Otolaryngology – Head & Neck Surgery
Selective Rotation
Course Overview Document
Revised 5.25.18
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I. **Introduction and Overview**

- The selective rotation in Otolaryngology – Head and Neck Surgery is designed to provide exposure to the field of Otolaryngology as well as provide medical students with the knowledge and skills needed to assess and address common otolaryngologic issues that frequently present to the primary care physician.

- During the rotation students will have the opportunity to work in both the operating room and the outpatient clinic setting to experience the variety of problems that are evaluated and treated by otolaryngologists and will gain exposure to the knowledge and skills required to manage acute and chronic ENT problems.

- Students will be assigned to one of three clinical sites for their two week rotation:
  - Ben Taub General Hospital
  - Michael E. DeBakey Veterans Affairs Medical Center
  - Texas Children’s Hospital

- These clinical settings represent General Otolaryngology – Head and Neck Surgery practices and will provide access to a wide range of clinical and surgical experiences. Students will also have access to the residents and faculty members assigned to these hospitals.

- Course prerequisites: none
## II. Contact, Site Information and Helpful Numbers

<table>
<thead>
<tr>
<th>Selective Coordinator</th>
<th>Ayde Trejo</th>
<th><a href="mailto:ayde.trejo@bcm.edu">ayde.trejo@bcm.edu</a> 713-798-7217</th>
<th>6501 Fannin St Neurosensory Bldg NB302</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selective Director</td>
<td>K. Kelly Gallagher, MD</td>
<td><a href="mailto:kkgallag@bcm.edu">kkgallag@bcm.edu</a> 713-798-4064</td>
<td>6501 Fannin St Neurosensory Bldg NB302</td>
</tr>
</tbody>
</table>

- **Clinical Sites & Supervising Attendings**

<table>
<thead>
<tr>
<th>Site</th>
<th>Site Directors</th>
<th>Contact</th>
<th>Helpful Info</th>
</tr>
</thead>
</table>
| Ben Taub General Hospital | Susan Eicher, MD  
David Hernandez, MD | seicher@bcm.edu  
David.Hernandez@bcm.edu | BT ENT Clinic 713-873-3319  
OR Front desk 713-873-2700 |
| Michael E DeBakey VA | Robert B Parke, MD, MBA  
Vlad Sandulache, MD, PhD | robertp@bcm.edu  
vlad.sandulache@bcm.edu | ENT Clinic 713-791-1414  
x24305  
OR Front desk 713-794-7519 |
| Texas Children’s Hospital | Elton Ashe-Lambert , MD  
Danny Chelius, MD  
Tara Rosenberg, MD | Elton.Lambert@bcm.edu  
dccheliu@texaschildrens.org  
Tara.Roseberg@bcm.edu | Linda Mayfield   
Surgery Academic Office  
3rd Floor West Towers |
III. Baylor College of Medicine Teacher-Learner Compact

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

Guiding Principles of the Educational Compact

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

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

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

As a teacher, I pledge to:

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

As a learner, I pledge to:

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

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

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

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

3.10. Provide timely and accurate documentation of all assessment, plans, interventions, and orders, including prescriptions and transfers of care between providers or setting

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

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

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

7. Leadership
Building upon the foundation in other domains, each student graduating from BCM will be able to:
7.1. Demonstrate the ability to work effectively as a member of an interprofessional health care team
7.2. Demonstrate the ability to give and receive behaviorally-specific feedback
7.3. Utilize skills that enhance the learning environment and team functioning
### V. Selective Objectives Mapped to BCM CCGGs (and modes of assessment)

<table>
<thead>
<tr>
<th>BCM CCGGs</th>
<th>Related Selective Objective</th>
<th>Perform/Assist/Observe</th>
<th>Mode of Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>Describe the anatomy of the head and neck.</td>
<td>Clinical - Perform</td>
<td>✓</td>
</tr>
<tr>
<td>3.3, 3.5</td>
<td>Perform a head and neck examination using equipment available to a primary care practitioner (e.g. flashlight, tongue blade, and otoscope).</td>
<td>Clinical - Perform</td>
<td>✓</td>
</tr>
<tr>
<td>3.3, 3.5</td>
<td>Perform an ear examination including tympanometry and interpretation of an audiogram.</td>
<td>Clinical - Perform</td>
<td>✓</td>
</tr>
<tr>
<td>2.1, 2.2, 2.3, 3.3, 3.7, 3.8, 3.9</td>
<td>Analyze clinical presentations, key physical examination findings, differential diagnosis, initial treatments, and referrals for common otolaryngological conditions and diseases.</td>
<td>Clinical - Observe</td>
<td>✓</td>
</tr>
<tr>
<td>2.1, 2.2</td>
<td>Review surgical procedures and techniques in Otolaryngology.</td>
<td>Clinical - Observe</td>
<td>✓</td>
</tr>
<tr>
<td>3.1, 4.2, 4.3</td>
<td>Demonstrate the ability to collaborate with members of the health care team in the care and treatment of the patient.</td>
<td>Clinical - Perform</td>
<td>✓</td>
</tr>
</tbody>
</table>
VI. You Said, We Did:

