



**Sub-Internship Course Overview
Family and Community Medicine**

Table of Contents

Section		Page
<u>I</u>	Introduction/Sub-Internship Overview	1
<u>II</u>	Clinical Sites	6
<u>III</u>	Contact & Site Information	6
<u>IV</u>	BCM Compact between Teachers, Learners, and Educational Staff	6
<u>V</u>	BCM Core Competencies and Graduation Goals (CCGG's)	9
<u>VI</u>	Relationship of Sub-Internship Objectives Mapped BCM CCGG's	11
<u>VII</u>	You Said, We Did	25
<u>VIII</u>	Student Roles, Responsibilities, and Activities	26
	Clinical Experiences Form	29
<u>IX</u>	Schedules	30
<u>X</u>	Grades	30
<u>XI</u>	Evaluation Forms	35
<u>XII</u>	Recommended Resources	35
<u>XIII</u>	Policies	35
<u>XIV</u>	Frequently Asked Questions	50

I. Introduction

Family Medicine Sub-internship Overview

During this 4 week rotation, students are assigned to work with the Inpatient Family Medicine team at Ben Taub Hospital. This inpatient experience provides an opportunity for motivated students to challenge themselves with an in-depth experience in managing underserved patients with many complex comorbidities through the perspective of an inpatient family medicine service. The goal of the experience is to help prepare future family physicians to provide high quality inpatient management of common problems, including procedures and medical emergencies. Please contact the course director about one month prior to the start of your rotation, to receive detailed orientation documents.

There are 2 sites for the family and community medicine sub-internship: Ben Taub General Hospital and Northwest Health Center.

WEEK 1

- Academic Half Day (First Monday of the rotation): There is a common academic half day sub-internship orientation. This is mandatory. All students must attend.
- Monday - 1:00 PM – 3:00 PM - (BTGH) Admitting patients, Rounding on current and new patients with faculty and resident team
 - 3:00 PM – 6:00 PM - Presentation rounds with faculty and residents
 - 6:00 PM - Handoff to night team
- Tuesday - no admissions
 - 9:00 AM – 1:00 PM - Presentation rounds on current patients with faculty and residents, evidence-based presentation by student and resident to faculty (topics will be assigned by faculty and relevant to cases at hand)
 - 1:00 PM – 6:00 PM - Rounding on current patients and charting
 - 6:00 PM - Handoff to night team
- Wednesday – 7:00 AM – 12:00 PM - Admitting patients, Rounding on current and new patients with faculty and resident team
 - 3:00 PM – 6:00 PM - Presentation rounds with faculty and residents
 - 6:00 PM - Handoff to night team
- Thursday - no admissions, attend conference, lectures, etc.
 - 8:00 AM – 12:00 PM - (Northwest Clinic) Ambulatory care Family Medicine adult and pediatric continuity patients (PGY-2 & PGY-3 patient panel), check-out patients with attending provider
 - 1:30 PM - 4:30 PM - Inpatient Core Lecture
 - 6:00 PM - Handoff to night team
- Friday – 11:00 AM – 3:00 PM - Admitting patients, Rounding on current and new patients with faculty and resident team
 - 3:00 PM – 6:00 PM Rounding on current patients and charting
 - 6:00 PM - Handoff to night team
- Weekends rounds are 9:00 AM – 12:00 PM. Rotation schedule to be arranged by third year upper level and will be shared amongst Sub-Internship student and resident interns.
- We do admit on holidays.

WEEK 2

- Monday – 7:00 AM – 3:00 PM - Admitting patients, Rounding on current and new patients with faculty and resident team
 - 3:00 PM – 6:00 PM - Presentation rounds with faculty and residents
 - 6:00 PM - Handoff to night team
- Tuesday - no admissions
 - 8:00 AM – 1:00 PM - (Northwest Clinic) Pre-natal care patients (PGY-2 & PGY-3 patient panel), check-out patients with attending provider
 - 1:00 PM – 6:00 PM - Rounding on current patients and charting
 - 6:00 PM - Handoff to night team
- Wednesday – 7:00 AM – 12:00 PM - Admitting patients, Rounding on current and new patients with faculty and resident team
 - 3:00 PM – 6:00 PM - Presentation rounds with faculty and residents
 - 6:00 PM - Handoff to night team
- Thursday - no admissions, attend conference, lectures, etc.
 - 9:00 AM – 1:00 PM - Presentation rounds on current patients with faculty and residents, evidence-based presentation by student and resident to faculty (topics will be assigned by faculty and relevant to cases at hand)
 - 1:30 PM - 4:30 PM - Inpatient Core Lecture
 - 6:00 PM - Handoff to night team
- Friday - 11:00 AM – 3:00 PM - Admitting patients, Rounding on current and new patients with faculty and resident team
 - 3:00 PM – 6:00 PM - Rounding on current patients and charting
 - 6:00 PM - Handoff to night team
- Weekends rounds are 9:00 AM – 12:00 PM - Rotation schedule to be arranged by third year upper level and will be shared amongst Sub-Internship student and resident interns.
- One call from the following is required to be assigned by PGY-2 & PGY-3:
 - 7:00 AM – 7:00 PM - (Sat or Sun) - Partnered call with upper level resident
 - 7:00 PM – 7:00 AM - (Sat or Sun) Partnered call with upper level resident
- We do admit on holidays.

WEEK 3

- Monday – 7:00 AM – 3:00 PM - Admitting patients, Rounding on current and new patients with faculty and resident team
 - 3:00 PM – 6:00 PM - Presentation rounds with faculty and residents
 - 6:00 PM - Handoff to night team
- Tuesday - no admissions
 - 9:00 AM – 1:00 PM - Presentation rounds on current patients with faculty and residents, evidence-based presentation by student and resident to faculty (topics will be assigned by faculty and relevant to cases at hand)
 - 1:00 PM – 6:00 PM - Rounding on current patients and charting
 - 6:00 PM - Handoff to night team
- Wednesday – 7:00 AM – 12:00 PM - Admitting patients, Rounding on current and new patients with faculty and resident team
 - 3:00 PM – 6:00 PM - Presentation rounds with faculty and residents
 - 6:00 PM - Handoff to night team
- Thursday - no admissions, attend conference, lectures, etc.
 - 8:00 AM – 12:00 PM – (Northwest Clinic) Ambulatory care Family Medicine adult and pediatric continuity patients (PGY-2 & PGY-3 patient panel), check-out patients with attending provider
 - 1:30 PM - 4:30 PM - Inpatient Core Lecture

- 6:00 PM - Handoff to night team
- Friday – 11:00 AM – 3:00 PM - Admitting patients, Rounding on current and new patients with faculty and resident team
 - 3:00 PM – 6:00 PM - Rounding on current patients and charting
 - 6:00 PM - Handoff to night team
- Weekends rounds are 9:00 AM – 12:00 PM - Rotation schedule to be arranged by third year upper level and will be shared amongst Sub-Internship student and resident interns.
- We do admit on holidays.

