Welcome
Donald Brady, MD

Immersion Phase Website
https://medschool.vanderbilt.edu/ume/IP
Curriculum 2.0: Immersion Phase

Phase Directors
Lourdes Estrada, Ph.D.
Kendra Parekh, M.D.

Program Manager
Brenna Hansen

Program Coordinator
LaToya Ford

Program Assistant
Bethanie McCrary
What we’ll cover today:

• Professionalism
• Portfolio Cycles
• Program Evaluation & Lessons
• Promotions
• Immersion Phase Course Types
• Using VPEN in the Immersion Phase
• Assessment
• Student Mistreatment

• Professional Accountability
• Dual degrees
• AOA
• Attendance Policy
• Enrollment Services
• Longitudinal Panel
• Preparing for USMLE Step 2 Clinical Skills Examination
Curriculum 2.0: Immersion Phase

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

- Advanced Clinical Experiences: rigorous clinical rotations
- Integrated Science Courses: mixed didactic and clinical experiences
- Acting Internships: supervised intern-level responsibilities
- Research: mentored research project
- Learning Communities: longitudinal development as professionals
- Foundations of Healthcare Delivery: longitudinal exploration of systems of care

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**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
What to expect?

- Individualization
- Self-direction
- Grades and Match

SOMETHING FEELS DIFFERENT.
VA Access

• Students who rotate at the Veteran's Affairs Hospital need to make sure their VA computer codes are still active:
  – Go to the VA and log in to any VA computer to check
  – If you have lost access, contact the VA Help Desk from any VA phone at 2-6500

• Our team will prompt you four weeks before your rotation

• Details regarding access can be found at https://medschool.vanderbilt.edu/md-gateway/va-rotations/
Away Rotations

• You must complete all requirements and approvals in order to be off campus.
  – Affiliation Agreement
  – Form 7100: Petition for Clinical Rotation (Away)
Professionalism and More

Kendra Parekh, MD
CAUTION
MOVING PARTS
Email Etiquette
Step 2 CK and CS
Making Choices
Program Evaluation & Quality Control

Lourdes Estrada, PhD

Supporting standardization of outcomes in the context of individualization of learning experiences
Program Evaluation & Lessons Learned

- **Tools**
  - Course evaluations by students
  - Course evaluation by faculty and leadership
  - Rapid cycle with student curriculum committee
  - **Educator Evaluations**

- **How do we use the information?**
  - Quality improvement
  - Clarify and streamline policies and processes
  - Protect your privacy
Educator Evaluation

• For all ACEs and AIs
  • Choose 2 (1 attending, 1 resident) after each rotation
Quality Improvement Efforts

• Meetings of course directors, department leaders to discuss data, review case examples and address process issues
• Faculty development efforts to train workplace assessors
• Data analysis by Standing Assessment Committee:
  – Overall grade distribution
  – Distribution within categories
  – Milestone rating distributions by student and by faculty
  – Comparison with performance outcomes from prior phases
Grades and Promotions

Cody Chastain, MD
WHY GRADES? WHY NOW?
Grading in the Immersion Phase

- **Graded as H/HP/P/F**
  - Integrated Science Courses (ISC)
  - Advanced Clinical Experiences (ACE)
  - Acting Internships (AI)
  - Away rotations
  - Research Immersion
  - Foundations of Healthcare Delivery Quality Improvement (FHD QI) – 1-3

- **Graded as P/F**
  - Advanced Electives (AE)
  - Special Studies (Clinical here, Research - here or away)
  - PLAN
  - Learning Communities (LC)
  - Foundations of Healthcare Delivery (FHD) – all except QI above
Grading Options

• **Honors**
  – Excellence in (nearly) all competencies

• **High Pass**
  – Excellence in some competencies while on track in others

• **Pass**
  – On track in most competencies with room for improvement in others

• **Risk of Fail**
  – Performing below expected level
Suggestions and Reminders

• Focus on the journey, not the destination.
• You are an exceptional person among an exceptional group.
• Everyone is eligible for every grade.
• Ask for feedback to learn; do not coach your assessor to produce the "grade" you want.
Promotions Committee in IP

• The hard(est) work is behind you!

• System-based practice and professionalism are the most common reasons for non-promotion at this phase.

• Be proactive, be open, be honest!
Course Types & Phase Requirements

Immersion Phase Website

https://medschool.vanderbilt.edu/ume/IP
C 2.0 Immersion Phase: Course Types

- **ACE: Advanced Clinical Experience**
  - Rigorous clinical experience
C 2.0 Immersion Phase: Course Types

ACE: Advanced Clinical Experience
- Rigorous clinical experience

ISC: Integrated Science Course
- Didactic and clinical experiences
C 2.0 Immersion Phase: Course Types

ACE: Advanced Clinical Experience
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AI: Acting Internship
• Supervised intern-level responsibilities
## C 2.0 Immersion Phase: Course Types

<table>
<thead>
<tr>
<th>Course Type</th>
<th>Description</th>
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<tr>
<td><strong>ACE: Advanced Clinical Experience</strong></td>
<td>• Rigorous clinical experience</td>
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<td><strong>AE: Advanced Elective</strong></td>
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<td></td>
<td>• Usually non-clinical setting</td>
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C 2.0 Immersion Phase: Course Types

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  - Rigorous clinical experience

- **ISC: Integrated Science Course**
  - Didactic and clinical experiences

- **AI: Acting Internship**
  - Supervised intern-level responsibilities

- **AE: Advanced Elective**
  - Competency- or interest-driven
  - Usually non-clinical setting

- **Special Studies**
  - Competency- or interest-driven rotation
  - Tailored course
  - NOT in the catalog
## C 2.0 Immersion: Phase Requirements

<table>
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<tr>
<th>Minimum C2.0 Requirements (in Months)</th>
<th>Impact of Increasing Research Months</th>
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<tbody>
<tr>
<td><strong>On-Campus</strong></td>
<td><strong>3 months of research:</strong> Complete 15 course requirements</td>
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<tr>
<td>4 Integrated Science Courses (ISCs)</td>
<td><strong>To extend research beyond 3 months:</strong> Student must be in good academic standing and complete an approval process with the Office of Medical Student Research.</td>
</tr>
<tr>
<td>1 Acting Internship (AI)</td>
<td><strong>4 months:</strong> Additional research month fulfills one competency/interest-driven rotation</td>
</tr>
<tr>
<td>4 Advanced Clinical Experiences (ACEs)</td>
<td><strong>5 months:</strong> Additional research months fulfill two competency/interest-driven rotations</td>
</tr>
<tr>
<td>On-Campus or Away (away with approval)</td>
<td><strong>6 months:</strong> Additional research months fulfill two competency/interest-driven rotations and requires the use of one flex month</td>
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<tr>
<td>3 Competency and Interest-Driven Rotations (can be ISCs, ACEs, AIs or Electives)</td>
<td><strong>1 must be clinical</strong></td>
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<tr>
<td>3 Research Immersion</td>
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<tr>
<td>15 required months</td>
<td><strong>Longitudinal Courses</strong></td>
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<td>Must include:</td>
<td>Foundation of Health Care Delivery (11 units)</td>
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<tr>
<td>1 Primary Care course (either ACE or ISC)</td>
<td>• 6 units taken during immersion weeks</td>
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<tr>
<td>1 Acute Care course (EM or ICU-based course)</td>
<td>• 5 units take longitudinally, paired with other courses during the Immersion Phase</td>
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<tr>
<td>4+2+1 Flex months (4 + 2 mo for Step 1 + 1 for interviews)</td>
<td>Learning Communities (8 units)</td>
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</table>
IP Planning Approach

