

# Teaching Faculty Guide for the Family and Community Medicine Clerkship



GIVING LIFE TO POSSIBLE

2019-2020

You may find pages 11-14 on how to evaluate your student to be helpful. It contains several specific suggestions on useful comments that can be used to describe your student's performance.

Please also read pages 19-25 for an update of BCM Policies and Procedures.

# Table of Contents

Purpose of this handbook .....	3
Contact information .....	3
Faculty Expectations.....	4
Orienting your Students .....	4
Patient care and other learning experiences .....	5
Learning Environment .....	5
Student Roles, Responsibilities, and Activities .....	6
Student Schedule.....	6
Teaching and Learning.....	7
Direct Observation.....	8
Feedback for Students.....	9
Evaluation of Students.....	11
Narrative Comments .....	13
Examples of Narrative descriptors .....	13
BCM Core Competency and Graduation Goals .....	15
Clerkship Goals and Objectives .....	17
BCM School of Medicine Policies and Guidelines .....	19
Compact Between Teachers, Learners, and Educational Staff.....	25
Appendix A: Clinical Log .....	28
Appendix B: Faculty Instructions for Direct Observation .....	30

## Purpose of this handbook

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

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

## Contact information

### Clerkship Director:

Email:

Phone:

Pager:

William Y. Huang, MD

[williamh@bcm.edu](mailto:williamh@bcm.edu)\*

(713) 798-6271\*

(281) 952-4384

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

### Clerkship Site Directors:

Email:

Email:

Jonnae Atkinson, MD

[joatkins@bcm.edu](mailto:joatkins@bcm.edu)

Kenneth Barning, MD

[barning@bcm.edu](mailto:barning@bcm.edu)

### Clerkship Coordinator:

Email:

Phone:

Fax:

Elvira Ruiz

[eruiz@bcm.edu](mailto:eruiz@bcm.edu)

(713) 798-8028

(832) 787-1307

### Office Location:

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

## Faculty Expectations

### Orienting your Students

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

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

## Faculty Expectations

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

## Patient care and other learning experiences

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

### PATIENT EXAMS

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

### PROCEDURES

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

### STUDENT NOTES

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

## Learning Environment

Provide a safe learning environment for the student

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

## ***Don't Forget!***

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

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

---

### **What Influences Student Perceptions of the Learning Environment?**

- Working on a highly functional clinical team
- Encountering inspiring role models
- Feeling that you've contributed positively to patient care
- Working with enthusiastic and motivating teachers
- Having your efforts appreciated by patients and their families.

Shochet R, Colbert-Getz L, Levine R, Wright S. Gauging events that influence students' perceptions of the medical school learning environment: Findings from one institution. *Academic Medicine* 2013; 88(2):246-252.

## Student Roles, Responsibilities, and Activities

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

### Student Schedule

Week 1	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Orientation seminars	Preceptor's office	Preceptor's office	Preceptor's office	Preceptor's office
PM	Preceptor's office	Preceptor's office	Preceptor's office	Preceptor's office**	Preceptor's office

Week 2	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Preceptor's office	Preceptor's office	Preceptor's office	Preceptor's office or Seminars*	Preceptor's office
PM	Preceptor's office	Preceptor's office	Preceptor's office	Preceptor's office**	Preceptor's office

Week 3	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Preceptor's office	Preceptor's office	Preceptor's office	Preceptor's office or Seminars*	Preceptor's office
PM	Preceptor's office	Preceptor's office	Preceptor's office	Preceptor's office**	Preceptor's office

Week 4	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Preceptor's office	Preceptor's office	Standardized patient exam	Reflection seminar	Study time
PM	Preceptor's office	Preceptor's office	Study time	Study time**	National Board Exam

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

\*\*Students will be in your office on Thursday afternoons *with the following exceptions*:

- MS-2's will be absent on Thursday afternoons from January – June due to another course
- MS-3's will be absent on Thursday afternoons from March – June due to another course
- All students have the Thursday afternoon of the fourth week free to study for exams

## Teaching and Learning

- **Expectations about teaching time:**
  - Teaching time can be brief and between patients.
  - Brief teaching also at the beginning or end of the day or during the lunch hour, is appreciated if you have time.
- **Expectations on what to teach:**
  - Focus your teaching on 1-2 important points about a patient or disease.
- **One efficient teaching model:** The Five-Step “Microskills” Model of Clinical Teaching (also known as the “One-Minute Preceptor” model)<sup>1,2</sup>.
  - Get a commitment
  - Probe for understanding
  - Teach general rules
  - Reinforce what was done right
  - Correct mistakes
- **Encourage student self-learning** by asking him/her to:
  - look up information on the Internet
  - research a topic as “homework” and give you a summary the next day
- **Directly observe the student** performing at least one focused history and physical examination.
  - The “Plus/Delta” method is useful tool for observation and giving feedback afterwards<sup>3</sup>.
  - Document your observation
- **Other successful teaching strategies reported in the literature**<sup>4,5</sup> are available.