WEEK 4

- Monday – 7:00 AM – 3:00 PM - Admitting patients, Rounding on current and new patients with faculty and resident team
 - 3:00 PM – 6:00 PM - Presentation rounds with faculty and residents
 - 6:00 PM - Handoff to night team
- Tuesday - no admissions
 - 8:00 AM – 1:00 PM - (Northwest Clinic) Pre-natal care patients (PGY-2 & PGY-3 patient panel), check-out patients with attending provider
 - 1:00 PM – 6:00 PM - Rounding on current patients and charting
 - 6:00 PM - Handoff to night team
- Wednesday – 7:00 AM – 12:00 PM - Admitting patients, Rounding on current and new patients with faculty and resident team
 - 3:00 PM – 6:00 PM - Presentation rounds with faculty and residents
 - 6:00 PM - Handoff to night team
- Thursday - no admissions, attend conference, lectures, etc.
 - 9:00 AM – 1:00 PM - Presentation rounds on current patients with faculty and residents, evidence-based presentation by student and resident to faculty (topics will be assigned by faculty and relevant to cases at hand)
 - 1:30 PM - 4:30 PM - Inpatient Core Lecture
 - 6:00 PM - Handoff to night team
- Friday – 11:00 AM - 3:00 PM - Admitting patients, Rounding on current and new patients with faculty and resident team
 - 3:00 PM – 6:00 PM - Rounding on current patients and charting
 - 6:00 PM - Handoff to night team
- Weekends rounds are 9:00 AM – 12:00 PM - Rotation schedule to be arranged by third year upper level and will be shared amongst Sub-Internship student and resident interns.
- One call from the following is required to be assigned by PGY-2 & PGY-3:
 - 7:00 AM – 7:00 PM (Sat or Sun) Partnered call with upper level resident
 - 7:00 PM – 7:00 AM (Sat or Sun) Partnered call with upper level resident
- We do admit on holidays.

SUB INTERNSHIP SCHEDULE OVERVIEW

		MON	TUES	WED	THURS	FRI	SAT	SUN
WEEK 1	AM	BCM (Orientation)	Hospital (Rounds)	Hospital (Admissions)	Clinic (Amb Care)	Hospital (Admissions)	OFF	Hospital (Rounds)
	PM	Hospital (Admissions)	Hospital (Rounds)	Hospital (Rounds)	Hospital (Didactics)	Hospital (Admissions)	OFF	OFF

WEEK 2	AM	Hospital (Admissions)	Clinic (Prenatal care)	Hospital (Admissions)	Hospital (Rounds)	Hospital (Admissions)	12 HOUR CALL	
	PM	Hospital (Admissions)	Hospital (Rounds)	Hospital (Rounds)	Hospital (Didactics)	Hospital (Admissions)		
WEEK 3	AM	Hospital (Admissions)	Hospital (Rounds)	Hospital (Admissions)	Clinic (Amb Care)	Hospital (Admissions)	OFF	Hospital (Rounds)
	PM	Hospital (Admissions)	Hospital (Rounds)	Hospital (Rounds)	Hospital (Didactics)	Hospital (Admissions)	OFF	OFF
WEEK 4	AM	Hospital (Admissions)	Clinic (Prenatal care)	Hospital (Admissions)	Hospital (Rounds)	Hospital (Admissions)	12 HOUR CALL	
	PM	Hospital (Admissions)	Hospital (Rounds)	Hospital (Rounds)	Hospital (Didactics)	Hospital (Admissions)		

Hospital – Ben Taub General Hospital (BTGH)

Clinic – Northwest Community Health Center (NWC)

- One half-day a week, the sub-internship student will do an ambulatory clinic with one of the PGY-2 or PGY-3 family medicine residents that are on service doing their clinic. It could be general ambulatory primary care, or prenatal clinic.

Note:--If the Family Medicine service is not busy during the day and the student wishes to experience more Obstetrics—he or she can round with the FM/OB attending and resident. The student is free to round on any newborn/postpartum patients and help manage any patients in active labor.

Restrictions: Family Medicine subinternship is only available for Baylor College of Medicine medical students

Learning Activity Outline:

Sub-Internship students are responsible for managing approximately 3-4 patients.

Sub-Internship students are responsible for H&P, progress note documentation on all their assigned patients. All documentation must be reviewed by the upper level resident or attending.

Sub-Internship students are responsible for generating a differential diagnosis and management plan, ordering appropriate studies, labs or medications in EPIC, updating the patient list to include active and relevant conditions, writing and facilitating discharges, and providing and receiving handoffs.

All subintern orders must be co-signed by the upper level.

Night Float:

There is no night float requirement for this rotation.

Method of Evaluation:

All Sub-Internship students are evaluated on these competencies by those they have worked with clinically, the grades will be based solely on these interactions with attending faculty. Sub-I student MUST be evaluated by all attending physicians that they worked with during rotation. Attending physicians will seek feedback from all residents on the hospital service including night-float residents prior to completing evaluations. The evaluation is based on direct observation, and is anchored on the competencies described above.

Principles of Patient Care:

Subinterns are evaluated based on the 6 ACGME competencies.

1. **Knowledge.** A subintern should exhibit a comprehensive knowledge of the medical problems common to each discipline, including an understanding of pathophysiology and spectrum of disease severity. They should be able to formulate broad differential diagnoses of each medical problem, know the major and minor diagnostic studies, most treatment options, and major and minor complications of disease, studies, and treatments. They should understand and educate their patients on indications and contraindications, risks and benefits of treatments and procedures.

2. **Patient Care.** A subintern should be able to reliably gather data and report accurately and efficiently to their team, be able to independently and accurately interpret most clinical situations and test results, be able to accurately recognize ill patients and changes in clinical situations, be able to independently formulate plans for diagnosis and treatment of most common presentations and diseases, and be able to appropriately obtain informed consent, coordinate care, address issues surrounding end-of-life care.

3. **Professionalism.** A subintern should demonstrate respect, compassion and integrity as well as accountability and excellence in carrying out responsibilities, and take initiative in identifying and addressing needs of patient and team. A subintern assumes Responsibility for their own actions and monitors their performance for errors and areas. To improve, independently identifies and fills knowledge gaps, is committed to excellence inpatient care, and is a patient advocate and works to address patient needs beyond basic medical care.

4. **Interpersonal and Communication Skills.** A subintern should have excellent communication with the patients, family members with detailed attention to the inclusion of relevant information and synthesis of clinical information, rationale for ongoing treatment or new plans utilizing terms appropriate to patient's educational level and scientific jargon. They should be able to effectively communicate and establish rapport with even the most challenging patients, nurses, and staff. Demonstrates understanding of the cultural sensitivities and patient wishes with regards to health care and incorporates this knowledge into the discussions with the patient.

5. **Practice-Based Improvement.** A subintern should effectively assimilate and appraise clinical information and evidence and use it effectively to improve patient care. They should not only recognize what to do for best outcomes, but also why, based on what literature and who says.

6. **System-Based Practice.** A subintern should demonstrate proficiency in coordinating comprehensive and longitudinal patient care both within the hospital and during transition of care from inpatient to

outpatient settings, and should demonstrate understanding and coordinates patient care plans utilizing the resources available both within the hospital and in the community in an appropriate and efficient manner including, but not limited to; nursing staff, social work, case-management, specialty consultants and ancillary staff.

II. Clinical Sites:

Sub-Internship Location:
Ben Taub General Hospital
1500 Taub Loop
Houston, Texas 77030

Family Medicine Home Base: located on the 3rd floor across 3B. This is the FM residents call room.

