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I. Introduction/Clerkship Overview:

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

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

II. Clinical Sites:

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

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

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

[All Administrators, Site Directors and Coordinators]

Baylor College of Medicine:

Clerkship Director: William Y. Huang, MD
    Email: williamh@bcm.edu*
    Phone: (713) 798-6271*
    Pager: (281) 952-4384

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

Clerkship Coordinator Elvira Ruiz
    Email: eruiz@bcm.edu
    Phone: (713) 798-8028

Office Location:
    Baylor College of Medicine
    Department of Family and Community Medicine
    3701 Kirby, Suite 600
    Houston, TX 77098

Your preceptor site:
    You have been previously given contact information including driving directions to your preceptor site.
IV. BCM Compact between Teachers, Learners and Educational Staff

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

Guiding Principles of the Educational Compact

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

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

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

Teacher Responsibilities

As a teacher, I pledge to:

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

As a learner, I pledge to:

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

Educational Staff Responsibilities

As educational staff, I pledge to:

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

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

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

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

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

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

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

7. Leadership
   Building upon the foundation of competence in the other six domains, each student graduating from BCM will be able to:
   7.1. Demonstrate the ability to work effectively as a member of an interprofessional health care team
   7.2. Demonstrate the ability to give and receive behaviorally-specific feedback
   7.3. Utilize skills that enhance the learning environment and team functioning
VI: Family and Community Medicine Clerkship Objectives Mapped to School of Medicine CCGG’s

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

**Clerkship Objectives:**

<table>
<thead>
<tr>
<th>Medical Program (Core Competency Graduation Goal) Objective(s)</th>
<th>Related Clerkship Objective</th>
<th>Mode of Teaching</th>
<th>Mode of Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Professionalism</strong></td>
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</tr>
<tr>
<td>Professionalism: 1.2, 1.4</td>
<td>Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population.</td>
<td>Standards of professionalism on Blackboard site</td>
<td>Preceptor feedback, Mid-clerkship observation by your preceptor</td>
</tr>
<tr>
<td><strong>Medical Knowledge</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical knowledge: 2.1</td>
<td>Explain basic information on the diagnosis and management of common problems in ambulatory care</td>
<td>Handling Different Types of Patient Encounters seminar, Readings from reference list, Paper case studies, Preceptor experience</td>
<td>Preceptor feedback,</td>
</tr>
<tr>
<td>Medical knowledge: 2.1</td>
<td>Explain the mechanisms of action, indications, advantages, side-effects and contraindications of medications used in the management of common ambulatory conditions</td>
<td>Readings from reference list, Paper case studies, Preceptor experience</td>
<td>Preceptor feedback,</td>
</tr>
<tr>
<td><strong>Patient Care</strong></td>
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<tr>
<td>Patient care: 3.5</td>
<td>Describe the five types of ambulatory visits and demonstrate how to conduct an appropriate focused history and physical exam for each</td>
<td>Handling Different Types of Patient Encounters seminar, Preceptor experience, Mid-clerkship observation by your preceptor</td>
<td>Preceptor feedback, Mid-clerkship observation by your preceptor</td>
</tr>
<tr>
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<td>------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Patient care: 3.2, 3.3</td>
<td>Formulate management plans for patients based on the focused history and physical examination, including appropriate diagnostic tests and therapeutic measures</td>
<td>Handling Different Types of Patient Encounters seminar, Preceptor experience, Readings from reference list, Paper case studies</td>
<td>Preceptor feedback</td>
</tr>
</tbody>
</table>

**Interpersonal and Communication Skills**

<table>
<thead>
<tr>
<th>Interpersonal and communication skills: 4.1, 4.2</th>
<th>Demonstrate effective and respectful communication with patients, families and the medical team</th>
<th>Handling Different Types of Patient Encounters seminar, Preceptor experience</th>
<th>Preceptor feedback, Mid-clerkship observation by your preceptor</th>
<th>Preceptor evaluation, Standardized Patient exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpersonal and communication skills: 4.2, 4.4</td>
<td>Present the patient's case verbally and in writing in a focused and organized manner</td>
<td>Handling Different Types of Patient Encounters seminar, Preceptor experience</td>
<td>Preceptor feedback</td>
<td>Preceptor evaluation</td>
</tr>
</tbody>
</table>

**Practice Based Learning and Improvement**

<table>
<thead>
<tr>
<th>Practice-based learning and improvement: 5.2, 5.3</th>
<th>Use an evidence-based medicine approach where possible to answer specific clinical questions</th>
<th>Preceptor experience</th>
<th>Preceptor feedback</th>
<th>Preceptor evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice-based learning and improvement: 5.1</td>
<td>Self-assess progress as learners and identify specific learning needs during the clerkship</td>
<td>Reflecting on Your Learning Experience seminar</td>
<td>Pre-clerkship self-assessment form, Student self-assessment at mid-</td>
<td>Reflection paper</td>
</tr>
</tbody>
</table>
Systems-Based Practice

| Systems-based practice: 6.1, 6.2 | State the components of the Patient-Centered Medical Home model and explain how your preceptor is transforming his/her practice in accordance with this approach | Readings on the Patient-Centered Medical Home, Discussion with preceptor, Preceptor experience | Preceptor feedback | Patient-Centered Medical Home paper** |

**For more details on what is expected for the Patient-centered Medical Home paper, go to Blackboard (Evaluation and Grading > Description of Each Component > Patient-centered Medical Home (PCMH) assignment/paper**
We value your feedback and the following changes have been made in response to student concerns and suggestions.