### Successful teaching strategies reported in the literature

<sup>1</sup>Neher JO, Gordon KC, Meyer B, Stevens N. A five-step "microskills" model of clinical teaching. *J Am Board Fam Pract* 1992 Jul-Aug;5(4):419-24

<sup>2</sup>Neher JO, Stevens NG. The one-minute preceptor: shaping the teaching conversation. *Family Medicine* 2003 Jun;35(6):391-3. Available at: <http://stfm.org/fmhub/fm2003/jun03/stevens.pdf>

<sup>3</sup>Qualters DM. Observing students in a clinical setting. *Family Medicine* 1999;31(7):461-2.

<sup>4</sup>Epstein RM, Cole DR, Gawinski BA, Piotrowski-Lee S, Ruddy NB. How students learn from community-based preceptors. *Arch Fam Med*. 1998 Mar-Apr;7(2):149-54.

<sup>5</sup>Manyon A, Shipengrover J, McGuigan D, Haggerty M, James P, Danzo A. Defining differences in the instructional styles of community preceptors. *Fam Med*. 2003 Mar;35(3):181-6. <http://stfm.org/fmhub/fm2003/mar03/mse.pdf>

## Direct Observation

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

## The **DOs** and **DON'Ts** of Direct Observation

### **DO:**

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

### **DON'T:**

- Wait until the last day of the rotation to observe
- Wait until the “perfect moment” where you can observe an entire history and exam
- Interrupt or interject
- Observe more than 2 students in a setting



## Feedback for Students

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

### Tips for giving Feedback

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

<sup>1</sup> Kaprelian VS, Gradison M. Effective use of feedback. *Family Medicine* 1998;30(6):406-7.

<sup>2</sup> Ende J. Feedback in clinical medical education. *JAMA* 1983;250(6):777-81

<sup>3</sup> LeBaron SWM, Jernick J. Evaluation as a dynamic process. *Family Medicine* 2000;32(1):13-4. Available at: <http://www.stfm.org/Portals/49/Documents/FMPDF/FamilyMedicineVol32Issue1LeBaron13.pdf>

<sup>4</sup> Dobbie A, Tysinger JW. Evidence-based strategies that help office-based teachers give effective feedback. *Family Medicine* 2005;37(9):617-9. Available at: <http://www.stfm.org/fmhub/fm2005/October/Alison617.pdf>

## Sample Questions to Use during Feedback Sessions:

***To encourage the learner to reflect on an action/activity:***

- How would you describe your encounter with the patient?

***To help the learner better analyze what happened:***

- What else might be impacting this situation?
- What have you ruled out in this situation and why?

***To encourage the learner to explore strategies:***

- Why did you choose to do it this way?
- Are there any other ways to do this?

***To encourage the learner to explore his/her own assumptions, beliefs, values and biases:***

- What made you think that?
- Why do you think you do it this way?

***To clarify a student's response or redirect the focus:***

- How exactly would you like that done?
- What do you think is the primary problem here?

***To encourage the student to draw conclusions based on an analysis of the experience:***

- Based on your findings, what is your differential diagnosis for this patient?

***To encourage the learner to anticipate situations or improve the present situation:***

- What might you do differently next time?
- What systems-based plans might be put in place so that it does not happen again?

***To encourage the learner to move from discussing "the possible" to taking action:***

- What are your goals for this patient encounter?
- What will you do next?

## Evaluation of Students

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

### Do's and Don'ts of Student Assessment

#### DO:

- Review the Clerkship Objectives prior to completing any student evaluation
- Use the ENTIRE scale. Choose the descriptor that best fits the student's performance for that item - not where you think a student "*should be*" for their level of training.
- Make sure your numerical assessment is in line with your comments.

#### DON'T:

- Do **not** rate the student based on their year in medical school, rather by your observations of their performance.
- Do **not** rate a student on a competency if you did not observe the student performing that competency; instead please choose "N/A" or "Cannot Assess."

