# Curriculum 2.0:. | Phase | Curriculum | Cur

#### **Phase Directors**

Bill Cutrer, M.D., M.Ed. Lourdes Estrada, Ph.D.

**Program Manager** 

Brenna Hansen

**Program Coordinators** 

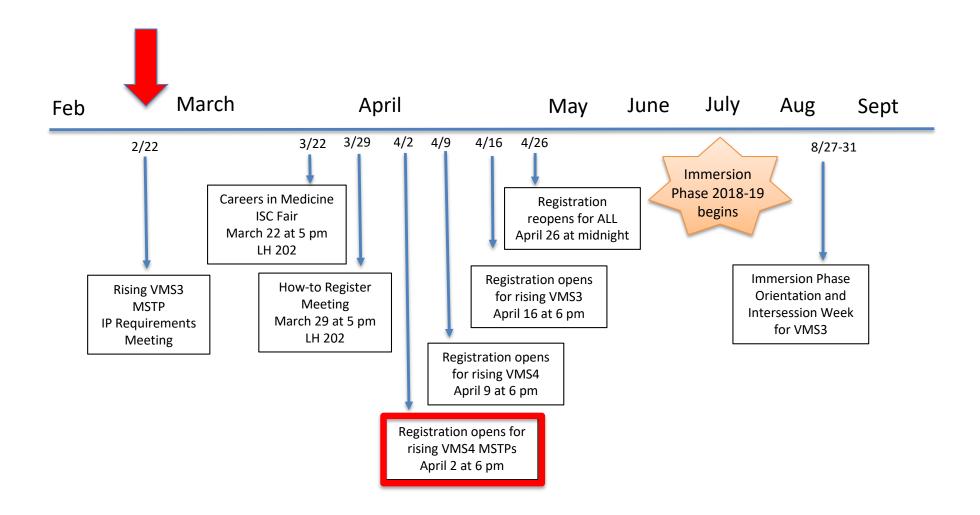
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Information: immerson.phase@vanderbilt.edu

### **Outline**

- Phase Goals and Requirements
- Step 2 Considerations
- ACE Overview
- Entrustable Professional Activities (EPAs)
- Assessment & Grading
- Logistics

## **Registration Timeline**



# Immersion Phase Goals & Graduation Requirements

#### Curriculum 2.0: Immersion Phase

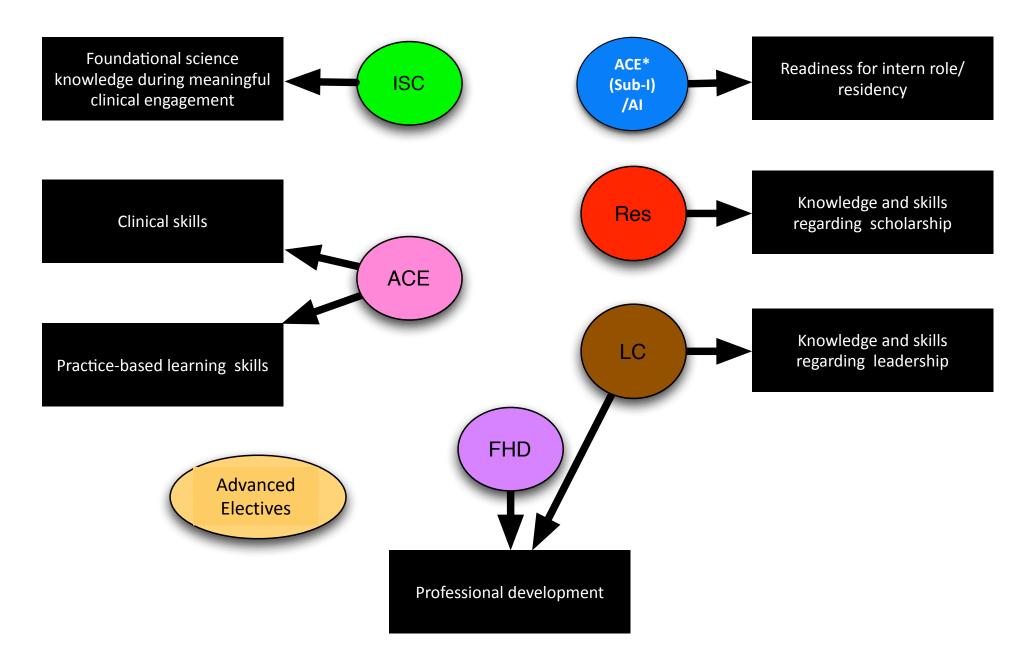
A highly individualized post-clerkship phase that uses clinical context to build upon prior learning



#### **IMMERSION PHASE GOALS**

- Deepen FOUNDATIONAL SCIENCE KNOWLEDGE during meaningful clinical engagement
- Solidify CLINICAL SKILLS
- Enhance PRACTICE-BASED LEARNING SKILLS
- Ensure readiness for INTERN ROLE/RESIDENCY
- Expand knowledge and skills regarding SCHOLARSHIP
- Further grow knowledge and skills regarding LEADERSHIP
- Encourage PROFESSIONAL DEVELOPMENT

## **Courses Designed to Meet Phase Goals**



# Institute of Healthcare Improvement (IHI): Required for GME

- Required IHI courses are
  - QI 101 105
  - PS 102, PS 104
    - 7 total courses
- Total time estimated to complete = 9.25 hours
- V\*LEARN Course
  - Upload completion certificates
  - Due before graduation (Encouraged to complete as early as possible)

### C 2.0 MD-PhD Immersion Phase Requirements

Minimum Immersion Phase Requirements (in Months)				
On-Campus	1	Integrated Science Courses (ISCs)		
	1	1 Acting Internship		
	2	Advanced Clinical Experience (ACEs)		
On-Campus or Away (away with approval)	4	Competency and Interest-Driven Rotations* (can be ISCs, ACEs, Als or Electives*)		
8 required months		Must include: 1 Primary Care course (either ACE or ISC) 1 Acute Care course (EM or ICU-based course)		
2		Flex months		
*two must be clinical rotations				

 $<sup>^{\</sup>dagger}$ Any requests for research months (elective) must be approved by Dr. Estrada.

