

**Baylor College of Medicine
Department of Otolaryngology – Head & Neck
Surgery**



Clinical Course Overview Document

Revised 12-27-2021

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I. Introduction and Overview

The clinical selective and elective rotations in Otolaryngology – Head & Neck Surgery are designed to provide medical students with an exposure to the field through lectures and clinical experiences over the course of the two and four week rotations.

Students will receive an informational email from the program coordinator outlining site-specific instructions.

II. Clinical Sites and Contact Information

Selective/Elective Coordinator	Berenice Ackman	berenice.ackman@bcm.edu 713-798-4646	1977 Butler Blvd. 5 th Floor E5.200
Selective/Elective Director	Meha G. Fox, MD	Meha.fox@bcm.edu	1977 Butler Blvd. 5 th Floor E5.200
Associate Selective/Elective Directors	Angela Peng, MD Sunthosh Sivam, MD	Angela.peng@bcm.edu Sunthosh.Sivam@bcm.edu	1977 Butler Blvd. 5 th Floor E5.200

• Clinical Sites & Supervising Attendings

Site	Site Directors	Contact	Helpful Info
Ben Taub General Hospital	Angela Haskins, MD David Hernandez, MD	Angela.Haskins@bcm.edu David.Hernandez@bcm.edu	BT ENT Clinic (3rd floor BT tower) 713-873-3319 OR Front desk 713-873-2700
Michael E DeBakey VA	Tran Locke, MD, Vlad Sandulache, MD, PhD	Tran.Locke@bcm.edu vlad.sandulache@bcm.edu	ENT Clinic (2nd floor) 713-791-1414 x24305 OR Front desk 713-794-7519
Texas Children's Hospital	Matthew Sitton, MD Tara Rosenberg, MD	mssitton@texaschildrens.org Tara.Roseberg@bcm.edu	Linda Mayfield Surgery Academic Office 3rd Floor West Towers
Baylor St. Luke's Medical Center	Meha Fox, MD Sunthosh Sivam, MD	Meha.Fox@bcm.edu Sunthosh.Sivam@bcm.edu	Clinic: 1977 Butler Blvd, 5th floor

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.

• Specialty Specific Mentors

For students interested in Otolaryngology-Head and Neck Surgery residency, please feel free to contact the faculty listed below. This contact information can also be found on the COSA Blackboard Organization: look under Student Affairs heading on the left hand menu and scroll down to Specialty Specific Mentors. BCM students should also be aware of the Otolaryngology-Head and Neck Surgery Student Interest Group.

Faculty Name	E-mail Address
Angela Haskins, MD	angela.haskins@bcm.edu
Amy Dimachkieh, MD	amy.dimachkieh.@bcm.edu

• Clinical Site Study Space, Storage Space, and Lounge Space

Site	Study Space	Secure Storage Space	Lounge Space
Ben Taub General Hospital	Staff Lounge 546	Ben Taub Tower 5 th Floor, ENT Team Room 535	Staff Lounge 546
Michael E Debakey VA	Resident Office 2A-215	Resident Office 2A-215	Resident Office 2A-215
Texas Children's Hospital	3rd Floor Main OR Lounge	3rd Floor Main OR Lounge	3rd Floor Main OR Lounge
Baylor St. Luke's Medical Center	Y346 (near Yellow Elevators)	Y346 (near Yellow Elevators)	Y346 (near Yellow Elevators)

- **Safety Escort**

Student Escorts within the TMC Campus

The Texas Medical Center Police Department is available 24/7 for those students who have a legitimate fear that would prevent a student from feeling safe while crossing the TMC campus.

Safety Escorts: The purpose of this escort is to provide a measure of safety for those students that are uncomfortable, fearful or uneasy about walking alone on campus. The Safety Escort is not intended to replace existing transportation services such as the Campus Shuttles, for inclement weather or to discourage individuals from walking in groups, but a safety option for those that have a genuine concern for their personal safety.

For a Safety Escort call 713-795-0000

III. Otolaryngology Selective & Elective Program Courses

MCOTO-200	Otolaryngology Selective – 2 weeks
MEOTO-200	Otolaryngology Elective – 2 weeks – Baylor St. Luke's Medical Center, Jamail Clinic
MEOTO-503	Clinical Otolaryngology – Head & Neck Surgery Elective – 4 weeks
MEOTO-511	Head & Neck Surgery Elective at MD Anderson – 4 weeks
https://www.bcm.edu/departments/osa/web_electives/department.cfm?dept_no=%25%3C%25QP%3A6%24%20%0A&ctype=%21%23%20%20%20%0A	

IV. Student Roles, Responsibilities and Activities

- **Before the rotation begins**
 - Students will be notified by the course coordinator as to which hospital site they are assigned prior to the start date of the rotation.
 - Students are responsible for obtaining necessary identification, badges, computer access prior to the first day of the rotation.

