



Sub-Internship Course Overview

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I. Introduction/Sub-Internship Overview:

Welcome to your Surgery Sub-Internship rotation! The mission of the Michael E. DeBakey Department of Surgery is to inspire the next generation of surgeons by providing medical students with a balanced surgical experience that will meet core surgical competencies in both knowledge and skills. Sub-interns are expected to participate in patient rounds, attend clinics, actively participate in operations/trauma call and teach the core surgery students. This rotation should be a step-up from the core surgical clerkship, so that the sub-intern is a more active participant and learning how to be a manager of surgical patients, rather than simply an observer or reporter of information.

The fourth-year sub-internship rotation in surgery is an opportunity for medical students to function as an integral member of the surgery team with responsibilities commensurate with a surgical intern. Sub-interns are expected to participate in patient rounds, out-patients clinics, daily operations and other surgical procedures. They have primary responsibility of patients, with appropriate resident and staff supervision. Faculty preceptors within the specialty are assigned to each site to enhance the educational experience and oversee the rotation. The designated faculty preceptor is responsible for the student's final grade. Sub-interns are expected to participate in all teaching conferences and Grand Rounds while on the surgical service.

II. Clinical Sites and TMC Safety Escorts:

- Ben Taub Hospital (BTH)
- Baylor- St. Luke's Medical Center (BSLMC)
- Michael E. DeBakey VA Medical Center (VAMC)

Student escorts with 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. Contact Information:

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VI. Clinical Sites and Directors:

	Service	Site Faculty	Email	Contact Number
Ben Taub Hospital	General Surgery	Cary Hsu, MD	Cary.Hsu@bcm.edu	713-873-2746
Baylor-St. Luke's Medical Center	General Surgery	George Van Buren, MD	George.VanBuren@bcm.edu	713-798-8218
	and Surgical Oncology	William Fisher, MD	wfisher@bcm.edu	832-355-1490
Michael E. DeBakey VA Medical Center	General Surgery	Konstantinos Makris, MD	Konstantinos.Makris2@bcm.edu	713-791-1414

V. Baylor College of Medicine Core Competencies and Graduation Goals:

1. Professionalism

Each student graduating from BCM will:

- 1.1. Apply ethical decision making that upholds patient and public trust
- 1.2. Employ honesty, integrity, and respect in all interactions
- 1.3. Demonstrate a commitment to advocate for the needs and well-being of patients, colleagues, and self
- 1.4. Demonstrate caring, compassion, and empathy
- 1.5. Demonstrate awareness of one's own biases and sensitivity to diverse patients and colleagues
- 1.6. Identify and fulfill responsibilities and obligations as a learner and a colleague
- 1.7. Recognize and avoid conflicts of interest
- 1.8. Adhere to patient confidentiality rules and regulations

2. Medical knowledge

Each student graduating from BCM will:

- 2.1. Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social- behavioral sciences, as well as the application of this knowledge to diagnose, manage, and prevent disease
- 2.2. Utilize the principles of public health, epidemiology, and biostatistics in identifying and reducing the incidence, prevalence, and severity of disease to improve health
- 2.3. Interpret diagnostic tests as they relate to common clinical, laboratory, and radiologic findings in the spectrum of health and disease

3. Patient care

Each student graduating from BCM will:

- 3.1. Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient and population-centered care
- 3.2. Develop and implement patient evaluation and management plans appropriate to all levels of patient acuity
- 3.3. Develop a prioritized problem list and differential diagnosis using patient's biopsychosocial history, medical records, physical exam findings, and diagnostic studies
- 3.4. Obtain consent for and perform basic technical procedures competently
- 3.5. Perform comprehensive and focused biopsychosocial exams in a variety of patient care settings and recognize when each is indicated
- 3.6. Assess health risks using gender- and age-appropriate criteria and recommend potential preventive and therapeutic interventions
- 3.7. Select and interpret diagnostic tests accurately
- 3.8. Interpret physical findings accurately
- 3.9. Utilize critical thinking to provide appropriate evidence or support for clinical decisions and management of diseases
- 3.10. Provide timely and accurate documentation of all assessment, plans, interventions, and orders – including prescriptions and transfers-of-care between providers or settings.