Ambulatory component:
Harris Health Northwest Clinic
1100 W 34th Street
Houston, TX 77018

III. Contact and Site Information:

Course Director: Irvin Sulapas, MD
Email: Irvin.Sulapas@bcm.edu

Course coordinator: Bridget Angel, MA
Phone: 713-798-6590
Email: Bridget.Angel@bcm.edu

Access code to home base: 4321*
Family Medicine Inpatient contact #: 713 873-8849
FM Spectralink: 713-873-9690
FM Inpatient Service pager: 281-952-5206

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 health care team
- 4.3. Demonstrate the ability to effectively communicate and collaborate with colleagues, other health care professionals, or health related agencies
- 4.4. Apply verbal and written medical communication skills to basic and advanced medical scenarios

5. Practice-based learning and improvement

Each student graduating from BCM will:

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

6. Systems-based practice

Each student graduating from BCM will:

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

7. Leadership

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

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

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

Medical Program Objective(s)	Related Sub-Internship Objective	Mode of Teaching	Mode of Assessment	
			Formative	Summative
Professionalism	Demonstrate a commitment to accountability, excellence in practice, adherence to ethical principles, humanism, altruism, and sensitivity to diversity			
1.4	Demonstrate a commitment to accountability, excellence in practice, adherence to ethical principles, humanism, altruism, and sensitivity to diversity	Orientation workshop Academic Half Day	Participation	
1.1,1.2,1.3, 1.4,1.5, 1.8	Compassionate, respectful, advocates for patient/family's needs	Standards of professionalism on Blackboard site Faculty hospital attending preceptor experience	Preceptor feedback Mid Sub-Internship and end of rotation Student Performance Assessment observation by your preceptor	Preceptor Student Performance Assessment
1.2, 1.3, 1.5, 1.6, 1.8, 7.3	Reliable and prepared, cooperative, proactive to colleagues and team	Standards of professionalism on Blackboard site Faculty hospital attending	Preceptor feedback Mid Sub-Internship and end of rotation Student	Preceptor Student Performance Assessment

		preceptor experience	Performance Assessment observation by your preceptor	
1.2, 1.3, 1.5, 1.6, 1.7, 1.8	Positive role model to other students	Standards of professionalism on Blackboard site Faculty hospital attending preceptor experience	Preceptor feedback Mid Sub-Internship and end of rotation Student Performance Assessment observation by your preceptor	Preceptor Student Performance Assessment
1.6, 5.1, 7.2	Seeks, accepts and integrates feedback; self-aware of performance with respect to self-improvement	Standards of professionalism on Blackboard site Faculty hospital attending preceptor experience	Preceptor feedback Mid Sub-Internship and end of rotation Student Performance Assessment observation by your preceptor	Preceptor Student Performance Assessment
Medical Knowledge: demonstrate sufficient knowledge to provide patient care with appropriate supervision				

2.1, 2.3, 3.2	Recognizes signs/symptoms of clinical deterioration and outlines methods of initial treatment	Readings from reference list stored on residency Blackboard site, Use of online database e.g. Uptodate, Hospital rounds, Grand rounds, Noon conferences, CORE Didactic lectures, Faculty hospital attending preceptor experience	Faculty hospital attending preceptor feedback	Preceptor Student Performance Assessment
3.4, 4.2	Student explains to the patient/family in lay terms the indications, contraindications, risks and benefits of common medical procedures	Readings from reference list stored on residency Blackboard site, Use of online database e.g. Uptodate, Hospital rounds, Grand rounds, Noon conferences, CORE Didactic lectures, Faculty hospital attending preceptor experience	Faculty hospital attending preceptor feedback	Preceptor Student Performance Assessment
Patient Care: provide patient care that is compassionate, appropriate and effective for the treatment of health problems				

3.3	Modifies the differential diagnosis and problem list to integrate updated clinical data	Faculty hospital attending preceptor experience	Preceptor feedback Mid Sub-Internship and end of rotation Student Performance Assessment observation by your preceptor	Preceptor Student Performance Assessment
3.2	Modifies the management plan to reflect updated clinical data	Faculty hospital attending preceptor experience	Preceptor feedback Mid Sub-Internship and end of rotation Student Performance Assessment observation by your preceptor	Preceptor Student Performance Assessment
3.2, 3.8, 3.9	Recognizes signs/symptoms of clinical deterioration and outlines methods of initial treatment	Faculty hospital attending preceptor experience	Preceptor feedback Mid Sub-Internship and end of rotation Student Performance Assessment observation by your preceptor	Preceptor Student Performance Assessment

3.9	Makes appropriate decisions about admission, discharge and transfers to higher/lower levels of care	Faculty hospital attending preceptor experience	Preceptor feedback Mid Sub-Internship and end of rotation Student Performance Assessment observation by your preceptor	Preceptor Student Performance Assessment
3.9	Discuss the evidence supporting the relationship between structured handoffs and patient safety	Handoff Workshop Academic Half Day	Participation	
3.10, 4.2	Plans and executes patient handoffs that ensure safe continuity of care	Faculty hospital attending preceptor experience	Preceptor feedback Mid Sub-Internship and end of rotation Student Performance Assessment observation by your preceptor	Preceptor Student Performance Assessment
3.10	Provide timely and accurate documentation of all assessment, plans, interventions, and orders – including prescriptions and transfers-of-care between providers or setting	Handoff Workshop Academic Half Day	Participation	

3.1, 3.9, 4.3	Interprets consultant recommendations and applies appropriately to the patient	Faculty hospital attending preceptor experience	Preceptor feedback Mid Sub-Internship and end of rotation Student Performance Assessment observation by your preceptor	Preceptor Student Performance Assessment
3.3, 3.7, 3.9, 3.10	Organizes and prioritizes responsibilities to provide patient care that is effective and efficient	Faculty hospital attending preceptor experience	Preceptor feedback Mid Sub-Internship and end of rotation Student Performance Assessment observation by your preceptor	Preceptor Student Performance Assessment
3.10	Provide timely and accurate documentation of all assessment, plans, interventions, and orders – including prescriptions and transfers-of-care between providers or settings Utilize the discharge navigator in EMR SandBox	Discharge Workshop Academic Half Day	Participation	

<p>Interpersonal and Communication Skills: demonstrate interpersonal and written communication skills that results in effective information exchange and collaboration with patients, their families, and all members of the hearth care team</p>			<p>Preceptor feedback</p> <p>Mid Sub-Internship and end of rotation Student Performance Assessment observation by your preceptor</p>	<p>Preceptor Student Performance Assessment</p>
<p>4.1</p>	<p>Demonstrate patient-centered interview skills in order to create and sustain a supportive and therapeutic relationship with patients and families</p>	<p>Handoff workshop</p> <p>Academic Half day</p>	<p>Participation</p>	
<p>4.2, 4.3</p>	<p>Frames an effective clinical question for a consultant or ancillary staff</p>	<p>Faculty hospital attending preceptor experience</p>	<p>Preceptor feedback</p> <p>Mid Sub-Internship and end of rotation Student Performance Assessment observation by your preceptor</p>	<p>Preceptor Student Performance Assessment</p>

