of either 24 hours off per seven-day work period, or four days off per 28-day work period.

Please contact the Course Director immediately with any concerns related to duty hours violations or other scheduling questions.

Educator Conflicts of Interest Policy (Policy 23.2.04) https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.2.04

This policy establishes and describes the specific types of educator conflicts of interest and how they are avoided.

This policy is designed to keep the learning environment free from real or perceived personal, financial, or other biases that could arise from participating in the assessment, interview, or promotion of any current or prospective student with whom the educator has an existing personal relationship or significant connection.

This policy outlines how educators must avoid providing healthcare services to any learner that the educator must also teach, assess, or advise as a part of an 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: Associate Dean of Student Affairs or designee

Examinations Guidelines:

<https://www.bcm.edu/education/schools/medical-school/md-program/student-handbook/academic-program/curriculum/examinations-and-grades>

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://www.bcm.edu/education/schools/medical-school/md-program/student-handbook/academic-program/curriculum/examinations-and-grades>.

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/schools/medical-school/md-program/student-handbook/academic-program/curriculum/examinations-and-grades>. 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

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 .

Student handbook: <https://www.bcm.edu/education/schools/medical-school/md-program/student-handbook/health-wellness>

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 Associate Dean of Undergraduate Medical Education.

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 feedback.

Please refer to other sections of the Course Overview Document for course-specific instructions related to midterm 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.

Patient Safety:

Information for Reporting Patient Safety Incidents at BCM Affiliated Institutions:

<https://media.bcm.edu/documents/2016/e5/guide-to-reporting-patient-safety-incidents-7.20.2016.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).

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

Social Media Policy (02.5.38):

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=02.5.38

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 student handbook:](#)

<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 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.

The policy outlines the appeal of adverse action procedure.

Technical standards:

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.16

Notice of Nondiscrimination: <https://www.bcm.edu/about-us/our-campus>

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	PBL11	
5.1, 5.2	PBL13	
5.2	PBL17	
2.2	KP4	
4.1	ICS1	
4.3	ICS2	
4.2, 4.3, 7.3	PBL18	
3.1	PBL19	
4.1	PC7	
5.2	PBL17	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	PBL15	

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	EPA 12: Perform General Procedures of a Physician
3.1	PC1	
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	