4. Interpersonal and communication skills

Each student graduating from BCM will:

- 4.1. Demonstrate patient-centered interview skills in order to create and sustain a supportive and therapeutic relationship with patients and families
- 4.2. Demonstrate the ability to communicate effectively, efficiently, and accurately as a member or leader of a health care team
- 4.3. Demonstrate the ability to effectively communicate and collaborate with colleagues, other health care professionals, or health related agencies
- 4.4. Apply verbal and written medical communication skills to basic and advanced medical scenarios

5. Practice-based learning and improvement

Each student graduating from BCM will:

- 5.1. Identify personal strengths and deficiencies in one's knowledge, skills, and attitudes to integrate feedback and set personal improvement goals
- 5.2. Use and manage technology to access medical information resources to expand personal knowledge and make effective decisions
- 5.3. Apply principles and practices of evidence-based medicine (EBM) in making decisions about prevention, diagnosis, and treatment of disease

6. Systems-based practice

Each student graduating from BCM will:

- 6.1. Analyze the roles insurance plans and health care providers play in the health care system and how they affect providers' and patients' behavior
- 6.2. Provide appropriate referral of patients, including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes
- 6.3. Examine the role of quality improvement and clinical pathways in optimizing health systems
- 6.4. Demonstrate the rationale for reporting and addressing events that could affect patient safety

7. Leadership

Building upon the foundation of competence in the other six domains, each student graduating from BCM will be able to:

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

VI. PEAR Awards

We want to acknowledge outstanding surgery educators. Please consider nominating a faculty for a Professional Educator Appreciation and Recognition (PEAR) Award.

PEAR awards highlight an educator that challenged you, expanded your knowledge or imparted a significant lesson to you.

These educators may be faculty, a resident or fellow, a nurse or an advanced practice provider (CRNP, PA).

Please use the link below:

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

VII. Relationship of Sub-Internship Objectives to College of Medicine Graduation Competencies and Educational Program Objectives

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

VIII. You Said, We Did:

We value your feedback and the following changes have been made in response to student concerns and suggestions. Sub-Internship course changes for 2018-2019:

2019	
You said:	We did:
"Better instruction on "what to do" if we are with too many junior medical students with regard to scrubbing cases"	Highlighted the importance of sub-interns spending time in clinic with the faculty as another opportunity to get 1:1 time with the faculty.
Call experience varied by site, recommend all call shifts at BTH	The students have one call shift at BTH (unless that is their site) and have the option of taking more as long as their presence does not impact the core students
2020	
You said:	We did:
"I was hoping to be able to pend orders"	We discussed with residents and encouraged them to review and sign pended orders if appropriate. The ability to do this varies by site.
"learning environment was too saturated with students"	This comment was specifically related to May 2020 when there was a large number of students on a rotation given COVID return to classroom
"too short"	Refers to the period when sub-I was only 2 weeks. The rotation has been changed back to 4 weeks.
2021	

IX. Student Roles, Responsibilities and Activities:

- Sub-I students are required to attend the **Sub-internship Academic Half-Day** on the first day of the rotation. Completion of this is mandatory for course completion.
- Become familiar with this document, course objectives, schedule, course blackboard site.
Sign and upload attestation forms.
- Reply promptly to all communications from course coordinators and directors.
- Notify the course leadership promptly of any late arrival or unplanned absence. This includes notifying the sub-internship coordinator and director in addition to your team attending and supervising resident.
- Dress Code
 - As members of Baylor College of Medicine, you are all expected to uphold a professional appearance and behavior
 - Keep your BCM ID/student badge in clear view at all times
 - Professional attire is required for clinical duties; scrubs are permitted during overnight call/post-call morning.
- Complete the activities required for the direct observation passport as instructed
- Complete a “Procedure and Operative Log” and submit to Blackboard.
- Identify learning objectives at the beginning and middle of the rotation using the Goals and Objectives form as directed in the introductory email.
- Participate in midpoint feedback (MPF).
- Complete timely evaluations of the faculty, fellows, residents, and the course via E*value. Who Did You Work With (WDYWW) request is launched to you during the final week of the course.
- **The passport must be complete and turned in to Blackboard by the last day of the course.** Students who are out of compliance will receive a grade of INCOMPLETE in the course. If the student completes the assignment within five business days of the end of the course, a grade will be assigned accordingly. Students will receive a grade of DEFERRED and are subject to failure if assignments are more than 5 business days past due.

