



**Core Clerkship
Family and Community Medicine
Course Overview Document
2019-2020**

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I. Introduction/Clerkship Overview:

The Family and Community Medicine (FCM) Clerkship introduces students to the role and identity of the family physician in today's healthcare system and demonstrate the family medicine approach to the comprehensive care of common health problems.

In this four-week clerkship, you will learn how to approach different types of visits seen in the ambulatory setting and how to diagnose and manage common ambulatory clinical conditions. Teaching methods include small-group seminars and seeing ambulatory patients under the guidance of a family physician preceptor in the community. We also will provide you with resources and materials to help you self-learn.

II. Clinical Sites:

You will spend the majority of clerkship time in the office of one or more family physician preceptors. We will provide you with a list of specific preceptors available for your rotation in advance and ask you to select your preceptor prior to the first day of the rotation. We will try to honor as many student preferences as possible. Before the clerkship begins, we will inform you which clinical site you matched at and will work at for the entire four weeks of the clerkship.

At some clinical sites, you will work with fulltime FCM faculty. These sites include Baylor Family Medicine, Community Health Centers of the Harris Health System and San Jose Clinic.

At other sites, you will work with volunteer FCM faculty. These sites include both large group and small group practices.

SPACE at your preceptor's office:

Please ask your preceptor about the following space available for you during your rotation:

- Study space (This may be an office space shared with others.)
- Relaxation space (You may be asked to share this space with the office staff.)
- Storage space for your personal belongings (This may be the physician's personal office)

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

III. Contact and Site Information:

[All Administrators, Site Directors and Coordinators]

Baylor College of Medicine:

Clerkship Director:

Email:

Phone:

Pager:

William Y. Huang, MD

williamh@bcm.edu*

(713) 798-6271*

(281) 952-4384

(*For non-urgent issues, please email him. For urgent issues, please page him or contact the coordinator below.)

Associate Clerkship Director:

Email:

Jonnae Atkinson, MD

joatkins@bcm.edu

Site Director, Harris Health System:

Email:

Kenneth Barning, MD

barning@bcm.edu

Clerkship Coordinator

Email:

Phone:

Elvira Ruiz

eruib@bcm.edu

(713) 798-8028

Office Location:

Baylor College of Medicine

Department of Family and Community Medicine

3701 Kirby, Suite 600

Houston, TX 77098

Your preceptor site:

You have been previously given contact information including driving directions to your preceptor site.

IV. BCM Compact between Teachers, Learners and Educational Staff

Compact between Teachers, Learners, and Educational Staff: Learners pursuing a professional career at Baylor College of Medicine assume responsibility to develop in-depth knowledge, acquire and apply special skills, and demonstrate professionalism. Teachers guide and educate learners, and model appropriate attitudes, interpersonal skills and professional behaviors. Core educational staff 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 Baylor personnel is essential to the basic principles of this institution.

Guiding Principles of the Educational Compact

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

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

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

Teacher Responsibilities

As a teacher, I pledge to:

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

Learner Responsibilities

As a learner, I pledge to:

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

Educational Staff Responsibilities

As educational staff, I pledge to:

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

V. Baylor College of Medicine Core Competencies and Graduation Goals (CCGG's):

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: Family and Community Medicine Clerkship Objectives

Mapped to School of Medicine CCGG's

Overall clerkship goal:

In this four-week clerkship, students will learn how to conduct different types of ambulatory visits and the ambulatory management of common conditions seen by family physicians.

Clerkship Objectives:

Medical Program (Core Competency Graduation Goal) Objective(s)	Related Clerkship Objective	Mode of Teaching	Mode of Assessment	
			Formative	Summative
<u>Professionalism</u>				
<u>Professionalism:</u> 1.3, 1.4	Demonstrate caring, compassion and empathy and a commitment to advocate for the needs and well-being of patients.	Standards of professionalism on Blackboard site	Preceptor feedback, Mid-clerkship observation by your preceptor	Preceptor evaluation, Standardized Patient exam
<u>Medical Knowledge</u>				
<u>Medical knowledge:</u> 2.1	Explain basic information on the diagnosis and management of common problems in ambulatory care	Handling Different Types of Patient Encounters seminar, Mid-clerkship seminars, Readings from reference list, Paper case studies, Preceptor experience	Preceptor feedback,	NBME exam, Preceptor evaluation
<u>Medical knowledge:</u> 2.1	Explain the mechanisms of action, indications, advantages, side-effects and contraindications of medications used in the management of common ambulatory conditions	Handling Different Types of Patient Encounters seminar, Mid-clerkship seminars, Readings from reference list, Paper case studies, Preceptor	Preceptor feedback,	NBME exam, Preceptor evaluation

		experience		
<u>Patient Care</u>				
<u>Patient care:</u> 3.5, 3.6	Describe the five types of ambulatory visits and demonstrate how to conduct an appropriate focused history and physical exam for each	Handling Different Types of Patient Encounters seminar, Preceptor experience, Mid-clerkship observation by your preceptor	Preceptor feedback, Mid-clerkship observation by your preceptor	Preceptor evaluation, Standardized Patient exam
<u>Patient care:</u> 3.2, 3.3, 3.7	Formulate management plans for patients based on the focused history and physical examination, including appropriate diagnostic tests and therapeutic measures	Handling Different Types of Patient Encounters seminar, Preceptor experience, Readings from reference list, Paper case studies	Preceptor feedback	Preceptor evaluation, NBME exam, Standardized Patient exam
<u>Interpersonal and Communication Skills</u>				
<u>Interpersonal and communication skills:</u> 4.1, 4.2	Demonstrate effective and respectful communication with patients and families from diverse backgrounds, and the medical team	Handling Different Types of Patient Encounters seminar, Preceptor experience	Preceptor feedback, Mid-clerkship observation by your preceptor	Preceptor evaluation, Standardized Patient exam
<u>Interpersonal and communication skills:</u> 4.2, 4.4	Present the patient's case verbally and in writing in a focused and organized manner	Handling Different Types of Patient Encounters seminar, Preceptor experience	Preceptor feedback	Preceptor evaluation
<u>Practice Based Learning and Improvement</u>				
<u>Practice-based learning and improvement:</u> 5.2, 5.3	Use an evidence-based medicine approach where possible to answer specific clinical questions	Handling Different Types of Patient Encounters seminar, Mid-clerkship seminars, Paper case studies on Blackboard,	Preceptor feedback	Preceptor evaluation, NBME exam