• Plan for a min of 2 (max of 3) ISCs in Y3

• AIs occur between March of Y3 and September of Y4
  – Registration survey will be sent out November

• Recognize that you will make many changes to your schedule—degree audit is your friend
“Enjoy the journey as much as the destination.”

M.Sylver
ACE Overview

Immersion Phase Website

https://medschool.vanderbilt.edu/ume/IP
ACE Overview

Overarching Goals for ACEs
1) Solidify clinical skills
2) Enhance practice-based learning skills

Opportunities to enhance practice-based learning skills:
1) Personal Learning Goals and Plan
2) Practice-based learning exercise
Personal Learning Goals and Plan: Why?

Teacher-centered  Learner-centered

tension.net
Evidence for Learning Goals and Plans

- Knowledge and good intentions ≠ behavior change
- Setting a goal that is specific leads to higher performance (Bero 1998)
- Feedback is necessary (Kluger 1996)
- Must be important to you right now (Locke 2002)
- Goals are not enough, you need a plan (Koestner 2002, Gollwitzer 2006)
Personal Learning Goals and Plan: How To

1. Go to the ACE in VSTAR LEARN
2. Click on ACE: Personal Learning Goals and Plan
3. Commit to your goals and plan by completing the form
4. Use the form to generate **discussion** with your clinical preceptor(s) (attending, resident)
Personal Learning Goals and Plan: Form

Please complete this form, print and take with you to your clinical rotation. This form will facilitate the conversation with the frontline clinical faculty that will provide you with learning experiences and potentially assess your progress. Ideally, the learning goals for the rotation should be complimentary to the learning goals you have developed with your Portfolio Coach.

Advanced Clinical Experiences (ACEs) are rigorous clinical experiences that are designed to (1) solidify clinical skills and (2) enhance practice-based learning skills.

The Acting Internship (AI) is an intensive, Inpatient experience designed to provide the student with increased responsibilities for the assessment of and management of patients.

Please create 2-5 learning goals for this rotation:

1.

2.

3.

4.

5.

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 achieve 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?
Tips for Communicating Your Learning Goals and Plan

1. Have the conversation with whoever will be your primary clinical preceptor (faculty, fellows, residents)
2. Have the conversation early (week 1, day 1) and often
3. 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”
   “Can I touch base with you quickly about the plan for this clinical session?”
3. Be confident but not brash. Be open to feedback and redirection if your preceptor suggests different goals.
Advantages of Creating Your Student Learning Goals and Plan

• Take ownership: 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 clinical environment
• Develop the habit (VERY LITTLE DIRECTION IN GME)
Feedback is not done to you...feedback is a process that you can initiate and engage in.
Practice-Based Learning Exercise: Why?

• Medicine is dynamic
• Providers have knowledge gaps
  – Average time lag of 17 years to translate discovery into clinical practice
• Learning to learn in the workplace

Morris et al. (2011) J R Soc Med
Practice-Based Learning Exercise: How To

• **Goal**: Form a clinical question and retrieve evidence to advance patient care

• Do as often as you can
STEP 1: ASK a Clinical Question

• Pay attention to the different questions that come up related to patient care

• Identify a real knowledge gap in caring for an actual patient

• Pick a gap and generate a well-formed PICO question
  • Patient-Intervention-Comparison-Outcome
STEP 2: ACQUIRE Evidence

• Find evidence

• Select an appropriate resource(s) to answer the question
  • Guidelines vs. textbooks vs. systematic reviews vs. primary literature
STEP 3: Evidence

• Identify both strengths and weaknesses of selected resource(s)
• Cite evidence applicable to the patient
STEP 4: ADVISE

• **Verbalize** clear practice recommendations to your team
  • During rounds or one-on-one discussions
Practice-Based Learning Exercise: Assessment

• Embedded in the standard VSTAR Portfolio activity for each ACE
• Request assessment via Compass
Practice-Based Learning Exercise: Assessment

**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?
What is an EPA?

• Unit of professional practice
  – Tasks or responsibilities that trainees (i.e. YOU) are entrusted to perform unsupervised once they have attained sufficient competence

• EPAs are independently:
  – Executable
  – Observable
  – Measurable

• It is our goal for faculty and residents to directly observe your abilities in these areas
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 without a supervisor in the room on Day 1 of residency
EPA 1
HISTORY AND EXAMINATION
Gather a history and perform a physical examination

EPA 2
DIFFERENTIAL DIAGNOSIS
Prioritize a differential diagnosis following a clinical encounter

EPA 3
COMMON TESTS
Recommend and interpret common diagnostic and screening tests

EPA 4
ENTER ORDERS
Enter and discuss orders and prescriptions

EPA 5
DOCUMENT ENCOUNTER
Document a clinical encounter in the patient record

EPA 6
ORAL PRESENTATION
Provide an oral presentation of a clinical encounter

EPA 7
CLINICAL QUESTIONS
Form clinical questions and retrieve evidence to advance patient care

EPA 8
PATIENT HANDOVER
Give or receive a patient handover to transition care responsibility

graphics courtesy of our colleagues at OHSU
**EPA 9**
- **INTERPROFESSIONAL TEAM**
  - Collaborate as a member of an interprofessional team

**EPA 10**
- **EMERGENT CARE**
  - Recognize a patient requiring urgent or emergent care and initiate evaluation and management

**EPA 11**
- **OBTAIN CONSENT**
  - Obtain informed consent for tests and/or procedures

**EPA 12**
- **PERFORM PROCEDURES**
  - Perform general procedures of a physician

**EPA 13**
- **SAFETY AND IMPROVEMENT**
  - Identify system failures and contribute to a culture of safety and improvement

*Graphics courtesy of our colleagues at OHSU*
## Practice-Based Learning Exercise: Assessment

**EPA7: Form a clinical question and retrieve evidence to advance patient care**

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3. What does this student need to work on to become more independent or to allow you to act upon their findings?
First Day of Course

Dr. Zic will send students an email the weekend before they start with information on where to report. If students have not heard from the course director before the course starts, they may contact him using the following phone number. Students may only contact faculty during the hours of 8 am and 8 pm, and preferably not on weekends.