## **C2.0 MD-PhD Longitudinal Requirements**

Longitudinal Course Requirements					
Foundations of Health Care Delivery—4 units		Learning Communities — 4 unit			
IPE2 (Self-enroll, paired with ACE)	PS (Self-enroll)	LC1 Applied Ethics (Self-enroll)	LC2 Lifelong Learning (Self-enroll)		
HCE (Feb FHD Immersion Week)	HCP (Feb FHD Immersion Week)	LC5 Priority setting (Self-enroll)	LC7 Uncertainty (Self-enroll)		

# C 2.0 MD-PhD Longitudinal Immersion Phase Requirements

On Campus	Unit	Mode of Delivery	Mode of Registration	Required Meeting
Yes	Learning Communities Unit 1 (LC1)	Sept or Jan of Immersion Phase <sup>#</sup>	Self-Enroll (yes.vanderbilt.edu)	Monday 3 <sup>rd</sup> week (1-3p)
Yes	Learning Communities Unit 2 (LC2)	Sept or Jan of Immersion Phase#	Self-Enroll (yes.vanderbilt.edu)	Monday 3 <sup>rd</sup> week (3-5p)
Yes	Learning Communities Unit 5 (LC5)	Nov or March of Immersion Phase	Self-Enroll (yes.vanderbilt.edu)	Monday 3 <sup>rd</sup> week (1-3p)
Yes	Learning Communities Unit 7 (LC7)	April of Immersion Phase	Self-Enroll (yes.vanderbilt.edu)	Monday 3 <sup>rd</sup> week (1-3p)
No	FHD-Quality Improvement (QI)	VSTAR Learn Course (Self-paced) - Gphase	Coordinated through Dr. Estrada	
Yes	FHD-Interprofessional Education 2 (IPE2)	Pair with ACE in Immersion Phase	Self-Enroll (yes.vanderbilt.edu)	Tuesday 4 <sup>th</sup> Week (1-5p)
Yes	FHD-Patient Safety (PS)	Pair with Immersion Phase Course	Self-Enroll (yes.vanderbilt.edu)	Tuesday 4 <sup>th</sup> Week (1-5p)
Yes	FHD-Health Care Economics (HCE)	VSTAR Learn/In person	Auto-enrolled in YES	February FHD Immersion Week
Yes	FHD-Health Care Policy (HCP)	VSTAR Learn/In person	Auto-enrolled in YES	February FHD Immersion Week
No	FHD-Institute for Healthcare Improvement (IHI) Modules	VSTAR Learn Course (Self-paced)- Gphase	Coordinated through Dr. Estrada	

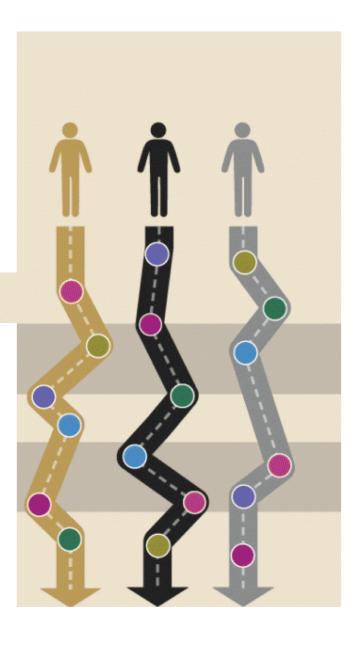
## **Step 2 Considerations**

Recommendations From Dean of Student Affairs specific to MSTP students returning from Gphase to FCC/Immersion 4th year.

- Sooner is better: after FCC phase recommend taking Step 2 CK (<u>July-Sept/Oct</u>).
  - About 1/3 of programs are asking for Step II CK in order to give out interviews.
  - We haven't seen lack of Step II CK hold back MSTP students from getting their interviews.
  - But, will need it well before rank lists in February. Don't postpone.
- There are many programs that want Step II CS before they will rank (after interviews)
  - Consider taking it before Nov 4th of 4th year.
  - Check the <u>USMLE website</u> for guidance on reporting times.
  - Some programs will absolutely not rank students who haven't passed Step II CS.
  - CS also is harder to schedule and you have to travel to one of five cities, so plan in advance.
  - Information about CS exam is on <u>Vandy CiM workshop</u> site. Dr. Yakes talk is on mediasite and a must see, practice CELA sessions available for CS.
- For more one-on-one advice: contact Dean Fleming and attend the CiM Fair (March 22)



## **ACE Overview**



### **ACE Overview**

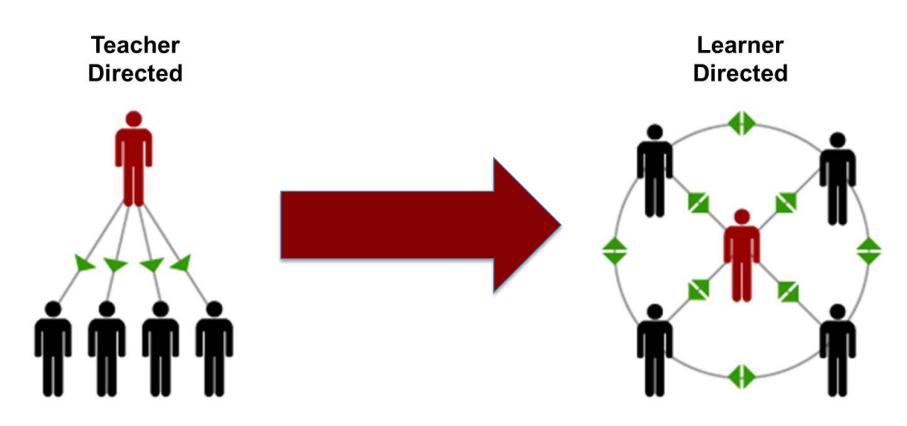
#### **Overarching Goals for ACEs**

- 1) Solidify Clinical Skills
- 2) Enhance Practice-Based Learning Skills

#### Focus on Developing Skills

- 1) Creating and discussing your learning plan
- 2) Practice-Based Learning and Improvement