		Pathology Teaches Case Study		
<u>Practice-based learning and improvement:</u> 5.1	Self-assess progress as learners and identify specific learning needs during the clerkship	Reflecting on Your Learning Experience seminar	Pre-clerkship self-assessment form, Mid-clerkship feedback discussion	Post-clerkship self-assessment form
<u>Systems-Based Practice</u>				
<u>Systems-based practice:</u> 6.1, 6.2	State the components of the Patient-Centered Medical Home model and explain how your preceptor is transforming his/her practice in accordance with this approach	Readings on the Patient-Centered Medical Home, Discussion with preceptor, Preceptor experience	Preceptor feedback	Patient-centered Medical Home (PCMH) paper or participation in a PCMH seminar

For more details on what is expected for the Patient-centered Medical Home paper or seminar, go to **Blackboard > Clerkship Documents > ORIENTATION MATERIAL > EVALUATION AND GRADING > DESCRIPTION OF EACH GRADED COMPONENT > Patient-centered Medical Home (PCMH) assignment/paper

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	Concerns about the assignment to write a paper on the Patient-centered Medical Home (PCMH)	Starting in January 2020, you will have the option of either writing a paper about the PCMH or attending a seminar on the PCMH
2019	Concerns about the quality of feedback received at some sites	<p>A revised Direct Observation form provides further opportunity for your preceptor to give you feedback about your history and physical examination skills</p> <p>We are instituting a preceptor feedback award to give to faculty giving the best feedback. Examples of their high quality feedback will be shared with other preceptors.</p> <p>We are offering workshops to our preceptors on how to give effective feedback.</p>
2019	Concerns about teaching performance at some sites	We will investigate further and seek to help the teaching performance at lower performing sites.
2018	Concerns about faculty unprofessionalism or student mistreatment at some preceptor sites	<p>We investigated all concerns about unprofessionalism or student mistreatment at preceptor sites.</p> <p>We advised each affected preceptor on how to maintain professionalism and create a safe learning environment for students.</p> <p>We stopped using sites where there were repeated concerns.</p>
2018	There are too many weekly feedback cards.	<p>We eliminated one of the weekly feedback cards. Weekly feedback cards should now be completed at the ends of week 1, 2 and 3-4.</p> <p>We also simplified the cards so it will be easier for preceptors to complete them.</p>

VIII. Student Roles, Responsibilities and Activities:

CLERKSHIP RESPONSIBILITIES:

- **Clinical responsibilities:**

- After a brief time (< one half-day) of shadowing your preceptor, you will have opportunity to independently:
 - Conduct a focused history and physical exam
 - Propose a management plan
- You will then present the patient to your preceptor and jointly agree on the management plan
- Your preceptor should then conduct his/her focused history and physical exam and communicate the management plan
- **You are required to be supervised by your preceptor in the following situations:**
 - Performing breast, genitalia/pelvic or prostate/rectal exams (and with a chaperone if indicated)
 - Performing minor procedures

Seminars:

- You are expected to attend the clerkship seminars on the first morning of the clerkship, a Thursday morning during week 2 or 3 of the clerkship and on the Thursday morning of week 4. Please refer to the specific schedule given to your rotation of students.

Direct observation of your performing a focused history and focused physical:

- It is required that your preceptor observe you performing one focused history and a focused physical examination on an actual patient by the end of week 2. Your preceptor's assessment and feedback to you after this observation must be documented on the direct observation form on E*Value. You must launch the direct observation on E*Value to your preceptor so that he/she can complete this form after observing you. An instruction sheet on how to do this is in Appendix I. If possible, your preceptor is encouraged to observe you on more than one occasion.

Mid-clerkship feedback:

You will receive feedback on this clerkship through two mechanisms

- You will be provide a set of cards for your preceptor to complete on you at the end of weeks 1,2 and 3/4 which summarize how you are doing and suggestions for improvement the next week. Please give your preceptor the relevant card for the week and him/her to complete it. Please be prepared to turn in the cards to us at the middle and end of the rotation.
- There will also be a mid-clerkship feedback session. This will occur with either your preceptor, the Clerkship Site Director or Clerkship Director. The E*Value Mid-clerkship feedback form will be completed during this session. You will be notified in advance with whom you will have this mid-clerkship feedback session.

Clinical Experiences form

- Students should see one patient from each of the categories of conditions listed on pages 15-16 of this document. As you complete an encounter for a patient with each of the conditions listed, please enter the details on E*Value. Instructions on how to enter this information for these conditions on E*Value is given on pages 17-20.

Exams - Standardized Patient Exam and NBME Exam:

- Students are required to take and pass the Family and Community Medicine Clerkship Standardized Patient Exam that is held on the last Wednesday morning of the clerkship. The Standardized Patient program will inform you of the time to report that afternoon.
- Students are required to take and pass the NBME Family Medicine Modular Core + Chronic exam on the last Friday of the rotation.

Patient-centered Medical Home assignment

- Students are required to research the Patient-centered Medical Home and its effect on their preceptor's practice. They are required to either submit a paper on the Patient-centered Medical Home or actively participate in a seminar on the Patient-centered Medical Home at the end of the rotation. Details of the assignment are available at: **Blackboard > Clerkship Documents > ORIENTATION MATERIAL > EVALUATION AND GRADING > DESCRIPTION OF EACH GRADED COMPONENT > Patient-centered Medical Home (PCMH) assignment**

Other responsibilities as a Family and Community Medicine Clerkship student:

- **Develop your self-learning skills**
 - You will notice that the busy flow of patients in your preceptor's office may result in the teaching time being less organized and formal than in other rotations. While your preceptor will make effort to teach you between patients and at the beginning or end of the day, it likely will be difficult for him/her to teach you everything you want to know.
 - Use this opportunity to develop your self-learning skills. The pre-clerkship self-assessment online exercise will help you develop your own objectives for the clerkship. Use these as a guide during the rotation and ask your preceptor to help you accomplish these objectives. Use your skills in evidence-based medicine to research answers to your questions on your own. Develop skills in searching for answering clinical questions on your own as they arise. Complete the web-based case studies to learn basic information on handling common conditions on your own.
- **Join the clinical team and contribute where you can to provide quality care in your preceptor's office**
 - During your time in your preceptor's office, you will be part of the clinical team that cares for patients. It may be a different team from what you are used to, in that many team members will not be physicians. Nevertheless, you, the office staff and physicians are a team and you have much to contribute to the functioning of that team. Learn the roles and responsibilities of other team members, since this may be one of the few opportunities to learn how an office-based practice is run. Help other team members during busy periods. You may find that their job is not as easy as it looks. Keep your eyes open for other opportunities in which you can help your preceptor or the office staff provide better care (e. g. - call patients, provide patient education, research answers to clinical questions).
- **Contribute to the quality of the clerkship**
 - We ask you to evaluate a large number of items because we sincerely want to know your opinions and hear your suggestions on how to improve. Input from previous students has resulted in a number of revisions and improvements in the clerkship over the years. Please be assured that your ratings and comments will similarly be reviewed and that they will be used as a basis for planning any further changes that are needed.
 - Additional notes on your preceptor evaluation form: On the third Thursday of clerkship you will receive a notice from E*value asking that you complete an evaluation on your preceptor(s). Also, for those of you at a multiple preceptor site, you will have opportunity to select which preceptors you

wish to evaluate. Please complete this form on your preceptor(s) by the requested deadline (the Monday after your clerkship has been completed.)