Dr. Zic: 615-423-5299

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

EPA7: Form a clinical question and retrieve evidence to advance patient care

Students will be expected to form clinical questions and retrieve evidence to advance patient care (EPA 7). Assessment of this skill is embedded in the standard course Compass form. 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
VPEN in the Immersion Phase

Anderson Spickard, III, MD
Locate VPEN

No Data There are no comments or notes to display.

THURSDAY
AUG 23

Calendar Subscription URL:
https://vistar-portfolio.app.vanderbilt.edu/app/member/feeds/calendar.ics?uid=renetv1trtnmrvs&key=opWTTK7zBG2H30eSQP9qCU9pw
Log Into VPEN

Welcome to VSTAR Patient Encounter Notes
Please login below with your VUMC VUnet ID and password.

Please bookmark this page only.

VUnet ID: [blank]
Password: [blank]

Login

If you have trouble logging on, please click here to get help.
Your browser must allow cookies, Javascript, and popups for VPEN to work effectively.
The VPEN Home Page
View Your Patients
### Your Patients

#### My Patients

You have **240 patients**.

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<th>Date Added</th>
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Welcome to VSTAR Patient Encounter Notes

You may click on the VSTAR PEN logo (top left) at any time to return to this page.

Progress towards VC3 objectives:

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View complete list of VC3 learning objectives

Note: Please be aware that some features do not work properly in all browsers.
Please use Internet Explorer to access all features of VSTAR PEN.
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View Your Mentors
Add a New Mentor

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<td>Vasillevsis, Ed</td>
<td>Course/Clerkship Director</td>
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Search by Name
Specify Mentor Role

Add mentor: Spickard-III, Anderson

Type of Mentor:
- Portfolio Coach
  Portfolio Coaches are designed by the Dean’s office and have full access to notes written across the range of a student’s time.
- Course/Clerkship Director
  Directs a course or clerkship (e.g., PRS, Pediatrics). Has full access to all documents produced during a given date range.
- Small group attending
  Small group attendings should have access to all patient information for a given period of time - typically the length of the rotation.
- Inpatient Attending
  Inpatient attendings should have access to all information for a given period of time.
- Outpatient Attending
  Serves as clinic attending. Has full access to notes during the time period he/she attends.
- Resident/Fellow
  Residents and fellows have access to student’s patient information only during their rotation with them.
- Physical Diagnosis tutor
  Physical Diagnosis tutor will have access to your notes only during the course.

Notification:
- Send mentor an email whenever student writes a new H&P (or other note as per preferences)

Please select a date range:
- Start Date:
- End Date:

No date needed for this mentor type.

Other mentors: No other mentors found
Specify Mentor Date

This mentor will be able to see this student’s notes only written between September 4, 2018 to September 16, 2018.
**View Learning Objectives**

Welcome to VSTAR Patient Encounter Notes

You may click on the VSTAR PEN logo (top left) at any time to return to this page.

Progress towards VC3 objectives:

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Notes: Please be aware that some features do not work properly in all browsers.
Please use Internet Explorer to access all features of VSTAR PEN.
Select Learning Objective

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VC3 Learning Objectives

VC3 Program

Abdominal Pain

A variety of important acute and chronic diseases cause abdominal pain. Many of these diseases pose serious threats to patients. Mastery of the approach to patients with abdominal pain is important to third-year medical students.

Prerequisites

Describe and discuss:
- anatomy of the abdomen and pelvis
- basic physiology
- basic pharmacology
- epidemiology of abdominal pain

Demonstrate:
- ability to take a medical history
- ability to conduct a basic physical examination of the abdomen
- basic communication skills

Apply Medical Knowledge in the Clinical Encounter

1. Describe and discuss principal types of pathophysiologic mechanisms of abdominal pain (i.e., obstruction, peritoneal irritation, vascular insufficiency, abnormal mobility, mucosal irritation, metabolic aberrations, nerve injury, referred pain, psychopathology).

2. Describe and discuss the relative likelihood of common causes of abdominal pain according to the quadrant in which the pain is located and describe the elements of the history important in distinguishing presentation problems.
Find Matching notes

Click find matching notes to search for concepts of Abd pain in all of your notes
Search Results: Cough

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</table>

Search results are listed from most to least relevant.
View All Concepts in Note

Hover here to see all the concepts of cough that matched that section of the note, in this case the assessment and plan section of the note. Select the note to open it and to see the concepts of cough (in red) located in the note.
Select the Note

Select a note to open it and to view the concepts of cough (in red) located in the note.
Concepts of Cough in **RED**

Here are the concepts of cough found in the assessment plan:

1. **Paratracheal lymphadenopathy** - This is most likely due to sarcoidosis. According to Wessendorf, et. al., there are not clinical symptoms that are specific for sarcoidosis. Robertson has fever and general weakness, but not cough and dyspnea, which can be typical symptoms. She does have radiologic signs of the disease on X-ray. Wessendorf recommends against CT follow-up unless a complicated disease course is suspected, to avoid unnecessary radiation. The key to diagnosis is noncaseating granulomas on biopsy, which can be taken via endobronchial ultrasonography-guided transbronchial needle aspiration. It is unlikely that she has lymphoma due to the lack of B symptoms. Although her white count is elevated, it is within the normal range of her chronic leukocytosis. Similarly, her lack of cough and night sweats do not fit with a picture of tuberculosis. Finally, she may have a reactive lymphadenopathy due to her longstanding pneumonia. However, given that her pneumonia symptoms have now resolved, this is unlikely.
   - Bronchoscopy with endobronchial ultrasonography-guided transbronchial needle aspiration biopsy.

2. **Hidradenitis suppurativa** - The flare-up is most likely due to being off of her regular immunosuppressants during her pneumonia. She cannot restart stelara until the lymphadenopathy is understood.
   - Consult plastic surgery
   - Continue home skin medications

3. **Hypertension** - Stable. Continue home carvedilol and HCTZ.


5. **Code Status**: full code

Adding Additional Notes

This student has 4 notes that are associated with cough. They want to add another note to cough.
Adding Additional Notes Cont...