4.3	Demonstrate the ability to effectively communicate and collaborate with colleagues, other health care professionals, or health related agencies	Handoff workshop Academic Half Day	Participation	
4.3	Demonstrate the ability to effectively communicate and collaborate with colleagues, other health care professionals, or health related agencies Define the 5 characteristics of an ideal consultation.	Consult Workshop Academic Half Day	Participation	
3.10, 4.2, 4.4	Medical record entries are organized, appropriately focused and accurate	Faculty hospital attending preceptor experience	Preceptor feedback Mid Sub-Internship and end of rotation Student Performance Assessment observation by your preceptor	Preceptor Student Performance Assessment
4.2, 4.3, 4.4	Oral presentations on rounds are organized, appropriately focused and accurate	Faculty hospital attending preceptor experience	Preceptor feedback Mid Sub-Internship and end of rotation Student Performance Assessment observation by your preceptor	Preceptor Student Performance Assessment

4.1	Provides effective patient/family education (re: diagnosis, discharge, treatment plan) taking into account health literacy level	Faculty hospital attending preceptor experience	Preceptor feedback Mid Sub-Internship and end of rotation Student Performance Assessment observation by your preceptor	Preceptor Student Performance Assessment
4.1	Explains to the patient/family in lay terms the indications, contraindications, risks and benefits of common medical procedures	Faculty hospital attending preceptor experience	Preceptor feedback Mid Sub-Internship and end of rotation Student Performance Assessment observation by your preceptor	Preceptor Student Performance Assessment
4.2, 4.3	Requests and works with interpretation services appropriately	Faculty hospital attending preceptor experience	Preceptor feedback Mid Sub-Internship and end of rotation Student Performance Assessment observation by your preceptor	Preceptor Student Performance Assessment

4.1	Builds rapport and encourages patient/family participation in shared-decision making (only for patient-family centered care)	Faculty hospital attending preceptor experience	Preceptor feedback Mid Sub-Internship and end of rotation Student Performance Assessment observation by your preceptor	Preceptor Student Performance Assessment
4.2	Demonstrate the ability to communicate effectively, efficiently, and accurately as a member or leader of a health care team	Discharge Workshop Academic Half Day	Participation using I-PASS	
4.2	Demonstrate the ability to communicate effectively, efficiently, and accurately as a member or leader of a health care team List essential components of the discharge summary.	Discharge Workshop Academic Half Day	Participation using	
4.3	Demonstrate the ability to effectively communicate and collaborate with colleagues, other health care professionals, or health related agencies	Handoff Workshop Academic Half Day	Participation	
4.3	Demonstrate the ability to effectively communicate and collaborate with colleagues, other health care professionals, or health related agencies Discuss the importance of developing a core question to ask the consultant. Apply the 5 C's consultation guide to case scenarios	Consult Workshop Academic Half Day	Participation	

4.4	<p>Apply verbal and written medical communication skills to basic and advanced medical scenarios</p> <p>List essential components of the discharge summary.</p> <p>Evaluate the quality of the discharge summary</p>	<p>Discharge Workshop</p> <p>Academic Half Day</p>	Participation	
Practice-based Learning and Improvement: use evidence based medicine and self-directed learning in the care of patient and education of others			<p>Preceptor feedback</p> <p>Mid Sub-Internship and end of rotation Student Performance Assessment</p> <p>observation by your preceptor</p>	Preceptor Student Performance Assessment
5.2, 5.3	Uses evidence-based medicine and/or current literature to appropriately answer a clinical question	Faculty hospital attending preceptor experience	<p>Preceptor feedback</p> <p>Mid Sub-Internship and end of rotation Student Performance Assessment</p> <p>observation by your preceptor</p>	Preceptor Student Performance Assessment

1.6, 5.1, 7.2	Seeks, accepts and integrates feedback; self-aware of performance with respect to self-improvement	Faculty hospital attending preceptor experience	Preceptor feedback Mid Sub-Internship and end of rotation Student Performance Assessment observation by your preceptor	Preceptor Student Performance Assessment
Systems-based Practice: provide high-quality health care and advocate for patients within the context of the health care system				
3.10, 4.2, 4.3, 4.4, 6.2	Plans and executes patient handoffs that ensure safe continuity of care	Faculty hospital attending preceptor experience Hospital rounds, Grand rounds, Noon conferences, CORE Didactic lectures	Preceptor feedback Mid Sub-Internship and end of rotation Student Performance Assessment observation by your preceptor	Preceptor Student Performance Assessment
3.1, 3.9, 4.3	Interprets consultant recommendations and applies appropriately to the patient	Faculty hospital attending preceptor experience Hospital rounds, Grand rounds, Noon conferences, CORE Didactic lectures	Preceptor feedback Mid Sub-Internship and end of rotation Student Performance Assessment	Preceptor Student Performance Assessment

			observation by your preceptor	
6.3, 6.4	Participates in identifying system deficiencies that could jeopardize patient safety	Faculty hospital attending preceptor experience Hospital rounds, Grand rounds, Noon conferences, CORE Didactic lectures	Preceptor feedback Mid Sub-Internship and end of rotation Student Performance Assessment observation by your preceptor	Preceptor Student Performance Assessment
6.2, .6.3	Organizes and prioritizes responsibilities to provide patient care that is effective and efficient	Faculty hospital attending preceptor experience Hospital rounds, Grand rounds, Noon conferences, CORE Didactic lectures	Preceptor feedback Mid Sub-Internship and end of rotation Student Performance Assessment observation by your preceptor	Preceptor Student Performance Assessment
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 Describe the consequences of poor communication with regards to patient safety.	Consult Workshop Academic Half Day	Participation	

<p>Leadership: building upon the foundation of competence in the other six domains</p>			<p>Preceptor feedback</p> <p>Mid Sub-Internship and end of rotation Student Performance Assessment</p> <p>observation by your preceptor</p>	<p>Preceptor Student Performance Assessment</p>
<p>7.1</p>	<p>Demonstrate the ability to work effectively as a member of an interprofessional health care team</p>	<p>Handoff Workshop</p> <p>Academic Half Day</p>	<p>Participation</p>	
<p>7.1, 7.2, 7.3</p>	<p>Serve as a positive role model to other students</p>	<p>Faculty hospital attending preceptor experience</p>	<p>Preceptor feedback</p> <p>Mid Sub-Internship and end of rotation Student Performance Assessment</p> <p>observation by your preceptor</p>	<p>Preceptor Student Performance Assessment</p>

VII. You Said, We Did:

We value your feedback and the following changes have been made in response to student concerns and suggestions. Sub-Internship course changes for 2019-2020:

Our written evaluations have been very positive. The following table reflects the conversations the Sub-Internship Director had with students at the end of the rotation.

You Said	We Did
Increased student responsibility and learning	Allowing students to have a more direct role with coordinating care with consulting services
Increased student responsibility and learning	Allowing students the opportunity to prepare and present the sign-out of their assigned patients to cross cover residents.
Increased student responsibility and learning	Increased number of patients a student is responsible for from 1-2 to 3-4.
Increased student responsibility and learning	Developing an appropriate assessment and plan to present on rounds. Students are encouraged to work collaboratively with upper level residents to develop management plans.
Night Float Experience was rated lower.	Night float was taken out and replaced by two, 12 hour calls over the 4 week rotation
One faculty member had a 'mistreatment concern' documented.	The faculty with the 'mistreatment' was counseled at the time of the reporting and the faculty has since left the department.
There were two (2) low-graded faculty	Both faculty have since left the department.
Mid-Term Feedback did not include resident evaluations.	We require faculty to seek resident evaluations prior to providing Mid and End of Term Evaluations.