- If you have any specific issues about the clerkship that you wish to discuss in detail, please contact the Clerkship Director to arrange a meeting.
- **Stay in communication with the Clerkship staff**
 - Please check your Baylor email periodically during the clerkship. We do not intend to send you frequent emails, but will send you at least one email per week.

TIPS FOR THE ROTATION:

Take initiative to make this a valuable educational experience and ask for the following at the appropriate times of the clerkship:

- Orientation to your preceptor's office
- Seek feedback
- Mid-course discussion
- End of course evaluation
- Observed encounter by your preceptor

Take initiative and be a helpful team member in your preceptor's office:

- Call back and check on patients
- Review labs
- Offer to research clinical questions
- Do patient education
- Help wherever you can!

DRESS CODE:

Clean white coat with business-appropriate dress

You may wear scrubs only if your preceptor gives you permission

Do's AND Don'ts of the Clerkship:

Do:

- Be on time and present when expected or contact your preceptor and the clerkship coordinator if not able to be present when expected
- Demonstrate professionalism in your interactions with your preceptor, preceptor's staff and preceptor's patients
- Show an interest in learning about all the patients you see and the conditions that they present with
- Offer to be a helpful member of the team in the ways described above

Don't:

- Schedule meetings away from your preceptor's office during patient care time without the permission of the Clerkship Director in advance. This includes College committee meetings and meetings with your BCM mentor.
- Disagree with your preceptor in front of a patient or staff member. Please discuss your suggestions or concerns about patient care with your preceptor in private.
- Contact your preceptor about your grade. If you have any concerns about your grade, including the preceptor component of your grade, please contact the Clerkship Director.

Office of Curriculum
2019 - 2020 Clinical Experiences Form

Family and Community Medicine Clerkship

CLINICAL LOG REQUIREMENTS

List and describe each patient type/clinical condition, required procedure/skill, and clinical setting that medical students are required to encounter, along with the corresponding level(s) of student responsibility.

Patient Type/ Clinical Condition	Procedure/ Skills	Clinical Setting(s)	Level of Student Responsibility	Minimum # Required	Alternative Methods Used for Remediating Clinical Encounter Gaps
Acute upper respiratory infection	Hx & PE	Ambulatory	Perform	1	URI Case study on FCM Clerkship Blackboard site: https://bcm.blackboard.com
Fever	Hx & PE	Ambulatory	Perform	1	Fever Case study on FCM Clerkship Blackboard site: https://bcm.blackboard.com
Musculoskeletal Pain	Hx & PE	Ambulatory	Perform	1	MSK Case study on FCM Clerkship Blackboard site: https://bcm.blackboard.com
Essential Hypertension	Hx & PE	Ambulatory	Perform	1	Hypertension Case study on FCM Clerkship Blackboard site (https://bcm.blackboard.com): Clerkship Documents > PREPARING FOR THE NATIONAL BOARD SUBJECT EXAM IN FAMILY MEDICINE > CLINICAL CASE STUDIES
Diabetes mellitus	Hx & PE	Ambulatory	Perform	1	Diabetes Mellitus Case study on FCM Clerkship Blackboard site (https://bcm.blackboard.com): Clerkship Documents > PREPARING FOR THE NATIONAL BOARD SUBJECT EXAM IN FAMILY MEDICINE > CLINICAL CASE STUDIES
Dyslipidemia	Hx & PE	Ambulatory	Perform	1	Hypercholesterolemia Case study on FCM Clerkship Blackboard site (https://bcm.blackboard.com): Clerkship Documents > PREPARING FOR THE NATIONAL BOARD SUBJECT EXAM IN FAMILY MEDICINE > CLINICAL CASE STUDIES
Patient Type/ Clinical Condition	Procedure/ Skills	Clinical Setting(s)	Level of Student	Minimum # Required	Alternative Methods Used for Remediating Clinical Encounter Gaps

			Responsibility		
Asthma	Hx & PE	Ambulatory	Perform	1	Asthma Case study on FCM Clerkship Blackboard site (https://bcm.blackboard.com): Clerkship Documents > PREPARING FOR THE NATIONAL BOARD SUBJECT EXAM IN FAMILY MEDICINE > CLINICAL CASE STUDIES
FCM Patient	Annual Physical Exam	Ambulatory	Perform	1	Checkup Visit Case study on FCM Clerkship Blackboard site (https://bcm.blackboard.com): Clerkship Documents > PREPARING FOR THE NATIONAL BOARD SUBJECT EXAM IN FAMILY MEDICINE > CLINICAL CASE STUDIES
Depression	Hx & PE	Ambulatory	Perform	1	Major Depressive Disorder Case study on FCM Clerkship Blackboard site (https://bcm.blackboard.com): Clerkship Documents > PREPARING FOR THE NATIONAL BOARD SUBJECT EXAM IN FAMILY MEDICINE > CLINICAL CASE STUDIES
Tobacco Use	Tobacco cessation counseling	Ambulatory	Perform	1	Tobacco cessation study on FCM Clerkship Blackboard site: (https://bcm.blackboard.com)

Level of Medical Student Responsibility:

Perform: The student performs the patient history, physical exam, differential diagnosis, treatment decision-making, and/or relevant procedural skills.


If you are not able to see a patient with one or more of the listed conditions, please contact the Clerkship Director to discuss the use of an Alternative Method.