# 1) Student Learning Plan



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# 1) Student Learning Plan

#### How To...

- 1. In VSTAR-Learn, go to the ACE you are about to start
- 2. Click on ACE Student Learning Plan
- 3. Fill out the form (next slide)
- 4. Print the form and take to your ACE Day 1
- Have a discussion with clinical preceptor (attending, resident)

#### **ACE STUDENT LEARNING PLAN**

Please complete this form, print and take with you to your clinical rotation. This form will facilitate the conversation with the fronline clinical faculty that will proivde you with learning experiences and potentially assess your progress.

Advanced Clinical Experiences (ACEs) are rigorous clinical experiences that are designed to:

- 1. Solidify clinical skills
- 2. Enhance practice-based learning skills

Please create 2-5 learning goals for this rotation.

After you have discussed your learning goals with the frontline clinical faculty, please ask the following questions:

- (1) What clinical experiences would be most helpful to acheive these goals?
- (2) What additional goals do you think I should focus on this month?
- (3) What are your expectations for me during this month?

# 1) Student Learning Plan

#### Tips for the conversation with the clinical faculty

- Have the conversation with whoever will be your primary clinical faculty during week 1 (attending, resident)
- 2. Initiate the conversation with something like...
  - "I am very excited for this rotation and would like to do everything I can to get the most out of it"
- 3. Be confident but not brash. Be open to feedback and redirection if there are other/different goals they want you to focus on

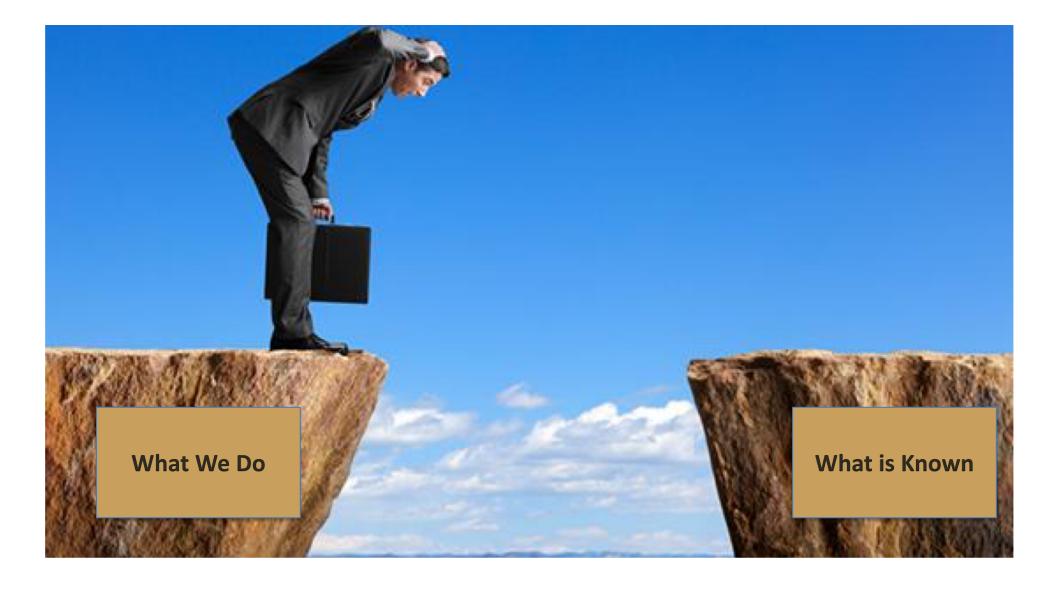
# 1) Student Learning Plan

Advantages to the Student Learning Plan Process

- Think through your own learning
- Develop shared expectations with faculty
- Gain insight into how to achieve your goals
- Gain insight into how to be successful in that environment
- Develop the habit (VERY LITTLE DIRECTION IN GME)



# 2) Practice-Based Learning Exercise

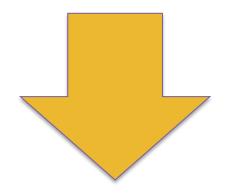


Average time lag of 17 years to translate discovery into clinical practice Morris et al (2011) J R Soc Med

## Learning in the Workplace

- Being able to <u>ask and answer questions</u> that come up in the routine daily care of patients is an essential skill for medical students, residents, and practicing physicians alike.
- This "practice-based learning" is ideally triggered by your patients and hopefully followed up with enough time to truly learn from the experience.

# 2) Practice-Based Learning Exercise





**EPA 7:** Form a clinical question and retrieve evidence to advance patient care





#### What is an EPA?

- Tasks or responsibilities that trainees (i.e. YOU) are entrusted to perform unsupervised once you have attained sufficient competence
- The activities are independently
  - Executable
  - Observable
  - Measurable
- It is our goal for faculty and residents to directly observe your abilities in these areas

Core Entrustable Professional
Activities for Entering Residency

### What is an EPA?

 You will continue to be supervised during your medical school activities, but...

