

Congratulations!

# 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



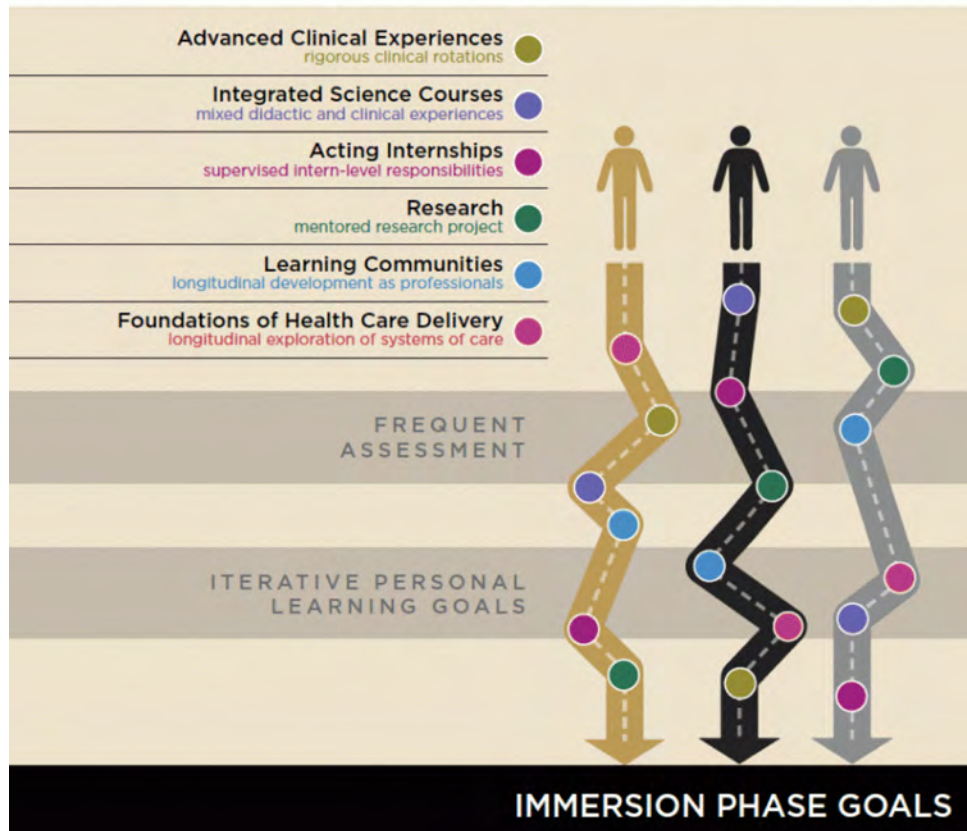
# What we'll cover today:

- 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



## 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



**IMPORTANT**

# 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/>



**IMPORTANT**

# 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







# Email Etiquette



# Step 2 CK and CS



# Making Choices



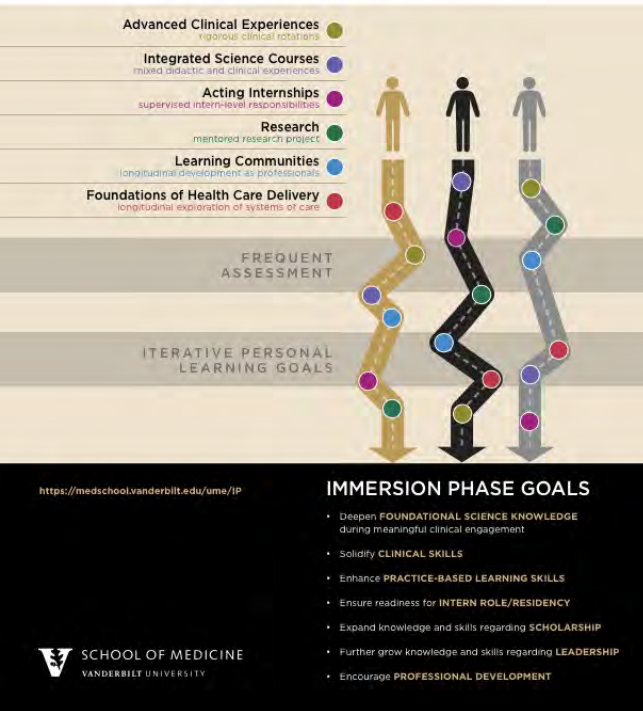
# Portfolio Cycle

You are here



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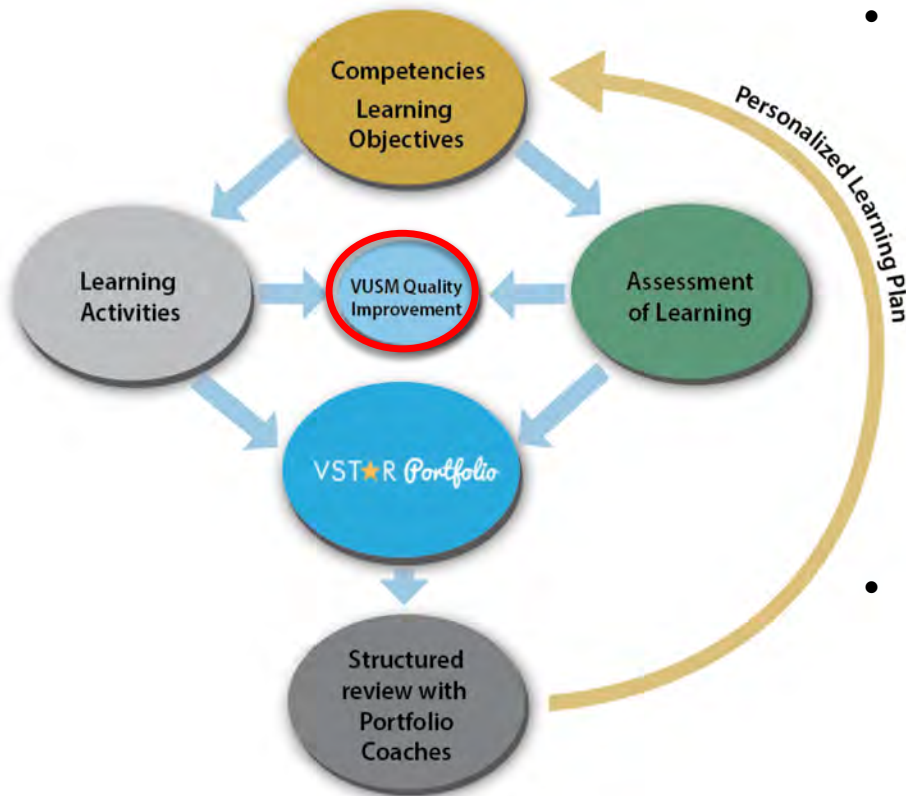
# Program Evaluation & Quality Control


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
  - Instructions at <https://vstar-help.app.vanderbilt.edu/knowledge-base/submitting-educator-assessments/>

The screenshot shows the VSTAR interface with a modal window titled "Educator Assessment". The form is partially filled out with the following information:

- Course:** Psychiatry Core Clerkship
- Educator:** ryan miller
- Educator Role:** Clinical Supervisor - Attending Physician
- Session Type:** Clinical Experience - Ambulatory

Below the session type, there is a question: "How many half-day clinics did you work with this person?" with a dropdown menu set to "Select Session Count".

Additional form elements include a "Request Assessment" button, a "Self" button, and a "Demo Account" label. The background shows a calendar for January 01, 12:00 AM, and a "Requirements" section.



# 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



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- Didactic and clinical experiences



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## AE: Advanced Elective

- Competency- or interest-driven
- Usually non-clinical setting



# C 2.0 Immersion Phase: Course Types

## ACE: Advanced Clinical Experience

- Rigorous clinical experience

## ISC: Integrated Science Course

- Didactic and clinical experiences

## Special Studies

- Competency- or interest-driven rotation
- Tailored course
- NOT in the catalog

## AI: Acting Internship

- Supervised intern-level responsibilities

## AE: Advanced Elective

- Competency- or interest-driven
- Usually non-clinical setting



# C 2.0 Immersion: Phase Requirements

Minimum C2.0 Requirements (in Months)		
On-Campus	4	Integrated Science Courses (ISCs)
	1	Acting Internship (AI)
	4	Advanced Clinical Experiences (ACEs)
On-Campus or Away (away with approval)	3	Research Immersion
	3	Competency and Interest-Driven Rotations (can be ISCs, ACEs, AIs or Electives) <i>*1 must be clinical</i>
15 required months	Must include: 1 Primary Care course (either ACE or ISC) 1 Acute Care course (EM or ICU-based course)	
4+2+1	<i>Flex months (4 + 2 mo for Step 1 + 1 for interviews)</i>	

Impact of Increasing Research Months
<b>3 months of research:</b> Complete 15 course requirements
<b>To extend research beyond 3 months:</b> <i>Student must be in good academic standing and complete an approval process with the Office of Medical Student Research.</i>
<b>4 months:</b> Additional research month fulfills one competency/interest-driven rotation
<b>5 months:</b> Additional research months fulfill two competency/interest-driven rotations
<b>6 months:</b> Additional research months fulfill two competency/interest-driven rotations and requires the use of one flex month

