



**Psychiatry Sub-Internship  
Course Overview Document  
2022-2023**

***\*\*The Course Overview Document is subject to change. Revisions will be sent to students as changes are made and new information becomes available\*\****

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# **I. Introduction/Sub-Internship Overview**

The Baylor College of Medicine (BCM) Psychiatry Sub-Internship (Sub-I) is a 4-week advanced clinical rotation at our affiliate Ben Taub Hospital. The course is designed to develop skills, knowledge and attitudes required for internship including but not limited to performing psychiatric evaluations, developing diagnoses and treatment plans under supervision. Student(s) will practice placing orders and managing transitions of care as well as refining communication skills with all members of the care team, patients and their respective families.

## **II. Clinical Sites**

### **Harris Health System/Ben Taub Hospital (BT)**

- Inpatient Psychiatry
- Emergency Psychiatry

## **III. Contact and Site/Space Information**

### **Director:**

Jin Y. Han, MD  
Email: [jyhan@bcm.edu](mailto:jyhan@bcm.edu)  
Phone: 713-798-5695

### **Coordinator:**

Lindsay Trostle  
Email: [lindsay.trostle@bcm.edu](mailto:lindsay.trostle@bcm.edu)  
Phone: 713-798-4870

### **Office Location:**

Jamail Specialty Building  
1977 Butler Blvd. Suite E4.400  
Houston, TX 77030

| Site  | Site Director   | Administrative Contact  | Code Info   | Spaces for Students   |
|---|---|---|---|---|
| <b>Ben Taub Hospital</b><br><br><b>Harris Health System</b> | Anu Matorin, MD<br><a href="mailto:matorin@bcm.edu">matorin@bcm.edu</a><br><br>713-873-2636<br><br>One South Psych Unit<br>Ben Taub Hospital<br>1504 Taub Loop<br>Houston, TX 77030 | Lindsay Trostle<br>(Sub-I Coordinator)<br><a href="mailto:lindsay.trostle@bcm.edu">lindsay.trostle@bcm.edu</a><br>713-798-4870<br><br>Uzma Khalid<br>(Site Coordinator)<br><a href="mailto:ukhalid@bcm.edu">ukhalid@bcm.edu</a><br>713-873-5145<br><br>Room 2.127, 2nd floor<br>NPC Building<br>1502 Taub Loop<br>Houston, TX 77030 | <u><b>Facility Alerts</b></u><br><b>Red</b> – Fire<br><b>Utilities Failure</b><br><b>Hazardous Spill</b><br><b>Evacuation</b><br><br><u><b>Medical Alerts</b></u><br><b>Blue</b> – Medical emergency<br><b>Crisis intervention team</b><br><br><u><b>Security Alert</b></u><br><b>Prisoner escape</b><br><b>Active shooter</b><br><b>Infant abduction</b><br><b>Child abduction</b><br><b>Hostage situation</b><br><br><u><b>Weather Alert</b></u><br><b>Severe weather</b><br><br><br><b>*All codes displayed on hospital phones</b> | <b>Study space:</b><br>BTER work area/office<br>BTMHS work areas/offices<br>C/L Office/group room (Unit 5C)<br>Each Clinic office and conference available rooms<br><br><b>Secure storage space:</b><br>C/L group room<br>BTMHS work areas/offices<br><br><b>Lounge space:</b><br>BTER area, BTMHS area, C/L group room, Cafeteria at BT basement, BT and Community Clinic lounges<br><br><b>BTER:</b> EP 61 006 (Psych EC study / lounge / storage) - badge access for Psych EC; lockers in lounge. Psych EC work room has individual study desks plus lounge space / tables/ chairs/ computers<br><br><b>NPC:</b> workrooms 4th floor 4.125 and 4.126 (locked/secure; study / lounge / storage space); 4.104 (lounge / storage - lockers) |

- ***Students are encouraged to contact the Sub-I Director/Coordinator with any concerns related to the availability of these spaces / resources during the rotation. DURING COVID CONTINGENCY PLAN, space availability might vary depending on site situation.***

### **Student Escorts within the TMC Campus**

The Texas Medical Center (TMC) 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**

## IV. BCM Teacher-Learner Compact

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

### Guiding Principles of the Educational Compact

#### DUTY

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

#### INTEGRITY

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

#### RESPECT

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

#### As a teacher, I pledge to:

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

#### As a learner, I pledge to:

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

# V. BCM Core Competencies and Graduation Goals (CCGG)

## Educational Program Objectives:

### 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. Sub-Internship Objectives Mapped to BCM CCGG

| Medical Program Objective(s)                                 | Related Sub-Internship Objective(s)  | Mode of Teaching  | Mode of Assessment                 |  |
|--|--|---|------------------------------------|--|
|  |  |   | Formative                          | Summative  |
| Professionalism<br>1.1, 1.2, 1.3<br>1.4, 1.5, 1.8            | Demonstrate empathy, compassionate patient care and advocate for diverse patients within the context of the healthcare system  | Direct Patient Care<br><br>Bedside Teaching<br><br>Attending Rounds                         | Feedback<br><br>Passport           | Clinical Evaluations<br><br>Professionalism Rubric |
| Professionalism<br>1.6<br><br>Patient Care<br>3.2            | Organize and prioritize responsibilities to complete coursework and provide patient care that is safe, effective and appropriate   | Direct Patient Care<br><br>Orientation  | Feedback<br><br>Passport           | Clinical Evaluations<br><br>Professionalism Rubric |
| Patient Care<br>3.9  | Recognize signs/symptoms of clinical deterioration, outline methods of initial treatment and make appropriate decisions about disposition.   | Direct Patient Care<br><br>Bedside Teaching<br><br>Attending Rounds                         | Feedback<br><br>Passport           | Clinical Evaluations                               |
| Patient Care<br>3.10   | Develop and execute patient management plans, including entering orders and writing prescriptions  | Direct Patient Care<br><br>Attending Rounds<br><br>Discharge Workshop                       | Feedback<br><br>Passport           | Clinical Evaluations                               |
| Interpersonal and Communication Skills<br>4.1, 4.2, 4.3, 4.4 | Demonstrate interpersonal and written communication skills that result in information exchange and collaboration with patients, their families, and all members of the health care team. | Direct Patient Care<br><br>Bedside Teaching<br><br>Attending Rounds<br><br>Consult Workshop | Passport<br><br>Direct Observation | Clinical Evaluations                               |

