



**Selectives Course Overview  
2021-2022**

**Scott Department of Urology  
Baylor College of Medicine**

**v.2021.07**

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## **I. Introduction & Overview**

The selective rotation in Urology is designed to provide medical students with an exposure to the field of Urology through lectures and clinical experiences over the course of two weeks.

Students will receive information by email from the Selective Coordinator, with site-specific instructions, and can find on Blackboard:

- 1) Urology Selective Course Overview Document.
- 2) Overview of Urology as a specialty.
- 3) Clinical Passport.

## **II. Clinical Sites:**

**Adult Urology – Ben Taub General Hospital, Michael E. DeBakey VAMC, Baylor St. Luke’s Medical Center**

**Pediatric Urology – Texas Children’s Hospital**

Students will be assigned to one of the three primary clinical sites for the entire two week rotation. Students will be assigned to BSLMC in the event of a busy rotation and need to distribute students.

## **III. Contacts and Site Information:**

**Urology Selective Course Director:** Dr. Shyam Sukumar, MD

Work Phone: 713-798-7670; Cell 310-619-9258; . Shyam.Sukumar@bcm.edu

**Urology Selective Coordinator:** Aqsa Khan, 713-798-7670; Aqsa.Khan@bcm.edu

Dr. Sukumar oversees the various sites, and Ms.Khan is the primary point of contact regarding assignments, questions, absences, etc.

The Chief Resident at each site provides guidance as to logistics and schedule of the specific site, and the resident’s contact information is provided in the email from the coordinator that precedes the rotation.

### **Site Directors:**

Ben Taub –	Dr. Shyam Sukumar / <a href="mailto:shyam.sukumar@bcm.edu">shyam.sukumar@bcm.edu</a>
VAMC –	Dr. Michael Brooks / michael.brooks@bcm.edu
TCH –	Dr. Nicolette Janzen / nxjanzen@texaschildrens.org
BSLMC –	Dr. Richard Link / link@bcm.edu

## IV. Baylor College of Medicine 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 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 BCM personnel is essential to the basic principles of this institution.

<https://www.bcm.edu/education/academic-faculty-affairs/academic-policies/compact>

### 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

### 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 setting

### 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 in other domains, each student graduating from BCM will be able to:**

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

## VI. Relationship of Selective Objectives to CCGG's

BCM CCGGs	Related Selective Objective	Mode of Teaching	Mode of Assessment	
			Formative	Summative
2.1, 2.2, 2.3	Demonstrate knowledge of basic diagnoses managed by Urologists.	Clinical - Observe	✓	✓
3.5, 3.8	Describe basic elements of a focused genitourinary history and physical.	Clinical - Perform	✓	✓
2.1, 3.9	Recognize common surgical techniques and principles for urologic surgery.	Clinical - Observe	✓	✓
1.1, 1.2, 1.3, 1.6	Develop clinical behaviors and practices which uphold professionalism principles.	Clinical - Observe	✓	✓

*Please see p. 23 for further explanation of the curriculum and how Baylor's CCGG's relate to AAMC EPA's and PCRS.*

## VII. You Said, We Did:

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

	You Said	We Did
2016-2017	It would be useful to have a more clear orientation at the beginning of rotation.	We coordinated an orientation that would be required at each site, to be done on the first day of the rotation.
CY2018	There were inconsistent expectations regarding schedule and participation.	The COD was updated to better reflect the varying schedules for an inpatient surgical service. The expectations were disseminated in detail to the residents and attendings so they understand better as well.
CY2018	Orientation materials should be provided more in advance of the start of the rotation.	Orientation materials will be posted to Blackboard and be readily available when each student receives his or her assigned site.
CY2018	Some residents' expectations for the schedule did not respect duty hour policy of at least 10 hours off between duties.	The residents have been re-educated on the duty hours policy and importance of adherence to the policy.

CY2019	Schedule expectations for watching didactic lectures were inconsistent between rotations.	Policies were standardized between the Selective specialties for consistency.
CY2019	"The involvement of the residents and their treatment of students made this one of the most enjoyable rotations I've had as a medical student"	We provided positive feedback to the residents about their participation and formally reviewed constructive ways to model professional behaviors and reinforced methods for teaching in surgical environment.
CY2019	An email to the coordinator went without a reply.	We discussed expectations and now tell students during orientation to notify both the coordinator and course director of any questions.