<table>
<thead>
<tr>
<th>Evaluation year</th>
<th>YOU SAID:</th>
<th>WE DID:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>It was not clear how to study for the National Board of Medical Examiners Family Medicine Modular (Core + Chronic) examination</td>
<td>Since March 2016, we added specific recommendations to our Blackboard site. We also developed a Selected Reference list of key clinical practice guidelines and clinical review articles. We recommend that you read each item on this reference list. In January 2017, we added four case studies on Dyspepsia, Dysuria, Depression and Prevention/Screening (to go along with the existing case studies on Diabetes Mellitus, Hypertension, Hypercholesterolemia and Asthma) to help you self-learn important concepts of the conditions discussed in the case studies.</td>
</tr>
<tr>
<td>2016</td>
<td>More didactic seminar time would be helpful</td>
<td>In January 2017, we added a didactic half-day on the second or third Thursday morning of your rotation which includes seminars on Acute Respiratory Infections in the Pediatric Population and Abnormal Uterine Bleeding.</td>
</tr>
<tr>
<td>2016</td>
<td>Preceptors not always aware of Clerkship expectations</td>
<td>All fulltime and volunteer faculty sites were visited in 2016-2017. Items discussed included: - Clerkship objectives - Absence and holiday policy - Observation and feedback - Level of medical student involvement - Expectations regarding medical student use of the medical record - Student treatment and faculty professionalism</td>
</tr>
<tr>
<td>Year</td>
<td>Action</td>
<td>Details</td>
</tr>
<tr>
<td>------</td>
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<td>---------</td>
</tr>
<tr>
<td>2015</td>
<td>Modify the required essay on patient-centered home as it is not uniformly well-received by the students; perhaps a new purpose of focus would be valuable</td>
<td>Starting in July 2015, we decreased the preparation needed to write this essay and focused the content of the essay more on how the Patient-centered Medical Home will focus on their future practice as a physician</td>
</tr>
</tbody>
</table>
| 2015 | Decrease the number of evaluations students are required to complete | Starting in July 2015, we:  
- Eliminated seminar evaluation # 1 and seminar evaluation # 2 forms and incorporated the most pertinent questions into our current rotation evaluation form  
- Deleted unneeded questions on rotation evaluation form  
- Deleted unneeded questions on preceptor evaluation form  
- Decreased the number of questions on the students’ pre-clerkship and post-clerkship self-assessment forms |
| 2015 | Investigate perceived unfairness with the SP exam  
- Transparency in preparation  
- Standardizing expectations across clerkships | Starting in July 2015, we addressed transparency issues with the SP exam to better enable student preparation  
- Added more description of SP exam in clerkship syllabus  
- Clarified on our Blackboard site how the student conducts the history and physical in each SP encounter is what is being assessed  
- Reviewed orientation of exam given by SP program personnel  
- Worked with the SP program to shorten the pre-encounter information sheet (door note) that the student sees.  
- Made the purpose of each encounter more clear in the pre-encounter information sheet (door note).  
- We changed the post- |
encounter session after each encounter to include questions that we used to ask on our Clinical Case Exam (that will now be discontinued).

<table>
<thead>
<tr>
<th>Year</th>
<th>Issue</th>
<th>Resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>Difficulties in accessing videos on how to conduct different types of ambulatory encounters on Blackboard</td>
<td>We investigated the issue and had 5 of the key videos changed to mp4 files. Since making them available as mp4 files, we have not had any complaints from students about being able to access the videos.</td>
</tr>
</tbody>
</table>
VIII. Student Roles, Responsibilities and Activities:

CLERKSHIP RESPONSIBILITIES:

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

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

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

Mid-clerkship feedback:
You will receive feedback on this clerkship through two mechanisms
• You will provide a set of cards for your preceptor to complete on you at the end of the week which summarize how you are doing and suggestions for improvement the next week. Please give your preceptor the relevant card for the week and him/her to complete it. Please be prepared to turn in the cards to us at the middle and end of the rotation.
• There will also be a mid-clerkship feedback session. If you are at a private practice site, this will occur with the Clerkship Director. If you are at Baylor Family Medicine or a Community Health Center, it will occur with your site director.