Contact Information:

Ben Taub General Hospital: MedicalStaffServices@harrishealth.org

Michael E. Debakey: Carol Young 713.794.8737 Carol.Young@va.com

Texas Children's Hospital: Linda Mayfield 832.826.5779 ljmayfie@texaschildrens.org

Baylor St. Luke's Medical Center:

○ **Roles and Responsibilities**

- Students will be assigned to a team at each hospital site. They will accompany their team to the operating room as well as to the clinic. They will participate in all surgical and clinical activities during the rotation.
- Students will perform focused history and physical examinations pertinent to otolaryngology and the patients' chief complaint. They will present their H&P to senior level residents and attending physicians.
- By the end of the rotation, students must demonstrate the ability to perform a complete head and neck physical examination using equipment available to a primary care practitioner (e.g. flashlight, tongue blades, otoscope).
- Selective students (MCOTO200) must also demonstrate the interpretation of an audiogram.
- Students are expected to function as a member of the health care team in the operating room as well as in the clinic. Students will be informed by their supervising residents or attendings of the week's scheduled surgical cases. Students will be expected to prepare for the operating room by reviewing pertinent head and neck anatomy that has been taught during gross anatomy and is relevant to the scheduled case. Students are expected to be familiar with the disease process being treated during elective cases.
- Students are expected to understand the risk factors for head and neck cancer including tobacco use and HPV and recognize early signs that should prompt a referral to an otolaryngologist-head and neck surgeon.
- Students should be familiar with typical clinical presentations, key physical exam findings, differential diagnosis, initial treatment, and referral indications for common otolaryngological diseases:
 - Acute otitis media
 - Serous otitis media
 - Otitis externa
 - Tympanic membrane perforation
 - Cerumen impaction
 - Conductive hearing loss
 - Sensorineural hearing loss
 - Vertigo
 - Nasal septal deviation
 - Epistaxis
 - Sinusitis
 - Allergic rhinitis
 - Tonsillitis
 - TMJ arthritis
 - Thyroid nodule
 - Neck mass
 - Upper aerodigestive tract malignancy

MCOTO-200 – Selective (2-week)

- The selective rotation in Otolaryngology – Head and Neck Surgery is designed to provide exposure to the field of Otolaryngology as well as provide medical students with the knowledge and skills

needed to assess and address common otolaryngologic issues that frequently present to the primary care physician.

- During the rotation students will round with the resident team in the morning. He/She/They will then go to the operating room or the clinic. On average, the student will spend half of his/her/their time in the operating room and half in the clinic. After surgery or clinic is done, the student will participate in evening rounds or evaluating new inpatient consultation patients.
- Students will be assigned to one of three clinical sites for their two-week rotation:
 - Ben Taub General Hospital
 - Michael E. DeBakey Veterans Affairs Medical Center
 - Texas Children's Hospital
- These clinical settings represent General Otolaryngology – Head and Neck Surgery practices and will provide access to a wide range of clinical and surgical experiences. Students will also have access to the residents and faculty members assigned to these hospitals.
- Course prerequisites: None.
- Students must complete the following clinical experience form.

Otolaryngology – Head & Neck Surgery Passport

Student:			Student signature:		
Clerkship: Otolaryngology Selective			Term:		
Patient or Clinical condition	Clinical experience	Level of Student Responsibility	Faculty or Chief Resident Observer	Feedback for Improvement and/or Action Plan	
Any ENT patient	Evaluation of patient (History, Head & Neck Physical Exam)	Perform	Initials:		
ENT patient	Head & neck endoscopy (flexible laryngoscopy, direct laryngoscopy, or nasal endoscopy, etc)	Observe	Initials:		
Patient with tracheostomy tube	Physical exam	Perform	Initials:		
Hearing loss	Interpret audiogram	Perform	Initials:		

It is the student's responsibility to turn the passport in to Ms. Trevino at the end of their selective rotation. This can be done either in person to the Academic office or by scanned email attachment.

If the student is not able to complete any of the clinical experiences during the 2 week selective, alternative learning methods will be offered/ required.

Sample schedule

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
7:00-8:00	Lecture	Lecture	Lecture	Lecture	Lecture	No duties
8 :30	Report to Clinic	OR	Clinic	OR	Clinic	
8:30-5pm	Clinic	OR	Clinic	Noon: MS2s: CABS MS3s: DDASH	Clinic	
4-6pm	Finish rounds with team	Finish rounds with team	Finish rounds with team	MS2s: CABS MS3s: DDASH	Finish rounds with team	

○ **Lectures and Quiz**

- Students will have 11 lectures covering various otolaryngology topics that are available to be viewed online through the Blackboard application
- Viewing this material is mandatory and will be monitored. Failure to complete all lectures will result in an incomplete grade
- It is recommended that the students watch these lectures during their allotted 7am-8am lecture time.
- There is no quiz for this selective rotation. There is an attestation to complete on BlackBoard.