Case Log Directions and Screen Shots


1. Go to Log New Case
2. Complete Main Selections


Log New Case

Main

Interaction Date *
3/22/2019 

Supervisor *
KUNG, DORIS  

Setting *
In-Patient 

Supervisor's role *
Attending 

3. Select Procedure and Method of Completion

Procedures



Group:

All Groups  

Procedure: *

Headache: Perform Hx & PE
History Taking: Directly Observed
Neurologic Exam: Directly Observed
Numbness or Paresthesia: Perform Hx & PE
Seizure: Perform Hx & PE
Visual Disturbance: Perform Hx & PE
Weakness (central nervous system): Perform Hx & PE
Weakness (peripheral nervous system): Perform Hx & PE
Written History & Physical: Completed

Select method of completion: *

{Please select} 
{Please select} 
1-Standard Method (per procedure description)
2-Alternative Method (discuss with clerkship director before selecting)


4. Leave an explanation in "Notes". This is a mandatory field

Select method of completion: *

1-Standard Method (per procedure description)

Notes: *

Standard Method




Select method of completion: *

2-Alternative Method (discuss with clerkship director before selecting) ▼

Notes: *

Watched Video




5. Click Add Procedure
6. Click Save Record before logging next procedure.

Select method of completion: *



2-Alternative Method (discuss with clerkship director before selecting) ▼

Notes: *

Watched Video




Primacy	Procedure	Your Role	Notes
1	Clinic Half-day: Completed	1-Standard Method (per procedure description)	Standard Method
2	Seizure: Perform Hx. & PE	2-Alternative Method (discuss with clerkship director before selecting)	Watched Video

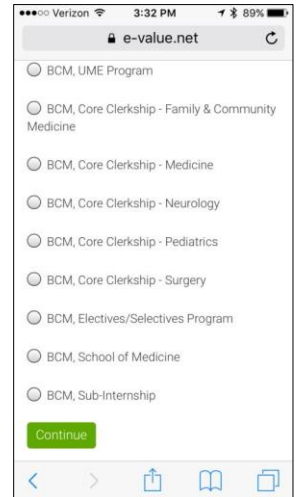



* Required Fields

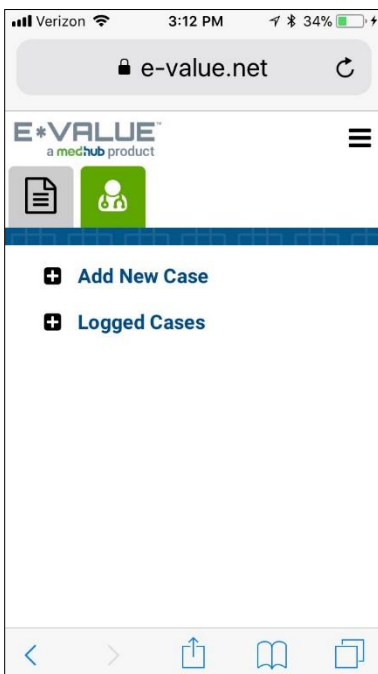
Case Logging on E*Value: Instructions for Students

During this clerkship, you will be required to log every required patient case listed in the case log (formerly “Passport”). When you have performed, assisted or observed an activity on the list, you will log it into E*Value. You can log the activity 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. Log in manually using your E*Value login and password
3. Select your CURRENT Core Clerkship for Program (**BCM, Core Clerkship-XX**)
4. Click **Continue** (screen shot at right).
5. Click on the “Doctor”  icon and select **+Add New Case** (screen shot #2 below)
6. On the next screen, log your activity by filling in the required information.: (screen shot #3 below)
 - a. **Interaction Date:** current date is default
 - b. **Setting**
 - c. **Supervisor Role**
 - d. **Supervisor:** name of supervisor; click **Next ▶**
 - e. **Patient Information**
 - i. Gender
 - ii. Patient Age; click **Next ▶**
 - f. **Procedures:**
 - i. **Choose a procedure:** you can multi-select if more than one procedure took place; click **Done.**
 - ii. **Select your role in the procedure;** click **Next ▶**
 - g. **Review & Log** (screen shot #4 below)
 - i. Review the information just logged
 - ii. Click on **Log Case ▶**
7. You can log another procedure or just close the screen.



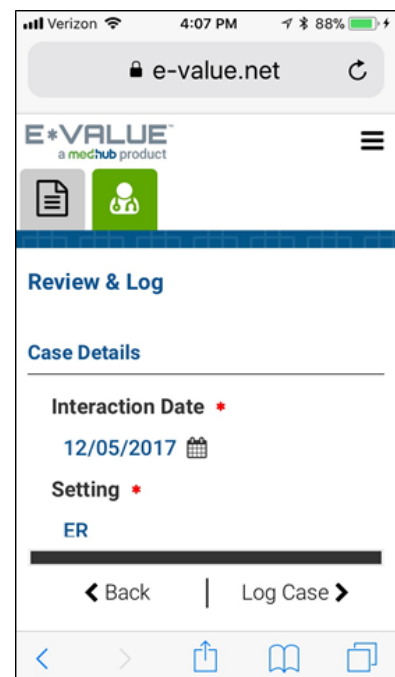
Screen Shot #2



Screen Shot #3



Screen Shot #4



IX. Schedules:

A *typical* schedule is as follows: (You will receive your *specific* schedule on the first day of the clerkship.)

WEEK 1	WEEK 2 or 3	WEEK 4			
Monday Conference Center 6 th floor (7:45 AM)	Thursday Conference Center 6 th floor	Wednesday	Thursday FM West Conf. Room 3701 Kirby, 6 th floor		Friday Main Campus McMillan Auditorium
7:30–9:00 AM ORIENTATION Huang	8:00-9:00 AM Abnormal Uterine Bleeding Aggarwal	8:00 AM (or later as communicated to you by the SP program) Standardized Patient Exam Main Campus M421 DeBakey Bldg <i>You have the remainder of the day free for study and preparation for exams</i>	8:30-10:00 AM Group A Reflecting On Your Learning Experience Atkinson Clerkship Wrap-up Huang	8:30-10:00 AM Group B Patient- centered Medical Home seminar (optional) Huang	½ day for study and preparation for exams
9:00–12:00 Handling Different Types of Ambulatory Encounters (Break: 10:15 -10:30) Huang Barning	9:10-10:25 AM Respiratory Infections in the Pediatric Population Atkinson 10:35AM-11:35AM Musculoskeletal Exam Point of Care Ultrasound Sulapas		10:10-11:40 AM Group A Patient- centered Medical Home seminar (optional) Huang	10:10-11:40 AM Group B Reflecting On Your Learning Experience Atkinson Clerkship Wrap-up Huang	
1:30 PM Report to your preceptor's office	1:30 PM Report to your preceptor's office				

X. Grades:

Grading Rubric: Core Clerkship

Requirements	% of Final Grade	Minimum Score to Pass
NBME Subject Exam (Family Medicine Modular Core + Chronic Exam)	25%	≥ 5 th percentile nationwide as determined by the NBME. See notes on Remediation policy below.***
Standardized Patient Examination	20%	<ul style="list-style-type: none"> • ≥ 60 on the Standardized Patient encounter on the examination required to pass. • Failing 2 or more domains (History, Physical exam, Communication, Management Plan, Post-encounter note) may result in SP examination failure**
Clinical Evaluations	50%	≥ (2 standard deviations below the class mean). Clinical performance that is 2 SD below the mean will be reviewed and may result in failure.
Patient-centered Medical Home paper or active participation in a PCMH seminar	5%	70 for the paper or for participation in the PCMH seminar
Professionalism		Must pass to pass the clerkship. See more notes on professionalism below*

***Professionalism Requirements:** You must demonstrate professionalism in all clerkship activities and in all of your interactions with the clerkship coordinators, your preceptor, your preceptor's staff and your preceptor's patients. Any incident of unprofessionalism will be reviewed by our clerkship grades committee and may result in a lowering of your overall grade or a grade of failure for the clerkship.