Clinical Log
• Students should see one patient from each of the categories of conditions listed on pages 16-17 of this document. As you complete an encounter for a patient with each of the conditions listed, please enter the details on E*Value. An instruction on how to enter this information for these conditions on E*Value is given on page 18.
Exams - Standardized Patient Exam and NBME Exam:

- Students are required to take and pass the Family and Community Medicine Clerkship Standardized Patient Exam that is held on the last Tuesday afternoon of the clerkship starting at 1:00 pm. The Standardized Patient program will inform you of the time to report that afternoon.
- Students are required to take and pass the NBME Family Medicine Modular Core + Chronic exam on the last Friday of the rotation.

Patient-centered Medical Home paper

- Students are required to submit a paper on the Patient-centered Medical Home. Details of the assignment are available at: Blackboard > Evaluation and Grading > Description of Each Component > Patient-centered Medical Home (PCMH) assignment/paper

Other responsibilities as a Family and Community Medicine Clerkship student:

- **Develop your self-learning skills**
  - You will notice that the busy flow of patients in your preceptor’s office may result in the teaching time being less organized and formal than in other rotations. While your preceptor will make effort to teach you between patients and at the beginning or end of the day, it likely will be difficult for him/her to teach you everything you want to know.
  - Use this opportunity to develop your self-learning skills. The pre-clerkship self-assessment online exercise will help you develop your own objectives for the clerkship. Use these as a guide during the rotation and ask your preceptor to help you accomplish these objectives. Use your skills in evidence-based medicine to research answers to your questions on your own. Develop skills in searching for answering clinical questions on your own as they arise. Complete the web-based case studies to learn basic information on handling common conditions on your own.

- **Join the clinical team and contribute where you can to provide quality care in your preceptor’s office**
  - During your time in your preceptor’s office, you will be part of the clinical team that cares for patients. It may be a different team from what you are used to, in that many team members will not be physicians. Nevertheless, you, the office staff and physicians are a team and you have much to contribute to the functioning of that team. Learn the roles and responsibilities of other team members, since this may be one of the few opportunities to learn how an office-based practice is run. Help other team members during busy periods. You may find that their job is not as easy as it looks. Keep your eyes open for other opportunities in which you can help your preceptor or the office staff provide better care (e.g. - call patients, provide patient education, research answers to clinical questions).

- **Contribute to the quality of the clerkship**
  - We ask you to evaluate a large number of items because we sincerely want to know your opinions and hear your suggestions on how to improve. Input from previous students has resulted in a number of revisions and improvements in the clerkship over the years. Please be assured that your ratings and comments will similarly be reviewed and that they will be used as a basis for planning any further changes that are needed.
  - Additional notes on your preceptor evaluation form: On the third Thursday of clerkship you will receive a notice from E*value asking that you complete an evaluation on your preceptor(s). Also, for those of you at a multiple preceptor site, you will have opportunity to select which preceptors you wish to evaluate. Please complete this form on your preceptor(s) by the requested deadline (the Monday after your clerkship has been completed.)
  - If you have any specific issues about the clerkship that you wish to discuss in detail, please contact the Clerkship Director to arrange a meeting.
• Stay in communication with the Clerkship staff
  o Please check your Baylor email periodically during the clerkship. We do not intend to send you frequent emails, but will send you at least one email per week.

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

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

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

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

DRESS CODE:
Clean white coat with business-appropriate dress
You may wear scrubs only if your preceptor gives you permission

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

Don’t:
• Schedule meetings away from your preceptor’s office during patient care time without the permission of the Clerkship Director in advance. This includes College committee meetings and meetings with your BCM mentor.
• Disagree with your preceptor in front of a patient or staff member. Please discuss your suggestions or concerns about patient care with your preceptor in private.
• Contact your preceptor about your grade. If you have any concerns about your grade, including the preceptor component of your grade, please contact the Clerkship Director.
# Baylor College of Medicine
## Core Clerkship
### Clinical Log Requirements