Longitudinal Courses
Foundation of Health Care Delivery (11 units) <ul style="list-style-type: none"> <li>6 units taken during immersion weeks</li> <li>5 units take longitudinally, paired with other courses during the Immersion Phase</li> </ul>
Learning Communities (8 units)

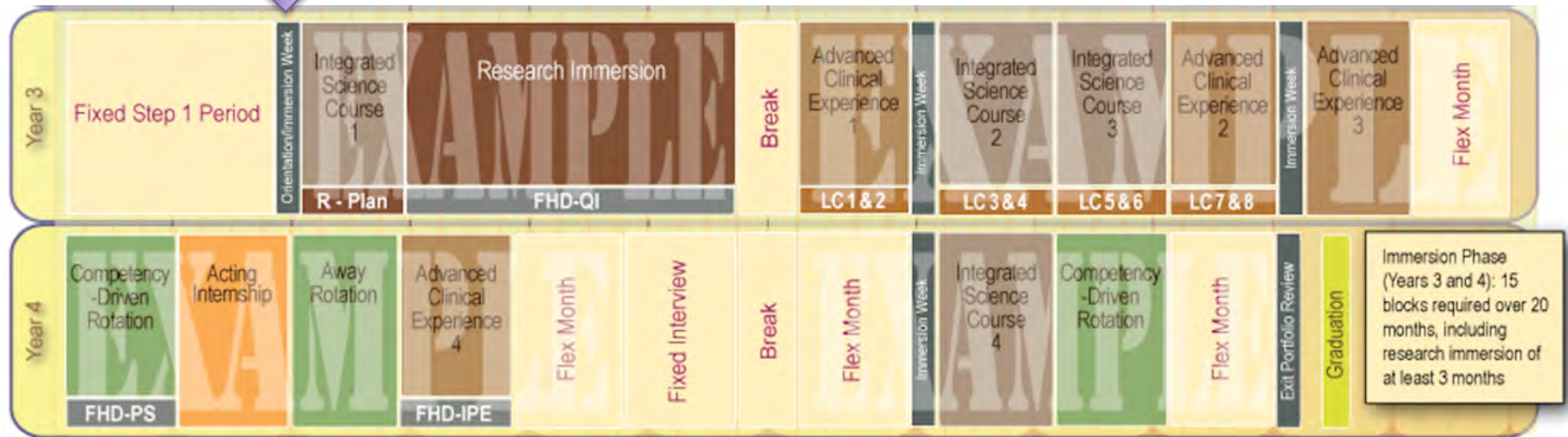
# IP Planning Approach

- 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.Silver*

You are here





# 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

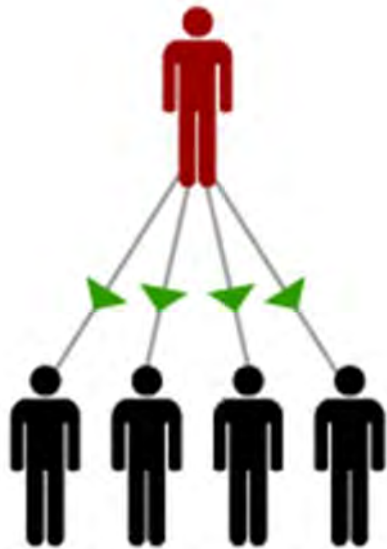
## Opportunities to enhance practice-based learning skills:

- 1) Personal Learning Goals and Plan
- 2) Practice-based learning exercise



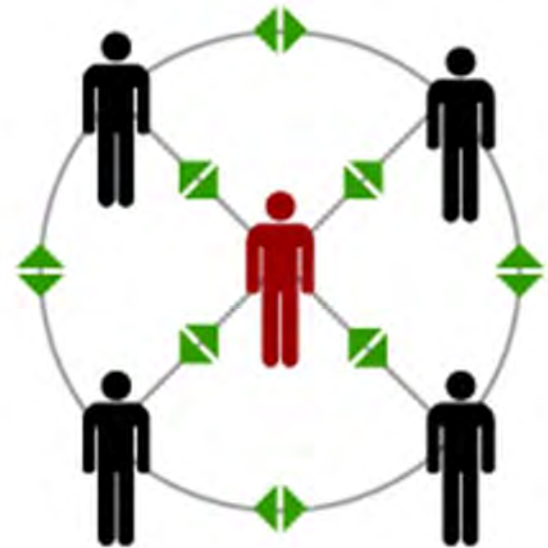
# Personal Learning Goals and Plan: Why?

Teacher-centered



tension.net

Learner-centered



# Evidence for Learning Goals and Plans

- Knowledge and good intentions  $\neq$  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

## Personal Learning Goals and Plan

### Personal Learning Goals and Plan

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)





# Mid-Course Feedback

## Immersion Mid-Course Feedback

Please log into [VSTAR Grades](#) and review the student's assessment data before providing the mid-course feedback below.

Are you concerned about student performance in any of the following domains? **Select all that apply.**

Select all that apply:

None selected ▾

- Patient Care
- Medical Knowledge
- Interpersonal Communication
- Practice-Based Learning and Improvement
- Professionalism
- Systems-Based Practice

**Formative comments:** Provide comments that describe areas of student strengths and weaknesses. If you select any of the domains of concern above, please address specifically how the student can improve. If there is no assessment feedback data, please provide that information in the formative comments.)

**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



# 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: 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
  - **P**atient-**I**ntervention-**C**omparison-**O**utcome



## STEP 2: 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

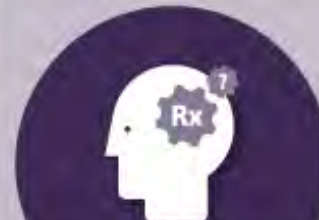
### EPA 3



#### 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

### 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

# Practice-Based Learning Exercise: Assessment

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

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 [Dermatology Syllabus](#) 59.2KB Word 2007 document

 [Announcements](#)

 [ACE Student Handbook](#)

[Absence Request Form](#)

[Required Student Learning Plan](#)

[Assessment Overview](#)

[How to use Compass](#)

## 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

The screenshot shows the VSTAR application interface. At the top, there is a navigation bar with the VSTAR logo and various menu items: VSTAR, Learn, Portfolio, Compass, PEN, help, and Apps. Below this, there is a secondary navigation bar with icons for Portfolio, Learn, Apps, and Resources. The main content area is divided into sections. On the left, there is a section for 'Discussions & Notes' which currently displays 'No Data There are no comments or notes to display.' On the right, there is a section for 'Upcoming Meetings & Activities' which contains a calendar for August 2018. The calendar shows the days of the week and the dates. The date Thursday, August 23, is highlighted in blue. A red arrow points to this date. Below the calendar, there is a 'Calendar Subscription URL' field with the following text: <https://vstar-portfolio.app.vanderbilt.edu/app/member/feeds/calendar.ics?uid=eretv1trntmrv&key=epWYIXI7zbDG2H3jOe5QPiqCU9pw>



# 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:   
Password:

Login

Use your VUMC ID

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

- My Patients
- My Notes
- Mentors
- Procedure Logs
- Learning Objectives
- Preferences
- Search for:

Search in:

- My Patients
- My Notes
- My Trainees' Notes

Search

Student

## Welcome to VSTAR Patient Encounter Notes

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

- You have 5 mentors.
- You have 5 procedures.
- You have 182 patients.
- You have 372 notes.

### Progress towards VC3 objectives:

Abdominal Pain	6	Abnormal Vaginal Bleeding and Discharge	0	Abnormalities of Mood	16	Altered Mental Status	7	Annual Exam	0
Back Pain	3	Breast Complaints	0	Chest Pain	20	Cough	5	Dysuria and Incontinence	0
Fever	4	Functional Decline	0	Gastrointestinal Bleeding	0	Headache	1	Jaundice	0
Obesity	1	Pelvic Pain	0	Rash	0	Seizures	3	Shock	3
Shortness of Breath	23	Substance abuse	2	Syncope	2	Trauma	1	Unexplained Weight Loss	1

[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.



# View Your Patients

[Log Out](#) [Help](#) [Contact Us](#)

Student

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- My Trainees' Notes

Search

Student

## My Patients

You have **240** patients.