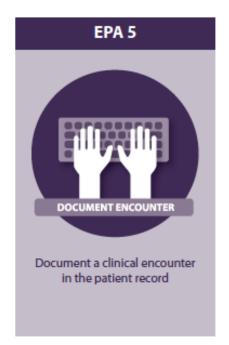
 THE GOAL is for you to be able to do all of these activities unsupervised on Day 1 of Residency



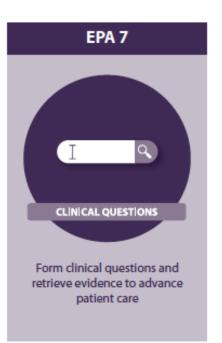
























# STEP 1: ASK a Clinical Question

- As you go through the ACE, pay attention to the different questions that come up related to your patient care.
- Identify a real knowledge gap in caring for an actual patient
- Pick a gap and generate a well-formed PICO question to address the knowledge gap
  - Patient-Intervention-Comparison-Outcome

- Find evidence to find the answer(s) to the question
- <u>Select an appropriate resource</u> to answer the question (Summary/Guideline vs. Presynthesized resource vs. Primary literature)

- Identify both <u>strength(s)</u> and <u>weakness(es)</u> of the selected study
- <u>Cite</u> evidence applicable to the patient

# STEP 4: ADVISE

- Verbalize clear recommendation(s) to the provider(s) for practice based on study findings
  - Attending, resident, team
  - During rounds or one-on-one discussions

### **STEP 5**: Request Assessment via Compass

Embedded in the standard VSTAR-Portfolio activity for each ACE

EPA7: Form a clinical question and retrieve evidence to advance patient care		
1.	In supervising this student in ASKING and ANSWERING this clinical question, how much did you participate in the task?	
	□ I did it	
	☐ I talked them through it	
	☐ I directed them from time to time	
	☐ I was available just in case	
2.	With regards to the student's ability to FORM a clinical question and RETRIEVE evidence	
	that would actually change a patient's medical care, which would you most likely tell them	
	☐ I'll double check all of your findings	
	☐ I'll double check your key findings	
	☐ I feel comfortable acting on your findings without checking.	
3.	What does this student need to work on to become more independent or to allow you to act upon their findings?	

#### **VSTAR Learn**



MED 5785 syllabus 3.30.17 27.1KB Word 2007 document

Required: Student Learning Plan

How to Use Compass 456.9KB PDF document

News forum

IP Absence Request Form 1MB PDF document

#### First Day of Course

Students should page Dr. Oluwole, the course director, at 615-835-5031 to confirm a meeting place for 8:15 am on the first day of the course.

Additional information can be found in the IP Catalog (Google Version).

#### Form a clinical question and retrieve evidence to advance patient care

Student participation is expected to include the following characteristics.

#### **ASK**

- · Identification a real knowledge gap in caring for an actual patient
- · Generation of a well-formed PICO question (Patient-Intervention-Comparison-Outcome) to address the knowledge gap

#### ACQUIRE

- . Use of evidence to find the answer(s) to the question
- Selection of an appropriate resource to answer the question (Summary/Guideline vs. Pre-synthesized resource vs. Primary literature)

#### **APPRAISE**

- · Identification of both strength(s) and weakness(es) of the selected study
- · Citation of evidence applicable to the patient

#### **ADVISE**

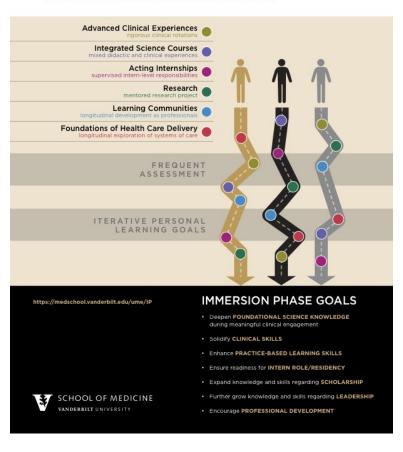
· Verbalization of clear recommendation(s) to the provider(s) for practice based on study findings

# **Assessment and Grading**

#### **Goals of Immersion Assessments**

#### Curriculum 2.0: Immersion Phase

A highly individualized post-clerkship phase that uses clinical context to build upon prior learning

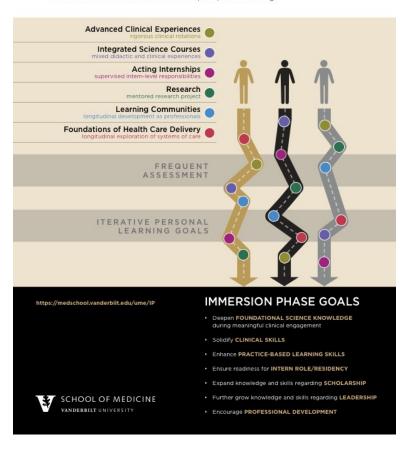


- Assess desired outcomes of VUSM curriculum required for graduation
- Appraise readiness for residency
- Provide feedback to direct future learning
- Provide distinction among students
- Generate data to inform curricular improvement

### **Grading in the Immersion Phase**

#### Curriculum 2.0: Immersion Phase

A highly individualized post-clerkship phase that uses clinical context to build upon prior learning



#### Graded as H/HP/P/F

- Integrated Science Courses (ISC)
- Advanced Clinical Experiences (ACE)
- Acting Internships (AI)
- Special Study—Away
- Research Immersion
- Foundations of Healthcare Delivery Quality
   Improvement (FHD QI) 1-3 and Advanced
   Track

#### **Graded as P/F**

- Advanced Electives (AE)
- Special Studies (Clinical here, Research here or away)
- Learning Communities (LC)
- Foundations of Healthcare Delivery (FHD) all except QI above