COMP1: Rate this student's knowledge of common neurological diseases including pathophysiology and diagnosis. (Question 10 of 24 - Mandatory )

Cannot Assess	Little Knowledge		Some Knowledge		Mostly Complete Knowledge Base		Good Level of Knowledge		Superb Level of Knowledge
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Here are examples to guide your assessments:

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

## Narrative Comments

- **The RIME model\*** can be used to evaluate the learner's level of function. At the lowest level, the learner acts simply as a *Reporter*, obtaining data and recording it. At the next level, he learns to *Interpret* the data. Moving up, the learner functions as a *Manager*, generating a diagnostic or therapeutic plan. Finally, at the highest level, the learner becomes an *Educator*, searching the literature for evidence pertinent to the patient and teaching the patient and other health care professionals. The evaluator decides where along this continuum the learner is functioning.
- Write thoughtful and specific comments that **support how you have rated the student** for the items in that category - Make sure your comments are in line with your numerical assessment.
- **Try to comment on as many of the 6 ACGME Core Competencies as possible:** Professionalism, Medical Knowledge, Communication, Patient Care, Systems-Based Practice, and Practice-Based Learning and Improvement.
- **Write your evaluation in a fair and objective manner** that will stand up to future scrutiny in either an academic or legal setting.
  - If any questions or concerns about what to write, please contact the Clerkship Director.

\*Pangaro L. A new vocabulary and other innovations for improving descriptive in-training evaluations. Acad Med. 1999 Nov;74(11):1203-7.

## Examples of Narrative descriptors

Example descriptors for an EXCEPTIONAL student:

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

## Narrative Comments

- Use the RIME model\* as a guide:
  - Reporter
  - Interpreter
  - Manager
  - Educator
- AVOID writing the following comments: (these are nonspecific and will not be included anywhere in the students' narrative, so save your time)
  - "Mr. X will be a wonderful physician" in whatever field he chooses
  - "Read more"
  - Good bedside manner
  - Well-groomed

Example descriptors for an AVERAGE student:

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

Example narrative for a BELOW AVERAGE student:

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

Example descriptors for a FAILING student:

- Unsafe; not trustworthy
- Unprofessional
- Unable to communicate essential information to \_\_\_\_\_
- Requires high degree of remediation
- Lacking competence in multiple areas
- Can't translate book knowledge
- Personality gaps

# BCM Core Competency and Graduation Goals

## 1. Professionalism

**Each student graduating from BCM will:**

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

## 2. Medical knowledge

**Each student graduating from BCM will:**

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

## 3. Patient care

**Each student graduating from BCM will:**

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

including prescriptions and transfers-of-care between providers or settings

#### **4. Interpersonal and communication skills**

**Each student graduating from BCM will:**

- 4.1. Demonstrate patient-centered interview skills in order to create and sustain a supportive and therapeutic relationship with patients and families
- 4.2. Demonstrate the ability to communicate effectively, efficiently, and accurately as a member or leader of a 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



## Clerkship Goals and Objectives

### **Overall clerkship goal:**

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

### **Clerkship Objectives:**

Medical Program (Core Competency Graduation Goal) Objective(s)	Related Clerkship Objective	Mode of Teaching	Mode of Assessment	
			Formative	Summative
<b><u>Professionalism</u></b>				
<b><u>Professionalism:</u></b> 1.3, 1.4	Demonstrate caring, compassion and empathy and a commitment to advocate for the needs and well-being of patients.	Standards of professionalism on Blackboard site	Preceptor feedback, Mid-clerkship observation by your preceptor	Preceptor evaluation, Standardized Patient exam
<b><u>Medical Knowledge</u></b>				
<b><u>Medical knowledge:</u></b> 2.1	Explain basic information on the diagnosis and management of common problems in ambulatory care	Handling Different Types of Patient Encounters seminar, Mid-clerkship seminars, Readings from reference list, Paper case studies, Preceptor experience	Preceptor feedback,	NBME exam, Preceptor evaluation
<b><u>Medical knowledge:</u></b> 2.1	Explain the mechanisms of action, indications, advantages, side-effects and contraindications of medications used in the management of common ambulatory conditions	Handling Different Types of Patient Encounters seminar, Mid-clerkship seminars, Readings from reference list, Paper case studies, Preceptor experience	Preceptor feedback,	NBME exam, Preceptor evaluation