Student remembers this patient, definitely a case that addressed cough. So they add it to the VC3 dashboard by clicking record.
Note “Matched” to VC3 Topic

### Search Results

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<th>Add</th>
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<th>Hits</th>
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</table>
After the student hit record, the note was matched to cough and the number rose from 4 to 5.
You may also associate a note to a VC3 topic from within the note. Here a student is going to associate this note both to cough and shortness of breath.
Adding Multiple VC3 Topics

Pick as many topics as needed to relate this note to VC3 topics. (Hold down Ctrl to pick more than one topic.)
Confirming Note Association
VPEN also allows teachers to provide students feedback on their notes. The icons here show that feedback has been provided on this note.
Instructor Comments

General comments are located at the top, specific comments are found by hovering over the yellow aspect of the note where the teacher left his/her comments.
FAQ

• Where do I find help in using VPEN?
• How many notes am I supposed to have?
• How many VC3 dashboard entries am I supposed to have?
• Do I associate every note on a patient to VC3?
• Can I associate a single note to multiple VC3 problems?
• Can I put notes into the system that are not in eStar?
• How is tracking my notes good for me?
• Why should I be doing this if no one is reading my notes?
• What are expectations of students in the VC3 program?
Where do I find help in using VPEN?
How many notes am I supposed to have?

Class of 2021, at end of FCC:

Ave notes per clerkship:

- Medicine - 42
- Pediatrics - 18
- Psychiatry - 16
- Neurology - 15

Average total notes: 108

At Graduation, Class of 2019:

- You have 5 mentors.
- You have 2 procedures.
- You have 182 patients.
- You have 372 notes.
- You have 1 Session Reflection.

- You have 3 mentors.
- You have 1 procedure.
- You have 103 patients.
- You have 211 notes.
- You have 0 Session Reflections.

- You have 1 mentor.
- You have 1 procedures.
- You have 174 patients.
- You have 324 notes.
- You have 0 Session Reflections.

- You have 2 mentors.
- You have 0 procedures.
- You have 56 patients.
- You have 155 notes.
- You have 0 Session Reflections.

- You have 3 mentors.
- You have 2 procedures.
- You have 142 patients.
- You have 349 notes.
- You have 0 Session Reflections.

- You have 3 mentors.
- You have 3 procedures.
- You have 269 patients.
- You have 486 notes.
- You have 0 Session Reflections.
How many VC3 dashboard entries am I supposed to have?

No set number.

Class of 2021 average # of entries thus far: 70

  Number of students with zero entries: 17
  Number of students with 0-15 entries: 7
  Number of students with 220+ entries: 4
  Everyone else: just right!

Historically at graduation on average we have seen:

  15-25: Chest Pain, Abd Pain, SOB, Fever, Cough

  8-15: Jaundice, HA, GI Bleed, AMS, Mood, Substance Abuse, Functional Decline

  0-7: Breast Complaints, Trauma, Syncope, Shock, Rash, Back Pain
FAQ

• Where do I find help in using VPEN?
• How many notes am I supposed to have?
• How many VC3 dashboard entries am I supposed to have?
• Do I associate every note on a patient to VC3?
• Can I associate a single note to multiple VC3 problems?
• Can I put notes into the system that are not in eStar?
• How is tracking my notes good for me?
• Why should I be doing this if no one is reading my notes?
• What are expectations of students in the VC3 program?
FAQ

• Where do I find help in using VPEN?
• How many notes am I supposed to have?
• How many VC3 dashboard entries am I supposed to have?
• Do I associate every note on a patient to VC3?
• Can I associate a single note to multiple VC3 problems?
• Can I put notes into the system that are not in eStar?
• **How is tracking my notes good for me?**
• Why should I be doing this if no one is reading my notes?
• What are expectations of students in the VC3 program?
How is tracking my notes good for me?

• Can see your work.
• Can get feedback.
• Can remember cases and refer back to your prior learning.
• May direct you to the cases you need to see.
• Part of a bigger enterprise that is seeking quality improvement.
FAQ

• Where do I find help in using VPEN?
• How many notes am I supposed to have?
• How many VC3 dashboard entries am I supposed to have?
• Do I associate every note on a patient to VC3?
• Can I associate a single note to multiple VC3 problems?
• Can I put notes into the system that are not in eStar?
• How is tracking my notes good for me?
• Why should I be doing this if no one is reading my notes?
• What are expectations of students in the VC3 program?
Why should I be doing this if no one is reading my notes?

Ok to ask students to log their experiences as part of our systemic effort to improve and be accountable for the type and breadth of patients we wish for our students to encounter. (Akin to course evaluations).
FAQ

- Where do I find help in using VPEN?
- How many notes am I supposed to have?
- How many VC3 dashboard entries am I supposed to have?
- Do I associate every note on a patient to VC3?
- Can I associate a single note to multiple VC3 problems?
- Can I put notes into the system that are not in eStar?
- How is tracking my notes good for me?
- Why should I be doing this if no one is reading my notes?
- What are expectations of students in the VC3 program?
What are expectations of students in the VC3 program?

• Be familiar with the learning objectives.
• Request to be assigned to patients with these presenting problems.
• Incorporate learning about these problems into the clinical note.
• Regularly review your corpus of notes to 1) assess the extent of coverage of presenting problems and 2) add notes to the VC3 dashboard.
Assessment

Immersion Phase Website

https://medschool.vanderbilt.edu/ume/IP
Goals of Immersion Assessments

- 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

- **Graded as H/HP/P/F**
  - Integrated Science Courses (ISC)
  - Advanced Clinical Experiences (ACE)
  - Acting Internships (AI)
  - Away rotations
  - Research Immersion
  - Foundations of Healthcare Delivery Quality Improvement (FHD QI) – 1-3

- **Graded as P/F**
  - Advanced Electives (AE)
  - Special Studies (Clinical here, Research - here or away)
  - PLAN
  - Learning Communities (LC)
  - Foundations of Healthcare Delivery (FHD) – all except QI above
## Alignment of course type goals and assessment focus

<table>
<thead>
<tr>
<th>FOCUS of Assessment</th>
<th>ISC</th>
<th>ACE</th>
<th>AI</th>
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<tr>
<td><strong>FOCUS of Assessment</strong></td>
<td>Medical Knowledge Integration</td>
<td>Clinical Skills Practice-Based Learning</td>
<td>Ensure Readiness for Internship</td>
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<tr>
<td><strong>Predominant Method</strong></td>
<td>• Knowledge Assessment (Multiple choice exams, essay exams, quizzes) • Milestones</td>
<td>• Milestones • EPA 7</td>
<td>• Milestones • Entrustable Professional Activities (EPA)</td>
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### ISC: Important Skills and Competencies

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<th>PATIENT CARE</th>
<th>INTERPERSONAL COMMUNICATION</th>
<th>PRACTICE-BASED LEARNING &amp; IMPROVEMENT</th>
<th>SYSTEMS-BASED PRACTICE</th>
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<td>Inquiry (MK7b)</td>
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<td>Use of resources (MK7c)</td>
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<tr>
<td>Thought process (PC2a)</td>
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<tr>
<td>Self-knowledge (PC7a)</td>
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<tr>
<td>Content of presentations (IPCS7b.1)</td>
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<tr>
<td>Receptivity to feedback (PBLI3a)</td>
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<tr>
<td>Initiative and contribution to group efforts (SBP2a)</td>
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<tr>
<td>Duty (PR1b)</td>
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</tbody>
</table>