## VIII. Student Roles, Responsibilities and Activities:

### ➤ Roles and Responsibilities

- The student will participate in all educational and clinical activities while on the rotation, as permitted by schedule:
  - assist in surgical cases
  - scrub in to surgical cases
  - participate in clinic activities, including rounds and seeing patients in clinic with resident or attending physician. In clinic setting, student will perform history-taking, physical exam, and preliminary documentation in EMR.
- The student is expected to behave in a professional manner in all settings in accordance with the guidelines of the College of Medicine.
- The student should seek opportunities to see continuity when possible: learn about the patient prior to surgery, participate in the surgery, and follow the patient postoperative.

### ➤ Lectures

- Students will have five Urology lectures during one week of the Selective month
  - Urologic Oncology
  - Infertility and male sexual dysfunction
  - Pediatric Urology
  - Urolithiasis and minimally invasive Urology
  - Incontinence and voiding dysfunction
- These lectures are available on Blackboard to watch (recorded in spring/summer 2018).
- To maximize participation in the clinical experience, students are encouraged to:
  - Watch the Urology lectures while on the Urology rotation.
  - Participate in morning rounds with the residents when there are NOT in-person lectures.
  - Watch the Urology lectures later in the day after the clinical activities are completed.
- During the week of in-person lectures, students are expected to arrive at site by 8:30am at the latest, allowing for travel time from BCM.
- Students can utilize time during the day to watch the assigned lecture videos, but **the best experience on a surgical service involves seeing the inpatients on morning rounds and being present for the first case starts in the mornings.**

- Before the Rotation Begins
  - The selective coordinator will send out an email to upcoming students with instructions.
  - The student should contact the residents in the orientation email for details on schedule for the first day.
  - The student is responsible for obtaining the necessary **identification badges** and **computer access** prior to the first day of the rotation.
    - Ben Taub/SLMC: ID and badge through GME office.
    - VAMC: If your computer access is inactive, please contact Dr. Uma Ayyala in the Education Office or Tameka Howard in the Education Office.
- Upon arrival to individual site:
  - Students should arrive to the first day and report to the site director or chief resident for instructions.
  - Students should plan to review the upcoming OR schedule with the residents and map out a balanced distribution of types of cases and encounters (clinic vs. OR).
- For surgical cases
  - **Students are expected to read ahead for surgical cases:** know the patient's history in brief detail, know the case and indication, and be prepared for anatomy or clinical questions to be reviewed during the case. Ask the resident who will be involved what the background and thought process is.
  - Consult with the residents at each site to review the schedule ahead of time and review a patient's chart and imaging prior to surgery.
- For ambulatory (clinical) encounters
  - Students are expected to see patients and then present to and discuss with resident or faculty member.
  - Students are expected to perform an H&P, History and Feedback, with particular attention to the GU exam.
  - An observed focused GU history and physical is a required element of the selective rotation (to be observed by attending or resident).
  - Many clinic visits are procedures: students can assist in procedures and should actively observe the procedure.
- Required elements of the rotation
  - Clinical Experiences Form
    - Focused GU history and physical, observed by resident or faculty.
    - Complete male external genital exam.
    - Placement of a urethral Foley catheter.
  - Observation of a variety of surgical cases.
    - Adult setting: stone disease; malignant diseases (primarily kidney cancer, prostate cancer, bladder cancer); benign diseases (eg. BPH, hydrocele); prosthetic cases
    - Pediatric setting: undescended testis; vesicoureteral reflux; hypospadias; upper tract diseases (stones, ureteropelvic junction obstruction)
  - Observation of a variety of ambulatory encounters
    - Clinic encounters: new patients, return patients, postoperative patients
    - Clinic procedures: eg, cystoscopy, prostate biopsy, vasectomy
  - There will be instruction given on first day of rotation for a short case presentation to an attending during the second week, based on a clinical question or scenario from a patient encounter.