[Add New Patient](#)

Date Added	Patient	Sex	Age	Type	Source
2018-08-13 22:20:30	H, W	M	71	Inpatient	StarPanel
2018-07-08 22:17:04	B, S	F	71	Inpatient	StarPanel
2018-06-25 09:19:10	W, R	M	50	Inpatient	StarPanel
2018-06-08 17:18:52	B, S	F	66	Outpatient	StarPanel
2018-06-01 05:46:09	S, D	M	70	Inpatient	StarPanel
2018-05-31 16:05:38	L, W	M	77	Outpatient	StarPanel
2018-05-29 22:54:41	W, K	F	51	Inpatient	StarPanel
2018-05-25 13:45:33	T, D	M	31	Inpatient	StarPanel
2018-05-22 02:05:35	K, J	M	43	Inpatient	StarPanel
2018-05-21 17:52:23	B, C	F	57	Inpatient	StarPanel
2018-05-14 18:06:18	J, B	F	63	Inpatient	StarPanel
2018-05-12 03:57:37	B, J	F	67	Inpatient	StarPanel
2018-04-17 18:07:24	A, R	M	62	Inpatient	StarPanel
2018-04-06 20:04:22	W, S	M	46	Inpatient	StarPanel
2018-03-28 00:06:53	P, J	M	38	Inpatient	StarPanel
2018-03-12 13:18:17	F, C	M	68	Inpatient	StarPanel
2018-03-12 02:25:06	H, J	M	52	Inpatient	StarPanel
2018-03-06 05:59:32	M, R	F	74	Inpatient	StarPanel
2018-03-01 00:11:37	W, Q	M	68	Inpatient	StarPanel
2017-12-09 20:34:20	W, J	F	24	Inpatient	StarPanel
2017-11-30 09:08:50	C, C	F	34	Inpatient	StarPanel
2017-11-30 01:26:28	K, R	M	72	Inpatient	StarPanel
2017-11-15 15:35:46	D, V	F	48	Inpatient	StarPanel
2017-11-03 12:49:30	J, O	M	67	Inpatient	StarPanel
2017-10-29 18:18:58	Y, B	F	53	Inpatient	StarPanel
2017-10-28 15:22:29	Z, A	M	45	Outpatient	StarPanel
2017-10-24 14:17:27	C, D	M	47	Inpatient	StarPanel
2017-10-21 19:36:38	S, M	M	76	Inpatient	StarPanel
2017-10-16 21:15:40	L, M	F	60	Inpatient	StarPanel
2017-10-10 20:15:03	W, K	F	52	Outpatient	StarPanel
2017-10-07 13:48:10	S, M	F	67	Inpatient	StarPanel
2017-10-07 13:37:57	S, I	M	74	Inpatient	StarPanel
2017-10-04 16:59:18	A, L	M	38	Inpatient	StarPanel
2017-09-26 06:11:31	D, N	M	6	Inpatient	StarPanel
2017-09-22 07:03:52	G, F	M	51	Outpatient	StarPanel
2017-09-06 09:15:30	J, W	M	70	Outpatient	StarPanel
2017-08-26 16:39:51	R, M	M	61	Outpatient	StarPanel
2017-08-26 15:58:16	G, M	M	39	Outpatient	StarPanel
2017-08-13 00:23:53	H, G	F	58	Inpatient	StarPanel
2017-08-12 16:15:58	Y, M	M	57	Outpatient	StarPanel
2017-08-10 15:59:58	D, S	M	65	Inpatient	StarPanel
2017-07-19 20:26:31	M, J	M	61	Inpatient	StarPanel
2017-06-28 06:34:08	M, P	M	70	Inpatient	StarPanel
2017-06-20 20:14:16	B, D	M	61	Outpatient	StarPanel



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Progress towards VC3 objectives:

Abdominal Pain	6	Abnormal Vaginal Bleeding and Discharge	0	Abnormalities of Mood	16	Altered Mental Status	7	Annual Exam	0
Back Pain	3	Breast Complaints	0	Chest Pain	20	Cough	5	Dysuria and Incontinence	0
Fever	4	Functional Decline	0	Gastrointestinal Bleeding	0	Headache	1	Jaundice	0
Obesity	1	Pelvic Pain	0	Rash	0	Seizures	3	Shock	3
Shortness of Breath	23	Substance abuse	2	Syncope	2	Trauma	1	Unexplained Weight Loss	1

[View complete list of VC3 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.

**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.



# Existing Notes

## Existing Notes

You have **518** notes.

Date of Service	Patient	Note Type	Submit Date
2018-08-22	G, P	Medical Student H&P	2018-08-22
2018-08-22	M, B	Medical Student H&P	2018-08-22
2018-08-21	E, M	Medical Student H&P	2018-08-21
2018-08-20	L, P	Medical Student H&P	2018-08-20
2018-08-17	L, A	Medical Student Progress Note	2018-08-17
2018-08-17	R, Y	Medical Student Progress Note	2018-08-17
2018-08-17	A, J	Medical Student H&P	2018-08-17
2018-08-16	L, A	Medical Student Progress Note	2018-08-16
2018-08-16	R, Y	Medical Student Progress Note	2018-08-16
2018-08-16	W, M	Medical Student Progress Note	2018-08-16
2018-08-15	W, W	Medical Student Progress Note	2018-08-15
2018-08-15	L, A	Medical Student Progress Note	2018-08-15
2018-08-15	J, S	Medical Student Progress Note	2018-08-15
2018-08-15	R, Y	Medical Student H&P	2018-08-15
2018-08-14	W, W	Medical Student Progress Note	2018-08-14
2018-08-14	A, T	Progress Notes	2018-08-14
2018-08-14	A, T	Office Visit	2018-08-14
2018-08-14	J, S	Medical Student Progress Note	2018-08-14
2018-08-14	L, A	Medical Student Progress Note	2018-08-14
2018-08-14	W, W	Medical Student H&P	2018-08-14
2018-08-13	H, W	Medical Student H&P	2018-08-13
2018-08-12	L, A	Medical Student H&P	2018-08-12
2018-08-09	J, S	Medical Student Progress Note	2018-08-09
2018-08-09	C, T	Medical Student Progress Note	2018-08-09
2018-08-09	A, R	Medical Student Progress Note	2018-08-09
2018-08-08	C, T	Medical Student Progress Note	2018-08-08
2018-08-08	J, S	Medical Student Progress Note	2018-08-08
2018-08-08	A, R	Medical Student Progress Note	2018-08-08
2018-08-07	R, P	Progress Notes	2018-08-07
2018-08-07	R, P	Office Visit	2018-08-07
2018-08-07	W, D	Progress Notes	2018-08-07
2018-08-07	W, D	Office Visit	2018-08-07
2018-08-07	C, M	Office Visit	2018-08-07
2018-08-07	A, R	Medical Student Progress Note	2018-08-07
2018-08-07	J, S	Medical Student Progress Note	2018-08-07
2018-08-07	A, R	Clinical Update	2018-08-07
2018-08-04	Z, G	Office Visit	2018-08-04
2018-08-04	Z, G	Progress Notes	2018-08-04
2018-08-04	T, R	Follow-Up	2018-08-04
2018-08-04	B, S	Office Visit	2018-08-04
2018-08-04	Z, Y	Office Visit	2018-08-04

- My Patients
- My Notes
- Mentors
- Procedure Logs
- Learning Objectives
- Preferences
- Search for:
- Search in:
- My Patients
- My Notes
- My Trainees' Notes
- Search



# View Your Mentors

Student

## Welcome to VSTAR Patient Encounter Notes

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

- My Patients
- My Notes
- Mentors**
- Procedure Logs
- Learning Objectives
- Preferences
- Search for:

Progress towards VC3 objectives:

Search In:

- My Patients
- My Notes
- My Trainees' Notes



- You have 5 mentors.
- You have 5 procedures.
- You have 182 patients.
- You have 372 notes.

Abdominal Pain	6	Abnormal Vaginal Bleeding and Discharge	0	Abnormalities of Mood	16	Altered Mental Status	7	Annual Exam	0
Back Pain	3	Breast Complaints	0	Chest Pain	20	Cough	5	Dysuria and Incontinence	0
Fever	4	Functional Decline	0	Gastrointestinal Bleeding	0	Headache	1	Jaundice	0
Obesity	1	Pelvic Pain	0	Rash	0	Seizures	3	Shock	3
Shortness of Breath	23	Substance abuse	2	Syncope	2	Trauma	1	Unexplained Weight Loss	1

[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.





# Add a New Mentor

VSTAR·PEN

- My Patients
- My Notes
- Mentors
- Procedure Logs
- Learning Objectives
- Preferences
- Search for:
- Search In:
  - My Patients
  - My Notes
  - My Trainees' Notes
- Search

Student

Log Out Help Contact Us

## My Mentors

You have 3 mentors.

[Add New Mentor](#)

Mentor	Mentor Type	Date range	Action
Chastain, Cody	Resident/Fellow	1/3/2017-3/28/2017	<a href="#">change roles or dates</a>   <a href="#">remove</a>
Kroop, Susan	Portfolio Coach	N/A	<a href="#">change roles or dates</a>   <a href="#">remove</a>
Vasilevskis, Ed	Course/Clerkship Director	1/4/2017-3/30/2017	<a href="#">change roles or dates</a>   <a href="#">remove</a>



# Search by Name

VSTAR·PEN

- My Patients
- My Notes
- Mentors
- Procedure Logs
- Learning Objectives
- Preferences
- Search for:

Search in:

- My Patients
- My Notes
- My Trainees' Notes

Search



Student

### Add New Mentor

Search for:

**Spickard, Anderson III MD, MS**  
Director

Request type name    
be added to Portfolio.