****Standardized Patient program information and policies:**

Information about SP examinations for clerkships is available on the course Blackboard page (see the **Standardized Patient Program** tab). This Blackboard page is managed by the Simulation Learning Center and provides general information regarding SP examinations, including the Physical Exam and Communication Standards, as well as Simulation Learning Center policies (such as the Late / Cancellation policy). Students are responsible for reviewing and adhering to these policies.

Following the SP examination, requests for SP examination review (without rescoring) can be made at any time (SP educator will review performance with student. See STUDENT REVIEW PROCESS policy for more details.

Requests for SP examination regrade (i.e. rescoring) must be made within 10 calendar days of receiving the score report, and can result in grade increase or decrease depending on the re-evaluation. See STUDENT REGRADE PROCESS policy for more details. Please note that a request for SP examination regrade is not equal to an official grievance or grade appeal for the course; see the POLICIES section of this document for more information regarding the Student Appeals and Grievance Policy (23.1.08).

SP examination failures: All videos of failing student encounters are reviewed by an SP educator confirm scoring accuracy prior to release of the score report. Students who are required to remediate the SP examination should contact their Clerkship Director and/or Student Affairs to initiate the retake of the SP examination. SEE SP EXAM FAILURE

PROCESS policy for more details. Students are required to site for the remedial SP examination within six months of the original test date.

If you are a returning dual-degree program student or have been on leave of absence, please contact the Standardized Patient program to be reoriented to their procedures and to ensure that your log in information is correct.

***** NBME Remediation Policy:**

Students who are required to remediate the NBME examination should contact Yvette Pinales at Yvette.Pinales@bcm.edu and Tala Hasbini at Tala.Hasbini@bcm.edu to arrange a retake of the NBME.

Students are required to sit for the remedial NBME examination within six months of the original test date.

Grade Distribution

Grade	Description	*Approximate % of students in academic year
Honors (H)	An exceptional performance in all areas	30%
High Pass (HP)	An exceptional performance in most areas.	40%
Pass (P)	Good academic work	30%
Marginal Pass (MP)	Performance meets the minimum rotation requirements	
Incomplete (I)	Temporary grade given when a student is unable to complete the requirements for a rotation because of illness or other extenuating circumstances AND is considered to be passing the rotation at the time the grade is given.	
Deferred (D)	Temporary grade given when a student has not successfully completed all of the requirements at the end of the rotation AND requires remediation in order to meet the minimum rotation requirements. For example, failing a Standardized Patient examination encounter or the National Board of Medical Examiners Examination will result in a Deferred grade. The student will be given an opportunity to take the failed element a second time. If a passing score is obtained on the second attempt, the student will be issued a final course grade. However, <i>the highest final course grade that can be received in this situation is a Pass.</i>	
Fail (F)	<p>How a failure may be earned: Earning a failure in the clerkship by any of the following manners will require the student to repeat the course in its entirety:</p> <ol style="list-style-type: none"> 1. Clinical performance alone, regardless of test scores, that is 2 SD below the mean will be reviewed and may result in failure. 2. Lapses or issues with professionalism alone, after confirmation by due process, independent of clinical performance. 3. Failing 2 or more graded components on the clerkship (ie: the NBME and SP exam) 4. Overall performance on the clerkship that is 2 SD below the mean will be reviewed and may result in failure. 5. Failing only the SP or NBME Exam: <ol style="list-style-type: none"> a. 1st Failure: Failing the SP exam or the NBME will result in a Deferred grade to be submitted and the student is required to retake and successfully pass the exam. The highest grade that can be 	

	<p>received for the course will be a Pass.</p> <p>b. 2nd Failure: A second Fail of the SP exam or the NBME will require the student to repeat the course in its entirety. An F will appear on the transcript and the highest final overall course grade that can be received upon repeat of the course is a Pass.</p> <p>c. 3rd Failure: On repeat of the course, students who fail any SP or NBME examination on the overall third attempt will fail the course for a second time and be referred to the Student Promotions Committee for adjudication.</p> <p>A Fail will result in repeating the course in its entirety. An F will appear on the transcript and the highest grade that can be received is a Pass.</p>
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*Halfway through the academic year, grades will be reviewed with respect to the approximate grade distribution. When this review occurs, students' final grade will not be lowered, but some grades may be raised. The same process will be repeated for clerkships in the latter half of the year. The student's final clerkship grade is at the discretion of the Clerkship Director and the Undergraduate Medical Education Grades Committee of the Department of Family and Community Medicine.

For each core clerkship, the final grade is determined by an undergraduate medical education committee, based on the grading rubric and with consideration of a variety of data to ensure that student assessments are valid, fair and timely.

The grade determination process includes an adjustment for Early Clinical Learners (defined as students within the first 6 months of clinical training or who have been out of training for three years or more and are on their first clerkship upon re-enrollment) and processes to account for identifiable variability in evaluation patterns by educators.

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

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

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

XI. Evaluation Forms:

Student Evaluation of Rotation form:

The form is available on our Blackboard site: (**Blackboard > Clerkship Documents > FORMS (including Evaluation forms) > Your Evaluation of the Rotation**). Your completion of this form enables you to give us feedback on each component of the clerkship. You will be sent this form via E*Value.

Student Evaluation of Preceptor form:

This form is available on our Blackboard site: (**Blackboard > Clerkship Documents > FORMS (including Evaluation forms) > Your Evaluation of Your Preceptor(s)**). Your completion of this form enables you to give us feedback on your preceptor(s). You will be sent this form via E*Value.

Additional Evaluation of weekly feedback cards.

This form is available on our Blackboard site: (**Blackboard > Clerkship Documents > > FORMS (including Evaluation forms) > Your Evaluation of the Weekly Feedback Cards**).

You will be asked to complete a brief evaluation on the weekly feedback cards used on this clerkship. The Curriculum office will send you this form via SurveyMonkey.

(See next page for Preceptor Evaluation of Student form that your preceptor will complete on you).

- If you worked with one preceptor the entire rotation, that is the preceptor who will evaluate you
- If you worked with more than preceptor during the rotation, you will be given an opportunity to choose on E*Value which preceptors evaluate you. We recommend you choose preceptors with whom you worked ≥ 2 days.

Preceptor Evaluation of Student form: (This is the form that your preceptor(s) will complete on you.)