<table>
<thead>
<tr>
<th>Evaluation Year</th>
<th>YOU SAID:</th>
<th>WE DID:</th>
</tr>
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<tbody>
<tr>
<td>2016</td>
<td>“We should be able to pick the attendings that we worked with to evaluate us. Otherwise we get evaluated by people who we barely worked with. That is my opinion at least.&quot;</td>
<td>Students now self-select the faculty and residents they work with the most to provide their feedback/fill out the e*value.</td>
</tr>
<tr>
<td>2016</td>
<td>“I was the only student on the rotation during my block, therefore I was in the OR nearly every day. This was great, however it did limit the time I was able to spend with attendings. I worked primarily with the chief residents.”</td>
<td>Students are assigned to teams at Ben Taub and the VA to alternate between clinic and the OR. The TCH site was also added during the 2017-2018 year to help increase one-on-one student interactions with faculty.</td>
</tr>
</tbody>
</table>

VII. Student Roles, Responsibilities and Activities

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

Contact Information:
Ben Taub General Hospital: Medicalstaffservices_@harrishealth.org
Michael E. DeBakey: Carol Young 713.794.8737 Carol.Young@va.com
Texas Children’s Hospital: Linda Mayfield 832.826.5779 ljmayfie@texaschildrens.org

- **Roles and Responsibilities**
  - Students will be assigned to a team at each hospital site. They will accompany their team to the operating room as well as to the clinic. They will participate in all surgical and clinical activities during the rotation.
  - Students will perform focused history and physical examinations pertinent to otolaryngology and the patients’ chief complaint. They will present their H&P to senior level residents and attending physicians
  - By the end of the rotation, students must demonstrate the ability to perform a complete head and neck physical examination using equipment available to a primary care practitioner (e.g. flashlight, tongue blades, otoscope).
  - Students must also demonstrate the interpretation of an audiogram.
  - Students are expected to function as a member of the health care team in the operating room as well as in the clinic. Students will be informed by their supervising residents or attendings of the week’s scheduled surgical cases. Students will be expected to prepare for
the operating room by reviewing pertinent head and neck anatomy that has been taught during gross anatomy and is relevant to the scheduled case. Students are expected to be familiar with the disease process being treated during elective cases.

- Students are expected to understand the risk factors for head and neck cancer including tobacco use and HPV and recognize early signs that should prompt a referral to an otolaryngologist-head and neck surgeon.

- Students should be familiar with typical clinical presentations, key physical exam findings, differential diagnosis, initial treatment, and referral indications for common otolaryngological diseases:
  - Acute otitis media
  - Serous otitis media
  - Otitis externa
  - Tympanic membrane perforation
  - Cerumen impaction
  - Conductive hearing loss
  - Sensorineural hearing loss
  - Vertigo
  - Nasal septal deviation
  - Epistaxis
  - Sinusitis
  - Allergic rhinitis
  - Tonsillitis
  - TMJ arthritis
  - Thyroid nodule
  - Neck mass
  - Upper aerodigestive tract malignanc

- **Lectures and Quiz**
  - Students will have 12 lectures covering various otolaryngology topics that are available to be viewed online through the Blackboard application
  - Viewing this material is mandatory and will be monitored. Failure to complete all lectures will result in an incomplete grade
  - It is recommended that the students watch these lectures during their allotted 7am-8am lecture time.
  - There is no quiz for this selective rotation

- **Call Requirement**
  - Students are not expected to take call during this rotation

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

- Students will be dismissed daily by their assigned team once the daily operative and clinical responsibilities are completed.

- Student rotations will follow BCM policies for work hour restrictions. Duty hours must be limited to an average of 80 hours per week over a four-week period, with at least 10 hours off between scheduled duties. Any violations of work hours should ideally be reported in real-time to the selective coordinator and director (ayde.trejo@bcm.edu, kkgallag@bcm.edu) to remedy issues. [Link to BCM policies](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.04)

**VIII. Grades**

- **Lecture Attendance**
  - The student must have viewed all lectures through the Blackboard Application to receive their final grade. Failure to do so will result in an incomplete grade.