○ **Call Requirement**

- Students are not expected to take call during this rotation

○ **Course Schedule**

- The selective rotation is two weeks in duration. Students are to be present for clinical and surgical activities Monday through Friday. They are not expected to be present on weekends.
- Students are invited but are not required to attend any departmental didactic lectures, grand rounds, or academic activities while on rotation.
- Students are expected to arrive to their clinical site each day promptly after their allotted 7am-8am lecture time. It is understood that students traveling to the VA should arrive no later than 8:45 am. Students assigned to BTGH should arrive no later than 8:30 am

- Students will be dismissed daily by their assigned team once the daily operative and clinical responsibilities are completed.
- Student rotations will follow BCM policies for work hour restrictions. Duty hours must be limited to an average of 80 hours per week over a four-week period, with at least 10 hours off between scheduled duties. Any violations of work hours should ideally be reported in real-time to the selective coordinator and director (evelyn.trevino@bcm.edu, meha.fox@bcm.edu) to remedy issues.
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.04

MEOTO-200 – Otolaryngology Elective – BSLMC -2-week

- This elective is an introduction to clinical Otolaryngology-Head & Neck Surgery. Students will spend two weeks at Baylor St. Luke's Medical Center (in the OR, rounding and seeing consults) and with the faculty in clinic at Jamail Specialty Center acquainting themselves with diagnostic investigation and understanding the thought process involved in treatment decisions as well as the basic mechanism of otolaryngological disease.
- These clinical settings represent all facets of Otolaryngology – Head and Neck Surgery practices and will provide access to a wide range of clinical and surgical experiences.
- Students will be an integral part of the Otolaryngology-Head and Neck Surgery team at Baylor St. Luke's Medical Center. They will be involved in morning rounds, the operative case load, and clinic. They will participate in all surgical and clinical activities during the rotation.
- Students will perform focused history and physical examinations pertinent to otolaryngology and the patients' chief complaint. They will present their H&P to senior level residents and attending physicians.
- Students are expected to function as a member of the health care team in the operating room as well as in the clinic. Students will be informed by their supervising residents or attendings of the week's scheduled surgical cases. Students will be expected to prepare for the operating room by reviewing pertinent head and neck anatomy that has been taught during gross anatomy and is relevant to the scheduled case. Students are expected to be familiar with the disease process being treated during cases.
- Course prerequisites: None.
- **Lectures and Quiz**
 - Students are expected to attend resident didactic lecture on Monday afternoon from 4:30 – 6:30 PM and departmental grand rounds on Thursday morning from 7:00 – 8:00 AM.
 - There is no quiz for this elective rotation.
- **Call Requirement**
 - Students are not expected to take call during this rotation.
- **Course Schedule**
 - The elective rotation is two weeks in duration. Students are expected to arrive to their clinical site each day promptly for morning rounds. The reporting time will be provided by senior level residents. Students are expected to round one day over the weekend with the resident team.
 - Students will be dismissed daily by their assigned team once the daily operative and clinical responsibilities are completed.
 - Student rotations will follow BCM policies for work hour restrictions. Duty hours must be limited to an average of 80 hours per week over a four-week period, with at least 10 hours off between scheduled duties. Any violations of work hours should ideally be reported in

real-time to the elective coordinator and director (evelyn.trevino@bcm.edu, meha.fox@bcm.edu) to remedy issues.
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.04

Weekly Schedule

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
AM	OR	OR/Jamail clinic (Flexible)	Clinic with Dr. Sivam	Clinic/OR (Flexible)	OR with Dr. Fox	Round one day over the weekend
PM	OR	OR/Jamail clinic (Flexible)	Clinic with Dr. Sivam	Clinic/OR (Flexible)	OR with Dr. Fox	

MEOTO-503 – Clinical Otolaryngology Elective (BCM & Visiting Students) - 4 week

- This elective is an introduction to clinical otolaryngology. Students will spend four weeks at Baylor St. Luke's Medical Center, Texas Children's Hospital and Ben Taub General Hospital in the otolaryngology residency program acquainting themselves with the logic of diagnostic investigation and understanding the thought process involved in treatment decisions as well as the basic mechanisms of otolaryngologic diseases.
- During the rotation students will have the opportunity to work in both the operating room and the outpatient clinic setting to experience the variety of problems that are evaluated and treated by otolaryngologists and will gain exposure to the knowledge and skills required to manage acute and chronic ENT problems. Students will also take one facial trauma overnight call and one overnight call at BSLMC/TCH with the residents (2 total calls over 4 weeks).
- Students will rotate with all three clinical sites for their four-week rotation:
 - Baylor St. Luke's Medical Center (2 weeks)
 - Texas Children's Hospital (1 week)
 - Ben Taub General Hospital (0-1 week)
 - Michael E. DeBakey Veterans Affairs Hospital (0-1 week)
- These clinical settings represent General Otolaryngology – Head and Neck Surgery practices and will provide access to a wide range of clinical and surgical experiences. Students will also have access to the residents and faculty members assigned to these hospitals.
- Course prerequisites: Medicine and Surgery Core Clerkships
- On this rotation, students are expected to function at the level of a beginning intern. They will work with the resident team at each of the sites to support the inpatient team with rounding on inpatients, seeing inpatient consults, participating in clinic, and assisting in the operating room.