|  |   |   |                          |                      |
|--|---|---|--------------------------|----------------------|
|  |   | Discharge Workshop                          |                          |                      |
| Patient Care<br>3.9<br><br>Practice Based Learning and Improvement<br>5.3          | Use evidence-based medicine and self-directed learning in the care of patients and education of others.                     | Direct Patient Care<br><br>EBM Assignment   | Feedback                 | Clinical Evaluations |
| Practice Based Learning and Improvement<br>5.1<br><br>Leadership<br>7.2            | Demonstrate the ability to seek, accept and integrate feedback; self-aware of performance with respect to self-improvement. | Orientation<br><br>Mid-Term Feedback        | Feedback<br><br>Passport | Clinical Evaluations |
| Interpersonal and Communication Skills<br>4.4<br><br>Systems Based Practice<br>6.2 | Execute safe transitions of patient care between shifts and upon admission and discharge from the hospital                  | Handoff Workshop<br><br>Discharge Workshop  | Direct Observation       | Clinical Evaluations |
| Patient Care<br>3.1<br><br>Leadership<br>7.1                                       | Collaborate as a member of an interprofessional team to facilitate patient care   | Direct Patient Care<br><br>Bedside Teaching | Feedback                 | Clinical Evaluations |

## 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:   |
|-----------------|---|---|
| 2019-2020       | More Psychiatry Educational Opportunities | We have added more Electives and created a new Sub-Internship in 2021 |
| 2020-2021       | More Psychiatry Educational Opportunities | We are expanding Sub-I opportunities at Ben Taub from Fall 2022       |

## VIII. Student Roles, Responsibilities and Activities

### 1) **Inpatient Work:**

Sub-Intern(s) is/are assigned to Ben Taub Hospital. Student(s) is/are expected to be the primary psychiatric provider(s) for his/her/their patients (maximum of 4 patients per sub-intern).

Student(s) will evaluate patients, get collateral information, practice ordering appropriate diagnostic tests as needed, create full notes including working diagnoses, assessment and treatment plans; facilitate admissions, discharges and transfers of patients under supervision of upper-level resident and/or attending. Sub-Intern(s) may lead the discussion during rounds, requests consults, type notes, follow-up on studies, practice placing orders, prescriptions, giving and receiving effective hand-off and providing cross-cover to team's patients.

### 2) **EC Day Shift:**

Sub-Intern(s) take(s) EC Day Shifts at Ben Taub. It is usually once/week (no weekends). Student(s) is/are expected to give and receive hand-offs in I-PASS format at each shift change, request consultations as needed and utilize evidence-based therapeutic approaches. Sub-Intern(s) will be admitting, discharging or transferring patients; cross-cover or re-evaluate EC patients (maximum of 4 patients) under direct supervision of upper-level resident and/or attending. Sub-Intern(s) is/are encouraged to observe any Code Green or Crisis intervention Team requests that occur during the shift.

Missing any EC shift without prior approval from Director(s) will result in discussion regarding professionalism issues and remediation including, but not limited to a make-up shift and possible impact on student's grade. If there are additional professionalism concerns, a discussion with UEC may be warranted which can result in a decision to drop student's overall grade by one letter (e.g., Honors to High Pass, High Pass to Pass or Pass to Marginal Pass) or Failure of rotation based on breach of professionalism.

### 3) **Sub-I Passports:**

The Sub-I Passports (2 forms: **Attending version and Resident version**) are used to document observations of various students' skills over the course of the rotation. One form should be signed by Resident and the other should be signed by Attending. These forms are available on Blackboard, and they will be reviewed during Midterm Feedback Session with the Director. The bottom of the form "Midpoint Feedback" section should be completed by the supervising faculty and resident prior to the meeting. The completed passports must be scanned and uploaded directly into Blackboard by 5 pm on the last Friday of the rotation.

## BCM Sub-Intern Passport Attending Observation

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

## Midpoint Feedback (Attending)

Current Readiness for Internship (circle one)

|   |                                  |                                    |
|---|----------------------------------|------------------------------------|
| Needs significantly more work to achieve 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 \_\_\_\_\_ Faculty Name \_\_\_\_\_ Faculty Signature \_\_\_\_\_

*Completed passports should be submitted on or before the last Friday of the rotation*