**ASSESSMENT** in the **IMMERISON PHASE** 

**ACEs** 

**ISCs** 

Als

FOCUS of Assessment

Clinical Skills
Practice-Based
Learning

Medical Knowledge Integration Ensure Readiness for Internship

Predominant Method of Assessment

- Milestones
- Entrustable
   Professional
   Activity 7
   (EPA 7)
- Knowledge
  - Assessments
  - -Multiple Choice Fxams
  - -Essay exams
  - -Quizzes
- Milestones

- Milestones
- Entrustable
   Professional
   Activities
   (EPA)

# ACEs

## ISCs

# Als

PATIENT CARE	
Differential dx	PC2b
Diagnostic workup	PC2c
Self-knowledge of limits	PC7a
Assessment and Plan	PC7b
MEDICAL KNOWLEDGE	
Depth	MK2b
INTERPERSONAL COMMUNICATION	
Rapport with patients and families	IPCS7a.1
Content of presentations to colleagues	IPCS7b.1
PRACTICE-BASED LEARNING & IMPROVEMENT	
Receptivity to feedback	PBLI3a
PROFESSIONALISM	
Professional demeanor	PR1a
Honesty/trustworthiness	PR5a
SYSTEMS-BASED PRACTICE	
Initiative and contribution (Conscientiousness)	SBP2a
Prioritization	SBP2b

**EPA 7**: Form a clinical question and retrieve evidence to advance patient care

MEDICAL KNOWLEDGE	
Integration	MK2a
Depth	MK2b
Analysis	MK7a
Inquiry	MK7b
Use of info resources	MK7c
PATIENT CARE	
Thought process	PC2a
Self-knowledge	PC7a
INTERPERSONAL COMMUNICATION	
Content of presentations to colleagues	IPCS7b.1
PRACTICE-BASED LEARNING & IMPROVEMENT	
Receptivity to feedback	PBLI3a
SYSTEMS BASED PRACTICE	
Initiative and contribution to group efforts	SBP2a
PROFESSIONALISM	
Professional demeanor	PR1a

PATIENT CARE	
Self-knowledge of limits	PC7a
MEDICAL KNOWLEDGE	
Depth	MK2b
INTERPERSONAL COMMUNICATION	
Rapport with patients and families	IPCS7a.1
PRACTICE-BASED LEARNING & IMPROVEMENT	
Receptivity to feedback	PBLI3a
PROFESSIONALISM	
Professional demeanor	PR1a
Honesty/trustworthiness	PR5a
SYSTEMS-BASED PRACTICE	
Initiative and contribution (Conscientiousness)	SBP2a
Prioritization	SBP2b

**EPA 4**: Enter and discuss orders and prescriptions

**EPA 5**: Document a clinical encounter in the patient record

**EPA 8**: Give or receive a patient handover to transition care responsibility

**EPA 10**: Recognize a patient requiring urgent or emergent care and initiate evaluation and management

### Medical Knowledge

## Medical Knowledge 2: Deep Knowledge Demonstrate deep knowledge of the sciences essential for one's chosen field of practice. MK2b: Depth Undesirable Mastery of prior learning is insufficient to support currently expected activities. Consistently displaying lower level, sometimes attaining higher level. Entry Limited knowledge base. Understanding is descriptive, i.e. focuses on how things appear, without questioning. Consistently displaying lower level, sometimes attaining higher level. Understanding hinges upon protocols or patterns rather than founded in an understanding of underlying physiologic mechanisms or foundational principles. Consistently displaying lower level, sometimes attaining higher level. Understands appropriate underlying mechanisms/principles, but may struggle to apply to a given case. Consistently displaying lower level, sometimes attaining higher level. Immediately and insightfully places new information in proper context. Consistently displaying lower level, sometimes attaining higher level. Creates unique insights and solutions to existing problems. Not applicable

# **Core EPAs during Immersion Phase**

Faculty will be asked to assess you using the following scales

In s	upervising this student, how much did you participate in the task?
	I did it - Required complete guidance, student was unprepared, I had to do the work for them.
	I talked them through it - Allowed to practice co-actively, with supervisor engaged in task.
	I directed them from time to time - Student demonstrated some independence; only required intermittent prompting.
	I was available just in case - Student functioned fairly independently, only needed assistance with nuances or complex situations.
If yo	ou were in a similar situation again with this student, which are you most likely to tell them
	Watch me do this.
	Let's do this together.
	I'll watch you.
	You go ahead, and I'll double check all of your findings.
	You go ahead, and I'll double check key findings.
Wha	at does this student need to work on to become more independent?

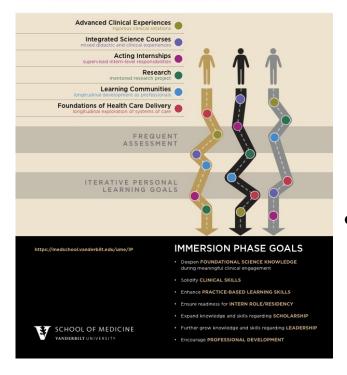
## Frontline Clinical Faculty/Residents





### Curriculum 2.0: Immersion Phase

A highly individualized post-clerkship phase that uses clinical context to build upon prior learning



- Who reports? Anyone that directly observes you!
  - Faculty
  - Residents
  - Interns
  - Staff

## Who solicits? How?

- Course Directors VStarPortfolio
- Immersion Phase Coordinator VStarPortfolio
- Learner (You!) Compass

More data helps Course Directors understand assessor variability, learner's performance over time and provide more accurate summative assessment.

## Compass

- You will use Compass to request data in all ACEs, Als and ISCs
- Visit <u>www.vstarcompass.com</u> using a browser on your phone, laptop, or tablet. Bookmark this site if you have not already.