<b><u>Patient Care</u></b>				
<b><u>Patient care:</u></b> 3.5, 3.6	Describe the five types of ambulatory visits and demonstrate how to conduct an appropriate focused history and physical exam for each	Handling Different Types of Patient Encounters seminar, Preceptor experience, Mid-clerkship observation by your preceptor	Preceptor feedback, Mid-clerkship observation by your preceptor	Preceptor evaluation, Standardized Patient exam
<b><u>Patient care:</u></b> 3.2, 3.3, 3.7	Formulate management plans for patients based on the focused history and physical examination, including appropriate diagnostic tests and therapeutic measures	Handling Different Types of Patient Encounters seminar, Preceptor experience, Readings from reference list, Paper case studies	Preceptor feedback	Preceptor evaluation, NBME exam, Standardized Patient exam
<b><u>Interpersonal and Communication Skills</u></b>				
<b><u>Interpersonal and communication skills:</u></b> 4.1, 4.2	Demonstrate effective and respectful communication with patients, families and the medical team	Handling Different Types of Patient Encounters seminar, Preceptor experience	Preceptor feedback, Mid-clerkship observation by your preceptor	Preceptor evaluation, Standardized Patient exam
<b><u>Interpersonal and communication skills:</u></b> 4.2, 4.4	Present the patient's case verbally and in writing in a focused and organized manner	Handling Different Types of Patient Encounters seminar, Preceptor experience	Preceptor feedback	Preceptor evaluation
<b><u>Practice Based Learning and Improvement</u></b>				
<b><u>Practice-based learning and improvement:</u></b> 5.2, 5.3	Use an evidence-based medicine approach where possible to answer specific clinical questions	Handling Different Types of Patient Encounters seminar, Mid-clerkship seminars, Paper case studies on Blackboard, Pathology Teaches Case Study	Preceptor feedback	Preceptor evaluation, NBME exam

<u>Practice-based learning and improvement:</u> 5.1	Self-assess progress as learners and identify specific learning needs during the clerkship	Reflecting on Your Learning Experience seminar	Pre-clerkship self-assessment form, Mid-clerkship feedback discussion	Post-clerkship self-assessment form
<b><u>Systems-Based Practice</u></b>				
<u>Systems-based practice:</u> 6.1, 6.2	State the components of the Patient-Centered Medical Home model and explain how your preceptor is transforming his/her practice in accordance with this approach	Readings on the Patient-Centered Medical Home, Discussion with preceptor, Preceptor experience	Preceptor feedback	Patient-Centered Medical Home paper**

## BCM School of Medicine Policies and Guidelines

### Summary of Relevant Policies, Procedures and Guidelines

#### Relevant BCM Student Handbook Policies and Guidelines

- Link to student handbook: <https://www.bcm.edu/education/schools/medical-school/md-program/student-handbook>
- Attendance and Absences (<https://www.bcm.edu/education/schools/medical-school/md-program/student-handbook/academic-program/standards/attendance-and-absences>)
- Blood Borne Pathogens Guidelines (<https://www.bcm.edu/education/schools/medical-school/md-program/student-handbook/health-wellness> and scroll down to Blood Borne Pathogens Guidelines)

#### Relevant BCM Policies and Procedures:

(<https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Policies>)

28.1.02	Midterm Feedback policy
28.1.03	Direct Observation policy
28.1.04	Duty Hours policy
23.1.07	Student Disability policy
23.1.08	Student Appeals and Grievance Policy
23.2.02	Learner Mistreatment Policy
23.2.01	Respectful & Professional Learning Environment Policy: Standards for Student

	Conduct and College Oversight
26.3.06	Clinical Policies: Infection Prevention and Control
02.5.38	Social Media policy

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

### Absences and Tardiness

- Regular attendance and participation in every aspect of the rotation is required. Advance notice of any planned absences must be directed to the Clerkship Director and Clerkship coordinator before the beginning of the rotation.
- Excused and Unexcused absences are defined in the handbook: (<https://www.bcm.edu/education/schools/medical-school/md-program/student-handbook/academic-program/standards/attendance-and-absences>)
- For excused absences such as illness or a personal emergency affecting you or someone in your immediate family, you are expected to contact the following individuals as soon as possible:
  - Your preceptor using a method that ensures that he/she gets your message
  - The Clerkship coordinator via email: Ms. Elvira Ruiz ([eruiz@bcm.edu](mailto:eruiz@bcm.edu))
- If you miss > 2 days of the Clerkship due to excused absences, you will be expected to make up the time in excess of the two days of excused absence. Arrangements for makeup time will be made after discussion with the Clerkship Director. A grade of Incomplete may be given if needed until you successfully complete the makeup time.
- For unexcused absences, such as attending a wedding or graduation of a friend or family member, you are expected to discuss the request with the Clerkship Director **before the rotation begins**. It is likely that you will be asked to make up any time for unexcused absences such as these, Arrangements for makeup time will be made after discussion with the Clerkship Director. A grade of Incomplete may be given if needed until you successfully complete the makeup time.
- **Failure to communicate with your preceptor and the Clerkship coordinator about an absence will result in the absence being considered unexcused and is grounds for failure.**
- If the student misses > 4 days of the Clerkship *for any reason*, s/he will receive an Incomplete grade and will be required to repeat part or all of the rotation. Such arrangements will be made after discussion with the Clerkship Director.