## BCM Sub-Intern Passport Resident Observation

| I observed the Sub-Intern meeting the <u>expected level of performance</u> in the following areas:   | Legible Signature | Date |
|--|-------------------|------|
| <b>Clinical Skills</b>   |                   |      |
| Organize and prioritize <b>responsibilities to provide effective patient care</b>  |                   |      |
| Identify a clinical situation requiring <b>urgent or emergent care</b> and initiate appropriate management (including communicating with supervisors) <b>Specify the clinical situation:</b> |                   |      |
| Participate in <b>cross-coverage</b> of a patient  |                   |      |
| <b>Information Management</b>  |                   |      |
| Document concise, updated <b>progress notes</b> that reflect the rationale behind medical decision-making  |                   |      |
| <b>Draft admission orders</b>  |                   |      |
| <b>Draft discharge orders and prescriptions</b>  |                   |      |
| <b>Communication</b>   |                   |      |
| Articulate a specific clinical question to <b>initiate a consult request</b> and communicate recommendations back to the primary team  |                   |      |
| <b>Coordination of Care</b>  |                   |      |
| Effectively <b>cooperate</b> with physician and non-physician <b>members of the health care team</b> (nursing, social work, physical therapy, etc.)  |                   |      |
| <b>Procedures</b>  |                   |      |
| Perform one (or more) procedure(s) on a patient or a simulator ( <i>circle</i> ):<br><b>EDO (emergency detention order)</b>  |                   |      |

## Midpoint Feedback (Resident)

**Current Readiness for Internship (circle one):**

|   |                                  |                                    |
|---|----------------------------------|------------------------------------|
| Needs significantly more work to achieve 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:** \_\_\_\_\_

*Completed passports should be submitted on or before the last Friday of the rotation*

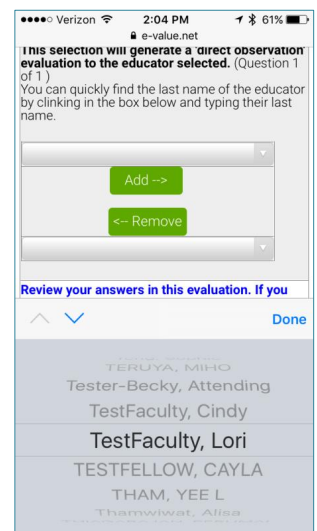
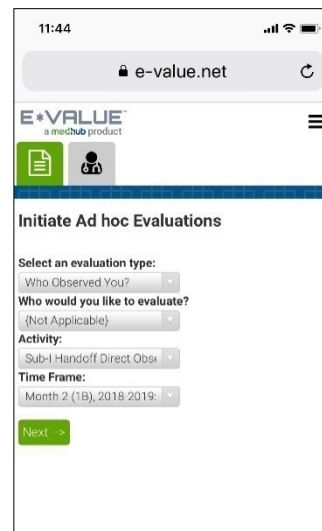
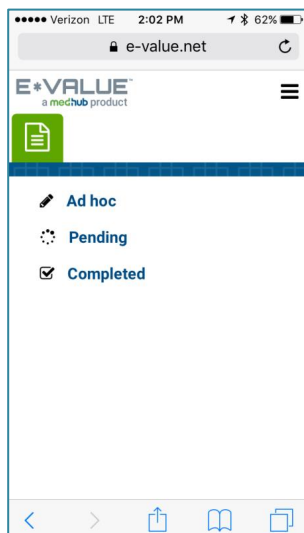
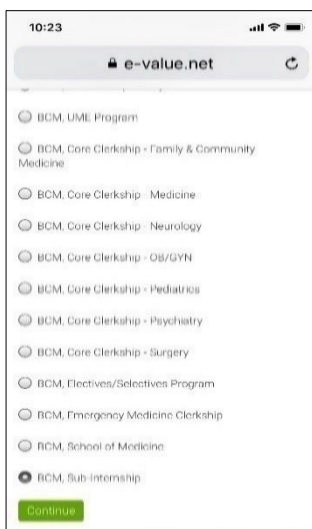
- 4) **Direct Observation (DO) of Handoff:** Student will be observed handing off patients during EC shift and during inpatient rotation. For one of these hand-offs, student must **launch the DO** form via E-value to the **supervising Resident** in order to receive documentation of specific feedback on this skill.

**Direct Observation of Discharge Instructions:** Student will be observed giving discharge instructions to patients. For one of these discharge instructions, student must **launch the DO** form via E-value to the **supervising Attending** to receive documentation of specific feedback on this skill.

## Sub-I Handoff Observation Instructions for Students

You can launch the handoff observation form directly from your phone or tablet following the directions below.

1. Search for e-value.net on a web browser (Safari, Google, etc.). There is not an app for E\*Value.
2. Login manually using your E\*Value login and password
3. Select the Sub-Internship program (BCM, Sub-Internship)
4. Click **Continue** (screen shot at right).
5. Choose Ad Hoc from the choices on the screen (screen shot #2 below)
6. On the next screen complete all you have to do is select the timeframe; the other selections are pre-selected: (screen shot #3 below)
  - a. Time Frame: AD HOC, Month XX
  - b. Click **Next→**
7. To select the name of the person who observed you, (screen shot #4 below)
  - a. Click on the bar above **Add→**
  - b. The names will appear below the 'Done' button
  - c. Scroll through the names from the list and stop on the name you want to select
  - d. Touch **Add→** (You may not see a name in the box, but if you click on the bar below **←Remove**, you will see the name of the person you chose).
  - e. Click **Submit**
8. The educator should immediately receive an email with a direct link to the form.



## 5) Feedback:

**Formative Feedback:** Student(s) is/are required to obtain formative feedback on his/her/their performance from attending(s) and resident(s) at least halfway through the rotation. In order to get meaningful feedback, we advise student(s) to ask direct and specific questions about the performance. Midpoint feedback section should be documented on student's passport. Feedback indicating that student "need more work to approach intern level" may indicate that learner is at risk of failing the rotation. If the student receives this feedback, he/she should contact the course director immediately to schedule a meeting to discuss remediation options for the second half of the rotation.