- Students are expected to attend daily morning report with the chief resident on the service. During this meeting, the chief residents present all inpatient admissions, consultations, and surgical cases to the faculty in attendance.
- Students are expected to attend resident didactic lecture on Monday afternoon from 4:30 – 6:30 PM and departmental grand rounds on Thursday morning from 7:00 – 8:00 AM.
- Students are expected to round with the resident team one day per weekend and to take one facial trauma call and one call at BSLMC/TCH over the course of their 4-week rotation.
- Students are expected to give a 10-minute presentation at morning report over an otolaryngic topic of their choice during the last week of their rotation. Students should seek input from faculty and residents on relevant topics and presentation.
- Students will be dismissed daily by their assigned team once the daily operative and clinical responsibilities are completed.
- Student rotations will follow BCM policies for work hour restrictions. Duty hours must be limited to an average of 80 hours per week over a four-week period, with at least 10 hours off between scheduled duties. Any violations of work hours should ideally be reported in real-time to the selective coordinator and director (evelyn.trevino@bcm.edu, meha.fox@bcm.edu) to remedy issues.
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.04

MEOTO-511 – Head & Neck Surgery at MD Anderson - 4 week

- The head and neck surgical oncology elective at MD Anderson will introduce medical students to the subspecialty field of head and neck surgery. Students will learn about history taking, physical examination, and treatment decision-making used to provide comprehensive cancer care to the head and neck cancer patient. Students will participate as assistants in the operating room under the constant supervision of a full time attending. The rotation will provide students with the ability to learn about multidisciplinary care for patients with head and neck cancer.
- Students will gain hands-on experience as assistants in the operating room. They will also learn about care of head and neck cancer patients through clinic and inpatient rounding. The students are required to attend two formal lectures weekly related to head and neck oncology. Didactic instructions are given by senior staff. Applied anatomy is included within these lectures. Morbidity/mortality conferences are held monthly, and clinic-pathological discussions are also scheduled routinely.
- Students will rotate at MD Anderson during their four-week rotation.
- Course prerequisites: Medicine and Surgery Core Clerkships, MEOTO 503 elective.
- On this rotation, students are expected to function at the level of a beginning intern. They will work with the resident team at each of the sites to support the inpatient team with rounding on inpatients, seeing inpatient consults, participating in clinic, and assisting in the operating room.

- Sample required activities schedule:
6am Inpatient rounds with team
7:30am-6:30pm OR alternating with clinic

Wed 7-8am Didactic lecture
Wed 4:30-6pm Tumor Board
- Students are expected to round with the house staff (residents and/or fellow) one day per weekend.
- Students will be dismissed daily by their assigned team once the daily operative and clinical responsibilities are completed.
- Student rotations will follow BCM policies for work hour restrictions. Duty hours must be limited to an average of 80 hours per week over a four-week period, with at least 10 hours off between scheduled duties. Any violations of work hours should ideally be reported in real-time to the selective coordinator and director (evelyn.trevino@bcm.edu, meha.fox@bcm.edu) to remedy issues.
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.04

V. Grades

MCOTO 200-Otolaryngology Selective-2 week

- **Lecture Attendance**
 - The student must have viewed all lectures through the Blackboard Application to receive their final grade. Failure to do so will result in an incomplete grade.
- **Clinical Performance**
 - The student will be evaluated by the site attendings and house staff at the end of the rotation using the standard evaluation form for clinical rotations from the College of Medicine through the E*Value application. Students will be asked to designate the faculty and/or residents with whom they worked and would like to complete their evaluation(s) via E*Value.
 - The clinical performance consists of 10 items, each on a 9 point scale which are averaged across all evaluators to give a final score.
 - The clinical performance grade will be assessed using the following scale:

• Honors	7.65 – 9.00
• High Pass	6.00 – 7.64
• Pass	5.00 – 5.99
• Marginal Pass	3.00 – 4.99
• Fail	1.00 – 2.00
- **Final Grade**

- The student will receive a final grade of Honors, High Pass, Pass, Marginal Pass, or Fail based upon their clinical evaluation 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. Students can fail based on professionalism alone.
- The student may verify or dispute their final grade based upon the policy delineated in the Grade Verification section.
- Grades will be administered in a timely fashion in accordance with the policies of Baylor College of Medicine.

*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 course.

