Teaching Faculty Guide for the Family and Community Medicine Clerkship

Baylor College of Medicine

GIVING LIFE TO POSSIBLE

2017-18
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Purpose of this handbook

After reviewing this document, the faculty educator should be able to:

1. Understand the Family and Community Medicine Clerkship’s structure and function
2. Become familiar with the BCM CCGGs and the clerkship objectives
3. Understand the grading rubric of the clerkship
4. Understand and give frequent feedback to your learners
5. Know how the E*value student assessment form works and apply it to student learners
6. Be familiar with doing Direct Observation in E*value
7. Become familiar with various BCM Policies and Procedures, including mistreatment, duty hours, and absences

Contact information

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
Fax: (832) 787-1307

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

Orienting your Students
Set aside some time at the beginning of the first day to orient the student to your office setting, including:

- Clearly communicate your expectations with the student including:
  - Times/days of activities and rounds
  - Student documentation in medical record, if applicable
  - Expectations regarding patient care activities
- Where to store personal things, a refrigerator for storing food, and where to park
- Where to find and read medical reference materials
- Hours/days patient care is provided
- Best method of communicating with you
- Other staff, including the person's name and responsibilities as they relate to patient care

Faculty Expectations

- Complete feedback card on the student at the end of each week.
- Perform direct observation of the student performing a history and physical by the end of week 2 and submit the completed form on E*Value.
- Be aware of clinical conditions that the students must see.
- Complete evaluations in a timely manner
- Orient students to the your office setting
- Offer valuable learning experiences
- Provide real-time feedback
- Review the clerkship objectives:
  - CCGGs
  - Goals & Objectives
  - Clinical Log Form
- Clearly communicate expectations to students
- Provide a safe and educational learning environment
Patient care and other learning experiences

- Allow students to see patients independently
- This is NOT a shadowing experience. Students should interview and examine every patient they can during this short time.
- Students are required to see ALL of the conditions listed on the Clinical Log over the course of the clerkship (see Appendix A)

PATIENT EXAMS
- Students may perform routine parts of the physical examination independently
- However, please do **not** allow a student to conduct a breast, genital/pelvic, or rectal exam **without you** (and a chaperone if appropriate) being present.

PROCEDURES
- The student may perform or assist in procedures, but please do **not** allow a student to independently conduct a procedure **without you** or a supervising resident being in attendance.

STUDENT NOTES
- Students are encouraged to write a note in your medical record. Please do check and correct the content of their notes.
- **As the faculty preceptor, you must still write your own History of Present Illness, Physical Exam, Assessment, and Plan**

Learning Environment
Provide a safe learning environment for the student
- Maintain an environment that fosters professionalism
  - Avoid making disparaging comments about other faculty and services
  - Avoid making derogatory comments about patients or their families
  - Avoid making offensive remarks regarding gender, race, ethnicity, or sexual orientation
  - Avoid making requests for inappropriate personal services (aka getting you coffee)
  - Be respectful of all staff
- Be mindful of students listening to your conversations

Don’t Forget!

Only the following sections of a student’s note can count towards billing:

- Past medical history
- Family history
- Social history
- Review of Systems

What Influences Student Perceptions of the Learning Environment?
- Working on a highly functional clinical team
- Encountering inspiring role models
- Feeling that you’ve contributed positively to patient care
- Working with enthusiastic and motivating teachers
- Having your efforts appreciated by patients and their families.