Advanced Sub-I Competency Objectives: Roles/Responsibilities

Work: As the sub-intern, you are expected to be the primary caregiver for your patients. You should be performing the H&P, ordering the diagnostic studies and initiating treatments under the guidance of your residents. We expect you to be available to your patients on the day of their admission until their surgical/medical condition has stabilized. You are expected to take night call once a week. You are expected to sign out your patients to the night team using the I-PASS system. You are mandated to the ACGME resident work hours.

- Student will be assigned 4-5 patients/week that they will primarily manage. The student will present these patients on team rounds, write daily notes, and anticipate what orders the patient will need
- Student should write at least 1 draft discharge summary per week
- Student should assist with cases in the operating room

Night call: You are expected to take 4 night shifts/call during your 4 weeks. **You are responsible for scheduling these dates.** You should take one night of call a week.

When taking call at Ben Taub, you will be paired with the EC Chief (“belly beeper”). You should work with the PGY2 to see patients, follow-up on studies, help with disposition planning and sign-out patients to the floor teams for all admissions. When taking call at sub-intern site, the student will be paired with the intern on call and respond to floor pages and urgent/emergent consults.

- Student should practice writing admission orders when on call for 1-2 patients per call (can be pended in epic)
- Student should assist with cases in the operating room
- Student should assist in educating the core surgery students

X. Schedules:

Veterans Affairs Medical Center

- Clinic attendance (required):
 - For general surgery, clinic is two days per week.
 - For surgical oncology, clinic is one and a half days per week.
- Required conferences:
 - Grand Rounds: Wednesday at 7am (except during summer)
 - Sim lab-assist core students in suture workshops (Wednesday mornings)
 - Sign-out report Monday and Friday mornings at 7am
 - Morbidity and Mortality on the first and third Wednesday of the month at 4pm
 - Pre-operative conference on the second and fourth Wednesday of the month at 2pm
 - Multidisciplinary Benign Gastrointestinal conference on Fridays at noon (general surgery students)
 - Multidisciplinary tumor board on Wednesdays (surgical oncology students)
- Operating room: attendance required when not in clinic or at a required conference.
- Call: Night shift (6p-6a) is required once/week. A call room is available. Students leave at 6am following call. Students will take 1 call at Ben Taub. Students may take multiple call shifts at Ben Taub, assuming that there is not overlap with core students.

Baylor St. Luke's Medical Center

- Clinic attendance (required): once/week with assigned primary attending.
- Required conferences:
 - Grand Rounds: Wednesday at 7am (except during summer)
 - Sim lab-assist core students in suture workshops (Wednesday mornings)
 - Pancreas tumor board on Mondays at 7am
 - Neuroendocrine conference twice a month on Wednesdays at noon (via zoom)
 - Morbidity and Mortality on Thursday at 7am
 - Grand Rounds: Wednesday at 7am
- Operating room: attendance required when not in clinic or at a required conference.
- Call: Night shift (6p-6a) is required once/week. Students leave at 6am following call. Students will take 1 call at Ben Taub. Students may take multiple call shifts at Ben Taub, assuming that there is not overlap with core students.