PROF1: The student exhibits professionalism with respect to patients and families: compassionate and respectful, advocates for patient/family's needs.

Cannot Assess	Major Concerns	Minor Concerns	No Concerns
○	○	○	○

PROF2: The student exhibits professionalism with respect to colleagues and team: reliable and prepared, cooperative, proactive.

Cannot Assess	Major Concerns	Minor Concerns	No Concerns
○	○	○	○

PROF3: The student exhibits professionalism with respect to other students: Serves as a positive role model.

Cannot Assess	Major Concerns	Minor Concerns	No Concerns
○	○	○	○

PROF4: The student exhibits professionalism with respect to self-improvement: Seeks, accepts and integrates feedback; self-aware of performance.

Cannot Assess	Major Concerns	Minor Concerns	No Concerns
○	○	○	○

COMP1: Rate this student's knowledge of common ambulatory conditions including pathophysiology and diagnosis.

Cannot Assess	Little Knowledge		Some Knowledge		Mostly Complete Knowledge Base		Good Level of Knowledge		Superb Level of Knowledge
○	○	○	○	○	○	○	○	○	○

COMP2: Rate this student's knowledge of the appropriate treatment(s) for common ambulatory diseases.

Cannot Assess	Little Knowledge		Some Knowledge		Mostly Complete Knowledge Base		Good Level of Knowledge		Superb Level of Knowledge
○	○	○	○	○	○	○	○	○	○

COMP3: Rate if this student knows appropriate use and limitations of common laboratory tests, diagnostic procedures, and imaging techniques.

Cannot Assess	Little Knowledge		Some Knowledge		Mostly Complete Knowledge Base		Good Level of Knowledge		Superb Level of Knowledge
○	○	○	○	○	○	○	○	○	○

COMP4: Rate this student's ability to elicit a focused history that is appropriate for most ambulatory encounters.

Cannot Assess	Unable to recall all elements		Poor information gathering		Some incomplete data gathering		Elicits a clinically relevant history		Consistently elicits subtle historical findings
○	○	○	○	○	○	○	○	○	○

COMP5: Rate this student's ability to perform a focused physical examination that is appropriate for ambulatory encounters.

Cannot Assess	Unable to recall all exam elements		Omits important exam elements		Omits minor exam elements		Conducts complete exam		Consistently performs all exam elements well
○	○	○	○	○	○	○	○	○	○

<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"/>
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COMP6: Rate this student's ability to accurately interpret findings from the history and physical examination.

Cannot Assess	Significant gaps in ability		Limited ability		Some ability		Good ability		Superb ability
<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"/>

COMP7: Rate this student's ability to formulate a differential diagnosis for ambulatory patients presenting with undiagnosed symptoms.

Cannot Assess	Significant gaps in ability		Limited ability		Some ability		Good ability		Superb ability
<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"/>

COMP8: Rate this student's verbal patient presentations.

Cannot Assess	Disorganized & unfocused with major omissions		Somewhat unfocused with minor omissions		Complete; mostly well-organized		Complete, well-organized		Complete, very well-organized, concise; tailored to clinical context
<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"/>

COMP9: Rate this student's written notes.

Cannot Assess	Disorganized & unfocused with major omissions		Somewhat unfocused with minor omissions		Complete; mostly well-organized		Complete, well-organized		Complete, very well-organized, concise; tailored to clinical context
<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"/>

COMP10: Rate this student's ability to communicate effectively with patients and families in both routine and complex cases.

Cannot Assess	Significant gaps in ability		Limited ability		Some ability		Good ability		Superb ability
<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"/>

COMP11: Rate this student's ability to communicate with patients who represent diverse cultures.

Cannot Assess	Ineffective		Effective w/ patients most like themselves but not w/ others		Effective w/ some patients from diverse groups		Effective w/ most patients from diverse groups		Effective w/ all patients, no matter the patient's background
<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"/>

COMP12: Rate this student's ability to critically evaluate and appropriately apply medical resources in practice.

Cannot Assess	Unable to access, critique, or apply information		Uses basic resources; critiques & applies information if prompted		Uses & critiques basic resources; can sometimes apply in practice		Uses & critiques diverse resources and applies in practice		Uses, critiques, & applies a broad set of resources to improve practice
<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"/>

COMP13: Rate this student's skill at appropriately protecting confidentiality according to HIPAA rules.

Cannot Assess	Does not understand importance; unaware of breaches		Understands importance; recognizes most breaches		Understands importance; recognizes & notes breaches		Understands importance; avoids breaches		Understands importance; promotes protection of confidentiality among others
<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"/>

XII. Recommended Texts/Videos/Resources:

There is no required textbook on this clerkship, but many resources are available on Blackboard. These include:

TEXTBOOKS AND JOURNALS:

A detailed list of helpful textbooks and journals is listed on our Blackboard site: (**Blackboard > Clerkship Documents > LECTURES, READINGS AND VIDEOS > READING AND OTHER RESOURCES > Recommended Reading**)

SELECTED REFERENCE LIST:

In addition, a selected list of evidence-based guidelines and evidence-based review articles on common conditions seen in family medicine is available at: **Blackboard > Clerkship Documents > LECTURES, READINGS AND VIDEOS > READING AND OTHER RESOURCES > Selected Reference List**

VIDEOS:

The following videos are available on **Blackboard > Clerkship Documents > LECTURES, READINGS AND VIDEOS > HELPFUL VIDEOS > How to Conduct Different Types of Ambulatory Visits:**

- How to Conduct a Checkup Visit
- How to Conduct a New Problem Visit
- How to Conduct a Chronic Illness Visit
- How to Conduct a Behavior Change Visit
- How to Conduct a Psychosocial Visit

CASE STUDIES:

The following case studies are available on **Blackboard > Clerkship Documents > Preparing for Exams > PREPARING FOR THE NATIONAL BOARD SUBJECT EXAM IN FAMILY MEDICINE > CLINICAL CASE STUDIES**

- Diabetes Mellitus
- Hypertension
- Hypercholesterolemia
- Asthma
- Checkup Visit
- Dyspepsia
- Dysuria
- Fatigue/Major Depressive Disorder

Recommended answers to questions on these case studies will be available on Blackboard during the third week of your clerkship.