### Student Roles, Responsibilities, and Activities

- Review Clerkship Objectives
- Participate fully in the care of your patients.
- Attend all scheduled rounds, lectures, and teaching conferences offered, as well as all Core Clerkship lectures.
- Receive Mid-term Feedback (MTF)
- Direct Observation (DO): ONE faculty-observed history and physical exam during the clerkship, but more are welcome!
- Complete and log all items on the Clinical Log
- Complete evaluations of faculty preceptors, and the overall clerkship via E*value

### Student Schedule

#### Week 1

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>Orientation seminars</td>
<td>Preceptor’s office</td>
<td>Preceptor’s office</td>
<td>Preceptor’s office</td>
</tr>
<tr>
<td>PM</td>
<td>Preceptor’s office</td>
<td>Preceptor’s office</td>
<td>Preceptor’s office</td>
<td>Preceptor’s office</td>
</tr>
</tbody>
</table>

#### Week 2

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>Preceptor’s office</td>
<td>Preceptor’s office</td>
<td>Preceptor’s office or Seminars*</td>
<td>Preceptor’s office</td>
</tr>
<tr>
<td>PM</td>
<td>Preceptor’s office</td>
<td>Preceptor’s office</td>
<td>Preceptor’s office</td>
<td>Preceptor’s office</td>
</tr>
</tbody>
</table>

#### Week 3

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>Preceptor’s office</td>
<td>Preceptor’s office</td>
<td>Preceptor’s office or Seminars*</td>
<td>Preceptor’s office</td>
</tr>
<tr>
<td>PM</td>
<td>Preceptor’s office</td>
<td>Preceptor’s office</td>
<td>Preceptor’s office</td>
<td>Preceptor’s office</td>
</tr>
</tbody>
</table>

#### Week 4

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>Preceptor’s office</td>
<td>Study time</td>
<td>Reflection seminar</td>
<td>Study time</td>
</tr>
<tr>
<td>PM</td>
<td>Preceptor’s office</td>
<td>Standardized patient exam</td>
<td>Preceptor’s office</td>
<td>Study time**</td>
</tr>
</tbody>
</table>

*There will be didactic seminars for the students on Thursday morning of either week 2 or week 3. You will be notified in advance which Thursday morning that the student will be absent for that rotation.

**Students will be in your office on Thursday afternoons with the following exceptions:**
- MS-2’s will be absent on Thursday afternoons from January – June due to another course
- MS-3’s will be absent on Thursday afternoons from March – June due to another course
- All students have the Thursday afternoon of the fourth week free to study for exams

[Page 6]
Teaching and Learning

- **Expectations about teaching time:**
  - Teaching time can be brief and between patients.
  - Brief teaching also at the beginning or end of the day or during the lunch hour, is appreciated if you have time.

- **Expectations on what to teach:**
  - Focus your teaching on 1-2 important points about a patient or disease.

- **One efficient teaching model:** The Five-Step “Microskills” Model of Clinical Teaching (also known as the “One-Minute Preceptor” model)
  - Get a commitment
  - Probe for understanding
  - Teach general rules
  - Reinforce what was done right
  - Correct mistakes

- **Encourage student self-learning** by asking him/her to:
  - look up information on the Internet
  - research a topic as “homework” and give you a summary the next day

- **Directly observe the student** performing at least one focused history and physical examination.
  - The “Plus/Delta” method is useful tool for observation and giving feedback afterwards.
  - Document your observation

- **Other successful teaching strategies reported in the literature** are available.

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**Successful teaching strategies reported in the literature**


Direct Observation

- **Observe each student** performing a focused history and physical exam and complete the Direct Observation Form via E*value.
- The Direct Observation Form should be **filled out online via E*value**. The student will send you an email link to the form. The form can be filled out on a smart phone, laptop, or computer. **Fill the form out as you are observing the student** perform the history and physical.
- (Please see instructions on how to access this E*Value direct observation in Appendix B, page 28.)
- **Observing a focused history and physical exam is sufficient.**
- The Direct Observation should be done in the first 2 weeks of the rotation to give the student time to improve their skills.
- Provide feedback to student individually and preferably in a private setting.