Ben Taub Hospital

- Clinic attendance (required): once/week.
- Required conferences:
 - Grand Rounds: Wednesday at 7am (except during summer)
 - Sim lab-assist core students in suture workshops (Wednesday mornings)
 - Morbidity and Mortality Conference on Friday at 7am
 - Trauma Peer Review Conference-Thursday immediately following morning report
 - Morning report: Daily at 6:30 or 7:00 am
 - Chief led teaching weekly rounds (faculty supervised). Tuesday afternoons at 2pm
- Operating room: attendance required when not in clinic or at a required conference and ward duties are complete
- Call: Night shift (6p-6a) is required once/week. Students leave at 6am following call. Students will take 1 call at Ben Taub. Students may take multiple call shifts at Ben Taub, assuming that there is not overlap with core students.

XI. Study Space and Call Rooms

		Surgery		
		Ben Taub	BSLMC	MEDVAMC
STUDY SPACE	Lecture/Conference Rooms (Y/N)	Y	Y	Y
	Small room used only for group study (Y/N)	N	Y	N
	Classroom that may be used for study when free (Y/N)	Y	Y	Y
	Individual study room (Y/N)	N	N	N
	Individual study carrel (Y/N)	N	N	N
	Individual open seating (Y/N)	N	Y	Y
	Please list location(s) of study spaces at hospital / clinical site	4th & 5th floor conference and work rooms	7th floor	Classroom on surgical floor, library on 4th floor
	Please provide brief description of study spaces at hospital / clinical site	Resident work room and general conference room	Room on 7th floor	Classroom and Library
	Computers and Internet Access (Y/N)	Y	Y	Y
CALL ROOM AVAILABILITY	Required medical student night call at this site? (Y/N)	Y	Y	N (only subl)
	If yes, call rooms available for medical students? (Y/ N / n/a)	Y	Y	N (yes for subl)
	Please list location(s) of call room(s) if applicable	4th floor by wards	7th floor	5th floor of hospital-resident call room area



Dr. Rose has created a QR code that students can use to report any problems with Space Resources in real-time.

XII. Sub-internship Academic Half-Day

First Day of the Rotation:

Time	Activity
8:15 – 8:30	Students arrive, attendance is taken and discussion of overall goals of the day
8:30 – 10:00	I-PASS patient handoffs workshop and evaluation
10:00 – 10:10	Break
10:10 – 11:00	How to call a consult workshop and evaluation
11:00 – 11:10	Break
11:10 – 12:30	Discharging patient workshop and evaluation

** E-value evaluations will be completed in real time at the end of each of these three workshops
**

** You must arrive prepared with a tablet or laptop to participate in this session

XIII. Sample Calendar

This is a sample calendar. This calendar does not show required all required activities. Conferences, clinic and operative days vary by location AND rotation. Students should discuss her/his specific schedule for the rotation with site directors. **Students should plan call days and days off with their respective surgical teams** at the start of the rotation and all students should strictly adhere to the duty hour policy. Students should have 1 day off per week.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Academic half day Meet site director and team		Grand Rounds* SIM lab	Outpatient clinic in AM with Dr. X	Night call	Post-call day Off at 6AM, no work the rest of the day
Day off			Grand Rounds* SIM lab	Night call	Post-call day Off at 6AM, no work the rest of the day	Day off
		Outpatient clinic in AM with Dr. Y	Grand Rounds* SIM lab		Trauma Night call (BT)	Post-call day Off at 6AM, no work the rest of the day
Day off			Grand Rounds* SIM lab		Night call	Post-call day Off at 6AM, no work the rest of the day
Day off						

* No grand rounds during the summer months

** Sub-interns assist with SIM lab for core students.

XIV. Grades:

Surgery Sub-I Grading Rubric 2020

Item	MP or F	Minimum Score for Pass	Minimum Score for HP	Minimum Score for Honors	Total Possible Points
SPAF 17 items. Each item is worth a total of 9 points. 0 = cannot assess – eliminate from calculations - Change professionalism items to 9 point scale by multiplying by 3.	Total points 110/153 *90 < 65	111/153 * 90 = 65	124/153 * 90 = 73	133/153 * 90 = 78	153/153 * 90= 90
<u>EBM assignment</u> - Completed & uploaded by deadline = 5 - Completed & uploaded late = 3 - Not done = 0	0	0	3	5	5
<u>Professional responsibilities</u> 1 point for completing each by deadline - Launched Handoff D.O. - Launched Discharge D.O. - Completed MTF self-assessment - Submitted passport with MTF at midpoint - Submitted passport by end of course	0-1	2	3	5	5
TOTAL POINTS	< 67	67	79	88	100
Mode of readiness for internship	1	2 (with 1)	2 (no 1)	3 (no 1)	3

- Students must meet the minimum criteria in each category (SPAF, EBM assignment, Professional Responsibilities) to earn each grade. For example, a student who meets criteria for Honors on

the SPAF but not on Professional Responsibilities or EBM assignment will not be able to earn a grade of Honors.