MEOTO-200 – Otolaryngology Elective – BSLMC -2-week

○ Lecture Attendance

- No current lecture requirement

○ Clinical Performance

- The student will be evaluated by the site attendings and house staff at the end of the rotation using the standard evaluation form for clinical rotations from the College of Medicine through the E*Value application.
- The clinical performance consists of 10 items, each on a 9 point scale which are averaged across all evaluators to give a final score.
- The clinical performance grade will be assessed using the following scale:

• Honors	7.65 – 9.00
• High Pass	6.00 – 7.64
• Pass	5.00 – 5.99
• Marginal Pass	3.00 – 4.99
• Fail	1.00 – 2.00

○ Final Grade

- 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. Students can fail based on professionalism alone.
- The student may verify or dispute their final grade based upon the policy delineated in the Grade Verification section.

- Grades will be administered in a timely fashion in accordance with the policies of Baylor College of Medicine.

*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 course.

MEOTO 503, 511 - Otolaryngology Electives - 4 week

○ Clinical Performance

- Cumulative feedback regarding student clinical performance will be gathered from faculty and house staff. The standard evaluation form for clinical rotations from the College of Medicine through the E*Value application will be used to assign the final grade.
- MEOTO 511: 90% of the grade is determined based on clinical performance evaluation as listed above. 10% of the grade is determined based on attendance of didactics.

Baylor College of Medicine

CLINICAL ELECTIVES PROGRAM

Evaluator: Sunthosh Sivam - Faculty **Subject:**
Activity:  MEOTO-200 Otolaryngology - 2 week **Site:** Baylor College of Medicine
Evaluation Type: Student Performance **Completion Date:** 05/20/2021
Request Date: 04/22/2021
Period: Week 20, 2020-2021 (Apr. 12 to Apr. 23) **Dates of Activity:** 04/12/2021 To 04/23/2021
Subject Participation Dates: 04/12/2021 To 04/23/2021

Clinical Elective Student Performance Assessment

BCM prohibits educational assessment of student performance by instructors who have a Conflict of Interest related to the student. Such Conflicts of Interest may include but are not limited to provision of health services by you to the student, immediate or extended family relationships with the student, personal and/or social relationships with the student or the student's family members, or business and/or financial relationships with the student or the student's family members. Further information is available in the [BCM Educator Conflicts of Interest Policy](#).

NOTE: If you select YES below, do NOT assess this student. Close this form and click **SUSPEND**.

Do you have a Conflict of Interest related to this student?

(Question 1 of 17 - Mandatory)

Selection	Option
☒	No – I do NOT have a Conflict of Interest (proceed with this form)
☐	Yes – I have a Conflict of Interest (do NOT assess this student, close this form and click the SUSPEND button)

Please submit only ONE evaluation per student. Aggregate multiple evaluations into ONE final form, if necessary.

Please indicate whether this form is for ONE EVALUATOR or a composite from MULTIPLE EVALUATORS (select one).
(Question 2 of 17 - Mandatory)

Selection	Option
☐	This evaluation is from one evaluator.
☒	This evaluation combines results from more than one evaluator.

Please assess this student's PROFESSIONALISM overall (select one). (Question 3 of 17 - Mandatory)

Not Observed/No Data	Area of Concern	Area for Development	No Deficiencies Noted	Displays Excellence
0	1	2	3	>> 4 <<

Please comment on this student's PROFESSIONALISM strengths. (Question 4 of 17)

Please comment on this student's areas for improvement in PROFESSIONALISM. (Question 5 of 17)



Please assess this student's MEDICAL KNOWLEDGE overall (select one). (Question 6 of 17 - Mandatory)

Not Observed/No Data	Area of Concern	Area for Development	Displays Competence	Displays Excellence
0	1	2	3	>> 4 <<

Please comment on this student's MEDICAL KNOWLEDGE strengths. (Question 7 of 17)

Please comment on this student's areas for improvement in MEDICAL KNOWLEDGE. (Question 8 of 17)

Please assess this student's PATIENT CARE overall (select one). (Question 9 of 17 - Mandatory)

Not Observed/No Data	Area of Concern	Area for Development	Displays Competence	Displays Excellence
0	1	2	3	>> 4 <<

Please comment on this student's PATIENT CARE strengths. (Question 10 of 17)

Please comment on this student's areas for improvement in PATIENT CARE. (Question 11 of 17)

Please assess this student's **COMMUNICATION** overall (select one). *(Question 12 of 17 - Mandatory)*

Not Observed/No Data	Area of Concern	Area for Development	Displays Competence	Displays Excellence
0	1	2	3	>> 4 <<

Please comment on this student's **COMMUNICATION** strengths. *(Question 13 of 17)*

Please comment on this student's areas for improvement in **COMMUNICATION**. *(Question 14 of 17)*

Please provide constructive feedback for this student about **HOW TO DEVELOP FURTHER AND/OR DISCUSS AREAS FOR IMPROVEMENT IN OVERALL PERFORMANCE**. (Competencies: professionalism, medical knowledge, patient care, interpersonal and communication skills, practice-based learning and improvement, system-based practice, leadership). *(Question 15 of 17 - Mandatory)*

No areas of concern by any evaluators.