The **DOs and DON’Ts** of Direct Observation

**DO:**
- Observe the student at least once every 4 weeks
- Fill out the online form as you are observing the student
- Observe in small, frequent increments (i.e. a focused exam is preferred over a complete exam)
- Use the E*value Direct Observation form
- Give feedback immediately

**DON’T:**
- Wait until the last day of the rotation to observe
- Wait until the “perfect moment” where you can observe an entire history and exam
- Interrupt or interject
- Observe more than 2 students in a setting
Feedback for Students

- **Frequency of feedback**: Strive to give informal feedback *as often as possible* after different patient encounters each day.
  - If you have sufficient concerns, please notify the Clerkship Director EARLY about a student’s deficiencies to allow time for remediation.
- **Weekly feedback cards**: Complete a card on the student’s performance at the end of weeks 1, 2, 3 and 4.
- **Mid- clerkship feedback**: Use the week 2 card to give mid-clerkship feedback.
- **End of clerkship feedback**: Use the week 4 card to give end-of-clerkship feedback.
- **Characteristics of effective feedback**:  
  - behavior-specific  
  - timely  
  - balanced  
  - constructive
- **Giving corrective feedback**: “Sandwich” the corrective feedback with positive statements:
  - State one of the student’s strengths  
  - Then, discuss the area that needs improvement  
  - Conclude by stating another of the student’s strengths
- **Other suggestions on giving constructive feedback** are available.

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Tips for giving Feedback

- Set the expectation that ‘errors’ are expected
- Focus on behaviors the student can change
- Give feedback tied to a specific clerkship objective
- Use the weekly feedback cards
- Share clinical pearls

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Sample Questions to Use during Feedback Sessions:

<table>
<thead>
<tr>
<th>Category</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>To encourage the learner to reflect on an action/activity:</td>
<td>• How would you describe your encounter with the patient?</td>
</tr>
<tr>
<td>To help the learner better analyze what happened:</td>
<td>• What else might be impacting this situation?</td>
</tr>
<tr>
<td></td>
<td>• What have you ruled out in this situation and why?</td>
</tr>
<tr>
<td>To encourage the learner to explore strategies:</td>
<td>• Why did you choose to do it this way?</td>
</tr>
<tr>
<td></td>
<td>• Are there any other ways to do this?</td>
</tr>
<tr>
<td>To encourage the learner to explore his/her own assumptions, beliefs, values and biases:</td>
<td>• What made you think that?</td>
</tr>
<tr>
<td></td>
<td>• Why do you think you do it this way?</td>
</tr>
<tr>
<td>To clarify a student's response or redirect the focus:</td>
<td>• How exactly would you like that done?</td>
</tr>
<tr>
<td></td>
<td>• What do you think is the primary problem here?</td>
</tr>
<tr>
<td>To encourage the student to draw conclusions based on an analysis of the experience:</td>
<td>• Based on your findings, what is your differential diagnosis for this patient?</td>
</tr>
<tr>
<td>To encourage the learner to anticipate situations or improve the present situation:</td>
<td>• What might you do differently next time?</td>
</tr>
<tr>
<td></td>
<td>• What systems-based plans might be put in place so that it does not happen again?</td>
</tr>
<tr>
<td>To encourage the learner to move from discussing “the possible” to taking action:</td>
<td>• What are your goals for this patient encounter?</td>
</tr>
<tr>
<td></td>
<td>• What will you do next?</td>
</tr>
</tbody>
</table>
Evaluation of Students

- **Online end of clerkship evaluation:** We will email you and ask you to complete an on-line evaluation on each student via the E*Value website.
  - **Rating items:** please choose the descriptor that best fits the student’s performance for that item.
  - **Comments:** please write thoughtful and specific comments that support how you have rated the student for the items in that category. See next page for a guide and examples on narrative comments.
  - Please note that **professionalism** is an important item to evaluate in addition to the student’s knowledge and skills.
- We appreciate your **completing this evaluation form in a timely manner** so that we may issue students their grades within four weeks of completing the clerkship.
- Students also evaluate you as a preceptor and we will give you an annual report summarizing their evaluations of you.