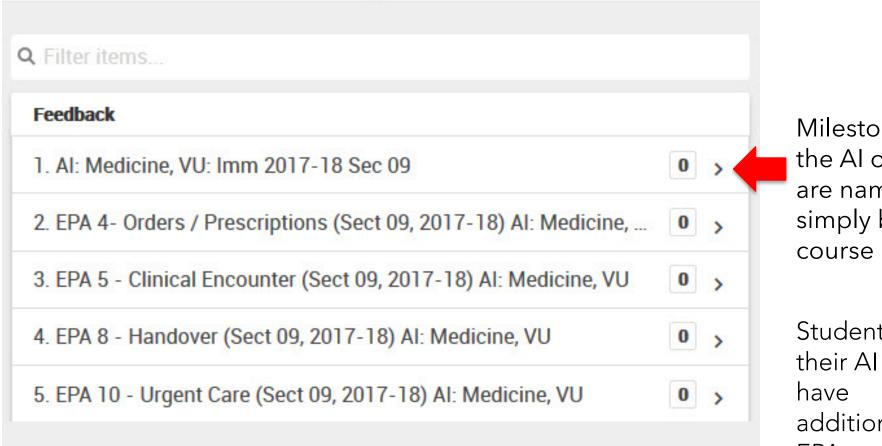
# **Compass (continued)**

- Request milestone feedback from clinicians
   (residents or attendings) with whom you have worked.
- Request at least 2x per week.
- Helpful to inform faculty before you send request.

## **Compass: Al Example**







Milestones for the Al or ACE are named simply by the course name

Students in their AI will additional **FPA** activities

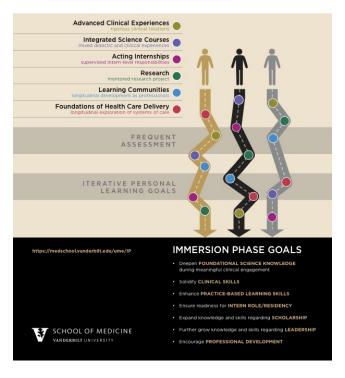
# Questions about COMPASS



## **Assessment in the Immersion Phase**

### Curriculum 2.0: Immersion Phase

A highly individualized post-clerkship phase that uses clinical context to build upon prior learning



## Data Collected to Inform Grades

- Milestones on all 6 Domains
- PBL Exercise (EPA7)
- Clinical observations (milestonebased + comments)
- Other course specific assessment modalities (e.g., quizzes, exams, CBL, TBL)
- EPAs

How does the performance data lead to a final grade?

### Frontline Clinical Faculty/Residents

### **Course Director**





### Milestone (14) Assessments

MK2b-Depth

PC2b-Diff Dx

PC2c-Dx Workup

PC7a-Self-Knowledge

PC7b-Assessment/Plan

IPCS7a.1-Patient Rapport

IPCS7b.1-Presentation

Content

SBP2a-Initiative

SBP2b-Prioritization

PBLI3a-Receptivity

MK7b-Inquiry

MK7c-Use of info resources

\*\*EPA7\*\*

PR1a-Prof Demeanor PR5a-Honesty

**Domain Scores** 



Final Grade

MK PC

IPCS

SBP

**PBLI** 

**Prof** 



Reach
Target
Threshold
Sub-Threshold

Honors
High Pass
Pass
Fail

Activity Title	Assessor	Completed	pc2b	pc2c	рс7а	рс	7b	mk2b	mk7b	mk7c	ipcs7a.1	ipcs7b.1	pbli3d	pr1b	sbp2b	Comments
Imm 2016-17 Sec 2 ACE: Course	Assessor 1	10/2/16	4	1 4		4	4	4	4	4	5	, 4	4	5	4	n/a
Imm 2016-17 Sec 2 ACE: Course	Assessor 2	10/1/16	4	4 4	ļ	5	3.5	3	4	4	4	. 4	4	4.5	4	Strengths include ability to work in tea
Imm 2016-17 Sec 2 ACE: Course	Assessor 3	9/29/16		3.5	i	4	3.5	4.5	3.5	4	ŀ	3	3.5	4		X is a very strong student. Presentation
Imm 2016-17 Sec 2 ACE: Course	Assessor 4	9/27/16	4	4 4	ļ	5	5	5	5	5	5	5 5	5	5	4	X was an asset to my clinic. X often p
Imm 2016-17 Sec 2 ACE: Course	Assessor 5	9/26/16	4	4 4	ļ	4	3	4	3.5	3	4		3	4	4	X was a wonderful med student to ha
Imm 2016-17 Sec 2 ACE: Course	Assessor 6	9/23/16		5 5	;	5	5	5	5	5	5	5 5	5	5	5	Wonderful medical student! Did great
Imm 2016-17 Sec 2 ACE: Course	Assessor 7	9/23/16	3.5	5 4	ļ	4	4	4	4	4	ŀ	5	3	5	3	n/a
Imm 2016-17 Sec 2 ACE: Course	Assessor 8	9/22/16		5 4	ļ.	5	4	4	4	4	5	5 5	4		4	X is well organized, mature medical s
Average Value for milestone			4.0	5 4.06	5 4.	.50 4	1.00	4.19	4.13	4.13	4.67	4.43	3.94	4.64	4.00	
Average Value for domain				4.16	i					4.15	4.55	5	3.94	4.64	4.00	
Final assessment per domain																
				PC						MK	IPCS		PBLI	PR	SBP	_