<table>
<thead>
<tr>
<th>Patient Type/Clinical Condition</th>
<th>Procedure/Skills</th>
<th>Clinical Setting(s)</th>
<th>Level of Student Responsibility</th>
<th>Minimum # Required</th>
<th>Alternative Methods Used for Remediing Clinical Encounter Gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Problem Visit</td>
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<tr>
<td>Any respiratory condition such as one of the following:</td>
<td>Perform focused history and physical exam and formulate diagnostic and treatment plan</td>
<td>Ambulatory</td>
<td>Perform</td>
<td>1</td>
<td>Case study</td>
</tr>
<tr>
<td>- Acute upper respiratory infection</td>
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<td>- Sinus congestion or acute sinusitis</td>
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<td>- Throat pain or acute pharyngitis</td>
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<td></td>
<td></td>
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<tr>
<td>- Ear pain or otitis media</td>
<td></td>
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<tr>
<td>- Cough or acute bronchitis</td>
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<td>Any general symptom such as one of the following: (dizziness, fever, malaise, fatigue, appetite change or weight change)</td>
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<td></td>
</tr>
<tr>
<td>Any musculoskeletal condition such as one of the following:</td>
<td>Perform focused history and physical exam and formulate diagnostic and treatment plan</td>
<td>Ambulatory</td>
<td>Perform</td>
<td>1</td>
<td>Case study</td>
</tr>
<tr>
<td>- Back pain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Strains and sprains of an extremity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Joint pain or joint effusion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Muscle pain or any muscle disorder</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic Illness Visit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Essential hypertension</td>
<td>Perform focused history and physical exam and formulate diagnostic and treatment plan</td>
<td>Ambulatory</td>
<td>Perform</td>
<td>1</td>
<td>Case study</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>Perform focused history and physical exam and formulate diagnostic and treatment plan</td>
<td>Ambulatory</td>
<td>Perform</td>
<td>1</td>
<td>Case study</td>
</tr>
<tr>
<td>Clinical Logging is an ESSENTIAL task during your clerkship. Please work with your preceptor and ask him/her to help you find patients with each item or one of a cluster of items listed above. The expectation of your level of involvement is the “Perform” level, defined below.</td>
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</tr>
<tr>
<td><strong>PERFORM:</strong> The student performs the patient history, physical exam, differential diagnosis, treatment decision-making, and/or relevant procedural skills (DOES, PERFORMS, OBTAINS, FULFILLS…).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After you conduct an encounter with a patient at the “Perform” level for any of the clinical conditions listed above, please go to E<em>Value and document that your performed an encounter for this clinical condition. You are expected to conduct encounters with patients at the “Perform level” for each item or one of a cluster of items listed above and document this on E</em>Value by the end of the rotation. If you are unable to see a patient with any of the above clinical conditions, you will be given an alternative assignment to complete to help you learn how to conduct a patient with this condition.</td>
<td></td>
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</tr>
</tbody>
</table>
Case Logging on E*Value: Instructions for Students

During this clerkship, you will be required to log every required patient case listed in the case log (formerly “Passport”). When you have performed, assisted or observed an activity on the list, you will log it into E*Value. You can log the activity directly from your phone or tablet following the directions below.

1. Search for e-value.net on a web browser (Safari, Google, etc.). There is not an app for E*Value.
2. Log in manually using your E*Value login and password.
3. Select your CURRENT Core Clerkship for Program (BCM, Core Clerkship-XX).
4. Click Continue (screen shot at right).
5. Click on the “Doctor” icon and select Add New Case (screen shot #2 below).
6. On the next screen, log your activity by filling in the required information.: (screen shot #3 below)
   a. Interaction Date: current date is default
   b. Setting
   c. Supervisor Role
   d. Supervisor: name of supervisor; click Next
   e. Patient Information
      i. Gender
      ii. Patient Age; click Next
   f. Procedures:
      i. Choose a procedure: you can multi-select if more than one procedure took place; click Done.
      ii. Select your role in the procedure; click Next
   g. Review & Log (screen shot #4 below)
      i. Review the information just logged
      ii. Click on Log Case
7. You can log another procedure or just close the screen.
IX. Schedules:

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

<table>
<thead>
<tr>
<th>WEEK 1</th>
<th>WEEK 2 or 3</th>
<th>WEEK 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Thursday</td>
<td>Tuesday</td>
</tr>
<tr>
<td>Conference Center 6th floor (7:45 AM)</td>
<td>Conference Center 6th floor</td>
<td>Preceptor’s clinic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Thursday FM West Conf. Room 3701 Kirby, 6th floor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Friday Main Campus McMillan Auditorium</td>
</tr>
<tr>
<td>7:45–9:00 AM</td>
<td><strong>ORIENTATION</strong></td>
<td>8:30–10:00 AM</td>
</tr>
<tr>
<td></td>
<td>Huang</td>
<td>Group A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reflecting On Your Learning Experience</td>
</tr>
<tr>
<td>9:00–12:00</td>
<td>Handling Different Types of Ambulatory Encounters</td>
<td>Report to your preceptor’s clinic to work your regular hours</td>
</tr>
<tr>
<td>(Break: 10:15–10:30)</td>
<td>Huang</td>
<td>10:10–11:40 AM</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Group B</td>
</tr>
<tr>
<td>12:00–12:30</td>
<td>Lunch is provided</td>
<td>Clerkship Wrap-up</td>
</tr>
<tr>
<td>1:00 PM</td>
<td><strong>Standardized Patient Exam</strong></td>
<td>Reflecting On Your Learning Experience</td>
</tr>
<tr>
<td></td>
<td>Main Campus M421 DeBakey Bldg</td>
<td>Khan</td>
</tr>
<tr>
<td>1:00 PM</td>
<td><strong>NBME</strong></td>
<td>Clerkship Wrap-up</td>
</tr>
<tr>
<td></td>
<td>Main Campus McMillan Auditorium (bring your laptop)</td>
<td>Huang</td>
</tr>
<tr>
<td>2:00–2:30 PM</td>
<td>Report to your preceptor’s clinic</td>
<td></td>
</tr>
</tbody>
</table>
X. Grades:

### Grading Rubric: Core Clerkship

<table>
<thead>
<tr>
<th>Requirements</th>
<th>% of Final Grade</th>
<th>Minimum Score to Pass</th>
</tr>
</thead>
<tbody>
<tr>
<td>NBME Subject Exam (Family Medicine Modular Core +</td>
<td>25%</td>
<td>≥ 5th percentile nationwide as determined by the NBME</td>
</tr>
<tr>
<td>Chronic Exam)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standardized Patient Examination</td>
<td>20%</td>
<td>≥ 60 on each of three encounters on the examination</td>
</tr>
<tr>
<td>Clinical Evaluations</td>
<td>50%</td>
<td>≥ (2 standard deviations below the class mean). Clinical performance that is 2 SD below the mean will be reviewed and may result in failure.</td>
</tr>
<tr>
<td>Patient-centered Medical Home paper</td>
<td>5%</td>
<td>70</td>
</tr>
<tr>
<td>Professionalism</td>
<td></td>
<td>Must pass to pass the clerkship. See more notes on professionalism below*</td>
</tr>
</tbody>
</table>

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

### Grade Distribution

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
<th>*Approximate % of students in academic year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honors (H)</td>
<td>An exceptional performance in all areas</td>
<td>30%</td>
</tr>
<tr>
<td>High Pass (HP)</td>
<td>An exceptional performance in most areas.</td>
<td>50%</td>
</tr>
<tr>
<td>Pass (P)</td>
<td>Good academic work</td>
<td>20%</td>
</tr>
<tr>
<td>Marginal Pass (MP)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incomplete (I)</td>
<td>Temporary grade given when a student is unable to complete the requirements for a rotation because of illness or other extenuating circumstances AND is considered to be passing the rotation at the time the grade is given.</td>
<td></td>
</tr>
<tr>
<td>Deferred (D)</td>
<td>Temporary grade given when a student has not successfully completed all of the requirements at the end of the rotation AND requires remediation in order to meet the minimum rotation requirements. For example, failing a Standardized Patient examination encounter or the National Board of Medical Examiners Examination will result in a Deferred grade. The student will be given an opportunity to take the failed element a second time. If a passing score is obtained on the second attempt, the student will be issued a final course grade. However, the highest final course grade that can be received in this situation is a Pass.</td>
<td></td>
</tr>
<tr>
<td>Fail (F)</td>
<td>How a failure may be earned: Earning a failure in the clerkship by any of the following manners will require the student to repeat the course in its entirety: 1. Clinical performance alone, regardless of test scores, that is 2 SD below the mean will be reviewed and may result in failure. 2. Lapses or issues with professionalism alone, after confirmation by due process, independent of clinical performance. 3. Failing 2 or more graded components on the clerkship (ie: the NBME and SP exam) 4. Overall performance on the clerkship that is 2 SD below the mean will be reviewed and may result in failure.</td>
<td></td>
</tr>
</tbody>
</table>
5. 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 final overall course 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.

A Fail will result in repeating the course in its entirety. An F will appear on the transcript and the highest grade that can be received is a Pass.

*Halfway through the academic year, grades will be reviewed with respect to the approximate grade distribution. When this review occurs, students' final grade will not be lowered, but some grades may be raised. The same process will be repeated for clerkships in the latter half of the year. The student’s final clerkship grade is at the discretion of the Clerkship Director and the Education Committee of the Department of Family and Community Medicine.

XI. Evaluation Forms:

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

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

Additional Evaluation of weekly feedback cards.
This form is available on our Blackboard site: (Blackboard > Evaluation and Grading > Evaluation Forms > Your Evaluation of the Weekly Feedback Cards).
You will be asked to complete a brief evaluation on the weekly feedback cards used on this clerkship. The Curriculum office will send you this form via SurveyMonkey.

(See next page for Preceptor Evaluation of Student form that your preceptor will complete on you).
- If you worked with one preceptor the entire rotation, that is the preceptor who will evaluate you
- If you worked with more than preceptor during the rotation, you will be given an opportunity to choose on E*Value which preceptors evaluate you. We recommend you choose preceptors with whom you worked ≥ 2 days.
Preceptor Evaluation of Student form: (This is the form that your preceptor(s) will complete on you.)