<table>
<thead>
<tr>
<th>Do’s and Don’ts of Student Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DO:</strong></td>
</tr>
<tr>
<td>• Review the Clerkship Objectives prior to completing any student evaluation</td>
</tr>
<tr>
<td>• Use the ENTIRE scale. Choose the descriptor that best fits the student’s performance for that item - not where you think a student “should be” for their level of training.</td>
</tr>
<tr>
<td>• Make sure your numerical assessment is in line with your comments.</td>
</tr>
<tr>
<td><strong>DON’T:</strong></td>
</tr>
<tr>
<td>• Do not rate the student based on their year in medical school, rather by your observations of their performance.</td>
</tr>
<tr>
<td>• Do not rate a student on a competency if you did not observe the student performing that competency; instead please choose “N/A” or “Cannot Assess.”</td>
</tr>
</tbody>
</table>
Here are examples to guide your assessments:

<table>
<thead>
<tr>
<th>Student’s Ability</th>
<th>Anchors</th>
<th>Numeric Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>A student who cannot independently elicit a part of the history, perform part of the physical exam, or provide adequate/accurate differential diagnoses. <strong>Student with an average score in this range may put them at risk of earning a Failure.</strong></td>
<td>“Little knowledge” or “Some knowledge”</td>
<td>corresponds to a score of 1-2</td>
</tr>
<tr>
<td>A student who can independently elicit a part of the history, perform part of the physical exam, or provide adequate/accurate differential diagnoses</td>
<td>“Some knowledge” or “Mostly Complete Knowledge Base”</td>
<td>corresponds to a score of 3-4</td>
</tr>
<tr>
<td>A student who can independently elicit a complete history, perform a complete exam, or provide 1-3 differential diagnoses that are appropriate to the patient’s complaint</td>
<td>“Mostly Complete Knowledge Base” or “Good Level of Knowledge”</td>
<td>corresponds to a score of 5-6</td>
</tr>
<tr>
<td>A student who can independently elicit a relevant and complete history for the patient’s case, perform a relevant and complete exam for the patient’s case, or can provide &gt; 3 differential diagnoses with justification and relevant articles</td>
<td>“Good Level of Knowledge” or “Superb Level of Knowledge”</td>
<td>corresponds to a score of 7-8</td>
</tr>
<tr>
<td>If the student is performing at an intern resident level.</td>
<td>“Superb level of Knowledge”.</td>
<td>corresponds to a score of 9.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>This should not be a common score.</strong></td>
</tr>
</tbody>
</table>
**Narrative Comments**

- **The RIME model** can be used to evaluate the learner's level of function. At the lowest level, the learner acts simply as a **Reporter**, obtaining data and recording it. At the next level, he learns to **Interpret** the data. Moving up, the learner functions as a **Manager**, generating a diagnostic or therapeutic plan. Finally, at the highest level, the learner becomes an **Educator**, searching the literature for evidence pertinent to the patient and teaching the patient and other health care professionals. The evaluator decides where along this continuum the learner is functioning.

- Write thoughtful and specific comments that **support how you have rated the student** for the items in that category - Make sure your comments are in line with your numerical assessment.

- **Try to comment on as many of the 6 ACGME Core Competencies as possible:** Professionalism, Medical Knowledge, Communication, Patient Care, Systems-Based Practice, and Practice-Based Learning and Improvement.

- **Write your evaluation in a fair and objective manner** that will stand up to future scrutiny in either an academic or legal setting.  
  - If any questions or concerns about what to write, please contact the Clerkship Director.