- Any patient experience or surgery can be the basis for your presentation. Avoid trying to tackle too large a subject, eg. “broad overview of prostate cancer.”
- Prepare a short (5 slides) PowerPoint presentation with history and physical, any pertinent imaging (via screen shots from EMR), and discussion of background and considerations from your literature review.
- You will present during the second week of the selective. You will be informed on the first day when to be prepared to present.

## IX. Schedules:

- Basic schedule is Monday-Friday, with hours depending on each site’s daily schedule.  
The residents typically round on inpatients starting between 5:30-6:30am.  
Students should participate in morning rounds when there are not in-person lectures.  
Daily clinical activities typically run from 7 or 7:30am to 5pm or later.  
No responsibilities for weekend or overnight call.
- Conferences available to attend (optional when conflicting with morning lecture or other assignment):
  - Urology Grand Rounds: Wednesday AM 7-8am, weekly.
    - Location (typically): Baylor Main Campus
    - COVID adjustment: Conducted by ZOOM*
  - Multidisciplinary tumor board
    - VA: Monday PM 3:30 pm, 2x/month (can attend if on that rotation)
    - BTGH/SLMC: Tuesday AM 7 am, 2x/month (can attend if on that rotation)
  - Preop indications conference
    - VA: Tuesday AM 7am + Wednesday AM 8am, weekly (should attend upon arrival to site)
    - BTGH: Monday AM 7am, weekly
  - Resident didactic conference: Thursday 7-8 am
    - Location: Baylor Main Campus
    - COVID adjustment: Conducted by ZOOM*

## X. Feedback and Evaluation:

- Each student will meet with site director or delegate at the beginning of the 2-week rotation to review goals, objectives, and expectations.
- Student performance assessments will be formulated by composite review of the student by the supervising faculty member(s) and residents, and the evaluation form in e-value will be completed by the Site Director or Faculty Preceptor.
- Each student will meet with Site Director or Faculty Preceptor at the end of the rotation to review his or her performance.
- Evaluations:
  - The evaluation form you will complete will ask for you to identify at least 2 faculty members with whom you worked. It will then launch evaluation forms for each of those faculty members.
  - The evaluation form will also prompt you to identify any residents with whom you worked to complete a housestaff evaluation. Completing a housestaff evaluation is *optional*.
  - WE ENCOURAGE YOU TO PROVIDE FEEDBACK, BOTH POSITIVE AND NEGATIVE, ON FACULTY AND HOUSESTAFF. This feedback provides information for our faculty and housestaff teaching development

and for continually improving the selective rotation. All feedback will be deidentified and prior to sharing with any faculty or housestaff.

- Any specific immediate concerns should be brought to the attention of Dr. Taylor, the selective director, by email.
- One new option for recognizing an educator is the PEAR award. These awards were created as a student-led initiative to allow students to recognize educators. Please consider nominating a standout resident or faculty member for a memorable teaching moment:

<https://forms.gle/mq5HrdCC5SZf2XYXA>

➤ Basis for Grade

- Grade will be based on the student performance evaluation completed by the Site Director or Faculty Preceptor in e\*value. The determination will be based on evaluation of participation in elective, rating of observed focused GU history and physical, and evaluation of student's case presentation.
- The student will receive a final grade of Honors, High Pass, Pass, Marginal Pass, or Fail based upon their clinical performance and completion of the requirements of the course.
- Absences or lapses in professionalism may result in a lesser final grade given to the student or course failure. A student can fail the urology selective based on professionalism alone, independent to clinical performance.
- Grades will be posted to the Registrar by 4 weeks after the course has ended as per the BCM SOM Timeliness of Grades Policy.
- The clinical performance grade will be assessed using the following scale:
  - Honors 80 – 90
  - High Pass 70 – 79.9
  - Pass 40 – 69.9
  - Marginal Pass 30 – 39.9
  - Fail 10 – 29.9

## XI. Policies and Procedures

➤ Absences

- The student will contact by email or phone the clinical site director or course coordinator in the event of an absence.
- The student will be allowed one excused absence per two week rotation with additional absences resulting in a 'deferred' grade and requirement of making up the missed time or entire rotation.
- Any unexcused absences can negatively affect the student's overall grade and could result in failure of the course. **Failure to communicate with the coordinator and preceptor about an absence will result in the absence being considered unexcused and is grounds for failure.**
- Please refer to the BCM attendance and participation policy for clinical rotations for the definitions of excused and unexcused absences.