Reach

Reach Target Threshold Sub-threshold

Course Director determines level of performance for each Competency Domain

Reach Reach Reach Reach

Competency (Reach [R], Target [T], Threshold [TH], Sub-threshold [Sub])	Performance
<b>Medical Knowledge</b> Understands established and evolving biological, clinical, epidemiological and social-behavioral sciences and must be able to apply this knowledge to patient care.	REACH
<b>Patient Care</b> Provides care that is compassionate, safe, efficient, cost sensitive, appropriate, and effective for the treatment of illness and the promotion of health.	REACH
<b>Interpersonal &amp; Communication Skills</b> Able to communicates in ways that result in safe, effective and respectful information exchange and create beneficial partnerships with patients, their families, and other health professionals.	REACH
<b>Systems-Based Practice</b> Understand and respond to the larger context and system of healthcare and effectively call on system resources to provide care that is of optimal value.	REACH
<b>Practice-Based Learning &amp; Improvement</b> Able to continuously improve patient care by investigating and evaluating outcomes of care and by engaging in learning activities which involve critical appraisal and assimilation of scientific evidence and application of relevant	TARGET
<b>Professionalism</b> Possesses the knowledge, skills and attitudes necessary to carry out professional responsibilities, adhere to ethical standards and establish and maintain productive, respectful relationships with patients and colleagues.	REACH

Formative Comments: (Not to be quoted in Dean's Letter; please provide specific recommendations for improvement)

**Summative Comments:** (Summative comments of student's performance may be used in Dean's Letter)

# Course Director determines level of performance for each Competency Domain

Competency (Reach [R], Target [T], Threshold [TH], Sub-threshold [Sub])	Performance
<b>Medical Knowledge</b> Understands established and evolving biological, clinical, epidemiological and social-behavioral sciences and must be able to apply this knowledge to patient care.	REACH
<b>Patient Care</b> Provides care that is compassionate, safe, efficient, cost sensitive, appropriate, and effective for the treatment of illness and the promotion of health.	REACH
<b>Interpersonal &amp; Communication Skills</b> Able to communicates in ways that result in safe, effective and respectful information exchange and create beneficial partnerships with patients, their families, and other health professionals.	REACH
<b>Systems-Based Practice</b> Understand and respond to the larger context and system of healthcare and effectively call on system resources to provide care that is of optimal value.	REACH
<b>Practice-Based Learning &amp; Improvement</b> Able to continuously improve patient care by investigating and evaluating outcomes of care and by engaging in learning activities which involve critical appraisal and assimilation of scientific evidence and application of relevant	TARGET
<b>Professionalism</b> Possesses the knowledge, skills and attitudes necessary to carry out professional responsibilities, adhere to ethical standards and establish and maintain productive, respectful relationships with patients and colleagues.	REACH

Excellent performance in all competency domains

Final Grade: H

- HP: Excellent performance in several, but not all, competency domains
- Satisfactory performance in all competency domains
- P\*: Temporary grade given to students whose performance is marginal because of important deficiencies in some aspects of course-work or competency domains; must ultimately be resolved to Pass or Fail
- Unsatisfactory performance

Note: "I" Incomplete is not a grade and is not an alternative for failure, but indicates that some work must be completed before a grade is issued.

**For clinical courses:** Rate suitability for appointment as a resident on your service:

**Superior** 

## **Course Director** determines level of performance for each **Competency Domain**



	Summative Competency Ratings (6 domains assessed)
Risk of Fail (course director discretion)	Any Sub-Threshold OR >2 Thresholds
Pass	No more than 2 Thresholds All others at Target or above
High Pass	At least 3 Reaches All others at Target
Honors	Nothing below Target 5 Reaches

# Logistics

## **Academic Calendar 18-19**

https://medschool.vanderbilt.edu/enrollment/2018-19-academic-calendars

SECTION	DATES	Registration Deadline (42 day: EM, PC, ISC, AI)	Registration Deadline (28 day: Electives)	Registration Deadline (7 day: FHD/LC Units)				
07	July 9 - Aug. 3, 2018	ТВА	ТВА	ТВА				
08	Aug. 6- 31, 2018	ТВА	ТВА	ТВА				
	lmm	ersion Orientation (3rd	years): Aug. 27-31, 20	018				
	Labor	Day: Sept. 3, 2018 (no cl	asses or clinical acti	vities)				
09	Sept. 4- 28, 2018	ТВА	TBA	TBA				
10	Oct. 1- 26, 2018	ТВА	ТВА	TBA				
11	Oct. 29 - Nov. 21, 2018	ТВА	ТВА	ТВА				
		Thanksgiving Break:	Nov. 22-25, 2018					
12	Nov. 26 - Dec. 21, 2018	ТВА	ТВА	ТВА				
		Winter Break: Dec. 22,	2018 - Jan. 6, 2019					
01	Jan. 7 - Feb. 1, 2019	ТВА	ТВА	ТВА				
	MLK, Jr. F	loliday: Jan. 21, 2019 (no	classes or clinical a	activities)				
	Intersession (3rd and 4th years): Feb. 4-8, 2019							

02	Feb. 11 - Mar. 8, 2019	ТВА	ТВА	ТВА			
		4th Year Student Retro	eat: March 1, 2019				
03	Mar. 11 - April 5, 2019	ТВА	ТВА	ТВА			
		Match Day: Mar	rch 15, 2019				
04	April 8 - May 3, 2019	ТВА	ТВА	TBA			
		3rd Year Student Ret	reat: May 6, 2019				
	ı	ntersession (3rd years o	only): May 6-10, 2019				
	Co	mmencement for Class	of 2019: May 10, 201	9			
05	May 13 - June 7, 2019	ТВА	ТВА	ТВА			
	Memoria	l Day: May 27, 2019 (no	classes or clinical ac	ctivities)			
06 (end of AY 18-19)	June 10- July 5, 2019	ТВА	ТВА	TBA			
	Independence Day: July 4, 2019 (no classes or clinical activities)						