VIII. Student Roles, Responsibilities and Activities:

Clinical responsibilities:

1. Taking primary responsibility for the patient.
2. Writing histories, physicals competently and presenting oral presentations concisely.
3. Functioning as a team player with residents, attending, nursing staff and ancillary services involved in the care of the patient.
4. Prioritizing and organizing work effectively.
5. Actively self-directing learning to address medical problems.
6. Sharing information effectively with a patient and family.
7. Anticipating the needs of the patients during hospital course: ordering labs, studies, additional therapy, etc.
8. Communicating pertinent information about patients during hand-offs.
9. Coordinating the care of your patient during hospitalization and in planning for discharge.
10. Being responsible for managing at least 3-4 patients a day.
11. Being responsible for calling in appropriate consults, writing orders on all of your patients.
12. Demonstrating Family Medicine intern-level knowledge and skills.

After a brief time getting oriented on to the hospital Service (1 – 2 days) you should be able to admit a patient, write their history and create a management plan, discuss your plan with your team, present your patient at rounds, place orders and communicate your orders to staff, provide a handoff at the end of your shift.

You are required to be supervised by your preceptor in the following situations:

Performing breast, genitalia/pelvic, prostate/rectal exams (and with a chaperone if indicated)

Performing procedures

Develop your self-learning skills

Outside of times when you round with the faculty preceptor/attending physician; you may notice that residents and the team have a busy work flow, at these times teaching is less organized and formal than at other times or in other rotations. While your preceptor and residents on your team will make every effort to teach you between patients and at the beginning or end of the day, it likely will be difficult for them to stop their work to teach. Please save your questions for a later time to allow for good work

flow. Use this opportunity to develop your self-learning skills. Use the resources provided including online databases to guide your learning. 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.

Join the clinical team and contribute where you can to provide quality care

During your time on this rotation, 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 hospital nursing staff, clinical pharmacists, social workers, therapists, consulting physician teams, your team residents 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 is an opportunity to learn how to participate in a residency team. A skill that will be needed to be successful in your upcoming residency (be it family medicine or not). 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 staff provide better care (e. g. – call Primary care attendings, obtain past medical records, call discharged patients, provide patient education, research answers to clinical questions).

Contribute to the quality of the FCM Sub-Internship

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 Sub-Internship 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 Student Performance Assessment form: On the third Thursday of Sub-Internship you will receive a notice from E*value asking that you complete an evaluation on your attending faculty preceptors and residents. Also, you will have opportunity to select which preceptors and residents you wish to evaluate. Please complete this form on your preceptor(s) and residents by the requested deadline (the Monday after your Sub-Internship has been completed.)

If you have any specific issues about the Sub-Internship that you wish to discuss in detail, please contact the Sub-Internship Director to arrange a meeting. In addition, you should expect to talk with your Sub-Internship Director to discuss your final Student Performance Assessment and to provide them with feedback about your experience.

Stay in communication with the Sub-Internship Director staff

Please check your Baylor email periodically during the Sub-Internship Director. We do not intend to send you frequent emails, but will send you at least one during the middle of the clerkship.

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 the hospital service on the first day
Seek feedback daily – perhaps multiple times in a day
Mid-course discussion/feedback
End of course Student Performance Assessment
Observed encounter by your preceptor

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

Call consultants back
Check on patients
Review chart frequently for consultant notes, nursing communications, test results
Offer to research clinical questions
Do patient education
Help wherever you can!

DRESS CODE:

Clean white coat
Business-appropriate dress or hospital assigned scrubs

Do's AND Don'ts of the Sub-Internship:

Do:

- Be on time and present when expected or contact your preceptor and the Sub-Internship coordinators if not able to be present when expected
- Demonstrate professionalism in your interactions with everyone
- 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 the hospital during patient care time without the permission of the attending physician and the Sub-Internship Director in advance. This includes College committee meetings and meetings with your BCM mentor.
- Disagree with your attending physician or residents in front of patients or staff members. Please discuss your suggestions or concerns about patient care with your attending physician or residents in private.

- Disagree with your attending physician or residents when discussing with other consultants.
Please discuss your suggestions or concerns about patient care with your attending physician or residents in private prior to discussing

Clinical Experiences Form

Patient Type/Clinical Condition	Procedure/Skills	Clinical Setting(s)	Level of Student Responsibility	Minimum # Required	Alternative Methods Used for Remedying Clinical Encounter Gaps	Alternative Methods were Used by 25% or More Students Y/N	Changes in 2019
Admitted patient	Communicate with patient/family and ensure their understanding of the indications, risks, benefits, alternatives, and potential complications for treatments or procedures	Inpatient	Perform	1	Meet with course director who will find another patient on which student can demonstrate this skill	No	No
Edit:							
Admitted patient	Communicate daily updates and results to patients/families in a sensitive manner using appropriate lay terms and avoiding/explaining medical jargon	Inpatient	Perform	1	Meet with course director who will find another patient on which student can demonstrate this skill	No	No
Edit:							
Admitted patient	Communicate discharge instructions to the patient/family, inviting questions and confirming understanding	Inpatient	Perform	1	Meet with course director who will find another patient on which student can demonstrate this skill	No	No
Edit:							
Admitted patient	Articulate a specific clinical question to initiate a consult request and communicate recommendations back to the primary team	Inpatient	Perform	1	Meet with course director who will find another patient on which student can demonstrate this skill	No	No
Edit:							
Admitted patient	Write discharge summary	Inpatient	Perform	2	Meet with course director who will find another patient on which student can demonstrate this skill	No	No
Edit:							
Admitted patient	Give appropriate hand-off of primary patient to on-call/night float resident	Inpatient	Perform	1	Meet with course director who will find another patient on which student can demonstrate this skill	No	No

Edit:							
Patient being admitted from clinic or EC	Draft Admission Orders	Inpatient	Perform	1	Meet with course director who will find another patient on which student can demonstrate this skill	No	No
Admitted patient	Draft discharge orders and prescriptions	Inpatient	Perform	1	Meet with course director who will find another patient on which student can demonstrate this skill	No	No
Edit:							

IX. Schedules:

Admitting Schedule:

Ben Taub Emergency Room & Direct Admissions Schedule

Monday - 7:00 AM – 3:00 PM, maximum 6 patients

Tuesday - no admissions

Wednesday—7:00 AM – 12:00 PM, maximum 7 patients (including step-down from ICU)

Thursday - no admissions

Friday – 11:00 AM – 3:00 PM, maximum 6 patients

We do admit on holidays.

Northwest Community Health Center Continuity Patients Admitting Schedule

We admit continuity patients seven days a week, 24 hours a day.

Hospital Service Census Capped at 20 patients

Note:--If the Family Medicine service is not busy during the day and the student wishes to experience more Obstetrics—he or she can round with the FM/OB attending and resident. The student is free to round on any newborn/postpartum patients and help manage any patients in active labor.