➤ Dress Code

- The student should review the dress code for the specific site with the site preceptor on the first day of the rotation.
- The student will wear professional attire with BCM white coat for grand rounds and while on rotation at BSLMC and TCH
- No food or drink is allowed in patient care areas.

➤ Study and Storage Space

- Each site has a resident workroom where belongings can be stored securely.
- At several sites, the room is always locked and at other sites, the area is only accessible to clinic staff members.

- Students are encouraged to contact the course director / coordinator with any concerns related to the availability of these spaces / resources during the rotation.

## **Policies (edited 06-01-2022)**

Policies affecting Baylor College of Medicine students in undergraduate medical education may be found on the following BCM intranet sites:

<https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Policies&area=28>

<https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Policies&area=23>

<https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Policies&area=26>

Additional information may be found in the student handbook:

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

Brief descriptions of relevant policies and procedures are provided below; however, please refer to the full policies and procedures for additional information. Please copy and paste the links into your browser for optimal use. While every effort is made to keep the links up to date, please inform the course director if you are unable to locate the policies due to a broken link or other technical problem.

### ***Policies: Table of Contents***

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

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

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

**Attendance / Participation and Absences:**

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

**Code of Conduct:**

**Compact Between Teachers, Learners and Educational Staff:**

**Course Repeat Policy:**

**Criminal Allegations, Arrests and Convictions Policy (28.1.13):**

**Direct Observation Policy (Policy 28.1.03):**

**Diversity, Equity, and Inclusion policies:**

**Duty Hours Policy (Policy 28.1.04):**

**Educator Conflicts of Interest Policy (Policy 23.2.04)**

**Examinations Guidelines:**

**Grade Submission Policy (28.1.01):**

**Grading Guidelines:**

**Grade Verification and Grade Appeal Guidelines:**

**Learner Mistreatment Policy (23.2.02):**

**Leave of Absence Policy (23.1.12):**

**Medical Student Access to Health Care Service Policy (28.1.17)**

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

**Midterm Feedback Policy (28.1.02):**

**Narrative Assessment Policy (Policy 28.1.11):**

**Notice of Nondiscrimination:**

**Patient Safety:**

**Policy Regarding Harassment, Discrimination and Retaliation (02.2.25):**

**Religious Holiday and Activity Absence Policy:**

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

**Social Media Policy (02.5.38):**

**Sexual Misconduct and Other Prohibited Conduct Policy (02.2.26):**

**Student Appeals and Grievances Policy (23.1.08):**

**Student Disability Policy (23.1.07):**

**Student Handbook**

**Student Progression and Adverse Action Policy (Policy 28.1.05):**

**Technical standards:**

**Statement of Student Rights:**

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

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

<https://www.bcm.edu/sites/default/files/2020-02/Add-Drop-Policy-2-12-20.pdf>

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

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=28.1.09](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.09)

This policy establishes procedures to balance the academic workload, which includes scheduled foundational curriculum responsibilities, classroom learning in multiple formats, independent learning, and time for attention to personal health and well-being.

Scheduled learning activities are limited to a maximum of 25 hours per week averaged out over the term.

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

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=28.1.10](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.10)

Clinical course directors are responsible for assigning medical students to Educational Sites during clinical rotations, and for approving or denying each student request for an alternative Educational Site assignment based on the rationale and circumstances.

### **Attendance / Participation and Absences:** <https://www.bcm.edu/education/schools/medical-school/md-program/student-handbook/academic-program/attendance-and-absences>

See other sections of the Course Overview Document regarding course-specific attendance / participation and absence criteria.

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

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=28.1.08](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.08)

The policy ensures that the level of responsibility delegated to a medical student is commensurate with their level of training, and that activities supervised by health professionals are within their scope of practice.

The level of responsibility delegated to a medical student by a supervising health professional must be appropriate to the medical student's level of training, competence, and demonstrated ability.

Students should only perform clinical tasks for which they have received adequate training.

Students must inform the supervising health professional or clinical course director of concerns about levels of supervision.

### **Code of Conduct:**

<https://media.bcm.edu/documents/2015/94/bcm-code-of-conduct-final-june-2015.pdf>

The BCM Code of Conduct is our comprehensive framework for ethical and professional standards.