## Late Requests to Add or Drop

- Late requests to add or drop are evaluated caseby-case.
  - Immersion rotations Immersion Phase Team (<u>immersion.phase@Vanderbilt.edu</u>)
  - FHD Immersion FHD Team (fhd@Vanderbilt.edu)
- Send email request explaining why deadline was not met.
- If drop or add is approved, complete the form at <a href="https://medschool.vanderbilt.edu/enrollment/forms">https://medschool.vanderbilt.edu/enrollment/forms</a>

## **Pursuing AWAY Rotation**

- You are eligible once FCC phase is complete and you have taken and passed Step 1.
- Form and instructions are at https://medschool.vanderbilt.edu/enrollment/forms
- You will not self-service register. You will work closely with Office of Enrollment Services to:
  - —Apply for away rotations
  - Register for away rotations
- You can apply for *most* away rotations through the Visiting Student Application Service (VSAS) which is sponsored by the Association of American Medical Colleges (AAMC).
- FOLLOW THE VUSM APPROVAL PROCESS!
- Not covered for liability if not enrolled in the experience at VUSM



Login Search Electives Institutions Submit Access Code VSAS Resources

### **Visiting Student Application Service**

### Logging in for the First Time?

Before you can log into VSAS, your home school or medical institution must grant you access. You will receive a "VSAS: New User Instructions" email containing login instructions once you have been granted access.

Students who have not yet been granted access should contact the office or person who assists with 4th year scheduling regarding VSAS access.

### About VSAS

The Visiting Student Application Service (VSAS) is an AAMC application designed to make it easier for medical students to apply for senior electives at U.S. medical schools and teaching hospitals. Please visit our <u>VSAS website</u> for detailed information and resources.

#### Do I need to use VSAS?

Students will use VSAS only if enrolled at a U.S. LCME-accredited medical school or participating COCA-accredited AACOM member school and applying for senior away electives at any <u>VSAS host institutions</u>.

If not applying to one of these institutions, please review the <a>Extramural Electives Compendium (EEC)</a> <a>In for visiting student application information.</a>

International students may also review information about the Global Health Learning Opportunities (GHLO) I service.

### **VSAS** Help

Contact VSAS Help Desk: Contact us by e-mail (<u>vsas@aamc.org</u> ⋈) or phone (202-478-9878) Monday - Friday, 9 a.m. - 5 p.m. ET

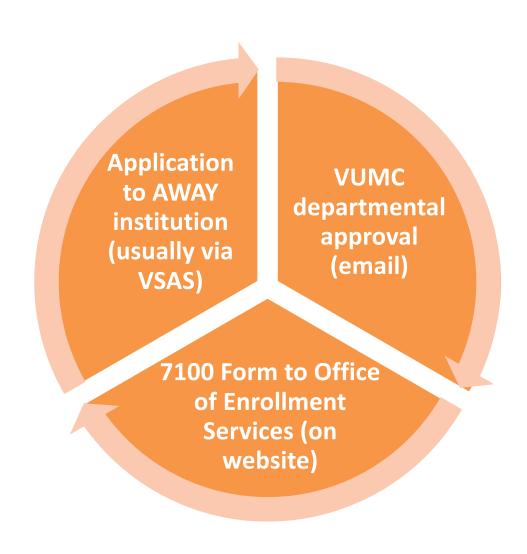
FAQs: Review our frequently asked questions 3 !

Connect with VSAS on Facebook: http://www.facebook.com/AAMCMedStudent 3



Quick Elective Search		
Search VSAS host institu	tion electives:	
Keywords	Ť.	
Specialty	<u> </u>	
State	<u> </u>	
Search Clear Advance	d Search	
① Looking for institutio	information? Try the list of host institutions.	

## **Process** for Pursuing AWAY Rotation



## **Process** for Pursuing AWAY Rotation

- Office of Enrollment Services MUST receive notification from VU departmental approver. [see website for list]
- You are not registered until your form is submitted, departmental approval is received, and you see the rotation listed in YES.
- ALWAYS check for schedule conflicts and remember the immersion rotation drop deadlines.
- In early 2018 we will conduct extensive in-person overview of the process.

## **Immersion Phase Attendance Policy**

- Students are expected to attend all required sessions as described in the course syllabus
- Pre-approval required for
  - Interviews
  - Religious holy dates
  - Presentations of work at an advertised scholarly meeting
- Emergency absences can be approved for serious medical issues and family emergencies
- The full policy and form is available in every V\*Learn Immersion Phase course

## **Degree Audit**

- Designed to track progress toward degree completion
- Helps you know which "bucket" a course or rotation falls into
- Available to you and your portfolio coach in YES

## **Audit Tool**

Immersion Phase

✓ Satisfied

Immersion Core

✓ Satisfied

On-Campus ACEs



Description: Select three ACE rotations which must be taken at Vanderbilt. (See https://medschool.vanderbilt.edu/ume/class2016)

Satisfying Courses

Courses used to satisfy this requirement:

Course	Title	Units Earned	Term	Grade	Notes
EM 5950	ACE: Emergency Medicine	0	2015 Year		
PED 5612	ACE: Adolescent Medicine	0	2015 Year		
PED 5730	ACE: Child Abuse Pediatric Med	0	2015 Year		

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Step Score Evaluation

X Not Satisfied

# **Useful Links/Contacts**

- Immersion Phase Requirements
  - https://medschool.vanderbilt.edu/ume/md-phd-2017
  - Immersion.phase@vanderbilt.edu
- Careers in Medicine
  - https://medschool.vanderbilt.edu/cim/
- Enrollment
  - https://medschool.vanderbilt.edu/enrollment/
- FHD
  - https://medschool.vanderbilt.edu/ume/fhd
  - FHD@vanderbilt.edu
- Learning Communities
  - pam.lynn@Vanderbilt.Edu