X. Grades:

Family Medicine Sub-Internship Grading Rubric (starting Jan 2020)

Item	MP/F	Min. Score Pass	Min. Score High Pass	Min. Score Honors	Total Points

SPAF (90%) : 16 items assessment Max score 144 points <ul style="list-style-type: none"> 0 = can't assess. Eliminate from calculations Professional items to 9 point scale by mult. x 3 	$<104/144$ $* 100 *$ $0.9 =$ < 65	$104/144 *$ $100 * 0.9$ = 65	$117/144 *$ $100 * 0.9$ = 73	$125/144 *$ $100 * 0.9$ = 78	$144/144$ $* 100 *$ 0.9 = 90
EBM (5%) <ul style="list-style-type: none"> Completed & uploaded by deadline = 5 Completed & uploaded late = 3 Not done = 0 	0	0	3	5	5
Professional Responsibilities (5%) Must be complete by deadline <ul style="list-style-type: none"> Direct obs of handoff Direct obs of discharge Complete MTF self-assessment Submit passport/MTF at midpoint Submit passport by end of course 	0-1	2	3	5	5
Total Points	<67	67	78	85	100
Mode of readiness for internship	1	2 (with 1)	2 (no 1)	3 (no 1)	3

- Students must meet minimum criteria in each category. If a student meets criteria for Honors in the SPAF but not in EBM or Professionalism, the student will not earn Honors.
- Comments and readiness for internship are considered global items and will be used for correlation with grade assignment
- Breaches in professionalism may lower grade, and serious professionalism breaches may result in failure of the course.

Grading Rubric: Grades are based on the Student Performance Assessments, which are completed by supervising attendings. Every student MUST have all attending physicians Student Performance Assessment submitted in order to receive a grade. Attending physicians will seek feedback from all residents on the hospital service including night-float residents prior to completing evaluations. The evaluation is based on direct observation, and is anchored on the competencies described elsewhere.

5% of the final score is professionalism. The professionalism rubric includes relevant items from the course evaluation, compliance with the attendance policy and timely completion of all required documentation.

5% of the final score is presentation of evidence based medicine (EBM). This component could be a small presentation about either a patient or a medical diagnosis/treatment seen during the rotation. This is done with the inpatient team.

Serious breaches of professionalism alone are grounds for failure in the course and will be reported to the Student Professionalism Response Intervention Team (SPRINT) committee.

*Comments from the assessors will be used by the sub-I grading committee to determine whether the student's score will be Marginal Pass or Fail.

In addition to achieving the competencies described above, a student performing at a level of Honors typically demonstrates the following behaviors:

- Takes ownership of his/her patient.
- Acts as an advocate for the patient.
- Incorporates psychosocial concerns into patient's management.
- Patient looks to the student as their primary care provider as it is the student who explains things to them and answers questions. (Of course student defers when appropriate.)
- Brings literature and outside resources to help develop and support their plan.
- Develops an organizational system to complete tasks in a timely fashion.
- Communicates with consultants, nurses, and ancillary providers.
- Takes initiative to teach core medical students and team.
- Familiar with patients other than those assigned to them and able to assist.

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

How a failure may be earned in the BCM sub-internships:

1. Clinical performance alone. A failing clinical performance has been defined as greater than or equal to 2 SD below the mean for the preceding academic year OR earning less than a 2.0 in "global readiness for internship."
2. Significant issues with professionalism alone, independent of clinical performance.

An "F" will appear on the transcript. Remediation of a failure requires that the course be repeated in its entirety. After successful remediation, the highest grade that can be earned is a Pass.

Grade Verification

- 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.

- 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.

***Professionalism Requirements:**

Please see Professionalism grade rubric

You must demonstrate professionalism in all clerkship activities and in all of your interactions with everyone. Any incident of unprofessionalism will be reviewed by our Sub-Internship and FCM Medical Education Committee and may result in a lowering of your overall grade or a grade of failure for the Sub-Internship.

Sub-internship Professionalism Grading Rubric (AY 19-20)

Serious professionalism breaches alone are grounds for failure in the course and will be reported to the SPRINT (Student Professionalism Response Intervention Team) Committee

5% of the final score will be derived from Professionalism Items as follows:

POINTS	SOURCE	IMPLEMENTATION	CCGG	Course Objectives		
1	PROF 1 ITEM				prof w/ respect to patients & families	compassionate & respectful, advocates for patient/family's needs
	Student		1.3, 1.4,			
	Performance		1.5,			
	Assessment		1.6,			
			7.3	1, 8, 10		
1	PROF 2 ITEM	Full Credit for No concerns; Deduct 0.5 for each minor concern; Deduct 1 for each major concern	1.3, 1.4, 1.5, 1.6, 7.1	1, 6, 10	prof w/ respect to colleagues & team	reliable & prepared; cooperative; proactive
Student						
Performance						
Assessment						
1	PROF 3 ITEM		1.3, 1.4, 1.5, 1.6, 7.3	1, 8, 10	prof w/ respect to other students	serves as a positive role model

1	PROF 4 ITEM Student Performance Assessment		1.5, 1.6, 7.2	1, 10	prof w/ respect to self- improvement	seeks, accepts & integrates feedback; self aware of performance
2	BCM Attendance Policy Compliance	Full Credit for compliance with Policy as written. Deduct points per policy breach at the discretion of the course director.	1.6			
4	Timely completion of required documentation	Full Credit awarded for timely completion of all required documentation. Deduct points for any tardy or missing documentation at the discretion of the course director..	1.6			

Appeals

If you wish to appeal, then, any student wishing to appeal a grade must initiate the process within 30 calendar days of receiving the disputed grade. An appeal letter should be sent to the Sub-Internship Director identifying the rotation and the grade being appealed, stating the reason(s) for the appeal, and specifying the requested change.

1. The Sub-Internship Director will meet with the student to discuss the appeal within 15 calendar days of receipt of the appeal letter.
2. If, after meeting with the student and consulting with faculty evaluating the student, the Sub-Internship director will present the appeal to the FCM Medical Education Committee. This committee includes the Chair of the department.

If the FCM Medical Education Committee determines that a change of grade is warranted, then the Sub-Internship Director will change the grade in a timely manner. If the Sub-Internship Director determine that a change of grade is not warranted, they must notify the student within 5 calendar days.

3. The student may make a final appeal to the Dean, whose decision is final.

XI. Student Performance Assessment Forms:

(See E-Value)

XII. Recommended Texts/Videos/Resources:

There are no required reading assignments on this rotation and our examinations are not based on any textbooks. However, students are expected to read on clinical conditions they encounter on this rotation as well as any of the common clinical conditions seen in a family physician's office. Students are also expected to pursue answers to their clinical questions that arise during patient care. Students may use textbooks or journals they are familiar with or any from the recommended reading list below. Students are encouraged to access other evidence-based information such as evidence-based clinical practice guidelines through the Internet and their handheld computers. Some of these will be discussed on the first day of the clerkship.

TEXTBOOKS:

Essential Family Medicine: Fundamentals & Case Studies, Third Edition, edited by Robert E. Rakel, M.D. Saunders Elsevier, 2006, (\$59.95) ISBN-13: 978-1-4160-2377-7

Essentials of Family Medicine, Fifth Edition, edited by P.D. Sloane, L.M. Slatt, M.H. Ebell, L.B. Jacques and M. A. Smith. Lippincott Williams & Wilkins, 2008 (\$49.95) ISBN: 978-0-7817-8188-6

Textbook of Family Medicine, edited by Robert E. Rakel. 7th ed., Elsevier Science Health Science, April 2007 (\$140.06) ISBN: 978-1-4160-2467-5

JOURNALS:

American Family Physician (full-text articles available at <http://www.aafp.org/afp/>)

Family Practice Clinical Research and/or Evidence-based Medicine:

The Journal of Family Practice (selected full-text articles available at <http://www.jfponline.com>)

Journal of the American Board of Family Medicine (full-text articles available at <http://www.jabfm.org/>)

Annals of Family Medicine (full-text articles available at: <http://annfammed.org/>)

MEDICAL REFERENCES:

UptoDate

ACP Journal Club--gives a quick summary about the quality of methodology and analysis of pertinent studies. Rated by topic relevance, i.e. primary care, hospital medicine. Can access this reference via TMC library.