**Examples of Narrative descriptors**

Example descriptors for an **EXCEPTIONAL** student:

- Role models competence in ____ areas
- Trustworthy and reliable
- Communicates at the level of an intern
- Highly organized; able to prioritize duties
- Minimal guidance required

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**Narrative Comments**

- **Use the RIME model** as a guide:
  - Reporter
  - Interpreter
  - Manager
  - Educator

- **AVOID writing the following comments:** (these are nonspecific and will not be included anywhere in the students' narrative, so save your time)
  - “Mr. X will be a wonderful physician” in whatever field he chooses
  - “Read more”
  - Good bedside manner
  - Well-groomed
Example descriptors for an AVERAGE student:

- Meets expectations in all domains, but can improve in _____ competencies
- Minor tune-up needed; minor deficiencies in _____ domain
- Identifiable areas in _____ can be improved with minor intervention
- No fatal flaws; could improve with direction

Example narrative for a BELOW AVERAGE student:

- Concerns with ability to build rapport
- Doesn't go beyond minimum requirements; just tries to cruise by
- Minimal competence in multiple domains, including _____
- Remediation possible; could improve with significant mentoring and specific direction

Example descriptors for a FAILING student:

- Unsafe; not trustworthy
- Unprofessional
- Unable to communicate essential information to _____
- Requires high degree of remediation
- Lacking competence in multiple areas
- Can't translate book knowledge
- Personality gaps
BCM Core Competency 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 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 healthcare providers play in the healthcare 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
Clerkship Goals and Objectives

**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></td>
<td></td>
<td></td>
<td>Formative</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Summative</td>
</tr>
<tr>
<td><strong>Professionalism</strong></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>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><strong>Medical knowledge: 2.1</strong></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>
<td></td>
<td></td>
<td></td>
</tr>
<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>
<td>------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------</td>
<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**

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<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>
BCM School of Medicine Policies and Guidelines

Link to student handbook: [https://www.bcm.edu/education/schools/medical-school/student- affairs/student-handbook](https://www.bcm.edu/education/schools/medical-school/student-affairs/student-handbook)

Absences and Tardiness
- Regular attendance and participation in every aspect of the rotation is required. Advance notice of any planned absences must be directed to the clerkship office before the beginning of the rotation.
- Excused and Unexcused absences are defined in the BCM handbook (see link above)
- **If a student must miss any part of the rotation, they should notify the Clerkship Office immediately.** A message left on voice mail or sent via email is acceptable.
- It is the student’s responsibility to inform their upper level resident and preceptor of any absences – planned or otherwise. **Failure to communicate with the Clerkship Office and preceptor 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)
- 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
- 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.

| 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** |
A student may file a grievance via the Integrity Hotline using one of the following methods:
1. Call: (855) 764-7292
2. Integrity Hotline Web Portal:

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

Reporting Mistreatment and Breaches in Professional Behavior

Mistreatment, either intentional or unintentional, occurs when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process.

Examples of mistreatment include sexual harassment, discrimination, humiliation, and other forms of assessment in a punitive manner.

A student should report mistreatment or unprofessional behavior via the Integrity Hotline using one of the following methods:
1. Call: (855) 764-7292
2. Integrity Hotline Web Portal:

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.

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

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.

Full description:
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.

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
## Appendix A: Clinical Log