**Midterm Feedback (MTF):** MTF meeting with the Director is another mandatory activity designed as a "checkpoint" in order to review a student's progress towards completion of course requirements. Items to be reviewed during this session include the following: Passports, feedback comments, Direct Observations of Handoff and Discharge Instructions, Student Goals and Plans for improvement and/or remediation. MTF is NOT a predictor of the final grade. A student may meet the criteria for a failing grade at any time during the rotation based on professionalism or clinical performance, including after MTF.

### Psychiatry Sub-Internship MTF Checklist

1. Full Name
2. BCM ID#
3. Did you review and attest the COD?
4. Did you experience any issues related to duty hours during the rotation?
5. Did you experience any issues related to mistreatment or the learning environment during the rotation?
6. Did you upload your Passport-Attending version into Blackboard?
7. Did you upload your Passport-Resident version into Blackboard?
8. Did you launch DO of HAND-OFF to the Resident?
9. Did you launch DO of Discharge Instructions to the Attending?
10. Have you completed the EBM assignment?
11. Have you attended all mandatory sessions?
12. Please share 3 or more goals for the rotation
13. Please share your action steps to accomplish your goals

### Psychiatry Sub-Internship Midterm Feedback (MTF) Attestation

1. Notes/Summary
2. Do you attest that you attended the MTF and received feedback from the Course Director?

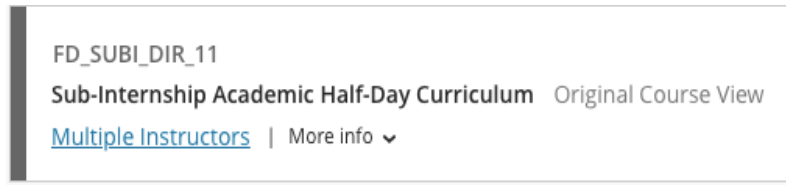
- 6) **Evidence-Based Medicine Assignment:** This self-directed learning assignment requires student to identify a primary paper that influences the management of one of the patients, analyze that paper and succinctly present findings to the team. Student will receive feedback from attending, resident and peers for this assignment. Student should scan and upload all related documents to Blackboard by 5 pm on the last Friday of the rotation.

## 7) Required Sessions (Attendance is mandatory)

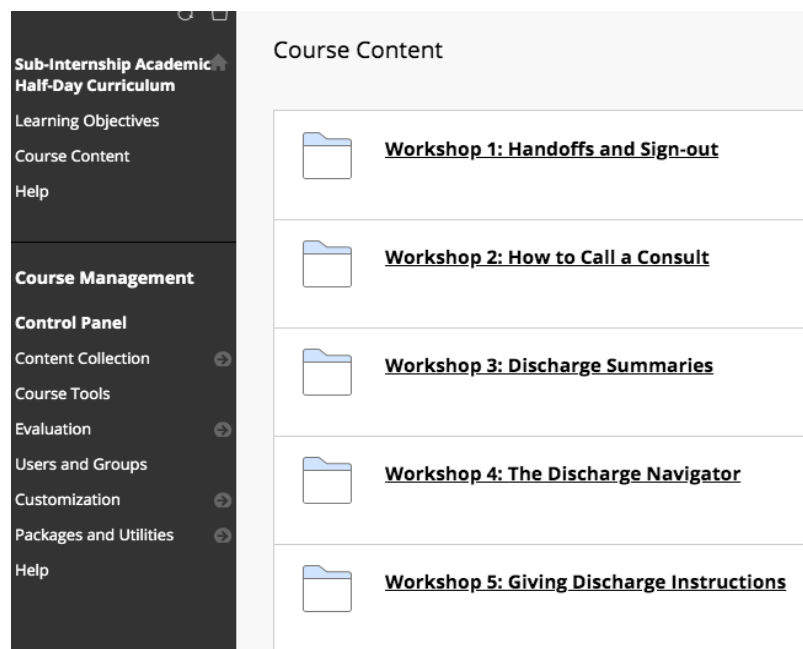
- a) **Sub-I Academic Half Day:** The Sub-I Academic Half Day was designed to teach advanced communication skills necessary for success as a sub-intern. All specialty sub-interns must complete the Sub-Internship Academic Half Day Curriculum. Its completion will be required for a minimum score of "Pass" for the course. This activity will be conducted on BCM campus (M321 in the DeBakey building). The modules can be found on the "Sub-internship

**Academic Half-Day Curriculum”** Blackboard page. E-value evaluations will be completed at the end of these workshops. Students must arrive prepared with a tablet or laptop to participate in these sessions.

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



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



- b) **Orientation:** A general orientation to the Psychiatry Sub-Internship occurs from 12 PM to 1 PM via Zoom, immediately following the Academic Half-Day Curriculum.
- c) **Reporting to the Hospital on Your First Day:** Following orientation, student(s) should proceed to the clinical site and meet his/her/their teams in the team workroom (NPC building 4<sup>th</sup> floor BT Inpatient Unit). Student(s) should arrive in the hospital between 1:30 PM and 2:00 PM.
- d) **Thursday Afternoon:** MS3s are expected to attend DDASH on Thursday afternoons in March, April, May and June. Students are expected to return to ward duties afterwards when team is on long day (please check with attending or upper-level resident)
- e) **BCM Psychiatry Intern Didactics:** Sub-Intern(s) will attend PGY-I Didactics every Tuesday afternoon via Zoom. Please see PGY-I Lecture Schedule via Blackboard. Attendance is mandatory.
- f) **BCM Psychiatry Grand Rounds (\*Only held from September through May):** Students will attend *via Zoom* and sign in via automated telephone/text system for BCM Psychiatry Grand Rounds, which is held every Wednesday at 11:30 AM. Remember, if you have not set up a new profile with the Division of Continuing Professional Development (DCPD), please do so (this is how we track attendance).