[Log Out](#) [Help](#) [Contact Us](#)



# Specify Mentor Role

VSTAR·PEN

- My Patients
- My Notes
- Mentors
- Procedure Logs
- Learning Objectives
- Preferences
- Search for:

Search in:

- My Patients
- My Notes
- My Trainees' Notes

[Search](#)

[Log Out](#) [Help](#) [Contact Us](#)

Student

## 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., PP&S, 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 a 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.

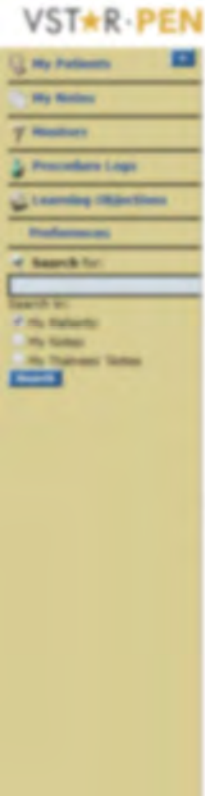
[Submit](#)

Other mentors: *No other mentors found*

[Back to Previous Page](#)



# Specify Mentor Date



Student

**Add mentor: Spickard-III, Anderson**

Type of Mentor:  Portfolio Coach

Portfolio Coaches are designed to provide ongoing feedback and support to students during their course.

Course/Clerkship Director  
Directs a course or clerkship.

Small group attending  
Small group attendings should be available to students during their course.

Department Attending  
Department attendings should be available to students during their course.

Outpatient Attending  
Serves as a clinic attending.

Resident/Fellow  
Residents and fellows have access to their notes.

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).

Please select a date range:

Start Date:	End date:	
Sep 4 2018	Sep 16 2018	1 week 8 weeks
		2 weeks 10 weeks
		3 weeks
		4 weeks

Submit

Other mentors: No other mentors found.

[Back to Mentors Page](#)

This mentor will be able to see this student's notes only written between September 4, 2018 to September 16, 2018.



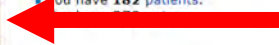
# View Learning Objectives

Student

## Welcome to VSTAR Patient Encounter Notes

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

- You have 5 mentors.
- You have 5 procedures.
- You have 182 patients.



Progress towards VC3 objectives:

Abdominal Pain	6	Abnormal Vaginal Bleeding and Discharge	0	Abnormalities of Mood	16	Altered Mental Status	7	Annual Exam	0
Back Pain	3	Breast Complaints	0	Chest Pain	20	Cough	5	Dysuria and Incontinence	0
Fever	4	Functional Decline	0	Gastrointestinal Bleeding	0	Headache	1	Jaundice	0
Obesity	1	Pelvic Pain	0	Rash	0	Seizures	3	Shock	3
Shortness of Breath	23	Substance abuse	2	Syncope	2	Trauma	1	Unexplained Weight Loss	1

[View complete list of VC3 learning objectives](#)

**Note:** Please be aware that some features do not work properly in all browsers.  
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# Select Learning Objective

- My Patients
- My Notes
- Mentors
- Procedure Logs
- Learning Objectives
- Preferences
- Search for:
- Search in:
- My Patients
- My Notes
- My Trainees' Notes
- Search

Student

Log Out Help Contact

## Learning Objectives

Review 17 potential VC3 objective matches.

Learning Objective	Date Recorded	Event Recorded
Abdominal Pain [Find matching notes]	3/16/2017 3/16/2017 3/23/2017 3/23/2017 3/30/2017 3/30/2017 3/30/2017	Medical Student Admission History and Physical Medical Student Admission History and Physical Medical Student Admission History and Physical Medical Student Admission History and Physical Medical Student Admission History and Physical Medical Student Admission History and Physical Medical Student Admission History and Physical
Abnormal Vaginal Bleeding and Discharge [Find matching notes]		None recorded
Abnormalities of Mood [Find matching notes]		None recorded
Altered Mental Status [Find matching notes]	3/16/2017	Medical Student Admission History and Physical
Annual Exam		None recorded
Back Pain [Find matching notes]		None recorded
Breast Complaints [Find matching notes]		None recorded
Chest Pain [Find matching notes]	3/23/2017 3/30/2017 3/30/2017	Medical Student Admission History and Physical Medical Student Admission History and Physical Medical Student Admission History and Physical
Cough [Find matching notes]	12/22/2016 3/16/2017	Medical Student Admission History and Physical Medical Student Admission History and Physical
Dysuria and Incontinence [Find matching notes]	3/16/2017	Medical Student Admission History and Physical
Fever [Find matching notes]	12/22/2016 2/16/2017 3/9/2017 3/16/2017 3/16/2017 3/16/2017 3/16/2017 3/23/2017 3/30/2017 3/30/2017	Pediatrics Hematology Oncology Outpatient Clinic Visit Medical Student Admission History and Physical Medical Student Admission History and Physical Medical Student Admission History and Physical Medical Student Admission History and Physical Medical Student Admission History and Physical Medical Student Admission History and Physical Medical Student Admission History and Physical Medical Student Admission History and Physical Medical Student Admission History and Physical
Functional Decline		None recorded
Gastrointestinal Bleeding [Find matching notes]	3/16/2017 3/16/2017 3/16/2017 3/23/2017	Medical Student Admission History and Physical Medical Student Admission History and Physical Medical Student Admission History and Physical Medical Student Admission History and Physical
Headache [Find matching notes]		None recorded
Jaundice [Find matching notes]	3/16/2017 3/23/2017 3/30/2017 3/30/2017 3/30/2017	Medical Student Admission History and Physical Medical Student Admission History and Physical Medical Student Admission History and Physical Medical Student Admission History and Physical Medical Student Admission History and Physical



# VC3 Learning Objectives

## VC3 Program

OFFICE OF UNDERGRADUATE MEDICAL EDUCATION J



[VC3 Home](#) | [Program Details](#) | [Learning Objectives](#) | [Assessment](#)

### Vanderbilt University School of Medicine VC3 - VANDERBILT CORE CLINICAL CURRICULUM

#### 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 motility, 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

#### 25 Presenting Problems

- Abdominal Pain
- Abnormal Vaginal Bleeding and Discharge
- Abnormalities of Mood
- Annual Exam
- Altered Mental Status
- Back Pain
- Breast Complaints
- Chest Pain
- Cough
- Dysuria and Incontinence
- Fever
- Functional Decline
- GI Bleed
- Headache
- Jaundice
- Obesity
- Pelvic Pain
- Rash
- Seizures
- Shock

# Find Matching notes

VSTAR·PEN

- My Patients
- My Notes
- Mentors
- Procedure Logs
- Learning Objectives
- Preferences
- Search for:
- Search In:
- My Patients
- My Notes
- My Trainees' Notes
- Search

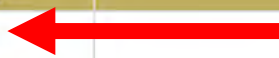
Student

Log Out Help Contact

## Learning Objectives

Learning Objective		Event Recorded
Abdominal Pain [Find matching notes]		Medical Student Admission History and Physical Medical Student Admission History and Physical Medical Student Admission History and Physical Medical Student Admission History and Physical Medical Student Admission History and Physical Medical Student Admission History and Physical
	3/30/2017 3/30/2017	
Abnormal Vaginal Bleeding and Discharge [Find matching notes]		None recorded
Abnormalities of Mood [Find matching notes]		None recorded
Altered Mental Status [Find matching notes]	3/16/2017	Medical Student Admission History and Physical
Annual Exam		None recorded
Back Pain [Find matching notes]		None recorded
Breast Complaints [Find matching notes]		None recorded
Chest Pain [Find matching notes]	3/23/2017 3/30/2017 3/30/2017	Medical Student Admission History and Physical Medical Student Admission History and Physical Medical Student Admission History and Physical
Cough [Find matching notes]	12/22/2016 3/16/2017	Medical Student Admission History and Physical
Dysuria and Incontinence [Find matching notes]	3/16/2017	Medical Student Admission History and Physical
Fever [Find matching notes]	12/22/2016 2/16/2017 3/9/2017 3/16/2017 3/16/2017 3/16/2017 3/16/2017 3/23/2017 3/30/2017 3/30/2017	Pediatrics Hematology Oncology Outpatient Clinic Visit Medical Student Admission History and Physical Medical Student Admission History and Physical Medical Student Admission History and Physical Medical Student Admission History and Physical Medical Student Admission History and Physical Medical Student Admission History and Physical Medical Student Admission History and Physical Medical Student Admission History and Physical
Functional Decline		None recorded
Gastrointestinal Bleeding [Find matching notes]	3/16/2017 3/16/2017 3/16/2017 3/23/2017	Medical Student Admission History and Physical Medical Student Admission History and Physical Medical Student Admission History and Physical Medical Student Admission History and Physical
Headache [Find matching notes]		None recorded
Jaundice [Find matching notes]	3/16/2017 3/23/2017 3/30/2017 3/30/2017 3/30/2017	Medical Student Admission History and Physical Medical Student Admission History and Physical Medical Student Admission History and Physical Medical Student Admission History and Physical Medical Student Admission History and Physical

Click find matching notes to search for concepts of Abd pain in all of your notes