<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 Remedying Clinical Encounter Gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New Problem Visit</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Any respiratory condition such as one of the following:  
  ○ Acute upper respiratory infection  
  ○ Sinus congestion or acute sinusitis  
  ○ Throat pain or acute pharyngitis  
  ○ Ear pain or otitis media  
  ○ Cough or acute bronchitis | Perform focused history and physical exam and formulate diagnostic and treatment plan | Ambulatory | Perform | 1 | Case study |
| Any general symptom such as one of the following:  
  (dizziness, fever, malaise, fatigue, appetite change or weight change) | Perform focused history and physical exam and formulate diagnostic and treatment plan | Ambulatory | Perform | 1 | |
| Any musculoskeletal condition such as one of the following:  
  ○ Back pain  
  ○ Strains and sprains of an extremity  
  ○ Joint pain or joint effusion  
  ○ Muscle pain or any muscle disorder | Perform focused history and physical exam and formulate diagnostic and treatment plan | Ambulatory | Perform | 1 | |
<p>| <strong>Chronic Illness Visit</strong>       |                  |                     |                                 |                    |                                                              |
| Essential hypertension         | Perform focused history and physical exam and formulate diagnostic and treatment plan | Ambulatory | Perform | 1 | Case study |
| Diabetes mellitus              | Perform focused history and physical exam and formulate diagnostic and treatment plan | Ambulatory | Perform | 1 | Case study |
| Dyslipidemia                   | Perform focused history and physical exam and formulate diagnostic and | Ambulatory | Perform | 1 | Case study |</p>
<table>
<thead>
<tr>
<th>Treatment Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any chronic respiratory disease such as one of the following:</td>
</tr>
<tr>
<td>○ Asthma</td>
</tr>
<tr>
<td>○ Allergic rhinitis</td>
</tr>
<tr>
<td>○ Chronic bronchitis or COPD</td>
</tr>
<tr>
<td>Perform focused history and physical exam and formulate diagnostic and treatment plan</td>
</tr>
<tr>
<td>Ambulatory</td>
</tr>
<tr>
<td>Perform</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>Case study</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Checkup Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any health maintenance examination such as one of the following:</td>
</tr>
<tr>
<td>○ A well-woman or well-man examination</td>
</tr>
<tr>
<td>○ Well-child or adolescent exam</td>
</tr>
<tr>
<td>○ Preparticipation sports examination</td>
</tr>
<tr>
<td>Perform focused history and physical exam and formulate diagnostic and treatment plan</td>
</tr>
<tr>
<td>Ambulatory</td>
</tr>
<tr>
<td>Perform</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>Case study</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Psychosocial Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any psychosocial disorder such as one of the following:</td>
</tr>
<tr>
<td>○ Depression, anxiety, panic disorder, obsessive compulsive disorder</td>
</tr>
<tr>
<td>Perform focused history and physical exam and formulate diagnostic and treatment plan</td>
</tr>
<tr>
<td>Ambulatory</td>
</tr>
<tr>
<td>Perform</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>Case study</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behavior Change Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any behavior change situation such as one of the following:</td>
</tr>
<tr>
<td>○ Smoking cessation</td>
</tr>
<tr>
<td>○ Alcohol counseling</td>
</tr>
<tr>
<td>○ Substance abuse counseling</td>
</tr>
<tr>
<td>○ Diet counseling</td>
</tr>
<tr>
<td>○ Exercise counseling</td>
</tr>
<tr>
<td>Perform focused history and physical exam and formulate diagnostic and treatment plan</td>
</tr>
<tr>
<td>Ambulatory</td>
</tr>
<tr>
<td>Perform</td>
</tr>
<tr>
<td>1</td>
</tr>
</tbody>
</table>
Appendix B: Faculty Instructions for Direct Observation

FACULTY INSTRUCTIONS for Direct Observation on E-value

Completing a Direct Observation Form

During the clerkship rotation, we ask students to launch at least one (1) Direct Observation form to faculty who have observed them performing any part of a history and/or physical examination. If a student sends you a direct observation form, you can complete it from your phone, tablet or computer.

1. The easiest way to access the Direct Observation form is to click on the link in the email sent by the student. It will appear to come from the Clerkship Coordinator. This will take you directly to the Direct Observation form.

2. The form has three distinct parts:
   - Observation of HISTORY TAKING (all or part)
   - Observation of PHYSICAL EXAM (all or part)
   - PROFESSIONALISM

1. Each item in the History and Physical sections is pre-populated with “This Type Not Observed”. Just rate the student on the items you actually observed by clicking on the appropriate button in the table (see example below).

2. The final item on the form is Professionalism. It is not prepopulated. You must select an option before submitting the form (mandatory item).

3. You will have the option to provide text feedback as well.

4. Finally click Submit.

If you login to E*Value manually from your phone or tablet, follow 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. (screen shot #1)

3. Choose Pending from the choices on the screen (screen shot #2)

4. Click on Edit Eval (screen shot #3)

5. Scroll through questions and rate the student as observed. (screen shot #4)

6. Click Submit. You will see a message that says Thank you for completing this evaluation.