**8) Other:**

- a) Liability/Documentation:** All patients seen by student(s) must be also seen by Resident and/or Attending. All encounter notes must be co-signed by Resident and/or Attending.
- b) Dress Code:** It is recommended that students wear scrubs while on clinical rotations. If scrubs are not available, students should wear clothing that is easily laundered. Students should follow the protocols for appropriate attire as per each clinical affiliate.
- c) Credentialing/Computer Training/Badging:** Failure to follow through with credentialing instructions on time is a professionalism concern. If we learn that credentialing is not completed in a timely manner and it was due to lack of follow-through with instructions, we will not be able to reassign to another site. This means student(s) may not have access to patient records and the ability to engage with patient care will be limited. Less engagement with patient care as well as professionalism concerns may in turn affect grades.
- d) Student Commitments:** Student(s) is/are expected to be available for patient care based on his/her/their assigned schedule. If a student has to be absent from the rotation for any reason, he/she must contact the team, the attending, and inform the Director(s). **Any unexcused absence will be considered a breach of professionalism and it can result in remediation and dropping grades including risk of failing the rotation. Please refer to Policies section for Absence Policy.**
- e) Announcements:** Student(s) should pay attention to BCM e-mail account as we will e-mail updates and announcements. In addition, student(s) should make use of our BCM sponsored Blackboard website. Student(s) is/are all entered into the system's user database. Students must self-enroll in the Psychiatry Sub-Internship Course in order to view materials. If a student has any difficulties with login or password, he/she should contact William McKinney ([wmckinn@bcm.edu](mailto:wmckinn@bcm.edu)) in the Undergraduate Medical Education office.

# IX. Schedules

## SAMPLE

| Sun           | Mon   | Tue                                      | Wed   | Thu             | Fri   | Sat           |
|---------------|---|--|---|-----------------|---|---------------|
|               | 1<br>Academic<br>Half day<br><br>Orientation<br><br>Inpatient | 2<br>Inpatient<br><br>PGY-1<br>Didactics | 3<br>Inpatient<br><br>Grand<br>Rounds<br><br>Inpatient  | 4<br>Inpatient  | 5<br>EC Shift<br><br>8 AM to 5 PM           | 6<br>Day Off  |
| 7<br>Day Off  | 8<br>Inpatient  | 9<br>Inpatient<br><br>PGY-1<br>Didactic  | 10<br>Inpatient<br><br>Grand<br>Rounds<br><br>Inpatient | 11<br>Inpatient | 12<br>EC Shift<br><br>8 AM to 5 PM          | 13<br>Day Off |
| 14<br>Day Off | 15<br>Inpatient<br><br>Mid Term<br>Feedback                   | 16<br>Inpatient<br><br>PGY-1<br>Didactic | 17<br>Inpatient<br><br>Grand<br>Rounds<br><br>Inpatient | 18<br>Inpatient | 19<br>EC Shift<br><br>8 AM to 5 PM          | 20<br>Day Off |
| 21<br>Day Off | 22<br>Inpatient   | 23<br>Inpatient<br><br>PGY-1<br>Didactic | 24<br>Inpatient<br><br>Grand<br>Rounds<br><br>Inpatient | 25<br>Inpatient | 26<br>Inpatient<br><br>End Term<br>Feedback |               |

# X. Grades

**Psychiatry Sub-Internship Grading Rubric**

| Components   | Marginal Pass* or Fail                                | Pass (minimum)                            | High Pass (minimum)                       | Honors (minimum)                          | Total Possible Points                     |
|--|---|---|---|---|---|
| <b>SPAF 16 items (90 % of final grade)</b><br><br><i>Each item is worth a total of 9 points</i><br><br><i>0 = cannot assess (eliminated from calculation)</i><br><br><i>Change professionalism items to 9-point scale by multiplying by 3</i>                        | Total points /144*<br>$100 * 0.9 =$<br><b>&lt; 65</b> | $105/144 *$<br>$100 * 0.9 =$<br><b>65</b> | $118/144 *$<br>$100 * 0.9 =$<br><b>73</b> | $125/144 *$<br>$100 * 0.9 =$<br><b>78</b> | $144/144 *$<br>$100 * 0.9 =$<br><b>90</b> |
| <b>EBM assignment (5 % of final grade)</b><br><br><i>Completed &amp; uploaded by deadline=5</i><br><br><i>Completed &amp; uploaded late = 3</i><br><br><i>Not done = 0</i>   | <b>0</b>  | <b>0</b>                                  | <b>3</b>                                  | <b>5</b>                                  | <b>5</b>                                  |
| <b>Professionalism Rubric (5% of final grade)</b><br><br>1 point for completing each by deadline<br><br>1) Launched Handoff DO<br>2) Launched Discharge DO<br>3) Completed MTF Checklist<br>4) Submitted Passports for MTF<br>5) Submitted Passport by end of course | <b>0-1</b>  | <b>2</b>                                  | <b>3</b>                                  | <b>4</b>                                  | <b>5</b>                                  |
| <b>TOTAL POINTS</b>  | <b>&lt; 67</b>  | <b>67</b>                                 | <b>78</b>                                 | <b>85</b>                                 | <b>100</b>                                |
| <b>Mode of readiness for internship</b>  | <b>1</b>  | <b>2 (with 1)</b>                         | <b>2 (no 1)</b>                           | <b>3 (no 1)</b>                           | <b>3</b>                                  |

\*Comments from the educators will be used by the undergraduate education committee to determine whether the student's score will be Marginal Pass or Fail.