Please comment on any **NOTABLE STRENGTHS DEMONSTRATED BY THE STUDENT OVERALL**. (Competencies: professionalism, medical knowledge, patient care, interpersonal and communication skills, practice-based learning and improvement, system-based practice, leadership). *(Question 16 of 17 - Mandatory)*

Recommend **FINAL GRADE** for this elective (select one). *(Question 17 of 17 - Mandatory)*

Fail	Marginal Pass	Pass	High Pass	Honors
1	2	3	4	>> 5 <<

- a. Formal and informal feedback can be provided during the rotation by house staff and supervising attendings. Students are encouraged to seek out feedback throughout their rotation. Students will receive mid-term feedback with a site director one week into the rotation. At this time, students are expected to review their progress on the Passport with the site director.
- b. Formal evaluations will be based on feedback solicited by the site-specific supervising attendings, from the house staff, and other clinical faculty who have worked with the students throughout the rotation.
- c. The students will self-select the faculty and residents they worked with the most through E*Value
- d. Students will be able to evaluate the course, site faculty, and residents confidentially through the E*Value system

PROF1: Do you have any concerns about this student's professionalism (e.g. fulfills responsibilities; demonstrates respect toward patients, physicians and ancillary staff; accepts and integrates feedback)?

No	Yes
☐	☐

PROF2: Please provide specific comments regarding professional behavior (either serious concerns requiring remediation or exemplary behavior).

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COMP1: Rate this student's knowledge of pathophysiology and diagnosis of diseases common to the patients seen in your specialty.

[illegible]

COMP2: Rate this student's knowledge of the appropriate treatment(s) for common diseases of the patients seen in your specialty.

[illegible]

COMP3: Rate if this student knows how to choose proper laboratory tests, diagnostic procedures, and imaging techniques related to the patient's encounter.

[illegible]

COMP4: Rate *this student's* ability to elicit a focused history that is appropriate for encounters on this selective.

[illegible]

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

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
○	○	○	○	○	○	○	○	○	○

COMP6: Rate this student's ability to accurately interpret findings from the history, physical examination, and diagnostic studies.

Cannot Assess	Significant gaps in ability		Limited ability		Some ability		Good ability		Superb ability
○	○	○	○	○	○	○	○	○	○

COMP7: Rate this student's ability to prioritize problems and to formulate a problem list on this selective.

Cannot Assess	Significant gaps in ability		Limited ability		Some ability		Good ability		Superb ability
○	○	○	○	○	○	○	○	○	○

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
○	○	○	○	○	○	○	○	○	○

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
○	○	○	○	○	○	○	○	○	○

COMP10: The student identifies indications, demonstrates knowledge of steps, and performs basic procedural skills in the selective.

Cannot Assess	Little knowledge about or skill with procedures		Some knowledge about or skill with procedures		Mostly complete knowledge about procedures, skill adequate		Good level of knowledge about procedures; strong skills		Superb level of knowledge about procedures; advanced skills
○	○	○	○	○	○	○	○	○	○

MEOTO 200, 503, 511-Otolaryngology Electives

- Formal and informal feedback can be provided during the rotation by house staff and supervising attendings. Students are encouraged to seek out feedback throughout their rotation. Students will receive mid-term feedback with a site director one week (MEOTO 200) or two weeks (MEOTO 503, 511) into the rotation.
- Formal evaluations will be based on feedback solicited by the site-specific supervising attendings, from the house staff, and other clinical faculty who have worked with the students throughout the rotation.

VII. You Said, We Did:

Evaluation Year	YOU SAID:	WE DID:
2018	"Would have liked to have selective site options available before one week prior to starting elective"	Our coordinator, Evelyn Trevino, is soliciting selective site requests more than two weeks in advance
2019	"Expectations for inpatient consultations are unclear"	Worked with TCH site directors and TCH chief resident to better guide students on these days
2019	"Lack of longitudinal feedback at the VA"	Chief residents are present during the duration of your rotation and have been asked to prioritize providing more longitudinal feedback
2020 (MEOTO 200)	"Need to define expectations of the rotation"	COD was modified to better articulate objectives and expectations.