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

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

- Medical illness experienced by the student (physician note required on the 3<sup>rd</sup> day of illness)
  - Personal crisis (e.g., death or illness of immediate family member)
  - Child birth (maternity and paternity policy of the College takes precedence)
  - Presentation at professional meetings (up to two days with attendance up to department's discretion)
  - Residency Interviews
- Absences NOT covered by the categories above (such as attending a wedding or graduation of a friend or family member) may or may not be granted following review by the course director. It is likely that students will be required to make up any time for such absences.

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

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

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

### **Excused Absences and Remediation**

Each clinical rotation allows a limited number of excused absences based on the length of rotation. Refer to the table below to determine the number of excused absences allowed before remediation is required.

Clinical rotation	Excused absences	Resulting consequences
1 week	0.5 days	No remediation
	1 day	Remediation required
	>1 days	Repeat the rotation or sub-rotation
2 weeks	1 day	No make-up time
	2 days	Remediation required
	>2 days	Repeat the rotation or sub-rotation
4 weeks	1-2 days	No make-up time
	3-4 days	Remediation required

	>4 days	Repeat the rotation or sub-rotation
--	---------	-------------------------------------

### **Direct Observation Policy**

- BCM faculty participating in core clerkships must conduct direct observation of medical students during clinical encounters with patients for the purpose of performing student assessments and providing feedback.
- During clinical encounters, faculty must directly observe part/all of a patient's history and mental/physical exam.
- Faculty members must document the direct observation utilizing a Direct Observation Form.
- Completed Direct Observation Forms must be submitted to the Course Director.
- The minimum number of required direct observations varies based on course length (Table 1).

<b>Table 1. Required Number of Direct Observations</b>	
<b><u>Clerkship Length</u></b>	<b><u>Minimum # of Direct Observations</u></b>
<b>4 weeks</b>	<b>1</b>
<b>8 weeks</b>	<b>2</b>
<b>12 weeks</b>	<b>3</b>

### **Midterm Feedback Policy**

“In the core clerkships, Course Directors ensure that faculty members provide written midterm feedback using the Midterm Feedback and Evaluation Form.”

### **Duty Hours**

- Duty hours, including all in-house call activities, must be limited to an average of 80 hours per week over a 4-week period. Duty periods may be scheduled to a maximum of 24 hours of continuous duty in the hospital. An additional 4 hours may be spent to ensure appropriate, effective and safe transition of care. Minimum time off between scheduled duties is 10 hours. Students must receive a minimum of either 24 hours off per 7-day work period, or 4 days off per 28-day work period.
- Full description:  
[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=28.1.04](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=28.1.04)

### **Student Disability Policy**

- Baylor College of Medicine (BCM) is committed to providing equal educational access for qualified students with disabilities in accordance with state and federal laws.
- Newly accepted and currently enrolled students are responsible for initiating a disability-related request for reasonable accommodation or modification no less than 30 business days prior to the start of the course for which accommodation is requested.
- Full policy:  
[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=23.1.07](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.1.07)

**Student Grievances Policy** <https://www.bcm.edu/education/academic-faculty-affairs/student-services/student-grievances>

and

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=23.1.08](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.1.08)

- The leadership, faculty and staff of Baylor College of Medicine are all here to support and help you on your journey to becoming a leader in your chosen profession. In the event you have a grievance, we have created several pathways for you to receive help. Baylor community members are prohibited from retaliation.
- Details of the student grievance policy are available at: <https://www.bcm.edu/education/academic-faculty-affairs/student-services/student-grievances>
- We encourage that student grievances be resolved, if possible, by the student and the individual (student, faculty, and/or staff) most closely related to the grievance. If no resolution is established, the student may ask her/his supervisor, program director, or dean for assistance.
- If the grievance cannot be informally resolved by the supervisor, program director, or dean, the student must file a written grievance.
- **A student may file a grievance** via the **Integrity Hotline** using one of the following methods:
  1. Call: (855) 764-7292
  2. Integrity Hotline Web Portal:  
<https://secure.ethicspoint.com/domain/media/en/gui/35125/index.html>
- You may choose to identify yourself or to file anonymously. If filed anonymously, your confidentiality will be protected to the limit of the law and within the scope of certain program accreditation requirements.
- Once the grievance has been filed, you will be asked to create a password and will be assigned a tracking number, called a Report Key. Use your password and Report Key to log into the Integrity Hotline Web Portal to check status, answer questions, or submit new information.
  - Process map for reporting grievances:  
<https://intranet.bcm.edu/policies/StudentGrievancesProcess.pdf>