- Comments and Readiness for Internship are considered global items and will be used for correlation with grade assignment.
 - Breaches in professionalism alone, independent of clinical performance, may be grounds for grade lowering, and serious professionalism breaches may result in course failure.
 - **Students should assign at least one faculty member and at least one senior resident to complete a student evaluation** at the end of the rotation. Evaluations are reciprocal, and students are required to complete evaluations of faculty and residents (anonymous).
 - You may choose as many attendings and residents that you worked with but you are required to have 1 attending evaluation in order to receive a grade
 - Students will be required to complete the Course Evaluation and Faculty/Resident Evaluations.
- *Please note the final grade will not be released until this task is completed.

Evidence Based Medicine Assignment:

This self-directed learning assignment requires you to identify a primary paper that influences the management of one of your patients, analyze that paper and succinctly present your findings to your team. You will receive feedback from your attending, resident and peers for this assignment.

Qualities of students performing at the HONORS level:

- Takes ownership of their patients
- Acts as an advocate for their patients
- Brings literature and outside resources to help and support their plan of care
- Develops an organizational system to complete tasks in a timely fashion
- Communicates with consultants, nurses, and ancillary providers
- Takes initiative to teach core medical students and the team
- Familiar with patients other than those assigned and willing to assist
- Incorporates psychosocial concerns into patient's management
- Patient looks to student as primary care provider as it is the student that is explaining things to them and answering the patients questions. (Defer to resident when appropriate)
- Able to describe the critical steps of an assigned procedure/operation as well as potential complications of procedures they are assisting with.

Clerkships and Sub-internships: How a Failure May Be Earned for the Course:

1. Clinical performance alone, regardless of test scores, that is 2 SD below the mean will be reviewed and may result in failure.
2. Lapses or issues with professionalism alone independent of clinical performance.
3. Failing 2 or more graded components on the clerkship (ie: the NBME and SP exam)
4. Failing only the SP or NBME Exam:
 - 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 received for the course will be a Pass.
 - 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 grade that can be received upon repeat of the course is a Pass.
 - 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.
5. Overall performance on the clerkship that is 2 SD below the mean will be reviewed and may result in failure.

XV. Evaluation Forms:

**Evaluation forms may be found in the Surgery Sub-Internship Overview Document Appendix.

- | | |
|---|--------------------|
| ▪ Student Midpoint Feedback & Observed H&P Evaluation Forms | Appendix Pg. 3-4 |
| ▪ Student Performance Evaluation Form (E*Value) | Appendix Pg. 5-11 |
| ▪ Student Evaluation of the Course (E*Value) | Appendix Pg. 12-16 |
| ▪ Student Evaluation of Attending (E*Value) | Appendix Pg. 17-19 |
| ▪ Student Evaluation of House staff (E*Value) | Appendix Pg. 20-24 |

XVI. Recommended Texts/Videos/Resources

- American College of Surgeons: Successfully Navigating the First Year of Surgical Residency: Essentials for Medical Students and PGY-1 Residents
- American College of Surgeons: "So You Want to be a Surgeon: An Online Guide to Selecting and Matching With the Best Surgery Residency"
- Current Surgical Diagnosis and Treatment, Doherty/Way
- Essentials of General Surgery, Peter Lawrence
- NMS Surgery Casebook, Bruce Jarrell
- Surgical Recall, Lorne Blackbourne
- Sabiston Textbook of Surgery
- Pestana Review Notes
- Access Surgery (list of recommended modules attached, access via TMC library)