VIII. Recommended Educational Resources

- Pasha, Raza, Golub, Justin S. Otolaryngology – Head and Neck Surgery : Clinical Reference Guide. San Diego, CA: Plural publishing. 2013
- <https://www.entnet.org/sites/default/files/Oto-Primary-Care-WEB.pdf>
- Scholes, Melissa A, Ramakrishnan, Vijay R. ENT Secrets. Philadelphia, PA: Elsevier. 2016.
- Lalwani, Anil. Current Diagnosis & Treatment Otolaryngology – Head and Neck Surgery, 3rd Edition. New York City, NY: McGraw Hill. 2012
- Bailey, Byron J. Atlas of Head & Neck Surgery - Otolaryngology. Philadelphia, PA: Lipincott Williams & Wilkins. 2001
- One open access reference can be found here:

https://urldefense.proofpoint.com/v2/url?u=http-3A__www.entdev.uct.ac.za_guides_open-2Daccess-2Datlas-2Dof-2Dotolaryngology-2Dhead-2Dneck-2Doperative-2Dsurgery_&d=DwlGaQ&c=ZQs-KZ8oxEw0p81sggiaRA&r=8bXbaL6iQr4GSEMyeAx0RA&m=IBeXSXupplFegCc8iOyVzFPz6HaE_EZ8p

IX. 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 supports both learners and teachers. This Compact serves both as a pledge and a reminder to teachers, learners, and educational staff that moral, ethical and professional behavior by all BCM personnel is essential to the basic principles of this institution.

Guiding Principles of the Educational Compact

DUTY

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

INTEGRITY

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

RESPECT

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

As a teacher, I pledge to:

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

As a learner, I pledge to:

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

X. BCM Core Competencies and Graduation Goals (CCGGs)

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

XI. Selective and Elective Objectives Mapped to BCM CCGGs (and modes of assessment)

BCM CCGGs	Related Selective Objective	Perform/Assist/Observe	Mode of Assessment	
			Formative	Summative
2.1	Describe the anatomy of the head and neck.	Clinical - Perform	✓	
3.3, 3.5	Perform a head and neck examination using equipment available to a primary care practitioner (e.g. flashlight, tongue blade, and otoscope).	Clinical - Perform	✓	
3.3, 3.5	Perform an ear examination including tympanometry and interpretation of an audiogram.	Clinical - Perform	✓	

2.1, 2.2, 2.3, 3.3, 3.7, 3.8, 3.9	Analyze clinical presentations, key physical examination findings, differential diagnosis, initial treatments, and referrals for common otolaryngological conditions and diseases.	Clinical - Observe	✓	
2.1, 2.2	Review surgical procedures and techniques in Otolaryngology.	Clinical - Observe	✓	
3.1, 4.2, 4.3	Demonstrate the ability to collaborate with members of the health care team in the care and treatment of the patient.	Clinical - Perform	✓	

XII. Policies (edited 12-8-2021)

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

Academic Workload in the Foundational Sciences Curriculum (Policy

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

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

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

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

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

Alternative Educational Site Request Procedure (Policy

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

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

Clinical Supervision of Medical Students (Policy 28.1.08):

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

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

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

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

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

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

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

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

Compact Between Teachers, Learners and Educational

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

Compact between Teachers, Learners, and Educational Staff Learners pursuing a professional career at Baylor College of Medicine assume responsibility to develop in-depth knowledge, acquire and apply special skills, and demonstrate professionalism. Teachers guide and educate learners, and model appropriate attitudes, interpersonal skills and professional behaviors. Core educational staff support both learners and teachers. This Compact serves both as a pledge and a reminder to teachers, learners, and educational staff that moral, ethical and professional behavior by all Baylor personnel is essential to the basic principles of this institution. Guiding Principles of the Educational Compact Duty: All participants in the education mission have a duty to sustain a learning environment conducive to maintaining the knowledge, attitudes, and skills necessary for providing contemporary standards of professional behavior.

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

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

Course Repeat

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

Criminal Allegations, Arrests and Convictions Policy (28.1.13):

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.13

All BCM students currently enrolled in any SOM program must report all criminal allegations and other legal actions (as specified below) to the Associate Dean of Student Affairs within 5 calendar days of such event.

Direct Observation Policy (Policy

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

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

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

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

Duty Hours Policy (Policy 28.1.04):

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

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

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

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

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

Educator Conflicts of Interest Policy (Policy

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

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

This policy is designed to keep the learning environment free from real or perceived personal, financial, or other biases that could arise from participating in the assessment, interview, or promotion of any current or prospective student with whom the educator has an existing personal relationship or significant connection. This policy outlines how educators must avoid providing healthcare services to any learner that the educator must also teach, assess, or advise as a part of an BCM educational program.

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

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

Examinations Guidelines:

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

Grade Submission Policy

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

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

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

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

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

Grade Verification

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

Grade Appeal Application

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

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

Learner Mistreatment Policy

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

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

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

Options for Reporting Learner Mistreatment:

Informal Reporting Mechanisms:

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

Formal Reporting Mechanisms:

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

Leave of Absence Policy (23.1.12):

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.1.12

The purposes of this policy are to:

1. define and describe circumstances in which a student may take a [Voluntary Leave of Absence](#),
2. outline student rights and obligations in the event of Voluntary Leave of Absence,

3. define and describe circumstances in which a student may be placed on an [Involuntary Academic, Administrative, or Medical Leave of Absence](#);
4. establish the authority of the [Wellness Intervention Team](#) (WIT) to determine if a student is In-Crisis and/or poses a Direct Threat that necessitates Medical Leave;
5. describe WIT responsibilities in the event that a student is in crisis or poses a Direct Threat; and
6. outline student rights and obligations in the event he or she is placed on an Involuntary Academic or Medical Leave of Absence.