SUGGESTIONS FOR STUDYING FOR THE NATIONAL BOARD OF MEDICAL EXAMINERS FAMILY MEDICINE CORE + CHRONIC EXAMINATION:

A detailed list of suggestions for studying for the National Board of Medical Examiners Family Medicine Core + Chronic Examination is available on our Blackboard site:

(Blackboard > Preparing for Exams > PREPARING FOR THE NATIONAL BOARD SUBJECT EXAM IN FAMILY MEDICINE > SUGGESTIONS ON HOW TO STUDY FOR THE NATIONAL BOARD SUBJECT EXAM IN FAMILY MEDICINE)

XIII. Policies and procedures:

Policies (edited 10-23-19)

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

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

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

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

Additional information may be found in the student handbook:

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

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

Policies: Table of Contents

Add/drop Policy:

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

Attendance / Participation and Absences:

Alternative Educational Site Request Procedure (Policy 28.1.10):

Blood Borne Pathogens (Standard Precautions Policy 26.3.06):

Clinical Supervision of Medical Students (Policy 28.1.08):

Code of Conduct:

Compact Between Teachers, Learners and Educational Staff:

Course Repeat Policy:

Direct Observation Policy (Policy 28.1.03):

Duty Hours Policy (Policy 28.1.04):

Educator Conflicts of Interest Policy (Policy 23.2.04)

Examinations Guidelines:

Grade Submission Policy (28.1.01):

Grading Guidelines:

Grade Verification and Grade Appeal Guidelines:

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

Learner Mistreatment Policy (23.2.02):

Midterm Feedback Policy (Policy 28.1.02):

Narrative Assessment Policy (Policy 28.1.11):

Patient Safety:

Policy Regarding Harassment, Discrimination and Retaliation (02.2.25):

Religious Holiday and Activity Absence Policy:

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

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):

Notice of Nondiscrimination:

Statement of Student Rights:

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

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

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.09

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

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

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

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

Alternative Educational Site Request Procedure (Policy 28.1.10):

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.10

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

Blood Borne Pathogens (Standard Precautions Policy 26.3.06):

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

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=26.3.06

Students are expected to provide the appropriate level of care to all patients while following standard precautions to prevent the spread of infectious diseases due to exposure to human blood or bodily fluid. In the event of an exposure: students should immediately inform their supervisor and should notify the BCM Occupational Health Program (“OHP”) at (713) 798-7880.

Please see guidelines and embedded links for additional information.

Clinical Supervision of Medical Students (Policy 28.1.08):

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.08

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

The level of responsibility delegated to a medical student by a supervising Health Professional must be appropriate to the medical student’s level of training, competence, and demonstrated ability.

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

Students must inform the supervising Health Professional or Clinical Course Director of concerns about levels of supervision.

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

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

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

Compact Between Teachers, Learners and Educational Staff: <https://www.bcm.edu/education/academic-faculty-affairs/academic-policies/compact>

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

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

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

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

Course Repeat Policy:

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.1.09

Direct Observation Policy (Policy 28.1.03):

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.03

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

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

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

Duty Hours Policy (Policy 28.1.04):

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

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

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

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

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

Educator Conflicts of Interest Policy (Policy 23.2.04)

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.2.04

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

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

This policy outlines how educators must avoid providing healthcare services to any learner that the educator must also teach, assess, or advise as a part of an BCM educational program.

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

- 1) Clerkships: report to the Clerkship Director
- 2) Courses: report to the Course Director
- 3) Other Issues: Associate Dean of Student Affairs or designee

Examinations Guidelines:

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

Grade Submission Policy (28.1.01):

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.01

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

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

Grading rubrics and graded components are determined by the individual course and course directors.

See other section(s) of the Course Overview Document for course-specific grading information.

Grade Verification and Grade Appeal Guidelines: <https://www.bcm.edu/education/schools/medical-school/md-program/student-handbook/academic-program/curriculum/examinations-and-grades>. See also *Student Appeals and Grievances Policy (23.1.08)*.

Grade Verification

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

Grade Appeal Application

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

1. *Mistreatment*. To prevail on this basis, the grade appeal must allege, and investigatory findings must demonstrate, that the grade was awarded based on factors other than academic or clinical performance, as outlined in the syllabus, or based on Mistreatment, such as discrimination.
2. *Deviation from Established Criteria or Guidelines*. To prevail on this basis, the grade appeal must allege, and investigatory findings must demonstrate, that the grade awarded was not calculated according to prior established guidelines set forth by the faculty and distributed to students.
3. *Calculation Error*. To prevail on this basis, the grade appeal must allege, and investigatory findings must demonstrate, that the grade awarded was calculated using false or erroneous information.

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.

See also information on Student Health in the student handbook:

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

Learner Mistreatment Policy (23.2.02):

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.2.02

In accordance with relevant BCM accreditation standards, BCM promotes a culture of respect between teacher and learner and works to ensure that the learning environment is free from conduct by faculty, staff, supervising residents, or others that could be reasonably interpreted by Learners as Mistreatment or other misconduct prohibited by BCM policies.

Mistreatment refers to behavior that demonstrates disrespect for a Learner and that creates a condition, circumstance, or environment that unreasonably interferes with the learning process.

Options for Reporting Learner Mistreatment:

Informal Reporting Mechanisms:

- a. Office of the Ombudsman. <https://www.bcm.edu/about-us/ombuds>
- b. Any School Official (Learner's choice)

Formal Reporting Mechanisms:

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

Midterm Feedback Policy (Policy 28.1.02):

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.02

All BCM Course Directors are responsible for ensuring that faculty members who teach, facilitate, or precept medical students provide verbal or written midterm feedback, including an overall evaluation of a student's progress towards completion of course requirements, in order to allow the student sufficient time for remediation.

Foundational Sciences:

Foundational science Course Directors provide mid-course feedback using a variety of formative examinations, sample questions with delayed release of answers, on-line examinations, homework assignments and laboratory practicums that occur early enough in each term that the student can take actions to remedy deficiencies.

The mid-course assessment method is documented in the course overview document which is created for every pre-clinical course by the course director and reviewed and approved by the Associate Dean of Undergraduate Medical Education.

Clinical Courses

Student Midterm Feedback Forms are reviewed by the mid-point of each clinical course by Course Directors and leaders to confirm that they are completed. Faculty members should identify deficiencies in clinical performance and/or completion of course objectives and work with the student to prepare an action plan to resolve any issues.

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

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

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

Narrative Assessment Policy (Policy 28.1.11):

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.11

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

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

Patient Safety:

Information for Reporting Patient Safety Incidents at BCM Affiliated Institutions:

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

Policy Regarding Harassment, Discrimination and Retaliation (02.2.25):

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=02.2.25

Religious Holiday and Activity Absence Policy: <https://www.bcm.edu/education/schools/medical-school/md-program/student-handbook/academic-program/attendance-and-absences/religious-holiday-and-activity-absence-policy>

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

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.2.01

The Baylor College of Medicine (BCM) is committed to the values of integrity, respect, teamwork, innovation, and excellence, and requires all BCM Learners to practice these values consistently during the completion of requirements for educational progression and performance of scholarly and professional duties.