Faculty and House Staff evaluations are weighted equally

Students must meet the **minimum criteria in each component** (SPAF, EBM, Professionalism Rubric) to earn each grade. For example, a student who meets criteria for Honors on the SPAF, but not on Professionalism Rubric 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.

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

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

The final grade is determined by the Undergraduate Education Committee (UEC), based on the grading rubric and with consideration of a variety of data to ensure that student assessments are valid, fair and timely.

If a student requests a grade verification, the course leadership or designee (with or without the coordinator) will meet with the student on an individual basis.

If a student has a concern regarding a student performance assessment form completed by a Sub-I leadership member, or other perceived conflict of interest, the student should contact the Director or Coordinator regarding the concern. The coordinator or Director will contact an alternative Sub-I leadership member to meet with the student and discuss the concern. Following the meeting, the issue may be brought to the UEC for further review and adjudication.

If the above measures are insufficient in addressing the student's concern, the student may file a grievance or grade appeal, as per the procedures outlined in the Student Appeals & Grievances Policy (23.1.08)

**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.**

**Earning a failure in the Sub-I course by any of the following manners will require the student to repeat the course in its entirety:**

1. Clinical performance alone, that is 2 SD below the mean OR earning less than a 2/3 in global readiness for internship will be reviewed and may result in failure
2. Significant issues with professionalism alone, independent of clinical performance

An **F** will appear on the transcript and the highest grade that can be earned following successful remediation is a **Pass**.

## Grade Verification

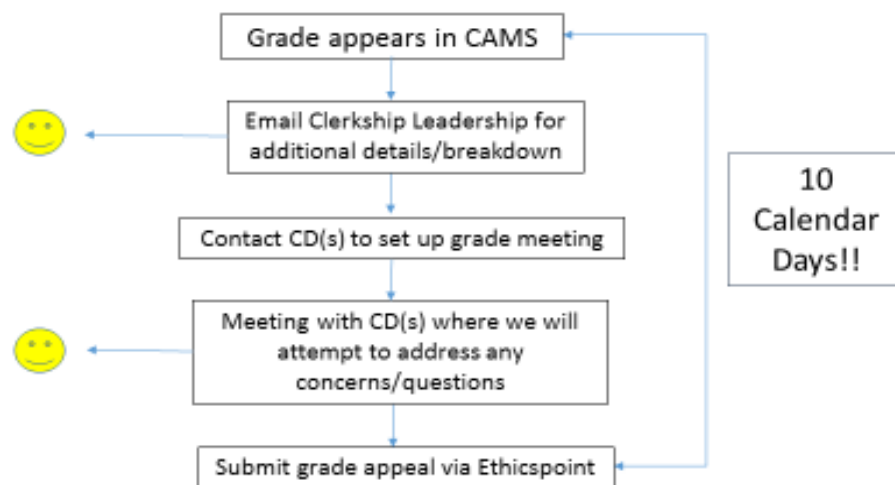
Due process involves providing students with a clear description of course expectations, including grading requirements, as well as behavioral and professionalism guidelines. Students may have questions about their final grade or the grading process. If students want to verify their final grade, they are first encouraged to meet with the course/clerkship directors informally to discuss those questions. After grade verification and discussion, the student may choose to proceed with a formal grade appeal if they believe they have received a grade unjustly. Grievances are not the same as disagreements. A student cannot file a grievance merely because s/he disagrees with the grade. 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.

## Grade Appeal

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=23.1.08](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.1.08)

1. Students must file an Appeal through the Integrity Hotline within 10 calendar days of the grade's posting in the student portal. All students receive grade notification electronically.
2. The Associate Dean/Program Director or Designee consults the Course or Clerkship Director concerning the contested grade within 15 calendar days after the appeal is filed and communicates the findings to the student in writing. Exceptions to this time frame may be authorized by the Provost or Designee.
3. If dissatisfied with the initial determination, the student must request escalation of the Appeal in writing within 7 calendar days to the Dean of School or Designee. The Dean of School or Designee reviews the determination and makes the decision within 15 calendar days.
4. If a student elects to Appeal the decision of the Dean or Designee, the student must file contest in writing within 7 calendar days to the Office of the Provost. The Associate Provost of Student Services or Designee will convene a 7-member ad hoc Subcommittee of the Student Appeals & Grievances Committee to review the final Appeal, within 15 calendar days. The ad hoc Appeal Subcommittee will review the Appeal, conduct an independent review, and provide a recommendation to the Provost or Designee within 20 calendar days. Exceptions to this time frame may be authorized by the Provost or Designee.
5. The Provost or Designee determines and distributes the final Appeal decision in writing to the student and the Dean of School or Designee within 10 calendar days.

## School Wide Policies Grade verification Process



## XI. Evaluation Forms (E-Value)

- Students **must** launch E-value evaluation forms to the educators (at least one from an attending and one from an upper-level resident) about a week before the rotation ends. Additional evaluations may be launched by the student to another faculty/resident (except PGY-1). No paper-based evaluations will be accepted. Evaluations received more than 3 weeks after the end of the rotation will not be considered.
- **Ad hoc evaluations:** Faculty and residents may select to evaluate students and launch E-value evaluation forms
- Please avoid requesting evaluations from people with whom you have a preexisting relationship that may influence their ability to evaluate you impartially
- We will not be responsible for ensuring that non-mandatory evaluations are completed in time to be considered in the student's grade
- **NOTE:** Student(s) will not be able to launch any evaluations after the last day of your rotation. Failure to launch the appropriate number of evaluations in a timely manner will result in a Deferred grade. Student(s) will then be required to repeat the course and final grade will be no higher than a Pass, and such unprofessional behavior could be reported to the Integrity Hotline.