It is designed to ensure that all members of the BCM community understand the expectations to conduct ourselves in an ethical and professional manner while complying with all laws, regulations, rules and policies to the fullest degree.

### **Compact Between Teachers, Learners and Educational Staff:**

<https://www.bcm.edu/education/academic-faculty-affairs/academic-policies/compact>

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

### ***Guiding Principles of the Educational Compact***

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

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

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

### **Course Repeat Policy:**

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=23.1.09](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 to the Sr. Associate Dean of Student Affairs within 5 calendar days of such event.

### **Direct Observation Policy (Policy 28.1.03):**

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=28.1.03](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.03)

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

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

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

### **Diversity, Equity, and Inclusion policies:**

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

### **Duty Hours Policy (Policy 28.1.04):**

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=28.1.04](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 a BCM educational program.

Learners are expected to report an actual or perceived conflict of interest that may impact the teacher-learner paradigm. Reports should be directed as follows:

- 1) Clerkships: report to the clerkship director
- 2) Courses: report to the course director
- 3) Other Issues: Sr. Associate Dean of Student Affairs or designee

## **Examinations Guidelines:**

<https://www.bcm.edu/education/school-of-medicine/m-d-program/student-handbook/m-d-program-curriculum/examinations>

## **Grade Submission Policy (28.1.01):**

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=28.1.01](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.01)

BCM course directors in the School of Medicine shall submit final grades to the Office of the Registrar within four weeks of the end of a course.

## **Grading Guidelines:**

<https://media.bcm.edu/documents/2016/d9/grading-policy-final-7-14-16.pdf>.

Grading rubrics and graded components are determined by the individual course and course directors. See other section(s) of the course overview document for course-specific grading information.

**Grade Verification and Grade Appeal Guidelines:** <https://www.bcm.edu/education/academic-resources/student-trainee-services/appeals-grievances/grade-verification> See also *Student Appeals and Grievances Policy (23.1.08)*.

### ***Grade Verification***

If students have questions about a final course grade, exam grade, or the grading process, BCM strongly encourages them to first verify the grade before pursuing a formal Appeal. Grade verification is an informal process during which the affected student meets with the course and/or clerkship directors to review the grade and discuss any lingering questions. After grade verification, the student may choose to proceed with a formal grade appeal. However, appeals must have merit in order to proceed. Appeals must satisfy criteria described below to trigger reconsideration of the grade, and appeals based on mere disagreement are not valid.

### ***Grade Appeal Application***

Consistent with relevant provisions of school handbooks, students may pursue grade appeals under only the following circumstances:

1. *Mistreatment*. To prevail on this basis, the grade appeal must allege, and investigatory findings must demonstrate, that the grade was awarded based on factors other than academic or clinical performance, as outlined in the syllabus, or based on mistreatment, such as discrimination.

2. *Deviation* from Established Criteria or Guidelines. To prevail on this basis, the grade appeal must allege, and investigatory findings must demonstrate, that the grade awarded was not calculated according to prior established guidelines set forth by the faculty and distributed to students.

3. *Calculation Error*. To prevail on this basis, the grade appeal must allege, and investigatory findings must demonstrate, that the grade awarded was calculated using false or erroneous information.

### **Learner Mistreatment Policy (23.2.02):**

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=23.2.02](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)

***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)

***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)

***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

## **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 Curriculum Committee.

### Clinical Courses

Student Midterm Feedback Forms are reviewed by the mid-point of each clinical course by course directors and leaders to confirm that they are completed. Faculty members should identify deficiencies in clinical performance

and/or completion of course objectives and work with the student to prepare an action plan to resolve any issues.

During the midterm feedback evaluation, if any component of the Student Midterm Feedback Form has not been completed, the course director works to address and rectify any deficiencies.

At the end of each course, the Curriculum Office surveys students on whether they have received formal midterm feedback.

Please refer to other sections of the course overview document for course-specific instructions related to mid-term feedback requirements and documentation.

### **Narrative Assessment Policy (Policy 28.1.11):**

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=28.1.11](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.11)

This policy outlines how the School of Medicine Deans and Course / Clerkship Directors work to ensure that when teacher-student interaction permits, a narrative assessment of a student's performance, including their non-cognitive achievement is provided.