- **Clinical Performance**
  - The student will be evaluated by the site attendings and house staff at the end of the rotation using the standard evaluation form for clinical rotations from the College of Medicine though the E*Value application.

  - The clinical performance consists of 10 items, each on a 9 point scale which are averaged across all evaluators to give a final score.

  - The clinical performance grade will be assessed using the following scale:
    - Honors: 7.51 – 9.00
    - High Pass: 6.00 – 7.50
    - Pass: 5.00 – 5.99
    - Marginal Pass: 3.00 – 4.99
    - Fail: 1.00 – 2.00

- **Final Grade**
  - The student will receive a final grade of Honors, High Pass, Pass, Marginal Pass, or Fail based upon their clinical performance and completion of the requirements of the course.

  - Absences or lapses in professionalism may result in a lesser final grade given to the student or course failure. Students can fail based on professionalism alone.

  - The student may verify or dispute their final grade based upon the policy delineated in the Grade Verification section.
Grades will be administered in a timely fashion in accordance with the policies of Baylor College of Medicine.

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

IX. Evaluations

a. Evaluations will be based on feedback solicited by the site-specific supervising attendings, from the house staff, and other clinical faculty who have worked with the students throughout the rotation.

b. The students will self-select the faculty and residents they worked with the most through E*Value

c. Students will be able to evaluate the course, site faculty, and residents confidentially through the E*Value system

E*Value Student Performance Assessment Form:

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

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
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PROF2: Please provide specific comments regarding professional behavior (either serious concerns requiring remediation or exemplary behavior).


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

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

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

<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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</table>

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

<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>
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COMP5: Rate this student’s ability to perform a focused physical examination that is appropriate for
### COMP6: Rate this student's ability to accurately interpret findings from the history, physical examination, and diagnostic studies.

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

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

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Little knowledge about or skill with procedures</th>
<th>Some knowledge about or skill with procedures</th>
<th>Mostly complete knowledge about procedures, skill adequate</th>
<th>Good level of knowledge about procedures; strong skills</th>
<th>Superb level of knowledge about procedures; advanced skills</th>
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### X. Recommended Educational Resources


- [https://www.entnet.org/sites/default/files/Oto-Primary-Care-WEB.pdf](https://www.entnet.org/sites/default/files/Oto-Primary-Care-WEB.pdf)


XI. Policies and Procedures

- Absences and Tardiness
  - The student will be allowed one excused absence per two week rotation. Additional absences will result in an incomplete grade and will require repeating the two week rotation.
  - Students must contact the rotation coordinator (Ayde Trejo) AND clerkship director (K. Kelly Gallagher, M.D.) by email prior to 7am on the day of the absence.
  - Students are allowed the 7am-8am hour to attend lecture or watch Blackboard video lectures. They are expected to arrive to their designated clinical sites promptly after lecture. Students arriving past 8:45 am at the VA and 8:30 am at BTGH or TCH will be considered tardy.
  - Unexcused absences or tardiness will negatively affect the students’ professionalism grade and may result in a failing grade.
  - Excused and Unexcused absences are defined in the handbook:

Student Grade 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 within ten (10) business days of the grade’s posting in the student portal.
- 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.
Learner Mistreatment Policy

- 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. Examples include harassment, discrimination, public threats, and public or private humiliation.
- Full policy: https://intranet.bcm.edu/index.cfm?fuseaction=PerformSearch.Display_Policy&Policy_Number=23.2.02
- Options for reporting mistreatment:
  1. Contact a course director, dean, or trusted faculty member
  2. Contact the BCM Office of the Ombudsman at ombudsoffice@bcm.edu or (713) 798-5039
  3. File an anonymous report via the Integrity Hotline:
     - (855) 764-7292

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=PerformSearch.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.

Respectful & Professional Learning Environment Policy =23.2.01

Learning Environment Policy

- The Baylor College of Medicine (BCM) is committed to the values of integrity, respect, teamwork, innovation, and excellence, and requires all BCM Learners to practice these values consistently during the completion of requirements for educational progression and performance of scholarly and professional duties. Creating and sustaining an environment reflective of BCM values is the responsibility of every individual at BCM.
- Full Policy:
Learner Mistreatment Policy

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

- Full Policy:

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