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

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Major Concerns</th>
<th>Minor Concerns</th>
<th>No Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>◦</td>
<td>◦</td>
<td>◦</td>
<td>◦</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Major Concerns</th>
<th>Minor Concerns</th>
<th>No Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>◦</td>
<td>◦</td>
<td>◦</td>
<td>◦</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Major Concerns</th>
<th>Minor Concerns</th>
<th>No Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>◦</td>
<td>◦</td>
<td>◦</td>
<td>◦</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Major Concerns</th>
<th>Minor Concerns</th>
<th>No Concerns</th>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Little Knowledge</th>
<th>Some Knowledge</th>
<th>Mostly Complete Knowledge Base</th>
<th>Good Level of Knowledge</th>
<th>Superb Level of Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>◦</td>
<td>◦</td>
<td>◦</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Little Knowledge</th>
<th>Some Knowledge</th>
<th>Mostly Complete Knowledge Base</th>
<th>Good Level of Knowledge</th>
<th>Superb Level of Knowledge</th>
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</thead>
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<tr>
<td>◦</td>
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</table>

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

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Little Knowledge</th>
<th>Some Knowledge</th>
<th>Mostly Complete Knowledge Base</th>
<th>Good Level of Knowledge</th>
<th>Superb Level of Knowledge</th>
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<tbody>
<tr>
<td>◦</td>
<td>◦</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Unable to recall all elements</th>
<th>Poor information gathering</th>
<th>Some incomplete data gathering</th>
<th>Elicits a clinically relevant history</th>
<th>Consistently elicits subtle historical findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>◦</td>
<td>◦</td>
<td>◦</td>
<td>◦</td>
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<td>◦</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Unable to recall all exam elements</th>
<th>Omits important exam elements</th>
<th>Omits minor exam elements</th>
<th>Conducts complete exam</th>
<th>Consistently performs all exam elements well</th>
</tr>
</thead>
</table>
### COMP6: Rate this student's ability to accurately interpret findings from the history and physical examination.

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Significant gaps in ability</th>
<th>Limited ability</th>
<th>Some ability</th>
<th>Good ability</th>
<th>Superb ability</th>
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</table>

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

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Significant gaps in ability</th>
<th>Limited ability</th>
<th>Some ability</th>
<th>Good ability</th>
<th>Superb ability</th>
</tr>
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<tbody>
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</table>

### COMP8: Rate this student's verbal patient presentations.

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Disorganized &amp; unfocused with major omissions</th>
<th>Somewhat unfocused with minor omissions</th>
<th>Complete; mostly well-organized</th>
<th>Complete, well-organized</th>
<th>Complete, very well-organized, concise; tailored to clinical context</th>
</tr>
</thead>
<tbody>
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</table>

### COMP9: Rate this student's written notes.

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Disorganized &amp; unfocused with major omissions</th>
<th>Somewhat unfocused with minor omissions</th>
<th>Complete; mostly well-organized</th>
<th>Complete, well-organized</th>
<th>Complete, very well-organized, concise; tailored to clinical context</th>
</tr>
</thead>
<tbody>
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</table>

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

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Significant gaps in ability</th>
<th>Limited ability</th>
<th>Some ability</th>
<th>Good ability</th>
<th>Superb ability</th>
</tr>
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<tbody>
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</table>

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

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Ineffective</th>
<th>Effective w/ patients most like themselves but not w/ others</th>
<th>Effective w/ some patients from diverse groups</th>
<th>Effective w/ most patients from diverse groups</th>
<th>Effective w/ all patients, no matter the patient’s background</th>
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</table>

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

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

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

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Does not understand importance; unaware of breaches</th>
<th>Understands importance; recognizes most breaches</th>
<th>Understands importance; recognizes &amp; notes breaches</th>
<th>Understands importance; avoids breaches</th>
<th>Understands importance; promotes protection of confidentiality among others</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
XII. Recommended Texts/Videos/Resources:

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

TEXTBOOKS AND JOURNALS:

A detailed list of helpful textbooks and journals is listed on our Blackboard site: (Blackboard > Clerkship Documents > Reading and Other Resources > Recommended Reading)

SELECTED REFERENCE LIST:

In addition, a selected list of evidence-based guidelines and evidence-based review articles on common conditions seen in family medicine is available at: Blackboard > Clerkship Documents > Reading and Other Resources > Selected Reference List

VIDEOS:

The following videos are available on Blackboard > Clerkship Documents > Preparing for Simulation / Standardized Patient Examination > Videos > How to Conduct Different Types of Ambulatory Visits:

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

CASE STUDIES:

The following case studies are available on Blackboard > Clerkship Documents > Preparing for the National Board Subject Exam in Family Medicine > Clinical Case Studies

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

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

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

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

(Blackboard > Evaluation and Grading > DESCRIPTION OF EACH COMPONENT > National Board Subject Examination in Family Medicine)
XIII. Policies and procedures:

Complete list of BCM policies and procedures: https://intranet.bcm.edu/index.cfm?fuseaction=Policy.Policies&area=23
Link to student handbook: https://www.bcm.edu/education/schools/medical-school/student-affairs/student-handbook

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

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

- Students must inform the course coordinator, the course director, and the appropriate attending physician or chief resident on the team to which they are assigned for any scheduled absences and any absence arising from an emergency situation unless physically unable to communicate. Failure to communicate an absence as directed may be considered an unexcused absence and may be grounds for failure of the rotation.