This assessment is in the form of narrative descriptions of medical student performance, including references to non-cognitive achievement, as a component of the overall assessment in the respective course and/or clerkship.

### **Notice of Nondiscrimination:**

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

### **Patient Safety:**

Information for Reporting Patient Safety Incidents at BCM Affiliated Institutions:

<https://media.bcm.edu/documents/2019/2d/2019-cler-guide-to-reporting-patient-safety-incidents.pdf>

### **Policy Regarding Harassment, Discrimination and Retaliation (02.2.25):**

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=02.2.25](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)).

## **Social Media Policy (02.5.38):**

[https://intranet.bcm.edu/policies/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=11.2.15](https://intranet.bcm.edu/policies/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=11.2.15)

Use good ethical judgment when posting and follow all College policies and all applicable laws/regulations such as, but not limited to, the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA). Physicians and those who interact with patients should follow the guidelines promulgated by the American Medical Association. Do not post anything that would do harm to the college, its personnel, patients, or any patients treated by college faculty, staff or learners at any of the college affiliated hospital partners.

## **Sexual Misconduct and Other Prohibited Conduct Policy (02.2.26):**

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=02.2.26](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=02.2.26)

See also relevant sections of the BCM website: <https://www.bcm.edu/education/academic-faculty-affairs/academic-policies/title-ix-and-gender-discrimination/education/sexual-harassment>

Sexual harassment is unwelcomed verbal or physical conduct of a sexual nature that is sufficiently severe, pervasive or persistent that it interferes with, denies or limits a person's ability to participate in or benefit from the college's academic environment, educational programs and/or activities, and is based on power differentials or quid pro quo, results in the creation of a hostile environment, or retaliation.

Examples of sexual harassment include but are not limited to: an attempt to coerce an unwilling person into a sexual relationship or experience; repeated subjection to egregious, unwelcomed sexual attention; punishment in response to a refusal to comply with a sexual request; a conditioned benefit in response to submission to sexual advances or requests; acts of sexual violence; domestic violence; dating violence; stalking.

This policy outlines: several types of prohibited conduct, privacy protection for reporters, complainants, and respondents and options for reporting prohibited conduct to the college.

## **Student Appeals and Grievances Policy (23.1.08):**

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

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

## Student Progression and Adverse Action Policy (Policy 28.1.05):

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=28.1.05](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)

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

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

What are **Core Competency Graduation Goal (CCGG's)**? The CCGG's are the program objectives for BCM School of Medicine, i.e. what every student should be able to know or do by graduation. All curricular objectives flow from and are mapped to the CCGG's. <https://www.bcm.edu/education/schools/medical-school/md-program/student-handbook/academic-program/requirements-for-degree-doctor-of-medicine>

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

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

Why are these concepts important?

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

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

CCGG	PCRS	EPA
3.5, 3.7, 3.8	PC2	EPA 1: Gather a History and Perform a Physical Exam
4.1	ICS1	
4.1	ICS7	
1.2	P1	
1.2, 1.8	P3	
1.4	P5	

2.3	KP1	
3.5, 3.7, 3.8	PC2	EPA 2: Prioritize a Differential Diagnosis Following a Clinical Encounter
2.1	KP3	
2.2	KP4	
2.1	KP2	
3.7	PC4	
5.1	PPD8	
5.1	PBLI1	
4.3	ICS2	
3.9	PC5	EPA 3: Recommend and Interpret Common Diagnostic Tests
3.6, 3.2	PC9	
6.1, 6.3, 2.2	SBP3	
3.1	PBLI9	
2.3	KP1	
2.2	KP4	
4.1	PC7	
3.7	PC4	

CCGG	PCRS	EPA
3.2	PC6	EPA 4: Enter and Discuss Orders and Prescriptions
5.1	PBLI1	
3.9	PC5	
3.5, 3.7, 3.8	PC2	
5.2	PBLI7	
4.1, 1.5	ICS1	
6.3, 2.2	SBP3	
1.3, 1.6	P4	

4.1	ICS1	EPA 5: Document a Clinical Encounter in the Patient Record
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	