### **Reporting Mistreatment and Breaches in Professional Behavior (Learner Mistreatment policy)**

- BCM promotes a culture of respect between teacher and learner and works to ensure that the learning environment is free from conduct by faculty, staff, supervising residents, or others that could be reasonable interpreted by learners as mistreatment. Mistreatment may be verbal, emotional, or physical in nature. Mistreatment, either intentional or unintentional, occurs when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process.
- Examples include harassment, discrimination, public threats, and public or private humiliation.
- The College's Learner Mistreatment policy (23.2.02) is available at:  
[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=23.2.02](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.2.02)
- **A student should report mistreatment or unprofessional behavior** via the **Integrity Hotline** using one of the following methods:
  1. File an anonymous report by calling (855) 764-7292 or submitting it online at the Integrity Hotline Web Portal: <https://secure.ethicspoint.com/domain/media/en/gui/35125/index.html>
  2. Please consider also contacting the Clerkship Director, Associate or Assistant Dean of Student Affairs, a trusted faculty member or the BCM Office of the Ombudsman at [ombudsoffice@bcm.edu](mailto:ombudsoffice@bcm.edu) or (713) 798-5039

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

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=23.2.01](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.2.01))

- This policy discusses expectations of professionalism demonstrated by learners in a variety of areas including academic honesty and integrity, alcohol and substances, dress, social media and internet use and use of BCM-owned information and resources.
- The policy also discusses reasonable accommodations for learners in areas such as breastfeeding, medical illness, personal events, temporary impairments, disability accommodations and religion.
- Informal reporting mechanisms (the office of the Ombudsman or any BCM official) and formal reporting mechanisms (Course Evaluation or the Integrity Hotline described above) are described.

### Grade Verification and Grade Appeals

- More information is available at: <https://www.bcm.edu/education/academic-faculty-affairs/student-services/student-grievances>
- Due process involves providing students with a clear description of course expectations, including grading requirements, as well as behavioral and professionalism guidelines.
- 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
- 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 Clerkship Director informally to discuss those questions. *Please do not contact your preceptor to request a grade change.*
- During the meeting with the Clerkship Director, the student will be given an opportunity to share the concerns about his/her grade. In many instances, the Clerkship Director may not be able to resolve the concern during the meeting. He/she may ask the student for time to investigate the concern (e. g. – review the performance on an examination). For the Family and Community Medicine Clerkship, after investigating the student’s concern, the Clerkship Director will bring the concern before the Education committee of the Department of Family and Community Medicine. This committee will discuss the student’s concern and the Clerkship Director’s findings and then decide whether the student’s Clerkship grade will be changed or not. The Clerkship Director will keep the student informed of the timeline of the process and also of the final outcome determined by the Education committee of the Department of Family and Community Medicine.
- After grade verification and discussion, the student may choose to proceed with a formal grade appeal if they believe they have received a grade unjustly. If the grade concern cannot be informally resolved by the Clerkship Director and/or the Department of Family and Community Medicine Clerkship Education committee, the student must file a written grievance. **A student may file a grievance** via the **Integrity Hotline** using one of the following methods:



1. Call: (855) 764-7292
2. Integrity Hotline Web Portal:  
<https://secure.ethicspoint.com/domain/media/en/gui/35125/index.html>

**Patient Safety** ((<https://www.bcm.edu/education/schools/medical-school/md-program/student-handbook/health-wellness>) and scroll down to Reporting Patient Safety Incidents at Baylor Affiliated Institutions)

- Patient safety is everyone's responsibility. Concerns should be reported to the appropriate affiliated institution for both quality improvement and assurance.
- For information on how and where to report at BCM affiliated institutions, please go to Blackboard > Patient Safety and click on the link for the Guide to Reporting Patient Safety Incidents.
- However, your preceptor's office may not be a BCM affiliated institution. For patient safety concerns in your preceptor's office, please discuss any patient safety issues with your preceptor or contact the Clerkship Director:

### **Exposure to Blood-borne pathogens**

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

The Guidelines on Blood Borne Pathogens is available at:

(<https://www.bcm.edu/education/schools/medical-school/md-program/student-handbook/health-wellness>) and scroll down to Blood Borne Pathogens Guidelines.