# Search Results: Cough

- My Patients
- My Notes
- Mentors
- Procedure Logs
- Learning Objectives
- Preferences
- Search for:
- Search in:
  - My Patients
  - My Notes
  - My Trainees' Notes

You searched for: **Cough.**

30 Note matches.  
My Note matches:

## Search Results

Next>>

Date of Services	Patient	Note Type	Add	Concepts(#)	Hits	Score	cc	hpl	ap	dx	pe	pmh	hc	fl	ros	otli
2017-03-13	J, T	Medical Student History and Physical -	Matched	Chronic airway obstruction; not otherwise specified(12), Pneumonias(10) <a href="#">more</a>	51	77			27			3		2		19
2017-03-14	J, T	Medical Student Progress Note	Record	Chronic airway obstruction; not otherwise specified(3), Pneumonias(3) <a href="#">more</a>	15	28			13							2
2017-03-15	R, S	Medical Student Admission History and Physical	Record	Pneumonias(4), Coughs(4) <a href="#">more</a>	20	26	3	6				4			3	4
2017-03-15	J, T	Medical Student Progress Note	Record	Coughs(4), Chronic airway obstruction; not otherwise specified(3) <a href="#">more</a>	16	24			8							8
2017-03-09	J, B	Medical Student History and Physical -	Record	Dyspneas(5), CONGESTIVE HEART FAILURE(2) <a href="#">more</a>	12	18		2	5			2			1	2
2017-03-16	J, T	Medical Student Progress Note	Record	Coughs(4), Chronic airway obstruction; not otherwise specified(3) <a href="#">more</a>	12	17			5							7
2017-03-11	S, V	Medical Student History and Physical -	Record	INFLUENZA(7), smokes(3) <a href="#">more</a>	13	15		3	1						2	7
2017-04-24	L, S	Medical Student Acute Clinic Visit	Record	CHRONIC COUGH(3), Chronic airway obstruction; not otherwise specified(1) <a href="#">more</a>	6	6										6
2017-02-02	B, B	Medical Student Admission History and Physical History and Physical Pediatrics	Record	Asthmas(2), Antibiotic (product)(1) <a href="#">more</a>	5	5.5										1
2017-02-01	S, B	Medical Student Pediatrics Progress Note	Record	Throats(2), albuterol(1)	3	5										1
2017-03-09	T, C	Medical Student Progress Note	Record	Antibiotic (product)(2), Allergy/allergic react NOS(1)	3	5										1
2017-04-17	G, B	Admission History and Physical Medical Student	Record	vacunación antigripal (procedimiento)(2), Acid Reflux, Gastric(1) <a href="#">more</a>	4	4										4
2017-01-31	M, S	Medical Student Pediatrics Progress Note	Record	Coughs(2), Dyspneas(1)	3	4			1							2
2017-03-07	T, C	Medical Student History and Physical -	Record	Antibiotic (product)(1), Unspecified bacteremia(1) <a href="#">more</a>	3	4			1							2
2017-01-11	C, N	Medical Student Pediatrics Progress Note	Matched	Coughs(2), Wheezings(1)	3	3										3
2017-03-08	T, C	Medical Student Progress Note	Record	Antibiotic (product)(1), Allergy/allergic react NOS(1)	2	3			1							1
2017-01-06	B, J	Medical Student Admission History and Physical	Record	Allergy/allergic react NOS(1), Asthmas(1) <a href="#">more</a>	3	3						1				2
2017-03-16	R, S	Medical Student Progress Note	Record	Pneumonias(1), albuterol(1)	2	3			1							1
2017-02-02	S, B	Medical Student Pediatrics Progress Note	Record	Throats(1), albuterol(1)	2	3			1							1
2017-02-04	R, B	Medical Student Pediatrics Progress Note	Record	Coughs(2)	2	2										2
2017-01-09	N, L	Medical Student Pediatrics Progress Note	Record	Antibiotic (product)(1)	1	2			1							1
2017-01-31	S, B	Medical Student Pediatrics Progress Note	Record	albuterol(1)	1	2			1							1
2017-01-12	C, N	Medical Student Pediatrics Progress Note	Record	albuterol(1), Coughs(1)	2	2										2



Search results are listed form 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.

- My Patients
- My Notes
- Mentors
- Procedure Logs
- Learning Objectives
- Preferences
- Search for:
- Search in:
  - My Patients
  - My Notes
  - My Trainees' Notes

You searched for: **Cough**.

30 Note matches.  
My Note matches:

Date of Services	Patient	Note Type	Add	Concepts(#)	Hits	Score	cc	hp	ap	dx	pe	pmh	hc	fh	ros	oth
2017-03-13	J, T	Medical Student History and Physical -	Matched	Chronic airway obstruction; not otherwise specified(12), Pneumonias(10) <a href="#">more</a>	51	77			27			3		2		19
2017-03-14	J, T	Medical Student Progress Note	Record	Chronic airway obstruction; not otherwise specified(3), Pneumonias(3) <a href="#">more</a>	15	28			13							2
2017-03-15	R, S	Medical Student Admission History and Physical	Record	Chronic airway obstruction; not otherwise specified, Pneumonias, Dyspneas, Coughs, Dyspneas, Chronic airway obstruction; not otherwise specified, smokes												
2017-03-15	J, T	Medical Student Progress Note	Record	Chronic airway obstruction; not otherwise specified, Pneumonias, Pneumonias, Tuberculosis resp (excl A70), Tuberculosis resp (excl A70), Coughs, Chronic airway obstruction; not otherwise specified, Tuberculosis resp (excl A70), Pneumonias, Dyspneas, Sputums, Pneumonias, Tuberculosis resp (excl A70), Coughs, Chronic airway obstruction; not otherwise specified, Pneumonias, Coughs, Coughs, Dyspneas												
2017-03-16	J, T	Medical Student Progress Note	Record	INFLUENZA(7), smokes(3) <a href="#">more</a>	13	15			3	1					2	7
2017-04-24	L, S	Medical Student Acute Clinic Visit	Record	CHRONIC COUGH(3), Chronic airway obstruction; not otherwise specified(1) <a href="#">more</a>	6	6										6
2017-02-02	B, B	Medical Student Admission History and Physical History and Physical Pediatrics	Record	Asthmas(2), Antibiotic (product)(1) <a href="#">more</a>	5	5.5			1			2		1		1
2017-02-01	S, B	Medical Student Pediatrics Progress Note	Record	Throats(2), albuterol(1)	3	5			2							1
2017-03-09	T, C	Medical Student Progress Note	Record	Antibiotic (product)(2), Allergy/allergic react NOS(1)	3	5			2							1
2017-04-17	G, B	Admission History and Physical Medical Student	Record	vacunación antigripal (procedimiento)(2), Acid Reflux, Gastric(1) <a href="#">more</a>	4	4										4
2017-01-31	M, S	Medical Student Pediatrics Progress Note	Record	Coughs(2), Dyspneas(1)	3	4			1							2
2017-03-07	T, C	Medical Student History and Physical -	Record	Antibiotic (product)(1), Unspecified bacteremia(1) <a href="#">more</a>	3	4			1							2
2017-01-11	C, N	Medical Student Pediatrics Progress Note	Matched	Coughs(2), Wheezings(1)	3	3										3
2017-03-08	T, C	Medical Student Progress Note	Record	Antibiotic (product)(1), Allergy/allergic react NOS(1)	2	3			1							1
2017-01-06	B, J	Medical Student Admission History and Physical	Record	Allergy/allergic react NOS(1), Asthmas(1) <a href="#">more</a>	3	3						1				2
2017-03-16	R, S	Medical Student Progress Note	Record	Pneumonias(1), albuterol(1)	2	3			1							1
2017-02-02	S, B	Medical Student Pediatrics Progress Note	Record	Throats(1), albuterol(1)	2	3			1							1
2017-02-04	R, B	Medical Student Pediatrics Progress Note	Record	Coughs(2)	2	2										2
2017-01-09	N, L	Medical Student Pediatrics Progress Note	Record	Antibiotic (product)(1)	1	2			1							
2017-01-31	S, B	Medical Student Pediatrics Progress Note	Record	albuterol(1)	1	2			1							
2017-01-12	C, N	Medical Student Pediatrics Progress Note	Record	albuterol(1), Coughs(1)	2	2										2
2017-02-01	M, S	Medical Student Pediatrics Progress Note	Record	Coughs(2)	2	2										2
2017-01-14	S, L	Medical Student Pediatrics Progress Note	Record	INFLUENZA(1)	1	1										1
2017-03-10	H, R	Medical Student History and Physical -	Record	Throats(1), Allergy/allergic react NOS(1) <a href="#">more</a>	3	1									2	1
2017-01-13	C, N	Medical Student Pediatrics Progress Note	Record	albuterol(1)	1	1										1
		y and Physical History and	Record	Throats(1), Allergy/allergic react NOS(1)	2	1									1	1



# Select the Note

- My Patients
- My Notes
- Mentors
- Procedure Logs
- Learning Objectives
- Preferences
- Search for:

You searched for: **Cough**.