### ACE: Advanced Competencies and Evaluations

<table>
<thead>
<tr>
<th>MEDICAL KNOWLEDGE</th>
<th>PATIENT CARE</th>
<th>INTERPERSONAL COMMUNICATION</th>
<th>PRACTICE-BASED LEARNING &amp; IMPROVEMENT</th>
<th>SYSTEMS-BASED PRACTICE</th>
<th>PROFESSIONALISM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depth (MK2b)</td>
<td></td>
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<tr>
<td>Differential dx (PC2b)</td>
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<tr>
<td>Diagnostic workup (PC2c)</td>
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<tr>
<td>Self-knowledge (PC7a)</td>
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<tr>
<td>Assessment and Plan (PC7b)</td>
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<tr>
<td>Content of presentations (IPCS7b.1)</td>
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<tr>
<td>Rapport with patients (IPCS7a.1)</td>
<td></td>
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<tr>
<td>Receptivity to feedback (PBLI3a)</td>
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<tr>
<td>Initiative and contribution to group efforts (SBP2a)</td>
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<tr>
<td>Prioritization (SPB2b)</td>
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<tr>
<td>Demeanor (PR1a)</td>
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<tr>
<td>Honesty (PR5a)</td>
<td></td>
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</tbody>
</table>

### AI: Additional Insights

- **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
Frontline Clinical Faculty/Residents

Student
• **Who reports? Anyone that directly observes you!**
  – Faculty
  – Residents
  – Interns
  – Staff

• **Who solicits? How?**
  – Course Directors - VSTAR-Portfolio
  – Immersion Phase Coordinator - VSTAR-Portfolio
  – **Learner (You!) - Compass**

More data helps Course Directors understand assessor variability, learner’s performance over time and provide more accurate summative assessment.
Compass: Best Practice

• You will use Compass to request data in all ACEs, AIs and ISCs (www.vstarcompass.com)

• Request feedback from clinicians (residents or attendings) with whom you have worked.

• Send requests at least 2x per week.

• Helpful to inform assessor before you send.

• N/A option for assessors
Compass: AI Example

Milestones for the AI or ACE are named simply by the course name.

Students in their AI will have additional EPA activities.
Assessment in the Immersion Phase

Data Collected to Inform Grades

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

How does the performance data lead to a final grade?
Course Director determines level of performance for each Competency Domain.
Medical Knowledge
Understands established and evolving biological, clinical, epidemiological and social-behavioral sciences and must be able to apply this knowledge to patient care.

Patient Care
Provides care that is compassionate, culturally sensitive, safe, efficient, cost sensitive, appropriate, and effective for the treatment of illness and the promotion of health.

Interpersonal and Communication Skills
Able to communicate in ways that result in safe, culturally sensitive, effective and respectful information exchange and create beneficial partnerships with patients, their families, and other health professionals.

Systems-based Practice
Understands and responds to the larger context and system of healthcare and effectively call on system resources to provide care that is of optimal value.

Practice-based Improvement and Learning
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 knowledge to individual patients and populations.

Professionalism
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. Professionalism applies to formal and informal interactions in education systems, in health care practice settings, and in the wider community.
Course Director determines level of performance for each Competency Domain and the Final Grade.

<table>
<thead>
<tr>
<th>Grade</th>
<th>Summative Competency Ratings (6 domains)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk of Fail (course director discretion)</td>
<td>Any Sub-Threshold OR &gt; 2 Thresholds</td>
</tr>
<tr>
<td>Pass</td>
<td>No more that 2 Threshold All others Target or above</td>
</tr>
<tr>
<td>High Pass</td>
<td>At least 3 Reaches All others Target</td>
</tr>
<tr>
<td>Honors</td>
<td>Nothing below Target 5 Reaches</td>
</tr>
</tbody>
</table>

**LEGEND:**
- H: Excellent performance in all competency domains
- HP: Excellent performance in several, but not all, competency domains
- P: Satisfactory performance in all competency domains
- P*: Temporary grade given to students whose performance is marginal because of important deficiencies in some aspects of student performance or competency domains; must ultimately be resolved to Pass or Fail
- F: 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.
Student Thoughts on Assessment

Anne Sun
BREAK
Student Mistreatment

Donald Brady, MD
Pursuing Professionalism at VUMC: You Have an Important Role!

Heather A. Davidson, PhD

Associate Professor, Medical Education and Administration
Center for Patient and Professional Advocacy, VUMC
VUMC Values

Credo

it’s who we are

- I make those I serve my highest priority.
- I respect privacy and confidentiality.
- I communicate effectively.
- I conduct myself professionally.
- I have a sense of ownership.
- I am committed to my colleagues.
Professionalism and Self-Regulation

- Modeling Respect
- Self-awareness
- Teamwork
- Effective Communication
- Being Available

Technical & Cognitive Competence

The Attending told the interpreter to tell the patient, “she is 50 pounds overweight and needs to stop eating so many burritos.” The interpreter asked ‘do you really want me to say that?’ Attending replied, ‘no, you think of a nice way to say it’.

We were gathered at the nurses station when Dr. X appeared to have a heated conversation with the nurse. He said in a loud voice, “Did you go to medical school? Last time I checked, RN does not equal MD. Just do as I say.”

This is a difficult veritas to write, because I genuinely like Dr. X. However, the main problem was that he failed to listen to suggestions from his team, and that arrogance in being so certain the lap was NOT in the patient made the process of finding the lap take so much longer than necessary.
Learner Observations about the Learning Environment

“During a feedback session, the attending told me ‘when you are presenting, in my head I am thinking, shut up, just shut up, I wish you would shut up, please shut up’.”

“I thought [the lecturer] was being disrespectful to anyone suffering from mental illness, even students with anxiety.”

“Dr. X said that we were all retarded.”

“We were on rounds and the resident said to me, ‘bend over, I need something to write on...it was very humiliating.’”

“I was placing the retractor; the attending slapped my hand. It hurt.”
Definition of *Behaviors That Undermine the Learning/Clinical Environment*

- **Interfere with ability to achieve intended outcomes**
- **Create intimidating, hostile, offensive (unsafe), biased environment**
- **Threaten safety (aggressive or violent physical actions)**
- **Violate policies (including conflicts of interest and compliance)**

*It’s About Safety*

Excerpts from Vanderbilt University and Medical Center Policy #HR-027, 2010
What behaviors are “worth” reporting?