Please also read the Clinical Policies: Infection Prevention and Control, available at:

[https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display\\_Policy&Policy\\_Number=26.3.06](https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=26.3.06)

## Compact Between Teachers, Learners, and Educational Staff

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

### **Guiding Principles of the Educational Compact**

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

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

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

### Teacher Responsibilities

As a teacher, I pledge to:

Maintain currency in my professional knowledge and skills

Ensure excellence of the educational curriculum

Be a Model of professionalism in all of my interactions with faculty, learners, patients, colleagues, and staff

Respect all faculty, learners, patients, colleagues, and staff as individuals, without regard to gender, age, race, national origin, religion, or sexual orientation; and oppose observed disrespect or bias

Nurture learner commitment to achieve personal, family, and professional balance.

Recognize and acknowledge expressions of professional attitudes and behaviors as well as the achievement of quantifiable academic excellence

Respond vigorously to unprofessional behavior and indications of abuse or exploitation of faculty, learners, patients, colleagues, or staff

Create a safe environment in which individuals can communicate any concern about breaches of this compact

Accept responsibility for instilling these attributes in learners and faculty for whom I have responsibility

### Learner Responsibilities

As a learner, I pledge to

Acquire the knowledge, skills, attitudes, and behaviors necessary to fulfill all established educational objectives

Embody the professional virtues of integrity, empathy, altruism, compassion, respect, honesty, courage, and trustworthiness

Respect as individuals, without regard to gender, race, national origin, religion, or sexual orientation, all patients, peers, faculty and staff

Uphold the highest professional standards and conduct myself accordingly in all interactions with patients, peers, faculty and staff

Assist my fellow learners in meeting their professional obligations, while fulfilling my own obligations as a professional

Help create a safe environment in which individuals can communicate any concern about breaches of this compact

#### Educational Staff Responsibilities

As educational staff, I pledge to:

Maintain currency in my professional knowledge and skills

Help ensure excellence of the educational curriculum

Embody professionalism in all of my interactions with faculty, learners, patients, colleagues, and staff

Respect all faculty, learners, patients, colleagues, and staff as individuals, without regard to gender, age, race, national origin, religion, or sexual orientation; and oppose observed disrespect or bias

Help create a safe environment in which faculty, learners, and staff can work and can communicate any concern about breaches of this compact

## Appendix A: Clinical Log

Baylor College School of Medicine  
Office of Curriculum  
2018 - 2019 Clinical Experiences Form

Family and Community Medicine Clerkship

CLINICAL LOG REQUIREMENTS

*ALTERNATE EXPERIENCES SHOULD ONLY BE LOGGED IF STUDENT HAS NOT MET THE MINIMUM LEVEL OF RESPONSIBILITY*

List and describe each patient type/clinical condition, required procedure/skill, and clinical setting that medical students are required to encounter, along with the corresponding level(s) of student responsibility.

Patient Type/ Clinical Condition	Procedure/ Skills	Clinical Setting(s)	Level of Student Responsibility	Minimum # Required	Alternative Methods Used for Remediating Clinical Encounter Gaps
Acute upper respiratory infection	Hx & PE	Ambulatory	Perform	1	URI Case study on FCM Clerkship Blackboard site: <a href="https://bcm.blackboard.com">https://bcm.blackboard.com</a>
Fever	Hx & PE	Ambulatory	Perform	1	Fever Case study on FCM Clerkship Blackboard site: <a href="https://bcm.blackboard.com">https://bcm.blackboard.com</a>
Musculoskeletal Pain	Hx & PE	Ambulatory	Perform	1	MSK Case study on FCM Clerkship Blackboard site: <a href="https://bcm.blackboard.com">https://bcm.blackboard.com</a>
Essential Hypertension	Hx & PE	Ambulatory	Perform	1	Hypertension Case study on FCM Clerkship Blackboard site ( <a href="https://bcm.blackboard.com">https://bcm.blackboard.com</a> ): Clerkship Documents > PREPARING FOR THE NATIONAL BOARD SUBJECT EXAM IN FAMILY MEDICINE > CLINICAL CASE STUDIES
Diabetes mellitus	Hx & PE	Ambulatory	Perform	1	Diabetes Mellitus Case study on FCM Clerkship Blackboard site ( <a href="https://bcm.blackboard.com">https://bcm.blackboard.com</a> ): Clerkship Documents > PREPARING FOR THE NATIONAL BOARD SUBJECT EXAM IN FAMILY MEDICINE > CLINICAL CASE STUDIES