XVII. Policies:

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

- <https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Policies&area=28>
- <https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Policies&area=23>
- <https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Policies&area=26>

Additional information may be found in the student handbook:

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

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

ADD/DROP POLICY:

ACADEMIC WORKLOAD IN THE FOUNDATIONAL SCIENCES CURRICULUM (POLICY 28.1.09):

ATTENDANCE / PARTICIPATION AND ABSENCES:

ALTERNATIVE EDUCATIONAL SITE REQUEST PROCEDURE (POLICY 28.1.10):

CLINICAL SUPERVISION OF MEDICAL STUDENTS (POLICY 28.1.08):

CODE OF CONDUCT:

COMPACT BETWEEN TEACHERS, LEARNERS AND EDUCATIONAL STAFF:

COURSE REPEAT POLICY:

CRIMINAL ALLEGATIONS, ARRESTS AND CONVICTIONS POLICY (28.1.13):

DIRECT OBSERVATION POLICY (POLICY 28.1.03):

DUTY HOURS POLICY (POLICY 28.1.04):

EDUCATOR CONFLICTS OF INTEREST POLICY (POLICY 23.2.04)

EXAMINATIONS GUIDELINES:

GRADE SUBMISSION POLICY (28.1.01):

GRADING GUIDELINES:

GRADE VERIFICATION AND GRADE APPEAL GUIDELINES:

LEARNER MISTREATMENT POLICY (23.2.02):

LEAVE OF ABSENCE POLICY (23.1.12):

MEDICAL STUDENT ACCESS TO HEALTH CARE SERVICE POLICY (28.1.17)

MEDICAL STUDENT EXPOSURE TO INFECTIOUS AND ENVIRONMENTAL HAZARDS POLICY (28.1.15)

BLOOD BORNE PATHOGENS (STANDARD PRECAUTIONS POLICY 26.3.06):

INSTITUTIONAL POLICY ON INFECTIOUS DISEASE: (INFECTION CONTROL AND PREVENTION PLAN POLICY 26.3.19)

STUDENT HANDBOOK

MIDTERM FEEDBACK POLICY (28.1.02):

NARRATIVE ASSESSMENT POLICY (POLICY 28.1.11):

PATIENT SAFETY:

POLICY REGARDING HARASSMENT, DISCRIMINATION AND RETALIATION (02.2.25):

RELIGIOUS HOLIDAY AND ACTIVITY ABSENCE POLICY:

RESPECTFUL & PROFESSIONAL LEARNING ENVIRONMENT POLICY: STANDARDS FOR STUDENT CONDUCT AND COLLEGE OVERSIGHT (POLICY 23.2.01):

MANDATORY RESPIRATOR FIT TESTING PROCEDURE (28.2.01):

SOCIAL MEDIA POLICY (02.5.38):

SEXUAL MISCONDUCT AND OTHER PROHIBITED CONDUCT POLICY (02.2.26):

STUDENT APPEALS AND GRIEVANCES POLICY (23.1.08):

STUDENT DISABILITY POLICY (23.1.07):

STUDENT PROGRESSION AND ADVERSE ACTION POLICY (POLICY 28.1.05):

TECHNICAL STANDARDS:

NOTICE OF NONDISCRIMINATION:

STATEMENT OF STUDENT RIGHTS:

UNDERSTANDING THE CURRICULUM (CCGG's; EPA's; PCRS)

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

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

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

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

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

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

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

Alternative Educational Site Request Procedure (Policy 28.1.10):

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

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

Clinical Supervision of Medical Students (Policy 28.1.08):

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

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

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

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

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

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

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

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

Compact Between Teachers, Learners and Educational Staff:

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

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

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

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

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

Course Repeat Policy:

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

Criminal Allegations, Arrests and Convictions Policy (28.1.13):

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

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

Direct Observation Policy (Policy 28.1.03):

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

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

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

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

Duty Hours Policy (Policy 28.1.04):

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

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

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

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

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

Educator Conflicts of Interest Policy (Policy 23.2.04)