Feedback  Embarrassment  Disrespect/Humiliation  Abuse

All events represent an opportunity to reflect
Promoting Professionalism Pyramid

Level 3 "Disciplinary" Intervention
Pattern persists
Level 2 "Guided" Intervention by Authority

Apparent pattern
Level 1 "Awareness" Intervention

Single concern (merit?)
Informal "Cup of Coffee"

Vast majority of professionals - no issues - provide feedback on progress

No △
Egregious
Mandated
Mandated Reviews

90% of all professionals are associated with NO reports.

3% of professionals are associated with 44% of reports.
Predicted Complication Rate by Category of Co-worker Reports

Estimated Risk of Complication, %

<table>
<thead>
<tr>
<th>No. of Coworker Reports of Unprofessional Behavior by Surgeon</th>
<th>Estimated Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>10% ± 2%</td>
</tr>
<tr>
<td>1−3</td>
<td>12% ± 2%</td>
</tr>
<tr>
<td>≥4</td>
<td>14% ± 2%</td>
</tr>
</tbody>
</table>

Additional Complications Per Year

In the US:

122 Additional Complications

584,849 Additional Complications Per Year

CORS™ Program, National Impact

Awareness interventions on 369 professionals with high coworker index

- **83%** Improved
- **13%** Unimproved/Worse
- **4%** Departed/Unimproved

Martinez et al. *Journal of Patient Safety*, 2018

Confidential and privileged information under the provisions set forth in T.C.A. § 63-1-150 and 68-11-272; not be disclosed to unauthorized persons.
Our Approach:

- Help learners feel **safe** to speak up or report
- Equip “trusted” faculty to help learners reflect on event and encourage reporting
- Use standard VUMC processes to address behavior and **protect** information
- Consider timing of feedback to minimize potential impact on the learner
Options for those who experience or witness conduct inconsistent with Credo:

- Informal/Collegial feedback with the Professional (Cup Of Coffee)
- Search out a trusted faculty member to share the concern
- Report occurrence in Veritas
Vanderbilt Center for Patient and Professional Advocacy

Now or Later
www.mc.vanderbilt.edu/cppa

Let Us Hear Your Comments and Questions
Dual Degrees

Lourdes Estrada, PhD

https://medschool.vanderbilt.edu/ume/Imm_dual_degrees
Dual Degrees
Term specific for Vanderbilt degrees

• Students wishing to pursue a Dual Degree must start by completing the Alternative Pathway Request Form with Enrollment Services.

• Enrollment Services will process the request. You will need to work with the IP team to ensure that you meet graduation requirements.

• Meeting for anyone interested in Dual Degrees in September or October
C2.0 Dual Degree Requirements

https://medschool.vanderbilt.edu/md-gateway/dual-degree-requirements/

<table>
<thead>
<tr>
<th>C2.0 Requirements (in Months)</th>
<th>Ongoing Longitudinal Courses</th>
</tr>
</thead>
</table>
| 4 Integrated Science Courses (ISCs) — on campus | Foundations of Health Care Delivery (11 units)  
  • 6 units taken during Intersessions  
  • 5 units taken longitudinally, paired with other courses during the Immersion Phase |
| 1 Acting Internship — on campus | Learning Communities (8 units) |
| 4 Advanced Clinical Experiences (ACEs) — on campus |  |
| 3 Research Immersion* |  |
| 2 Competency and Interest-driven Rotations |  |
| • can be ISC, ACE, Away ACE, Als or Advanced Electives |  |
| • away with approval |  |
| • one must be clinical |  |
| Overall Requirements |  |
| 14 months required |  |
| 6 flex months (4 flex + 2 months for Step 1 in July/August of year 3 + 1 month for interviews in December of year 4) |  |
| May register for up to 18 rotations |  |
| Must include: |  |
| • 1 Primary Care course (ACE: PC (VU or away), ACE: Adolescent Medicine or ISC: Community Healthcare) |  |
| • 1 Acute Care course (ACE: Emergency Medicine or any ICU-based course, including ISC: Critical Care or critical care ACEs) |  |
C2.0 Dual Degree - Research

- Review dual degree with Research faculty, since some dual degrees can meet the Research Immersion credit requirement.
- If Research Immersion is needed, student must register for PLAN as well (only offered in March and September)

Research Immersion

*It is strongly recommended that students contact the Office of Medical Student Research to discuss dual degree plans before enrollment in the degree program. Waiver request required for all dual degree students. Any request for research extensions require review of entire schedule.

<table>
<thead>
<tr>
<th>Program</th>
<th>PLAN and Research Immersion requirements fulfilled by degree coursework.</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPH</td>
<td>Research Immersion required.</td>
</tr>
<tr>
<td>MDiv</td>
<td>Research Immersion required.</td>
</tr>
<tr>
<td>MBA</td>
<td>Research Immersion requirements may be fulfilled by degree coursework. Evidence required for waivers.</td>
</tr>
<tr>
<td>MEd</td>
<td>Research Immersion requirements fulfilled by degree coursework.</td>
</tr>
<tr>
<td>MSCI</td>
<td>Research Immersion requirements fulfilled by degree coursework.</td>
</tr>
<tr>
<td>MTS</td>
<td>If taking the thesis track, PLAN and Research Immersion requirements may be fulfilled by degree coursework. Evidence required for waivers.</td>
</tr>
<tr>
<td>LLM</td>
<td>Research Immersion requirements may be fulfilled by degree coursework. Evidence required for waivers.</td>
</tr>
</tbody>
</table>
Alpha Omega Alpha (AOA)

• National Medical Honor Society
• Vanderbilt chapter founded 1923
• Nomination based on
  • Scholastic achievement
  • Professionalism and Ethics
  • Service
  • Leadership
• Can elect 16% of graduating class
Vanderbilt Selection Process

• Applications early 4th year/graduating year
  • CV
  • Personal Statement
• Selection includes
  • Academic tier (22.5%)
  • Scholarship (22.5%)
  • Service (22.5%)
  • Leadership (22.5%)
  • Peer recognition/exemplary character (10%)
    • Nominate 10 peers with 1-2 sentences of rationale
    • At the end of FCC and entering 4th year

Evaluated by Selection Committee
Attendance Policy & Absence Requests

Kendra Parekh, MD
Attendance Policy

- Attend **all** required sessions as described in the course syllabus
- Pre-approval is required for **all** absences (interviews, religious holy dates, presentations of work at scholarly meetings, etc.)
- Submit requests at least 4 weeks in advance of start of course
- If you miss more than 2 days, you must reschedule in coordination with the Course Director
- Emergency absences can be approved for serious medical issues and family emergencies—complete the form as soon as possible
Attendance Policy

• Link to the form can be found in the new MD Student Gateway (https://medschool.vanderbilt.edu/md-gateway/forms/).

• Full policy and form available in every V*Learn Immersion Phase course in the student handbook.
New absence request form online at: https://is.gd/absencerequestIP

VUSM Absence Request Form: Course Type & Student Info

This survey is only for Immersion Phase students requesting an absence during an enrolled course.