Medical Student Access to Health Care Service Policy

(28.1.17) https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.17

All students enrolled in the BCM School of Medicine shall receive timely access to diagnostic, preventive, and therapeutic Health Care Services. Students may be excused from educational and clinical experiences for the purposes of seeking and receiving necessary Health Care Services. A student's decision to seek health care during a foundational or clinical course should have no impact on his or her performance evaluation or grade for the course, provided the student remains able to satisfy attendance requirements as specified in the School of Medicine's Attendance and Participation Policy.

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

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&policy_number=28.1.15

The Medical Student Exposure to Infectious and Environmental Hazards Policy outlines the procedures regarding preventative education, care and treatment after Occupational Exposure (including descriptions of student financial responsibility), and the potential impact of infectious and environmental disease or disability on medical student learning activities.

BCM's Standard Precautions Policy (26.3.06) and Infection Control and Prevention Plan (26.3.19) require all BCM SOM faculty, staff, and medical students to use Standard Precautions, including proper hand hygiene and appropriate personal protective equipment, during all clinical activities in order to minimize the risk of Occupational Exposures and enhance patient safety.

In the event of any Occupational Exposure (i.e. skin, eye, mucous membrane, or parenteral contact with human blood or Other Potentially Hazardous Materials), medical students should immediately inform their supervisor and/or clinical course director and contact the Occupational Health Program (OHP) ((713) 798-7880) for further guidance regarding the procedures for care and treatment including post-exposure counseling and follow up.

Site-specific procedures for care and treatment after exposure are outlined on the OHP website: <https://www.bcm.edu/occupational-health-program/needlestick-exposure>.

See also:

Blood Borne Pathogens (Standard Precautions Policy

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

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

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

Influenza & COVID-19 Vaccination

Policy (18.1.04) [https://intranet.bcm.edu/policies/index.cfm?fuseaction=Policies.Display_Policy&Policy_Nu mber=18.1.04](https://intranet.bcm.edu/policies/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=18.1.04)

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

Page Break

Midterm Feedback Policy

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

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

Foundational Sciences:

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

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

Clinical Courses

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

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

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

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

Mandatory Respirator Fit Testing Procedure (28.2.01):

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.2.01

All SOM students, including medical students enrolled in the M.D. Degree Program and visiting students participating in clinical activities overseen by the SOM, must be fit tested for a N95 Respirator prior to the start of the clinical rotation curriculum

Social Media Policy (02.5.38):

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

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

Sexual Misconduct and Other Prohibited Conduct Policy (02.2.26):

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

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

Sexual Harassment is unwelcomed verbal or physical conduct of a sexual nature that is sufficiently severe, pervasive or persistent that it interferes with, denies or limits a person's ability to participate in or benefit from the College's academic environment, educational programs and/or activities, and is based on power differentials or quid pro quo, results in the creation of a hostile environment, or retaliation. Examples of sexual harassment include but are not limited to: an attempt to coerce an unwilling person into a sexual relationship or experience; repeated subjection to egregious, unwelcomed sexual attention; punishment in response to a refusal to comply with a sexual request; a conditioned benefit in response to submission to sexual advances or requests; acts of sexual violence; domestic violence; dating violence; stalking.

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

Student Appeals and Grievances Policy (23.1.08):

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

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

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

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

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

Student Disability Policy (23.1.07):

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

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

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

Student Progression and Adverse Action Policy (Policy 28.1.05):

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

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

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

Technical standards:

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

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

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

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

Page BreakUnderstanding 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
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3.5, 3.7, 3.8	PC2	EPA 1: Gather a History and Perform a Physical Exam
4.1	ICS1	
4.1	ICS7	
1.2	P1	
1.2, 1.8	P3	
1.4	P5	
2.3	KP1	
3.5, 3.7, 3.8	PC2	EPA 2: Prioritize a Differential Diagnosis Following a Clinical Encounter
2.1	KP3	
2.2	KP4	
2.1	KP2	
3.7	PC4	
5.1	PPD8	
5.1	PBLI1	
4.3	ICS2	
3.9	PC5	EPA 3: Recommend and Interpret Common Diagnostic Tests
3.6, 3.2	PC9	
6.1, 6.3, 2.2	SBP3	
3.1	PBLI9	
2.3	KP1	
2.2	KP4	
4.1	PC7	
3.7	PC4	

CCGG	PCRS	EPA
3.2	PC6	EPA 4: Enter and Discuss Orders and Prescriptions
5.1	PBLI1	
3.9	PC5	

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

CCGG	PCRS	EPA
2.1	KP3	EPA 7: Form Clinical Questions and Retrieve Evidence to Advance Patient Care
5.3	PBLI6	
5.1	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	

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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
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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	