30 Note matches.  
My Note matches:

Student

## Search Results

Date of Services	Patient	Note Type	Add	cc	hpi	ap	dx	pe	pmh	hc	fh	ros	oth
2017-03-13	J, T	Medical Student History and Physical -	Record			27			3		2		19
2017-03-14	J, T	Medical Student Progress Note	Record			13							2
2017-03-15	R, S	Medical Student Admission History and Physical	Record		3	6			4			3	4
2017-03-15	J, T	Medical Student Progress Note	Record	Coughs(4), Chronic airway obstruction; not otherwise specified(3) more	16	24		8					8
2017-03-09	J, B	Medical Student History and Physical -	Record	Dyspneas(5), CONGESTIVE HEART FAILURE(2) more	12	18	2	5	2			1	2
2017-03-16	J, T	Medical Student Progress Note	Record	Coughs(4), Chronic airway obstruction; not otherwise specified(3) more	12	17		5					7
2017-03-11	S, V	Medical Student History and Physical -	Record	INFLUENZA(7), smokes(3) more	13	15		3	1			2	7
2017-04-24	L, S	Medical Student Acute Clinic Visit	Record	CHRONIC COUGH(3), Chronic airway obstruction; not otherwise specified(1) more	6	6							6
2017-02-02	B, B	Medical Student Admission History and Physical History and Physical Pediatrics	Record	Asthmas(2), Antibiotic (product)(1) more	5	5.5		1		2		1	1
2017-02-01	S, B	Medical Student Pediatrics Progress Note	Record	Throats(2), albuterol(1)	3	5		2					1
2017-03-09	T, C	Medical Student Progress Note	Record	Antibiotic (product)(2), Allergy/allergic react NOS(1)	3	5		2					1
2017-04-17	G, B	Admission History and Physical Medical Student	Record	vacunación antigripal (procedimiento)(2), Acid Reflux, Gastric(1) more	4	4							4
2017-01-31	M, S	Medical Student Pediatrics Progress Note	Record	Coughs(2), Dyspneas(1)	3	4		1					2
2017-03-07	T, C	Medical Student History and Physical -	Record	Antibiotic (product)(1), Unspecified bacteremia(1) more	3	4		1					2
2017-01-11	C, N	Medical Student Pediatrics Progress Note	Matched	Coughs(2), Wheezings(1)	3	3							3
2017-03-08	T, C	Medical Student Progress Note	Record	Antibiotic (product)(1), Allergy/allergic react NOS(1)	2	3		1					1
2017-01-06	B, J	Medical Student Admission History and Physical	Record	Allergy/allergic react NOS(1), Asthmas(1) more	3	3			1				2
2017-03-16	R, S	Medical Student Progress Note	Record	Pneumonias(1), albuterol(1)	2	3		1					1
2017-02-02	S, B	Medical Student Pediatrics Progress Note	Record	Throats(1), albuterol(1)	2	3		1					1
2017-02-04	R, B	Medical Student Pediatrics Progress Note	Record	Coughs(2)	2	2							2
2017-01-09	N, L	Medical Student Pediatrics Progress Note	Record	Antibiotic (product)(1)	1	2		1					
2017-01-31	S, B	Medical Student Pediatrics Progress Note	Record	albuterol(1)	1	2		1					
2017-01-12	C, N	Medical Student Pediatrics Progress Note	Record	albuterol(1), Coughs(1)	2	2							2

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

ASSESSMENT AND PLAN

is a patient admitted to Morgan Team 1 for evaluation of enlarging right paratracheal adenopathy shown on chest x-ray with concern for sarcoidosis vs. lymphoma. Her PMH is significant for hidradenitis suppurativa, chronic leukocytosis, and iron deficiency anemia.

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.

4. Psoriasis - Stable. Continue home clobetasol.

5. Code Status: full code

Wessendorf, T. E., et al. ? Diagnosis of Sarcoidosis. ? Clin Rev Allergy Immunol. 2015 Aug; 49 ( 1 ): 54 - 62 .

## Preferences

Search for:

Search in:

My Patients

My Notes

My Trainees' Notes

Search

# Adding Additional Notes

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

*Student*

## Welcome to VSTAR Patient Encounter Notes

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

Abdominal Pain	2	Abnormal Vaginal Bleeding and Discharge	0	Abnormalities of Mood	2	Altered Mental Status	4	Annual Exam	0
Back Pain	1	Breast Complaints	0	Chest Pain	3	Cough	4	Dysuria and Incontinence	1
Fever	6	Functional Decline	0	Gastrointestinal Bleeding	0	Headache	2	Jaundice	1
Obesity	0	Pelvic Pain	0	Rash	3	Seizures	1	Shock	1
Shortness of Breath	6	Substance abuse	0	Syncope	1	Trauma	0	Unexplained Weight Loss	1

[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.



# Adding Additional Notes Cont...

Student

Log Out Help Contact Us

## Search Results

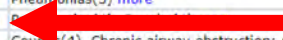
You searched for: **Cough**.

30 Note matches.  
My Note matches:

Next >>

Date of Services	Patient	Note Type	Add	Concepts( #)	Hits	Score	cc	hpi	ap	dx	pe	pmlh	hc	fh	ros	oth
2017-03-13	J, T	Medical Student History and Physical -	Matched	Chronic airway obstruction; not otherwise specified(10) <a href="#">more</a>										2		19
2017-03-14	J, T	Medical Student Progress Note	Record	Chronic airway obstruction; not otherwise specified(3) <a href="#">more</a>												2
2017-03-15	R, S	Medical Student Admission History and Physical	Record	Pneumonias(3) <a href="#">more</a>											3	4
2017-03-15	J, T	Medical Student Progress Note	Record	Coughs(4), Chronic airway obstruction; not otherwise specified(1) <a href="#">more</a>												8
2017-03-09	J, B	Medical Student History and Physical -	Record	Dyspneas(5), CONGESTIVE HEART FAILURE(2) <a href="#">more</a>	12	18		2	5			2			1	2
2017-03-16	J, T	Medical Student Progress Note	Record	Coughs(4), Chronic airway obstruction; not otherwise specified(3) <a href="#">more</a>	12	17			5							7
2017-03-11	S, V	Medical Student History and Physical -	Record	INFLUENZA(7), smokes(3) <a href="#">more</a>	13	15		3	1						2	7
2017-04-24	L, S	Medical Student Acute Clinic Visit	Record	CHRONIC COUGH(3), Chronic airway obstruction; not otherwise specified(1) <a href="#">more</a>	6	6										6
2017-02-02	B, B	Medical Student Admission History and Physical History and Physical Pediatrics	Record	Asthmas(2), Antibiotic (product)(1) <a href="#">more</a>	5	5.5			1			2		1		1
2017-02-01	S, B	Medical Student Pediatrics Progress Note	Record	Throats(2), albuterol(1)	3	5			2							1
2017-03-09	T, C	Medical Student Progress Note	Record	Antibiotic (product)(2), Allergy/allergic react NOS(1)	3	5			2							1
2017-04-17	G, B	Admission History and Physical Medical Student	Record	vacunación antigripal (procedimiento)(2), Acid Reflux, Gastric(1) <a href="#">more</a>	4	4										4
2017-01-31	M, S	Medical Student Pediatrics Progress Note	Record	Coughs(2), Dyspneas(1)	3	4			1							2
2017-03-07	T, C	Medical Student History and Physical -	Record	Antibiotic (product)(1), Unspecified bacteremia(1) <a href="#">more</a>	3	4			1							2
2017-01-11	C, N	Medical Student Pediatrics Progress Note	Matched	Coughs(2), Wheezings(1)	3	3										3
2017-03-08	T, C	Medical Student Progress Note	Record	Antibiotic (product)(1), Allergy/allergic react NOS(1)	2	3			1							1
2017-01-06	B, J	Medical Student Admission History and Physical	Record	Allergy/allergic react NOS(1), Asthmas(1) <a href="#">more</a>	3	3						1				2
2017-03-16	R, S	Medical Student Progress Note	Record	Pneumonias(1), albuterol(1)	2	3			1							1
2017-02-02	S, B	Medical Student Pediatrics Progress Note	Record	Throats(1), albuterol(1)	2	3			1							1
2017-02-04	R, B	Medical Student Pediatrics Progress Note	Record	Coughs(2)	2	2										2
2017-01-09	N, L	Medical Student Pediatrics Progress Note	Record	Antibiotic (product)(1)	1	2			1							
2017-01-31	S, B	Medical Student Pediatrics Progress Note	Record	albuterol(1)	1	2			1							
2017-01-12	C, N	Medical Student Pediatrics Progress Note	Record	albuterol(1), Coughs(1)	2	2										2