Fill out the information below regarding this absence request.

Refer to the VUSM Catalog for the full absence policy and procedures related to this form.

http://vanderbilt.edu/catalogs/documents/medical.pdf#48imm

Remember, permission should be requested at least 4 weeks prior to the start of the course.

<table>
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<tr>
<th>Your Email</th>
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<th>First Name</th>
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<th>Last Name</th>
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<table>
<thead>
<tr>
<th>Primary Course Type</th>
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<tbody>
<tr>
<td></td>
<td>Research Immersion</td>
</tr>
<tr>
<td></td>
<td>ACE</td>
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<tr>
<td></td>
<td>AI</td>
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<td></td>
<td>ISC</td>
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<td></td>
<td>AE</td>
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<tr>
<td></td>
<td>Special Studies</td>
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<tr>
<td></td>
<td>Immersion Week</td>
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</tbody>
</table>

Select the primary course type during which you are requesting this absence.
Aways, Add/Drops, Degree Audit and more

Office of Enrollment Services

https://medschool.vanderbilt.edu/enrollment/
Office of Enrollment Services (OES)

- Admissions, **Student Records**, Financial Aid
- 224 Eskind Biomedical Library & Learning Center
- Student Records related services:
  - Course Registration management
  - Maintenance of academic records
  - Credentialing
  - Verifications
  - Academic credentialing
  - Away rotation processing
  - Degree audit services
  - Grade recording
Know Your Rotation Schedule

• You are currently registered through June 2020

• Log into YES (http://yes.vanderbilt.edu)

• Click on Student Registration

• For ACEs and ISCs, section number corresponds to rotation month. e.g. 09 for September, 10 for October, etc.
What is my schedule?

Click here to view schedule.
What is my schedule?

2019 Year = 2019-20 = July 1, 2019 through June 30, 2020

Click here to see all enrolled courses
Adding and Dropping

Pay attention to add/drop deadlines!

Self-service (via YES) adding and dropping is available throughout the academic year subject to the following deadlines:

- No less than 6 weeks in advance for
  - Some ACEs (e.g. EM and Primary Care)
  - All ISCs
- No less than 4 weeks in advance for most ACEs
- No less than 1 week in advance for all individual (longitudinal) FHD units and LC units
- For details, see academic calendar online
Late Requests to Add or Drop

• Late requests to add or drop are evaluated case-by-case.
  – **Immersion rotations** - Immersion Phase Team (immersion.phase@Vanderbilt.edu)
  – **Longitudinals** — contact the longitudinal email address and cc immersion.phase@Vanderbilt.edu
    • FHD Team (fhd@Vanderbilt.edu)
    • Research (vms.research@Vanderbilt.edu)
    • Learning Communities (LC@Vanderbilt.edu)

• Send email request explaining why deadline was not met.

• If drop or add is approved, complete the form at https://medschool.vanderbilt.edu/md-gateway/forms/
Special Studies

• Can be clinical or research
• In select cases, can be non-clinical and non-research
• Requires a faculty mentor with a full faculty appointment
• Does not count toward ACE, ISC or AI
• Not designed as an alternative to ACE, ISC or AI
• Must be approved by the Immersion Phase Team
• Approval form is available on OES website
Special Studies Approval Forms

• Designed to be collaboratively completed by student and faculty mentor.

• Final submission is made to OES by faculty mentor.

• Form is at https://medschool.vanderbilt.edu/md-gateway/forms/
Degree Audit

Click here to view degree audit
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
**Immersion Phase**

**Description:** The Immersion Phase is a highly individualized period that builds upon the foundational knowledge acquired earlier, in a context that is most relevant to each student's individual interests. Immersion courses will solidify clinical skills; deepen foundational science knowledge through meaningful clinical engagement; allow students to dive into areas of personal learning needs and/or interest; expand knowledge and skills in leadership and scholarship; ensure readiness for residency; and enhance workplace learning skills. Students will select from a broad menu of courses including Integrated Science Courses, Advanced Clinical Electives, Acting Internships and Concentrations. During a portion of the immersion phase, students will participate in a three- to six-month mentored research experience, tailored around each student's particular research and clinical interests. The longitudinal curricular elements of Foundations of Healthcare Delivery and Learning Communities will remain integral to student development during the Immersion Phase.

**Requirement(s):**

<table>
<thead>
<tr>
<th>Primary Care Check</th>
<th>Not Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Care Check</td>
<td>Satisfied</td>
</tr>
</tbody>
</table>

**Immersion Core**

**Description:** Minimum of 15 courses required over 22 months

**Courses:** 15 required, 7 taken, 8 needed

<table>
<thead>
<tr>
<th>Integrated Science</th>
<th>Not Satisfied</th>
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</thead>
<tbody>
<tr>
<td>Acting Internship</td>
<td>Not Satisfied</td>
</tr>
<tr>
<td>Advanced Clinical Experiences</td>
<td>Not Satisfied</td>
</tr>
<tr>
<td>Research Immersion</td>
<td>Satisfied</td>
</tr>
<tr>
<td>Competency and Interest-Driven Rotations - (Clinical)</td>
<td>Not Satisfied</td>
</tr>
<tr>
<td>Competency and Interest-Driven Rotations</td>
<td>Not Satisfied</td>
</tr>
<tr>
<td>Description</td>
<td>Status</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Immersion Longitudinal</td>
<td>Not Satisfied</td>
</tr>
<tr>
<td>Foundations of Health Care Delivery Intersessions</td>
<td>Not Satisfied</td>
</tr>
<tr>
<td>Quality Improvement and Patient Safety</td>
<td>Not Satisfied</td>
</tr>
<tr>
<td>Interprofessional Education</td>
<td>Not Satisfied</td>
</tr>
<tr>
<td>EPA Week</td>
<td>Satisfied</td>
</tr>
<tr>
<td>Learning Communities</td>
<td>Not Satisfied</td>
</tr>
</tbody>
</table>

**PLAN**: Satisfied
Degree Audit

• Remember: Current enrollments only go through June 2020
• You will register for 2020-21 in April 2020
• Audit assumes successful completion of ALL “in-progress” and future enrollments
• Audits are automatically “refreshed” weekly
• Self-service “refresh” button is available
Degree Audit Refresh

Degree audits are for advisory purposes only and do not certify progress in the degree. Please refer to the appropriate school catalog as the authoritative document governing degree requirements. The student, in consultation with the adviser, should carefully review both sources.

NOTE: The audit assumes the successful completion of enrolled classes; classes in progress display as "satisfied" in the audit. Students and their advisers should check the audit carefully before concluding that a distributional or major requirement has been completed.

Effective Fall 2015, Vanderbilt University has introduced a new course catalog numbering scheme. For assistance with the translation between old and new numbers, please consult the Course Renumbering Lookup Tool.