Dyslipidemia	Hx & PE	Ambulatory	Perform	1	Hypercholesterolemia Case study on FCM Clerkship Blackboard site ( <a href="https://bcm.blackboard.com">https://bcm.blackboard.com</a> ): Clerkship Documents > PREPARING FOR THE NATIONAL BOARD SUBJECT EXAM IN FAMILY MEDICINE > CLINICAL CASE STUDIES
Asthma	Hx & PE	Ambulatory	Perform	1	Asthma Case study on FCM Clerkship Blackboard site ( <a href="https://bcm.blackboard.com">https://bcm.blackboard.com</a> ): Clerkship Documents > PREPARING FOR THE NATIONAL BOARD SUBJECT EXAM IN FAMILY MEDICINE > CLINICAL CASE STUDIES
FCM Patient	Annual Physical Exam	Ambulatory	Perform	1	Checkup Visit Case study on FCM Clerkship Blackboard site ( <a href="https://bcm.blackboard.com">https://bcm.blackboard.com</a> ): Clerkship Documents > PREPARING FOR THE NATIONAL BOARD SUBJECT EXAM IN FAMILY MEDICINE > CLINICAL CASE STUDIES
Depression	Hx & PE	Ambulatory	Perform	1	Major Depressive Disorder Case study on FCM Clerkship Blackboard site ( <a href="https://bcm.blackboard.com">https://bcm.blackboard.com</a> ): Clerkship Documents > PREPARING FOR THE NATIONAL BOARD SUBJECT EXAM IN FAMILY MEDICINE > CLINICAL CASE STUDIES
Tobacco Use	Tobacco cessation counseling	Ambulatory	Perform	1	Tobacco cessation study on FCM Clerkship Blackboard site: ( <a href="https://bcm.blackboard.com">https://bcm.blackboard.com</a> )

**Level of Medical Student Responsibility:**

*Perform:* The student performs the patient history, physical exam, differential diagnosis, treatment decision-making, and/or relevant procedural skills.

## Appendix B: Faculty Instructions for Direct Observation

### **FACULTY INSTRUCTIONS for Direct Observation on E-value** **Completing a Direct Observation Form**

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

1. The easiest way to access the Direct Observation form is to click on the link in the email sent by the student. It will appear to come from the Clerkship Coordinator. This will take you directly to the Direct Observation form.
2. The form has three distinct parts:
  - Observation of **HISTORY TAKING** (all or part)
  - Observation of **PHYSICAL EXAM** (all or part)
  - **PROFESSIONALISM**
1. Each item in the History and Physical sections is pre-populated with “*This Type Not Observed*”. Just rate the student on the items you actually observed by clicking on the appropriate button in the table (see example below).

(Question 1 of 6)

		<i>This Type Not Observed</i>	Cannot Do	Can Do With Significant Guidance	Can Do With Limited Guidance	Can Do Alone
1.	History of Present Illness	<input checked="" type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

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

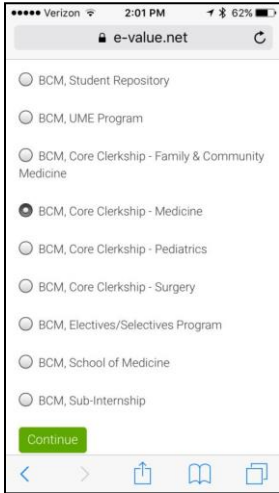
		Not Observed	Area of Concern	Area for Development	Demonstrates Competence	Demonstrates Excellence
1.	Professionalism	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

3. You will have the option to provide text feedback as well.
4. Finally click **Submit**.

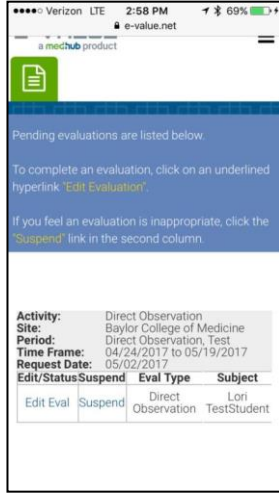
If you login to E\*Value manually from your phone or tablet, follow the directions below.

1. Search for e-value.net on a web browser (Safari, Google, etc.). There is not an app for E\*Value.
2. Login manually using your E\*Value login and password, select the correct program; click **Continue**. (screen shot #1)
3. Choose Pending from the choices on the screen (screen shot #2)
4. Click on **Edit Eval** (screen shot #3)
5. Scroll through questions and rate the student as observed. (screen shot #4)
6. Click **Submit**. You will see a message that says **Thank you for completing this evaluation.**

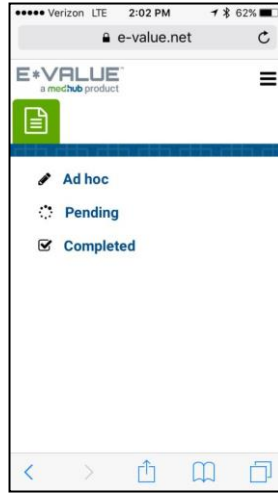
Screen Shot #1



Screen Shot #2



Screen Shot #3



Screen Shot #4