Creating and sustaining an environment reflective of BCM values is the responsibility of every individual at BCM.

This policy outlines the expectations of academic honesty and integrity; professionalism issues relating to alcohol and substance abuse; expectations for proper management of social media and internet use along with use of BCM resources; options for reporting lapses in professionalism against learners.

Reporting Breaches in Professional Behavior:

Learners may report alleged violations of this policy through the Integrity Hotline either by calling the toll-free Hotline number (855-764-7292) or by accessing the Integrity Hotline website (www.bcm.ethicspoint.com).

Sexual Misconduct and Other Prohibited Conduct Policy (02.2.26):

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=02.2.26

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

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

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

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

Student Appeals and Grievances Policy (23.1.08):

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.1.08

When possible, students are encouraged to seek resolution of Informal Grievances through direct communication with the individual involved This may be facilitated by the BCM Ombudsman.

Formal Grievances are reported through the Integrity Hotline: (855) 764-7292 or <https://secure.ethicspoint.com/domain/media/en/gui/35125/index.html>

Grade Appeal Procedure: Students must file an Appeal through the Integrity Hotline within 10 calendar days of the grade's posting in the student portal.

Adverse Academic Action Appeal Procedure: A student must Appeal an adverse academic action in writing through the Integrity Hotline within 10 calendar days of the issuance of the notice of action by the Student Promotions Committee or Program Director.

Student Disability Policy (23.1.07):

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.1.07

Baylor College of Medicine (BCM) is committed to providing equal educational access for qualified students with disabilities in accordance with state and federal laws including the Americans with Disabilities Act of 1990, as amended in 2008, and Section 504 of the Rehabilitation Act of 1973.

To effectuate equal access for students with disabilities, this policy formalizes BCM criteria for requesting reasonable accommodations, defines parameters for consideration of such requests, and outlines procedures for appeal.

Student Progression and Adverse Action Policy (Policy 28.1.05):

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.05

This policy explains the disciplinary role of the MD Committee on Student Promotion and Academic Achievement.

The policy defines "Adverse Action" and details student's rights specific to each type of action.

The policy outlines the appeal of adverse action procedure.

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

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

XIV. Advice and Instructions for Clerkship Standardized Patient Encounter (SPE):

On the last Wednesday morning of the clerkship, you will take the FCM Clerkship Standardized Patient Examination which includes one 20-minute encounter with a standardized patient. In this encounter, you will perform a focused history and physical and discuss the management plan. The purpose of the examination is to assess how well you can conduct this encounter using the approaches discussed in the Handling Different Types of Ambulatory Encounters seminar on the first day.

After this encounter, you will leave the room and have 8 minutes to answer additional questions about the clinical management of that patient on a laptop computer in the hallway. (Your answers to these questions do count as part of your exam grade.)

Five documents that give you instructions for our Clerkship Standardized Patient Encounters (SPEs) and suggestions on how to prepare for them are available on our Blackboard site:

(Blackboard > Preparing for Exams > PREPARING FOR THE STANDARDIZED PATIENT EXAMINATION)

In addition, information about the Standardized Patient Program is available at: **(Blackboard > Standardized Patient Program > General SP Exam Information for Clerkships)**

XV. Interprofessional Education

Interprofessional Education (IPE), defined as learning about, with or from other disciplines, is an important part of the BCM curriculum.

At some preceptor sites, you will work with other health professions students.

In this course, more formal IPE activities are currently under consideration.

XVI. Frequently Asked Questions:

1. **What do I do if I can't make it in one day?**
 - a. Please contact your preceptor to report your absence.
 - b. Please also email Ms. Elvira Ruiz (eruiz@bcm.edu) to report your absence.

c. For excused absences (e. g. – presenting a poster at a national meeting) or any other potential planned absence that does not meet the requirement for an excused absence, please also contact the Clerkship Director in advance.

2. What counts towards my 80 hour work week?

The time spent in clinical care activity with your preceptor.

3. Should I go to Grand Rounds?

You are welcome to attend Grand Rounds, but your attendance is not required.

The Department of Family and Community Medicine Grand Rounds occur on one Tuesday evening per month at our department office, 3701 Kirby, 6th floor. We will inform you of the topic and time for Grand Rounds for your rotation.

4. What should I do I have been mistreated but I don't feel comfortable reporting it?

Please see section XIII. Policies and Procedures, Reporting Mistreatment and Breaches in Professional Behavior in this Overview Document.

- Students should report all mistreatment to the Integrity Hotline at 855 764-7294 or go to the Integrity Hotline Web Portal: <https://secure.ethicspoint.com/domain/media/en/gui/35125/index.html>
- For more information see the student handbook available at: <https://www.bcm.edu/education/academic-faculty-affairs/student-services/student-grievances>

If you are comfortable sharing your concern, we also encourage you to discuss it with:

- The Associate Dean for Student Affairs (Dr. Joseph Kass) or the Assistant Deans for Student Affairs (Dr. Lee Poythress or Dr. Andrea Stolar) or
- The Family and Community Medicine Clerkship Director (Dr. William Huang) or the Chair of the Department of Family and Community Medicine (Dr. Roger Zoorob) or
- The BCM Office of the Ombudsman at ombudsoffice@bcm.edu or (713) 798-5039

We encourage you to report concerns of mistreatment to one of these individuals so that your concerns may be investigated and appropriate action can be taken as needed.

Appendix 1: E*Value Direct Observation: Instructions for Students

E*Value Direct Observation: Instructions for Students

During this clerkship, we ask that you launch one (1) **Direct Observation form** to faculty who have observed you performing **any part** of a history and/or physical examination. You can launch the direct observation form directly from your phone or tablet following the directions below.

1. Search for e-value.net on a web browser (Safari, Google, etc.). There is not an app for E*Value.
2. Login manually using your E*Value login and password, select the correct program; click continue.
3. Select your CURRENT Core Clerkship for Program (**BCM, Core Clerkship-XX** (screen shot #1))
4. Choose Ad Hoc from the choices on the screen (screen shot #2)
5. On the next screen complete the following: (screen shot #3)
 - a. Select an Evaluation type: **Who Observed You?**
 - b. Who would you like to evaluate you?: (Not Applicable)
 - c. Activity: **Direct Observation**
 - d. Time Frame: **AD HOC, Term XX** (choose the appropriate month for the rotation you are taking).
 - e. Click **Next→**
6. To select the name of the person who observed you, (screen shot #4)
 - 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**
7. You will see a message that says **Thank you for completing this evaluation.** (screen shot #5)
8. Your instructor should immediately receive an email (which looks like it came from the clerkship coordinator) with a direct link to the form.

Screen Shot #1

Screen Shot #2

Screen Shot #3

Screen Shot #4

Screen Shot #5