## 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. (MC, 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

## XII. Recommended Texts/Videos/Resources

1. Stahl's Essential Psychopharmacology: Neuroscientific Basis and Practical Applications (latest edition)
2. Kaplan & Sadock's Pocket Handbook for Clinical Psychiatry (latest edition)
3. Introductory Textbook of Psychiatry by Black and Andreason (latest edition)
4. All students should use the library's search engine and PubMed to find relevant articles that answer clinical questions that arise in the course of practice.

## XIII. Policies

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.

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#### **Add/drop Policy:**

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

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#### **Alternative Educational Site Request Procedure (Policy 28.1.10):**

#### **Clinical Supervision of Medical Students (Policy 28.1.08):**

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#### **Course Repeat Policy:**

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#### **Examinations Guidelines:**

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#### **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):**

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**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](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](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](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](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](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](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](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](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](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](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](http://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](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](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](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](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](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&policy_number=26.3.19) .

#### Influenza & COVID-19 Vaccination Policy (18.1.04)

[https://intranet.bcm.edu/policies/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=18.1.04](https://intranet.bcm.edu/policies/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=18.1.04)

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](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 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](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](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](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](http://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](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](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](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](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](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](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](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>

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

Statement of Student Rights: <https://www.bcm.edu/education/academic-faculty-affairs/academic-policies/statement-student-rights>

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

What are Core Competency Graduation Goal (CCGG's)? The CCGG's are the program objectives for BCM School of Medicine, i.e., what every student should be able to know or do by graduation. All curricular objectives flow from and are mapped to the CCGG's.

<https://www.bcm.edu/education/schools/medical-school/md-program/student-handbook/academic-program/requirements-for-degree-doctor-of-medicine>

What are Entrustable Professional Activities (EPA's)? Developed by AAMC: "activities that all medical students should be able to perform upon entering residency, regardless of their future career specialty" <https://www.aamc.org/what-we-do/mission-areas/medical-education/cbme/core-epas>

What is the Physician Competency Reference Set (PCRS)? Developed by AAMC: “a list of common learner expectations utilized in the training of physicians and other health professionals....PCRS will serve as an aggregation tool that allows the AAMC to collect and analyze data through the Curriculum Inventory about competency-based education and the use of expectations (competencies, objectives, milestones, EPAs, etc.) in medical education.” <https://www.aamc.org/what-we-do/mission-areas/medical-education/curriculum-inventory/establish-your-ci/physician-competency-reference-set>

Why are these concepts important?

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

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

| CCGG          | PCRS  | EPA   |
|---------------|-------|---|
| 3.5, 3.7, 3.8 | PC2   | EPA 1: Gather a History and Perform a Physical Exam                       |
| 4.1           | ICS1  |   |
| 4.1           | ICS7  |   |
| 1.2           | P1    |   |
| 1.2, 1.8      | P3    |   |
| 1.4           | P5    |   |
| 2.3           | KP1   |   |
| 3.5, 3.7, 3.8 | PC2   | EPA 2: Prioritize a Differential Diagnosis Following a Clinical Encounter |
| 2.1           | KP3   |   |
| 2.2           | KP4   |   |
| 2.1           | KP2   |   |
| 3.7           | PC4   |   |
| 5.1           | PPD8  |   |
| 5.1           | PBLI1 |   |
| 4.3           | ICS2  | EPA 3: Recommend and Interpret Common Diagnostic Tests                    |
| 3.9           | PC5   |   |
| 3.6, 3.2      | PC9   |   |
| 6.1, 6.3, 2.2 | SBP3  |   |
| 3.1           | PBLI9 |   |
| 2.3           | KP1   |   |

|     |     |  |
|-----|-----|--|
| 2.2 | KP4 |  |
| 4.1 | PC7 |  |
| 3.7 | PC4 |  |

| CCGG          | PCRS  | EPA   |
|---------------|-------|---|
| 3.2           | PC6   | EPA 4: Enter and Discuss Orders and Prescriptions           |
| 5.1           | PBLI1 |   |
| 3.9           | PC5   |   |
| 3.5, 3.7, 3.8 | PC2   |   |
| 5.2           | PBLI7 |   |
| 4.1, 1.5      | ICS1  |   |
| 6.3, 2.2      | SBP3  |   |
| 1.3, 1.6      | P4    | EPA 5: Document a Clinical Encounter in the Patient Record  |
| 4.1           | ICS1  |   |
| 3.10, 4.4     | ICS5  |   |
| 6.2, 3.5      | SBP1  |   |
| 3.7           | PC4   |   |
| 3.2           | PC6   |   |
| 4.3           | ICS2  |   |
| 3.5, 3.7, 3.8 | PC2   | EPA 6: Provide an Oral Presentation of a Clinical Encounter |
| 5.1           | PBLI1 |   |
| 7.2           | PPD4  |   |
| 1.2           | P1    |   |
| 4.3           | ICS2  |   |
| 3.2           | PC6   |   |
| 4.1           | ICS1  |   |
| 4.2           | PPD7  |   |
| 1.2,1.8       | P3    |   |
| 1.2           | P1    |   |