XIII. Policies (edited 3-4-2020)

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

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

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

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

Additional information may be found in the student handbook:

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

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

Policies: Table of Contents

Add/drop Policy:

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

Attendance / Participation and Absences:

Alternative Educational Site Request Procedure (Policy 28.1.10):

Blood Borne Pathogens (Standard Precautions Policy 26.3.06):

Clinical Supervision of Medical Students (Policy 28.1.08):

Code of Conduct:

Compact Between Teachers, Learners and Educational Staff:

Course Repeat Policy:

Direct Observation Policy (Policy 28.1.03):

Duty Hours Policy (Policy 28.1.04):

Educator Conflicts of Interest Policy (Policy 23.2.04)

Examinations Guidelines:

Grade Submission Policy (28.1.01):

Grading Guidelines:

Grade Verification and Grade Appeal Guidelines:

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

Learner Mistreatment Policy (23.2.02):

Midterm Feedback Policy (Policy 28.1.02):

Narrative Assessment Policy (Policy 28.1.11):

Patient Safety:

Policy Regarding Harassment, Discrimination and Retaliation (02.2.25):

Religious Holiday and Activity Absence Policy:

Respectful & Professional Learning Environment Policy: Standards for Student Conduct and College Oversight (Policy 23.2.01):

Sexual Misconduct and Other Prohibited Conduct Policy (02.2.26):

Student Appeals and Grievances Policy (23.1.08):

Student Disability Policy (23.1.07):

Student Progression and Adverse Action Policy (Policy 28.1.05):

Notice of Nondiscrimination:

Statement of Student Rights:

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

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

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

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

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

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

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

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

Alternative Educational Site Request Procedure (Policy 28.1.10):

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

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

Blood Borne Pathogens (Standard Precautions Policy 26.3.06):

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

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

Students are expected to provide the appropriate level of care to all patients while following standard precautions to prevent the spread of infectious diseases due to exposure to human blood or bodily fluid. In the event of an exposure: students should immediately inform their supervisor and should notify the BCM Occupational Health Program (“OHP”) at (713) 798-7880.

Please see guidelines and embedded links for additional information.

Clinical Supervision of Medical Students (Policy 28.1.08):

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

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

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

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

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

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

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

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

Compact Between Teachers, Learners and Educational Staff:

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

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

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

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

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

Course Repeat Policy:

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

Direct Observation Policy (Policy 28.1.03):

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

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

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

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

Duty Hours Policy (Policy 28.1.04):

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

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

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

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

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

Educator Conflicts of Interest Policy (Policy 23.2.04)

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

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

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

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

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

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

Examinations Guidelines:

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

Grade Submission Policy (28.1.01):

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

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

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

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

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

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

Grade Verification

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

Grade Appeal Application

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

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

Institutional Policy on Infectious Disease: (Infection Control and Prevention Plan Policy 26.3.19)
https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&policy_number=26.3.19.

See also information on Student Health in the student handbook:

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

Learner Mistreatment Policy (23.2.02):

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

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

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

Options for Reporting Learner Mistreatment:**Informal Reporting Mechanisms:**

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

Formal Reporting Mechanisms:

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

Midterm Feedback Policy (Policy 28.1.02):

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

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

Foundational Sciences:

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

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

Clinical Courses

Student Midterm Feedback Forms are reviewed by the mid-point of each clinical course by Course Directors and leaders to confirm that they are completed. Faculty members should

identify deficiencies in clinical performance and/or completion of course objectives and work with the student to prepare an action plan to resolve any issues.

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

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

Please refer to other sections of the Course Overview Document for course-specific instructions related to mid-term feedback requirements and documentation.

Narrative Assessment Policy (Policy 28.1.11):

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.11

This policy outlines how the School of Medicine Deans and Course / Clerkship Directors work to ensure that when teacher-student interaction permits, a narrative assessment of a student's performance, including their non-cognitive achievement is provided.

This assessment is in the form of narrative descriptions of medical student performance, including references to non-cognitive achievement, as a component of the overall assessment in the respective course and/or clerkship.

Patient Safety:

Information for Reporting Patient Safety Incidents at BCM Affiliated Institutions:

<https://media.bcm.edu/documents/2016/e5/guide-to-reporting-patient-safety-incidents-7.20.2016.pdf>

Policy Regarding Harassment, Discrimination and Retaliation (02.2.25):

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=02.2.25

Religious Holiday and Activity Absence Policy: <https://www.bcm.edu/education/schools/medical-school/md-program/student-handbook/academic-program/attendance-and-absences/religious-holiday-and-activity-absence-policy>

Respectful & Professional Learning Environment Policy: Standards for Student Conduct and College Oversight (Policy 23.2.01):

https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.2.01

The Baylor College of Medicine (BCM) is committed to the values of integrity, respect, teamwork, innovation, and excellence, and requires all BCM Learners to practice these values consistently during the completion of requirements for educational progression and performance of scholarly and professional duties.

Creating and sustaining an environment reflective of BCM values is the responsibility of every individual at BCM.

This policy outlines the expectations of academic honesty and integrity; professionalism issues relating to alcohol and substance abuse; expectations for proper management of social media

and internet use along with use of BCM resources; options for reporting lapses in professionalism against learners.

Reporting Breaches in Professional Behavior:

Learners may report alleged violations of this policy through the Integrity Hotline either by calling the toll-free Hotline number (855-764-7292) or by accessing the Integrity Hotline website (www.bcm.ethicspoint.com).

Sexual Misconduct and Other Prohibited Conduct Policy (02.2.26):

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

See also relevant sections of the student handbook:

<https://www.bcm.edu/education/academic-faculty-affairs/academic-policies/title-ix-and-gender-discrimination/education/sexual-harassment>

Sexual Harassment is unwelcomed verbal or physical conduct of a sexual nature that is sufficiently severe, pervasive or persistent that it interferes with, denies or limits a person's ability to participate in or benefit from the College's academic environment, educational programs and/or activities, and is based on power differentials or quid pro quo, results in the creation of a hostile environment, or retaliation.

Examples of sexual harassment include but are not limited to: an attempt to coerce an unwilling person into a sexual relationship or experience; repeated subjection to egregious, unwelcomed sexual attention; punishment in response to a refusal to comply with a sexual request; a conditioned benefit in response to submission to sexual advances or requests; acts of sexual violence; domestic violence; dating violence; stalking.

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

Student Appeals and Grievances Policy (23.1.08):

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

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

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

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

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

Student Disability Policy (23.1.07):

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

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

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

Student Progression and Adverse Action Policy (Policy 28.1.05):

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

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

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

The policy outlines the appeal of adverse action procedure.