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

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

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

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

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

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

Examinations Guidelines:

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

Grade Submission Policy (28.1.01):

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

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

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

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

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

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

Grade Verification

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

Grade Appeal Application

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

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

Learner Mistreatment Policy (23.2.02):

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

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

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

Options for Reporting Learner Mistreatment:

Informal Reporting Mechanisms:

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

Formal Reporting Mechanisms:

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

Leave of Absence Policy (23.1.12):

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

The purposes of this policy are to:

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

Medical Student Access to Health Care Service Policy (28.1.17)

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

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

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

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

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

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

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

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

See also:

Blood Borne Pathogens (Standard Precautions Policy 26.3.06):

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

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

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

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

Midterm Feedback Policy (28.1.02):

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

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

Foundational Sciences:

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

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

Clinical Courses

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

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

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

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

The policy outlines the appeal of adverse action procedure.

Technical standards:

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

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

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

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

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

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

What are **Entrustable Professional Activities (EPA's)**? Developed by AAMC: "activities that all medical students should be able to perform upon entering residency, regardless of their future career specialty"

<https://www.aamc.org/what-we-do/mission-areas/medical-education/cbme/core-epas>

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

Why are these concepts important?

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

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

CCGG	PCRS	EPA
3.5, 3.7, 3.8	PC2	EPA 1: Gather a History and Perform a Physical Exam
4.1	ICS1	
4.1	ICS7	
1.2	P1	
1.2, 1.8	P3	
1.4	P5	
2.3	KP1	
3.5, 3.7, 3.8	PC2	EPA 2: Prioritize a Differential Diagnosis Following a Clinical Encounter
2.1	KP3	
2.2	KP4	
2.1	KP2	
3.7	PC4	
5.1	PPD8	
5.1	PBL11	
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	PBL9	
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

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

CCGG	PCRS	EPA
3.1	IPC2	EPA 9: Collaborate as a Member of an Interprofessional Team
4.3, 6.1, 6.2	SBP2	
7.1	ICS3	
4.3	ICS2	
4.3	IPC3	
1.2, 7.1	IPC1	
1.4, 4.1	ICS7	
1.2, 1.7	P1	
3.5, 3.7, 3.8	PC2	EPA 10: Recognize a Patient Requiring Urgent or Emergent Care and Initiate Evaluation and Management
3.7	PC4	
3.9	PC5	
3.1, 3.3	PC3	
3.2	PC6	
1.3	PPD1	
3.1	PC1	
4.3, 6.2	SBP2	
7.1, 7.3	IPC4	
4.3	ICS2	
7.1, 7.3	ICS6	

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

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

XVIII. Resources for Sub-Interns

Books are found on Access Surgery-through TMC library website.

Resident Readiness: General Surgery. Author(s): Brian C. George, MD, Alden H. Harken, MD, Debra A. DaRosa, MD

*You should try to read and familiarize yourself with this information PRIOR to your sub internship. The starred and bolded topics are particularly helpful.

Chapter 1 : Welcome:

<http://accesssurgery.mhmedical.com.ezproxyhost.library.tmc.edu/cases.aspx?rowid=71171412&browse type=toytopic&tabid=3#tab=3>

*Chapter 2 : General Advice:

<http://accesssurgery.mhmedical.com.ezproxyhost.library.tmc.edu/cases.aspx?rowid=71171413&browse type=toytopic&tabid=3#tab=3>

*Chapter 3: How to Write a Note - Fast!