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

Log Out Help Contact Us

Student

## Search Results

You searched for: **Cough.**

30 Note matches.  
My Note matches:

Next>>

Date of Services	Patient	Note Type	Add	Concepts(#)	Hits	Score	cc	hpi	ap	dx	pe	pmb	hc	fh	ros	oth
2017-03-13	J, T	Medical Student History and Physical -	Matched	Chronic airway obstruction; not otherwise specified(12), Pneumonias(10) <a href="#">more</a>	51	77			27			3		2		19
2017-03-14	J, T	Medical Student Progress Note	Record	Chronic airway obstruction; not otherwise specified(3), Pneumonias(3) <a href="#">more</a>	15	28			17							2
2017-03-15	R, S	Medical Student Admission History and Physical	Matched	Coughs(4), Chronic airway obstruction; not otherwise specified(1) <a href="#">more</a>	16	24			8			4			3	4
2017-03-15	J, T	Medical Student Progress Note	Record	Coughs(4), Chronic airway obstruction; not otherwise specified(3) <a href="#">more</a>	16	24			8							8
2017-03-09	J, B	Medical Student History and Physical -	Record	Dyspneas(5), CONGESTIVE HEART FAILURE(2) <a href="#">more</a>	12	18		2	5			2			1	2
2017-03-16	J, T	Medical Student Progress Note	Record	Coughs(4), Chronic airway obstruction; not otherwise specified(3) <a href="#">more</a>	12	17			5							7
2017-03-11	S, V	Medical Student History and Physical -	Record	INFLUENZA(7), smokes(3) <a href="#">more</a>	13	15		3	1						2	7
2017-04-24	L, S	Medical Student Acute Clinic Visit	Record	CHRONIC COUGH(3), Chronic airway obstruction; not otherwise specified(1) <a href="#">more</a>	6	6										6
2017-02-02	B, B	Medical Student Admission History and Physical History and Physical Pediatrics	Record	Asthmas(2), Antibiotic (product)(1) <a href="#">more</a>	5	5.5			1			2		1		1
2017-02-01	S, B	Medical Student Pediatrics Progress Note	Record	Throats(2), albuterol(1)	3	5			2							1
2017-03-09	T, C	Medical Student Progress Note	Record	Antibiotic (product)(2), Allergy/allergic react NOS(1)	3	5			2							1
2017-04-17	G, B	Admission History and Physical Medical Student	Record	vacunación antigripal (procedimiento)(2), Acid Reflux, Gastric(1) <a href="#">more</a>	4	4										4
2017-01-31	M, S	Medical Student Pediatrics Progress Note	Record	Coughs(2), Dyspneas(1)	3	4			1							2
2017-03-07	T, C	Medical Student History and Physical -	Record	Antibiotic (product)(1), Unspecified bacteremia(1) <a href="#">more</a>	3	4			1							2
2017-01-11	C, N	Medical Student Pediatrics Progress Note	Matched	Coughs(2), Wheezings(1)	3	3										3
2017-03-08	T, C	Medical Student Progress Note	Record	Antibiotic (product)(1), Allergy/allergic react NOS(1)	2	3			1							1
2017-01-06	B, J	Medical Student Admission History and Physical	Record	Allergy/allergic react NOS(1), Asthmas(1) <a href="#">more</a>	3	3						1				2
2017-03-16	R, S	Medical Student Progress Note	Record	Pneumonias(1), albuterol(1)	2	3			1							1
2017-02-02	S, B	Medical Student Pediatrics Progress Note	Record	Throats(1), albuterol(1)	2	3			1							1
2017-02-04	R, B	Medical Student Pediatrics Progress Note	Record	Coughs(2)	2	2										2
2017-01-09	N, L	Medical Student Pediatrics Progress Note	Record	Antibiotic (product)(1)	1	2			1							

"Record" changed to "matched."



# Student Dashboard Updated

Student

## Welcome to VSTAR Patient Encounter Notes

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

After the student hit record, the note was matched to cough and the number rose from 4 to 5.

Abdominal Pain	2	Abnormal Vaginal Bleeding and Discharge	0	Abnormalities of Mood	2	Altered Mental Status	3	Annual Exam	0
Back Pain	1	Breast Complaints	0	Chest Pain	3	Cough	5	Dysuria and Incontinence	1
Fever	6	Functional Decline	0	Gastrointestinal Bleeding	0	Headache	2	Jaundice	1
Obesity	0	Pelvic Pain	0	Rash	3	Seizures	1	Shock	1
Shortness of Breath	6	Substance abuse	0	Syncope	1	Trauma	0	Unexplained Weight Loss	1

[View complete list of VC3 learning objectives](#)

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# Associating to VC3 Within a Note

- My Patients
- My Notes
- Mentors
- Procedure Logs
- Learning Objectives
- Preferences
- Search for:

Date of Services	Patient	Note Type	Add	Concepts(#)	Hits	Score	cc	hpi	ap	dx	pe	pmh	hc	fh	ros	oth
2017-03-13	J, T	Medical Student History and Physical -	Matched	Chronic airway obstruction; not otherwise specified(12), Pneumonias(10) <a href="#">more</a>	51	77			27			3		2		19
2017-03-14	J, T	Medical Student Progress Note	Record	Chronic airway obstruction; not otherwise specified(3), Pneumonias(3) <a href="#">more</a>	15	28			13							2
2017-03-15	R, S	Medical Student Admission History and Physical	Matched	Pneumonias(4), Coughs(4) <a href="#">more</a>	20	26		3	6			4			3	4
2017-03-15	J, T	Medical Student Progress Note	Record	Coughs(4), Chronic airway obstruction; not otherwise specified(3) <a href="#">more</a>	16	24			8							8
2017-03-09	J, B	Medical Student History and Physical -	Record	Dyspneas(5), CONGESTIVE HEART FAILURE(2) <a href="#">more</a>	12	18		2	5			2			1	2
2017-03-16	T, T	Medical Student Progress Note	Record	Coughs(4), Chronic airway obstruction; not otherwise specified(3)	12	17			5							7

## Medical Student History and Physical -

Concept hits: [<Prev](#) | [Next>](#) [Close Window](#)

[Print Note](#) | [Comment This Note](#) | [Link to Procedure](#) | [Link to or Delete Experience](#)

Date 2017 / 03 / 09 20 : 09

CC : " more trouble breathing ."

History ?20of?20?20present?20?20illness :  
 is a 51 y / o male with a PMH of chronic thromboembolic pulmonary hypertension (CTEPH) and Factor V Leiden who was admitted from clinic for further work - up of pulmonary hypertension due to increased **dyspnea** .

He was first diagnosed with pulmonary hypertension in 2004 . His symptoms were controlled well with bosentan , and he is followed by Dr . Hemmes ( Pulmonology ) . In 2009 , he was evaluated at UCSF for endarterectomy but did not go through with the surgery due to fear of the risks . In 2012 , he began having " liver problems " with bosentan and was switched to ambrisentan , which also continued to control his symptoms . He has 30 pack - year tobacco history , and he finally stopped smoking in 2014 . Recently , he has been increasingly short of breath , and he has trouble walking up stairs or even across the house . It takes him 2 - 5 minutes of sitting to catch his breath . He has 3 pillow orthopnea , and he regularly wakes up short of breath . Today in clinic , he could not complete the 6 minute walk test . He has daily intermittent pain , both walking and at rest . The chest pain is non - pleuritic and localizes above the sternum . It sometimes occurs with bilateral numbness , left more than right . He takes xanax , which helps with the chest pain .

He denied recent travel , fever , or chills . He does have phlegm in the morning that he **coughs** up : otherwise he will feel nauseous .

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

VSTAR·PEN

My Patients | My Notes | Mentors | Procedure Logs | Learning Objectives | Preferences | Search for:

Search in:  
My Patients  
My Notes  
My Trainees' Notes  
Search

Student

Log Out | Help | Contact Us

Next>>

Date of Services	Patient	Note Type	Add	Concepts(#)	Hits	Score	cc	hpi	ap	dx	pe	pmh	hc	lh	ros	oth
2017-03-13	J, T	Medical Student History and Physical -	Matched	Chronic airway obstruction; not otherwise specified(12), Pneumonias(10) <a href="#">more</a>	51	77			27			3		2		19
2017-03-14	J, T	Medical Student Progress Note	Record	Chronic airway obstruction; not otherwise specified(3), Pneumonias(3) <a href="#">more</a>	15	28			13							2
2017-03-15	R, S	Medical Student Admission History and Physical	Matched	Pneumonias(4), Coughs(4) <a href="#">more</a>	20	26		3	6			4			3	4
2017-03-15	J, T	Medical Student Progress Note	Record	Coughs(4), Chronic airway obstruction; not otherwise specified(3) <a href="#">more</a>	16	24			8							8
2017-03-09	J, B	Medical Student History and Physical -	Record	Dyspneas(5), CONGESTIVE HEART FAILURE(2) <a href="#">more</a>	12	18		2	5			2			1	2
2017-03-16	J, T	Medical Student Progress Note	Record	Coughs(4), Chronic airway obstruction; not otherwise specified(3)	12	17			5							7

This note is associated with the following experience(s):

- Shortness of Breath
- Chest Pain

[Remove Checked Experience\(s\) from Note](#)

or you can add more below:

Select Experience(s):

- Seizures
- Shock
- Shortness of Breath
- Sore Throat
- Substance abuse

Use CTRL+Click to multiple select

[Add Note-Experience to note](#)

Close Window

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

The screenshot shows a software interface for VISTA+ PEN. A central window titled "Medical Student Progress Note" is highlighted with a black border. Inside this window, there are several buttons: "Print Note", "Comment This Note", "Link to Procedure", and "Link to or Delete Experience". Below these buttons, a red rectangular highlight covers the text: "Note recorded as a Cough experience." and "Note recorded as a Shortness of Breath experience." The background of the interface is blurred, showing various menu options and data fields.