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

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

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

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

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

What are **Entrustable Professional Activities (EPA's)**? Developed by AAMC: "activities that all medical students should be able to perform upon entering residency, regardless of their future career specialty" <https://www.aamc.org/what-we-do/mission-areas/medical-education/cbme/core-epas>

What is the **Physician Competency Reference Set (PCRS)**? Developed by AAMC: "a list of common learner expectations utilized in the training of physicians and other health professionals....PCRS will serve as an aggregation tool that allows the AAMC to collect and analyze data through the Curriculum Inventory about competency-based education and the use of expectations (competencies, objectives, milestones, EPAs, etc.) in medical education."

<https://www.aamc.org/what-we-do/mission-areas/medical-education/curriculum-inventory/establish-your-ci/physician-competency-reference-set>

Why are these concepts important?

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

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

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

2.3	KP1	
2.2	KP4	
4.1	PC7	
3.7	PC4	

CCGG	PCRS	EPA
3.2	PC6	EPA 4: Enter and Discuss Orders and Prescriptions
5.1	PBLI1	
3.9	PC5	
3.5, 3.7, 3.8	PC2	
5.2	PBLI7	
4.1, 1.5	ICS1	
6.3, 2.2	SBP3	
1.3, 1.6	P4	EPA 5: Document a Clinical Encounter in the Patient Record
4.1	ICS1	
3.10, 4.4	ICS5	
6.2, 3.5	SBP1	
3.7	PC4	
3.2	PC6	
4.3	ICS2	
3.5, 3.7, 3.8	PC2	EPA 6: Provide an Oral Presentation of a Clinical Encounter
5.1	PBLI1	
7.2	PPD4	
1.2	P1	
4.3	ICS2	
3.2	PC6	

4.1	ICS1	
4.2	PPD7	
1.2,1.8	P3	
1.2	P1	

CCGG	PCRS	EPA
2.1	KP3	EPA 7: Form Clinical Questions and Retrieve Evidence to Advance Patient Care
5.3	PBLI6	
5.1	PBLI1	
5.1, 5.2	PBLI3	
5.2	PBLI7	
2.2	KP4	
4.1	ICS1	
4.3	ICS2	
4.2, 4.3, 7.3	PBLI8	
3.1	PBLI9	
4.1	PC7	
5.2	PBLI7	EPA 8: Give or Receive a Patient Handover to Transition Care Responsibility
4.3	ICS2	
7.1	ICS3	
1.2, 1.8	P3	
6.2	PC8	
7.2	PBLI5	

CCGG	PCRS	EPA
3.1	IPC2	EPA 9: Collaborate as a Member of an

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

CCGG	PCRS	EPA
3.2, 3.4	PC6	EPA 11: Obtain Informed Consent for Tests and/or Resources
2.1	KP3	
2.2	KP4	
5.2	KP5	
1.1, 1.8	P6	
4.1	PC7	

4.1	ICS1	
1.4, 4.1	ICS7	
3.9	PC5	
1.3	PPD1	
4.2	PPD7	
5.1	PPD8	
3.1	PC1	EPA 12: Perform General Procedures of a Physician
4.1	PC7	
7.1, 7.3	ICS6	
1.1, 1.8	P6	
1.3	PPD1	
4.2	PPD7	

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

▪ **Course Failure**

- **If a student fails the Sub-Internship rotation, they will be required to repeat the course at a later date.**
- **The student may file an appeal or grievance in accordance with the policies listed above.**
- The student can only receive the maximum of a pass grade for the repeated rotation.

XIV. Frequently Asked Questions:

1. Who do I report to?

On the first day of the Sub-Internship, please report to the Ben Taub General Hospital: 1500 Taub Loop, Houston, Texas 77030.

Family Medicine Home Base: located on the 3rd floor across 3B. This is the FM residents call room. .

2. Who is responsible for giving me mid-Sub-Internship feedback?

Your inpatient faculty attending physician is responsible for giving you mid rotation feedback. Your preceptor should offer you a time during the second week of the Sub-Internship for mid-rotation feedback, but if he/she does not, please ask your preceptor for time for formal feedback during the second week of the Sub-Internship and bring him/her the feedback form. Your preceptor will complete the feedback form that gives you feedback on your clinical performance at that point.

The Sub-Internship Director will review the feedback that your preceptor gives you. You may also request a meeting with the Sub-Internship Director to review the feedback, but this is not required.

3. What do I do if I can't make it in one day?

- a. Please contact your preceptor and sub-internship director to report your absence.
- b. Please also email Ms. Bridget Angel (Bridget.Angel@bcm.edu) to report your absence.
- c. For excused absences in advance (e. g. – presenting a poster at a national meeting, residency interviews), please also contact the Sub-Internship Director in advance.

4. If my patient has a procedure scheduled in the Texas Medical Center can I go and observe the procedure?

We understand that observing a patient's procedure may improve continuity-of-care. If you desire to observe a patient's procedure, please discuss this with your attending and gain his/her approval. However, the focus of this Sub-Internship is patient care and we ask that most of your Sub-Internship time be spent in care of your hospitalized patients.

5. Should I ask the attendings and residents I work with for feedback?

Please ask your attending for informal feedback often. This will enable you to know what you to need to improve.

During the second week of the Sub-Internship, please ask your attending for time for them to give you formal feedback and complete the feedback form.

6. What is my role in the Sub-Internship?

After a brief time getting oriented on to the hospital Service (1 – 2 days) you should be able to admit a patient, write their history and create a management plan, discuss your plan with your

team, present your patient at rounds, place orders and communicate your orders to staff, provide a handoff at the end of your shift.

You are required to be supervised by your preceptor in the following situations:
Performing breast, genitalia/pelvic, prostate/rectal exams (and with a chaperone if indicated),
Performing procedures

Develop your self-learning skills: Outside of times when you round with the faculty preceptor/attending physician; you may notice that residents and the team have a busy work flow, at these times teaching is less organized and formal than at other times or in other rotations. While your preceptor and residents on your team will make every effort to teach you between patients and at the beginning or end of the day, it likely will be difficult for them to stop their work to teach. Please save your questions for a later time to allow for good work flow. Use this opportunity to develop your self-learning skills. Use the resources provided including online databases to guide your learning. 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.

7. Why do I need to stay for call when on inpatient rotations?

All Sub-Interns at Baylor College of Medicine are expected to take a call as this is an institutional requirement. You will do 2 weekend day calls on this rotation. There is no night float requirement.

8. What counts towards my 80 hour work week?

The time spent in clinical care activity.

9. Should I go to Lectures and Grand Rounds?

Patient care comes first. Time permitting you are encouraged to attend morning report, noon conferences, CORE didactic lectures, hospital conferences.

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 and you are welcome to attend. However, due to the long commute time for some of you from the hospital, we do not require your attendance at our department's Grand Rounds.

10. What should I do I have been mistreated but I don't feel comfortable reporting it?

We encourage you to report it to the Integrity Hotline:

- 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>
- See Section XIV on this Course Overview Document

We also encourage you to discuss any concerns of mistreatment with:

- The Associate Dean for Student Affairs (Dr. Joseph Kass)
- The Family and Community Medicine Sub-Internship Director (Dr. Irvin Sulapas) or the Chair of the Department of Family and Community Medicine (Dr. Roger Zoorob)

We encourage you to report concerns of mistreatment so that they may be investigated and appropriate action can be taken as needed.