- Reasons for excused absenteeism may include:
  - Medical illness experienced by the student (physician note required on the 3rd day of illness)
  - Personal crisis (e.g., death or illness of immediate family member)
  - Child birth (maternity and paternity policy of the college takes precedence)
  - Presentation at professional meetings (up to two days with attendance up to department’s discretion)
  - Residency Interviews

- Absences NOT covered by the categories above (such as attending a wedding or graduation of a friend or family member) may or may not be granted following review by the course director. It is likely that students will be required to make up any time for such absences.

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

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

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

Excused Absences and Remediation

Each clinical rotation allows a limited number of excused absences based on the length of rotation. Refer to the table below to determine the number of excused absences allowed before remediation is required.
Clinical rotation | Excused absences | Resulting consequences
--- | --- | ---
1 week | 0.5 days | No remediation
| 1 day | Remediation required
| >1 days | Repeat the rotation or sub-rotation
2 weeks | 1 day | No make-up time
| 2 days | Remediation required
| >2 days | Repeat the rotation or sub-rotation
4 weeks | 1-2 days | No make-up time
| 3-4 days | Remediation required
| >4 days | Repeat the rotation or sub-rotation

Absences and Tardiness
- For excused absences such as illness or a personal emergency affecting you or someone in your immediate family, you are expected to contact the following individuals as soon as possible:
  - Your preceptor using a method that ensures that he/she gets your message
  - The Clerkship coordinator via email: Ms. Elvira Ruiz (eruiz@bcm.edu)
- If you miss > 2 days of the Clerkship due to excused absences, you will be expected to make up the time in excess of the two days of excused absence. Arrangements for makeup time will be made after discussion with the Clerkship Director. A grade of Incomplete may be given if needed until you successfully complete the makeup time.
- For unexcused absences, such as attending a wedding or graduation of a friend or family member, you are expected to discuss the request with the Clerkship Director before the rotation begins. It is likely that you will be asked to make up any time for unexcused absences such as these. Arrangements for makeup time will be made after discussion with the Clerkship Director. A grade of Incomplete may be given if needed until you successfully complete the makeup time.
- Failure to communicate with your preceptors and the Clerkship coordinator about an absence will result in the absence being considered unexcused and is grounds for failure.

Student Grievances Policy [https://www.bcm.edu/education/academic-faculty-affairs/student-services/student-grievances](https://www.bcm.edu/education/academic-faculty-affairs/student-services/student-grievances)
- The leadership, faculty and staff of Baylor College of Medicine are all here to support and help you on your journey to becoming a leader in your chosen profession. In the event you have a grievance, we have created several pathways for you to receive help. Baylor community members are prohibited from retaliation.
- Details of the student grievance policy are available at: [https://www.bcm.edu/education/academic-faculty-affairs/student-services/student-grievances](https://www.bcm.edu/education/academic-faculty-affairs/student-services/student-grievances)
- We encourage that student grievances be resolved, if possible, by the student and the individual (student, faculty, and/or staff) most closely related to the grievance. If no resolution is established, the student may ask her/his supervisor, program director, or dean for assistance.
- If the grievance cannot be informally resolved by the supervisor, program director, or dean, the student must file a written grievance.
- A student may file a grievance via the Integrity Hotline using one of the following methods:
  1. Call: (855) 764-7292
- You may choose to identify yourself or to file anonymously. If filed anonymously, your confidentiality will be protected to the limit of the law and within the scope of certain program accreditation requirements.
- Once the grievance has been filed, you will be asked to create a password and will be assigned a tracking number, called a Report Key. Use your password and Report Key to log into the Integrity Hotline Web Portal to check status, answer questions, or submit new information.
- Process map for reporting grievances: [https://intranet.bcm.edu/policies/StudentGrievancesProcess.pdf](https://intranet.bcm.edu/policies/StudentGrievancesProcess.pdf)
Reporting Mistreatment and Breaches in Professional Behavior

- 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 reasonable interpreted by learners as mistreatment. Mistreatment may be verbal, emotional, or physical in nature. Mistreatment, either intentional or unintentional, occurs when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process.
- Examples include harassment, discrimination, public threats, and public or private humiliation.
- The College’s Learner Mistreatment policy is available at: https://intranet bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.2.02
- A student should report mistreatment or unprofessional behavior via the Integrity Hotline using one of the following methods:
  1. File an anonymous report by calling (855) 764-7292 or submitting it online at the Integrity Hotline Web Portal: https://secure.ethicspoint.com/domain/media/en/gui/35125/index.html
  2. Contact the Clerkship Director, Associate or Assistant Dean of Student Affairs or a trusted faculty member
  3. Contact the BCM Office of the Ombudsman at ombudsoffice@bcm.edu or (713) 798-5039

Grade Verification
- More information is available at: https://www.bcm.edu/education/academic-faculty-affairs/student-services/student-grievances

- Due process involves providing students with a clear description of course expectations, including grading requirements, as well as behavioral and professionalism guidelines.

- Students may have questions about their final grade or the grading process. If students want to verify their final grade, they are first encouraged to meet with the course/clerkship directors informally to discuss those questions.