Self-service refresh
Alternative Pathways

• Dual degree
• Research year
• Form available at https://medschool.vanderbilt.edu/md-gateway/forms/
• Must declare pathway to completing Immersion requirements
• Must be approved by Dean Fleming
• Pathway is not approved until you’ve received written approval from Dean Fleming
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/md-gateway/forms/
• You will not self-service register. 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 Learning Opportunities (VSLO) 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
Process for Pursuing AWAY Rotation

1. Application to AWAY institution (usually via VSLO)
2. VUMC departmental approval (email)
3. 7100 Form to Office of Enrollment Services (on website)
Process for Pursuing AWAY Rotation

- Office of Enrollment Services MUST receive notification from VUSM 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 2020 we will conduct extensive in-person overview of the process.
Questions?

Office of Enrollment Services
224 Eskind Biomedical Library & Learning Center
Ph. 615-322-2145
medregistrar@vanderbilt.edu
Monday-Friday 8am-4:30pm

Student Records Staff
Logan Key
Melissa Carro (away rotations; credentialing)
Rob Dauphinee (enrollment; registration)
Miranda McLaughlin (general assistance with enrollment or financial aid)
Faculty Panel

Research (Dr. Barnett)
Foundations of Healthcare Delivery (Dr. Green)
Learning Communities (Dr. Yakes)
Inquiry Program

Office of Medical Student Research
https://medschool.vanderbilt.edu/student-research/

Joey V. Barnett, PhD
Director, Office of Medical Student Research
Assistant Dean of Physician-Researcher Training
Inquiry Program:
Courses During the Immersion Phase
PLAN Preparation

• **SESSION 1: September 3\textsuperscript{rd} @ 1:00 PM EBL**
  
  – Pre-work due by 11:59 pm, Sunday 9/1
  
  – Present your project - 5 min each.
  
  – Invite your mentor to presentations

Register for RI Blocks!
Research Immersion Overview

• Honors/High Pass/Pass/Fail
• All course assignments/activities are mandatory
• Objectives and further details found in the course syllabus
Deliverables & Activities

Course deliverables:

• Abstract
• Poster
• Oral Presentation

Activities:

• Meetings (Course, RD, Mentor)
• Co-curricular activities
Research Immersion Team

Office of Medical Student Research
4th FL EBL
vms.research@vanderbilt.edu

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Director, Office of Medical Student Research
Assistant Dean, Physician-Researcher Training

Luke Finck, EdD, MA
Assistant Director, Office of Medical Student Research
Instructor, Medical Education and Administration

Mina Shedd
Program Coordinator, Office of Medical Student Research
Direct Course Support for PLAN and RI

Jennifer Alexander
Program Coordinator, Office of Medical Student Research
Learning Communities

Beth Ann Yakes, MD
Course Director

Please direct questions to:
elizabeth.a.yakes@vanderbilt.edu
or
LC@vanderbilt.edu
OVERARCHING COURSE GOALS:

- To utilize “intentionally developed longitudinal groups that aim to enhance students’ medical school experience and to maximize learning.”

- To solidify student understanding regarding the professional role of a physician, and to develop the skills necessary for successful functioning as a medical professional.

- To re-explore major moral philosophies and tenets of biomedical ethics within the context of clinical medicine.

- To foster the ongoing development of a deeper understanding of cognition, including critical thinking, clinical reasoning, and metacognition, to allow students to function within the complex adaptive systems found within the healthcare environment.

- To develop the skills and processes of an expert learner who seeks to address gaps in knowledge as they arise in the clinical and research contexts.

- To build on foundational leadership abilities to enhance student knowledge, skills and attitudes surrounding effective physician leadership.

- To foster an ongoing sense of collegial identity within each of the four colleges, manifested as a respectful tolerance towards perspectives and beliefs discordant with their own, which will serve as a foundation for professionalism and professional discourse with colleagues and patients.
LC Units during Immersion Phase

Work Individually Prior to Face to Face Session

- Complete assigned readings
- Complete assigned exercises
- Post in VSTAR
- Gather in College groups for discussion on one Monday during the 4-week block

1) Medical Error
2) Lifelong Learning
3) Situational Leadership
4) Change Management
5) Priority Setting
6) Sustaining Well-Being in Medicine
7) Dealing With Uncertainty
8) Leading and Managing Up
Logistics of LC sessions

- Offered on a rolling schedule
- Offered 4x during your Immersion Phase
- Register via YES! for each unit
- Must be physically present for discussions

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Timing of LC sessions

• September block 2019 → Monday 9/16/19
• October block 2019 → Monday 10/14/19
• November block 2019 → Monday 11/11/19
• December block 2019 → Monday 12/9/19
• January block 2020 → Monday 1/13/20
• February block 2020 → Monday 2/24/20
• March block 2020 → Monday 3/23/20
• April block 2020 → Monday 4/20/20
Foundations of Health Care Delivery
**Advanced Communications 1 and Public Health and Prevention** (Intro to Immersion Phase week)

**Advanced Communications 2 and Interprofessional Education 1** (3rd year spring FHD Immersion)

**Healthcare Economics and Policy** (4th year winter FHD Immersion)

QI 1-3/PS longitudinally during 3rd year

IPE2 fulfilled either via one month longitudinal or other approved experience*

- **August 26-30, 2019**
- **May 4-8, 2020**
- **February 2021: Dates TBD**
FHD Immersion Course Information

5 units are completed longitudinally, recommend mostly during 3\textsuperscript{rd} year

- Paired with a primary rotation, on campus required
- Tuesdays from 1-5 pm
- 20 hours effort per unit
- Primarily self-directed, asynchronous learning
- \textbf{One or two face-to-face meetings (varies by course)}
FHD Immersion Course Information

Additional information:

https://medschool.vanderbilt.edu/fhd/

– Immersion course prerequisites and pairing suggestions
– Dual degree equivalencies for MBA/MPH students
– Links to syllabi
– Wiki of QI projects
– Course policy details (add/drop, group work, etc)
FHD Questions?

Course Directors:

Sarah Schaefer, M.D.
Departments of Internal Medicine and Pediatrics

Jennifer K. Green, M.D., M.P.H.
Departments of Internal Medicine & Pediatrics

Heather A. Ridinger, M.D.
Department of Internal Medicine
Administrative Staff

Program Manager
Heather Laney

Program Coordinator
Ernest Guerra

Program Coordinator
Eric Huffman

EBL 4th Floor
https://medschool.vanderbilt.edu/fhd/
fhd@vanderbilt.edu
Final Thoughts from a Student

Andrew Kuhn
LUNCH

Be Back by 1:00PM for Dr. Yates’ session on “Preparing for USMLE Step 2 Clinical Skills Examination"