<http://accesssurgery.mhmedical.com.ezproxyhost.library.tmc.edu/cases.aspx?rowid=71171415&browse type=toytopic&tabid=3#tab=3>

Case 1: Work-Life Balance:

<http://accesssurgery.mhmedical.com.ezproxyhost.library.tmc.edu/cases.aspx?rowid=71171414&browse type=toytopic&tabid=3#tab=3>

Chapter 4: Admissions:

<http://accesssurgery.mhmedical.com.ezproxyhost.library.tmc.edu/cases.aspx?rowid=71171416&browse type=toytopic&tabid=3#tab=3>

*Case 2 : Trauma Primary Survey

*Case 3 : Abdominal Pain Overview

*Case 4 : RUQ Pain

*Case 5 : RLQ Pain

*Case 6 : Acute Abdomen

*Case 7 : Shock

*Case 8 : Sepsis

*Case 9 : Small Bowel Obstruction

Case 10 : Red Blood Cell Transfusions

Case 11 : Transfusion Reactions

*Case 12 : Superficial Abscess

*Case 13 : Labs 101

Case 14 : Acute Limb Ischemia

Case 15 : Alcohol Withdrawal

Case 16 : Burns

Case 17 : Intra-Abdominal Abscess

*Case 18 : Postoperative Pain Management

Case 19 : Altered Mental Status

*Case 20 : How to Read a Chest X-ray

*Case 21 : Respiratory Distress

*Case 22 : Chest Pain

Case 23 : Supraventricular Dysrhythmias

Case 24 : Ventricular Tachydysrhythmias

Case 25 : Bradycardia

Case 26 : Pacemakers & Electrocautery

Case 27 : Pulseless Electrical Activity

Case 28 : Perioperative β -Blockade

Case 29 : Acute Postoperative Heart Failure

*Case 30 : Hypotension in the Immediate Postoperative Period

*Case 31 : Postoperative Hypertension

Case 32 : Reading and Using a KUB

*Case 33 : Postoperative Nausea and Vomiting

Case 34 : Constipation

*Case 35 : Postoperative Oliguria

*Case 36 : Postoperative Urinary Retention

*Case 37 : IV Fluids

*Case 38 : Electrolyte Abnormalities

*Case 39 : Postoperative Fever

Case 40 : Necrotizing Soft Tissue Infection

Case 41 : Perioperative Corticosteroids

*Case 42 : Perioperative Insulin

*Case 43 : Perioperative Anticoagulation and Antiplatelet Drugs

*Case 44 : DVT Prophylaxis

*Case 45 : Drains

*Case 46 : Errors

*Case 47 : Chest Tube Removal/Over Your Head

*Case 48 : Morality in the Surgical Intern. Ethics

Case 49 : Difficult Patients

Chapter 5 : Ambulatory Care and the Surgery Intern

http://accesssurgery.mhmedical.com.ezproxyhost.library.tmc.edu/cases.aspx?rowid=71171465&browse_type=toytopic&tabid=3#tab=3

*Case 50 : Ordering and Interpreting a CT Scan of the Abdomen: The Basics

* Case 51 : Postoperative Wound Complications

Case 52 : Local Anesthetics

Case 53 : Congenital Coagulopathy

Current Procedures: Surgery

Rebecca M. Minter, Gerard M. Doherty

Chapter 42: Wound Closure Techniques

<http://accesssurgery.mhmedical.com.ezproxyhost.library.tmc.edu/content.aspx?bookid=429§ionid=40112056>

Chapter 43: Central Venous Access

<http://accesssurgery.mhmedical.com.ezproxyhost.library.tmc.edu/content.aspx?bookid=429§ionid=40112057>

Chapter 44: Tube Thoracostomy

<http://accesssurgery.mhmedical.com.ezproxyhost.library.tmc.edu/content.aspx?bookid=429§ionid=40112058>

Chapter 45: Tracheostomy and Emergency Criticothyroidotomy

<http://accesssurgery.mhmedical.com.ezproxyhost.library.tmc.edu/content.aspx?bookid=429§ionid=40112058>

Essential Articles in General Surgery

<http://accesssurgery.mhmedical.com.ezproxyhost.library.tmc.edu/content.aspx?bookid=429§ionid=40112058>

XIX. Information for Students Interested in a Surgery Specialty

Student Contact:

Student Surgical Society Co-President

Tahir Malik

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Resident Contact:

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Faculty Contact:

General Surgery Specialty Specific Mentor

Dr. Bradford Scott

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Please also refer to the Specialty Specific Mentors List on the COSA Blackboard Organization (updated regularly by Student Affairs)