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

| CCGG          | PCRS | EPA   |
|---------------|------|---|
| 3.1           | IPC2 | EPA 9: Collaborate as a Member of an Interprofessional Team |
| 4.3, 6.1, 6.2 | SBP2 |   |
| 7.1           | ICS3 |   |
| 4.3           | ICS2 |   |
| 4.3           | IPC3 |   |
| 1.2, 7.1      | IPC1 |   |
| 1.4, 4.1      | ICS7 |   |
| 1.2, 1.7      | P1   |   |

|               |      |  |
|---------------|------|--|
| 3.5, 3.7, 3.8 | PC2  | EPA 10: Recognize a Patient Requiring Urgent or Emergent Care and Initiate Evaluation and Management |
| 3.7           | PC4  |  |
| 3.9           | PC5  |  |
| 3.1, 3.3      | PC3  |  |
| 3.2           | PC6  |  |
| 1.3           | PPD1 |  |
| 3.1           | PC1  |  |
| 4.3, 6.2      | SBP2 |  |
| 7.1, 7.3      | IPC4 |  |
| 4.3           | ICS2 |  |
| 7.1, 7.3      | ICS6 |  |

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



|     |      |  |
|-----|------|--|
| 1.3 | PPD1 |  |
| 4.2 | PPD7 |  |

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

## Absences and Tardiness

### Handling of Student Absences in Light of COVID-19:

- Student absences related to COVID-19 (infection or exposure requiring isolation or quarantine) will be excused.
- 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)
- 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 Director in order for the student to meet course requirements, with consideration of the students' other schedule requirements / conflicts

- Regular attendance and participation in every aspect of the rotation is required. Advance notice of any planned absences must be directed to the Sub-I office before the beginning of the rotation.
- Excused and Unexcused absences are defined in the handbook: <https://www.bcm.edu/education/schools/medical-school/student-affairs/student-handbook/policies-guidelines/attendance-and-participation>
- If a student must miss any part of the rotation, they should notify the Sub-I Office immediately. A message left on voice mail or sent via email is acceptable.
- It is the student's responsibility to inform their upper-level resident and preceptor of any absences – planned or otherwise. **Failure to communicate with the Sub-I Office and preceptor about an absence will result in the absence being considered unexcused and is grounds for failure.**
- *If a student misses > 4 days of the rotation for any reason, she/he will receive an Incomplete grade and will be required to repeat part or all of the rotation. Such arrangements will be made after discussion with the Director.*

### Clinical Rotation Absence Policy (Clerkships, Sub-Internships, Selectives, and Electives)

**An excused absence** is one in which the student has a legitimate reason for being absent and he/she obtains appropriate permission, **in advance**, from the course director for the days in question.

- Students must inform the course coordinator, the course director, and the appropriate attending physician or chief resident on the team to which they are assigned for any scheduled absences and any absence arising from an emergency situation unless physically unable to communicate. **Failure to communicate**

**an absence as directed may be considered an unexcused absence and may be grounds for failure of the rotation.**

- Reasons for excused absenteeism may include:
  - Medical illness experienced by the student (**physician note required on the 3<sup>rd</sup> day of illness**)
  - Personal crisis (e.g., death or illness of immediate family member)
  - Childbirth (maternity and paternity policy of the College takes precedence)
  - Presentation at professional meetings (**up to two days with attendance up to department's discretion**)
  - Residency Interviews
  - USMLE Exams / Completion and/or remediation of exams required by BCM
- Absences NOT covered by the categories above (such as attending a wedding or graduation of a friend or family member) may or may not be granted following review by the Director(s).

**An unexcused absence** is any absence in which the student fails to gain prior permission or falls outside of the guidelines outlined above for excused absences. **Unexcused absences are grounds for failure of a clinical rotation and should be reported to the Dean of Student Affairs.**

**NOTE: Frequent absences, regardless of the reason, may be used as one component in calculating a student's overall grade, and may result in grades of Marginal Pass or Fail. Misrepresenting absences or absence requests is a breach of professionalism and is grounds for failure.**

Students who miss more than the minimum allowed absences may still pass the rotation if: a) performance on days attended is satisfactory; **AND**, b) students make-up the excess days missed in a manner acceptable to the course director. Make-up time will not exceed the number of days missed.

#### **Excused Absences and Remediation**

Each clinical rotation allows a limited number of excused absences based on the length of rotation. Refer to the table below to determine the number of excused absences allowed before remediation is required.

| Clinical Course | Excused absences | Resulting consequences              |
|-----------------|------------------|-------------------------------------|
| 1 week rotation | 0.5 days         | No remediation                      |
|                 | 1 day            | Remediation required                |
|                 | >1 days          | Repeat the rotation or sub-rotation |
| 2 week rotation | 1 day            | No make-up time                     |
|                 | 2 days           | Remediation required                |
|                 | >2 days          | Repeat the rotation or sub-rotation |
| 4 week rotation | 1-2 days         | No make-up time                     |
|                 | 3-4 days         | Remediation required                |
|                 | >4 days          | Repeat the rotation or sub-rotation |

***NOTE: Students requesting more than 2 days of excused absences per 4 weeks will need to include a supporting documentation (e.g., e-mail confirmation or invitation) for further consideration. Approval may or may not be granted following review by the Director(s). If approved, students will be required to make up/remediate for such absences.***

## ARE YOU INTERESTED IN PSYCHIATRY?

*Students interested in Psychiatry may contact the Directors for further recommendations regarding mentoring or networking opportunities. You may also find additional Specialty Specific Mentors on COSA Blackboard Organization under Students Affairs heading on the left-hand menu.*

## PEAR AWARDS

These awards were created as a student-led initiative to allow students to recognize educators. Please use following links.

<https://form.jotform.com/202256428683055>

or

<https://www.bcm.edu/education/academic-faculty-affairs/center-professionalism/awards>