- During the meeting with the Clerkship Director, the student will be given an opportunity to share the concerns about his/her grade. In many instances, the Clerkship Director may not be able to resolve the concern during the meeting. He/she may ask the student for time to investigate the concern (e.g. – review the performance on an examination). For the Family and Community Medicine Clerkship, after investigating the student’s concern, the Clerkship Director will bring the concern before the Education committee of the Department of Family and Community Medicine. This committee will discuss the student’s concern and the Clerkship Director’s findings and then decide whether the student’s Clerkship grade will be changed or not. The Clerkship Director will keep the student informed of the timeline of the process and also of the final outcome determined by the Education committee of the Department of Family and Community Medicine.

- After grade verification and discussion, the student may choose to proceed with a formal grade appeal if they believe they have received a grade unjustly.

- Grievances are not the same as disagreements. A student cannot file a grievance merely because s/he disagrees with the grade. A student can file a grievance if they believe the grade was unfair, for example, if it is felt to be an act of discrimination

Student Disability Policy

- Baylor College of Medicine (BCM) is committed to providing equal educational access for qualified students with disabilities in accordance with state and federal laws.
● Newly accepted and currently enrolled students are responsible for initiating a disability-related request for reasonable accommodation or modification no less than 30 business days prior to the start of the course for which accommodation is requested.

**Duty Hours**
● Duty hours, including all in-house call activities, must be limited to an average of 80 hours per week over a 4-week period. Duty periods may be scheduled to a maximum of 24 hours of continuous duty in the hospital. An additional 4 hours may be spent to ensure appropriate, effective and safe transition of care. Minimum time off between scheduled duties is 10 hours. Students must receive a minimum of either 24 hours off per 7-day work period, or 4 days off per 28-day work period.

**Patient Safety**
- Patient safety is everyone's responsibility. Concerns should be reported to the appropriate affiliated institution for both quality improvement and assurance.

- For information on how and where to report at BCM affiliated institutions, please go to Blackboard > Patient Safety and click on the link for the Guide to Reporting Patient Safety Incidents.

- However, your preceptor’s office may not be a BCM affiliated institution. For patient safety concerns in your preceptor’s office, please discuss any patient safety issues with your preceptor or contact the Clerkship Director:

**Exposure to Blood-borne pathogens**
If there is an incident on this clerkship that exposes you to blood-borne pathogens (such as a needle stick injury), please contact the BCM Occupational Health Program (“OHP”) at (713) 798-7880. Please follow their advice, including coming to their clinic if requested.

The policy on Blood Borne Pathogens is available at: [https://www.bcm.edu/education/schools/medical-school/student-affairs/student-handbook/health-services](https://www.bcm.edu/education/schools/medical-school/student-affairs/student-handbook/health-services) and scroll down to Blood Borne Pathogens Policy.

**XIV. Advice and Instructions for Clerkship Standardized Patient Encounters (SPEs):**

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

After each encounter, you will leave the room and have 8 minutes to answer additional questions about the clinical management of that patient on a laptop computer in the hallway. (Your answers to these questions do count as part of your exam grade.)
Five documents that give you instructions for our Clerkship Standardized Patient Encounters (SPEs) and suggestions on how to prepare for them are available on our Blackboard site:

(Blackboard > Evaluation and Grading > DESCRIPTION OF EACH COMPONENT > Standardized Patient Examination)

XV. Frequently Asked Questions:

1. **What do I do if I can’t make it in one day?**
   
a. Please contact your preceptor to report your absence.
b. Please also email Ms. Elvira Ruiz (eruiz@bcm.edu) to report your absence.
c. For excused absences (e.g., presenting a poster at a national meeting) or any other potential planned absence that does not meet the requirement for an excused absence, please also contact the Clerkship Director in advance.

2. **What counts towards my 80 hour work week?**
   
The time spent in clinical care activity with your preceptor.

3. **Should I go to Grand Rounds?**
   
You are welcome to attend Grand Rounds, but your attendance is not required.

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

4. **What should I do if I have been mistreated but I don’t feel comfortable reporting it?**
   
Please see section XIII. Policies and Procedures, Reporting Mistreatment and Breaches in Professional Behavior in this Overview Document.

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

   If you are comfortable sharing your concern, we also encourage you to discuss it with:
   - The Associate Dean for Student Affairs (Dr. Joseph Kass) or the Assistant Deans for Student Affairs (Dr. Lee Poythress or Dr. Andrea Stolar) or
- The Family and Community Medicine Clerkship Director (Dr. William Huang) or the Chair of the Department of Family and Community Medicine (Dr. Roger Zoorob) or

- The BCM Office of the Ombudsman at ombudsoffice@bcm.edu or (713) 798-5039

We encourage you to report concerns of mistreatment to one of these individuals so that your concerns may be investigated and appropriate action can be taken as needed.
Appendix 1: E*Value Direct Observation: Instructions for Students

E*Value Direct Observation: Instructions for Students

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

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