# Instructor Feedback on Notes

VSTAR·PEN		Student		Log Out	Help
2013-02-11	D, D	Medical Student Pediatrics Progress Note		2013-02-11	
2013-02-11	V, T	Medical Student Pediatrics Progress Note		2013-02-11	
2013-02-10	G, K	Medical Student Pediatrics Progress Note		2013-02-10	
2013-02-10	B, B	Medical Student Pediatrics Progress Note		2013-02-10	
2013-02-10	V, T	Medical Student Pediatrics Progress Note		2013-02-10	
2013-02-09	B, B	Medical Student Admission History and Physical History and Physical Pediatrics		2013-02-09	
2013-02-08	G, K	Medical Student Pediatrics Progress Note		2013-02-08	
2013-02-08	S, B	Medical Student Pediatrics Progress Note		2013-02-08	
2013-02-08	R, B	Medical Student Pediatrics Progress Note		2013-02-08	
2013-02-08	V, T	Medical Student Pediatrics Progress Note		2013-02-08	
2013-02-07	V, T	Medical Student Pediatrics Progress Note		2013-02-07	
2013-02-07	S, B	Medical Student Pediatrics Progress Note		2013-02-07	
2013-02-07	R, B	Medical Student Pediatrics Progress Note		2013-02-07	
2013-02-06	S, B	Medical Student Admission History and Physical History and Physical Pediatrics	📧	2013-02-06	
2013-02-05	W, B	Medical Student Pediatrics Progress Note		2013-02-05	
2013-02-05	V, T	Medical Student Pediatrics Progress Note		2013-02-05	
2013-02-05	B, M	Medical Student Pediatrics Progress Note		2013-02-05	
2013-02-04	B, M	Medical Student Pediatrics Progress Note		2013-02-04	
2013-02-04	M, B	Medical Student Pediatrics Progress Note		2013-02-04	
2013-02-04	V, O	Medical Student Pediatrics Progress Note		2013-02-04	
2013-02-04	V, T	Medical Student Pediatrics Progress Note		2013-02-04	
2013-02-02	M, B	Medical Student Pediatrics Progress Note		2013-02-02	
2013-02-02	B, M	Medical Student Pediatrics Progress Note		2013-02-02	
2013-02-02	V, T	Medical Student Pediatrics Progress Note		2013-02-02	
2013-02-01	M, B	Medical Student Admission History and Physical History and Physical Pediatrics	📧	2013-02-01	
2013-02-01	V, T	Medical Student Admission History and Physical History and Physical Pediatrics		2013-02-01	
2013-01-31	B, M	Medical Student Pediatrics Progress Note	📧	2013-01-31	
2013-01-31	B, B	Medical Student Pediatrics Progress Note	📧	2013-01-31	
2013-01-30	B, B	Medical Student Pediatrics Progress Note		2013-01-30	
2013-01-30	B, M	Medical Student Pediatrics Progress Note		2013-01-30	
2013-01-29	B, J	Pediatrics Discharge Instructions		2013-01-29	
2013-01-29	M, P	Pediatrics Discharge Instructions		2013-01-29	
2013-01-29	G, S	Pediatrics Discharge Instructions		2013-01-29	
2013-01-29	C, B	Pediatrics Discharge Instructions		2013-01-29	
2013-01-28	M, A	Pediatrics Discharge Instructions		2013-01-28	
2013-01-28	G, S	Pediatrics Discharge Instructions		2013-01-28	
2013-01-28	A, M	Pediatrics Discharge Instructions		2013-01-28	
2013-01-25	P, M	Pediatrics Discharge Instructions		2013-01-25	
2013-01-25	W, B	Pediatrics Discharge Instructions		2013-01-25	
2013-01-24	D, M	Pediatrics Discharge Instructions		2013-01-24	
2013-01-24	R, B	Pediatrics Discharge Instructions		2013-01-24	
2013-01-24	H, B	Pediatrics Discharge Instructions		2013-01-24	
2013-01-23	H, A	Pediatrics Discharge Instructions		2013-01-23	
2013-01-22	T, I	Pediatrics Discharge Instructions		2013-01-22	
2013-01-22	H, S	Pediatrics Discharge Instructions		2013-01-22	
2013-01-22	J, A	Pediatrics Discharge Instructions		2013-01-22	
2013-01-18	B, R	Pediatrics Discharge Instructions		2013-01-18	
2013-01-18	H, A	Pediatrics Discharge Instructions		2013-01-18	
2013-01-17	G, N	Pediatrics Discharge Instructions		2013-01-17	
2013-01-17	C, E	Pediatrics Discharge Instructions		2013-01-17	
2013-01-17	C, L	Pediatrics Discharge Instructions		2013-01-17	
2013-01-16	T, B	Pediatrics Discharge Instructions		2013-01-16	
2013-01-16	B, O	Pediatrics Discharge Instructions		2013-01-16	
2013-01-15	A, D	Pediatrics Discharge Instructions		2013-01-15	

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

Student

## Note Comments: Medical Student Admission History and Physical History and Physical Pediatrics

VSTAR PEN

- My Patients
- My Notes
- Mentors
- Procedure Logs
- Learning Objectives
- Preferences
- Search for:
- Search in:
  - My Patients
  - My Notes
  - My Trainees' Notes
- Search

View all comments as list

Learning Objectives covered:

General Comments: [ ]

Very good, well organized H&P. Be sure to show your rationale for diagnostic and treatment decisions in your Assessment and Plan and make it clear enough that a reader doesn't have to assume too much.

Document comments:

Make comments on this note

Rev

vanderbilt University Medical Center M, B  
Admission History and Physical HR# XXXXXXXXXX  
Case# 621934933033

Date of services: 2013/02/01 19:23

History Obtained From: Parents

Chief Complaint: Hypothermia

History of present illness:

is a 2 day old former 37.1 week infant boy who presented to newborn well check-up on 2/1/13 with a temperature of 35.8. Re-checked 20 minutes after bundling and skin-to-skin contact in clinic and temperature went up to 36.0. No URI sx, no SOB, no vomiting, no diarrhea. In past 24 hours, parents report 5-6 non-bloody stools and parents uncertain as to how many wet diapers. **Weight at birth on 1/29/13 was 2290g, down 13% to 1998g at clinic visit on 2/1/13.**

Mom expressed some concern about poor latching **James C** even though it seems intuitively obvious to us, breastfeed 5 mins q2h. After seeing lactation clearly state the reason he was admitted to the hospital at this time at the end of the first breastfeed has been going much more smoothly. She is now breastfeeding about 10 minutes q2h. **paragraph of the HPI.** Otherwise, mom had no concerns about Israel's progress upon presenting to clinic.

PAST MEDICAL HISTORY:

- Hypothermia of newborn

PAST SURGICAL HISTORY:

- Circumcised at birth

BIRTH HISTORY:

was born a 2290 g former 37.1wk infant by CS due to non-reassuring fetal status to a 23yo G2P1A1L1 mother after pregnancy complicated by HTN and obesity. Maternal labs negative, G6S unknown. HSV unknown. Delivery complicated by NRFS and fetal bradycardia requiring PPV and bag-mask ventilation X3-4min at delivery. Apgars 1,5,9. MBT O+, Ab-.

MEDICATIONS:

- ampicillin injection: 200 mg iv 1st now q12h var  
- gentamicin inj: garamycin 5 mg iv 1st now q12h var  
- acyclovir inj: zovirax 40 mg iv 1st now q8h var

ALLERGIES:

- No known allergies

IMMUNIZATIONS:

- Hep B given

FAMILY MEDICAL HISTORY:

- Dad: Asthma, Seizure (no meds taken)  
- Mom: High blood pressure

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?

VSTAR PEN - Vanderbilt School

https://vpen.app.vumc.org/scripts/portfolio/index.pl

Apps Asana StarPanel People Finder VSTAR VPEN Residents Student Directory CPC Connect Trello Educ Assess Confluence calendar P4P EDI resources

## VSTAR·PEN

Anderson Spickard, III  
Administrator

[Log Out](#) [Help](#) [Contact Us](#)

### Welcome to VSTAR Patient Encounter Notes

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

- You have **686** trainees.
- You have **0** mentors.
- You have **8** procedures.
- You have **484098** patients.
- You have **12739** notes.

You have 1 draft comment (not visible to trainees):

Trainee	Patient	Note type	Last edited	
Graham Attipoe	REED, CAROLINE	Medical Student Progress Note	2018-11-07 13:44:45	<a href="#">Delete draft</a>


### Progress towards VC3 objectives:

Abdominal Pain	11	Abnormal Vaginal Bleeding and Discharge	0	Abnormalities of Mood	3	Altered Mental Status	5	Annual Exam	0
Back Pain	6	Breast Complaints	1	Chest Pain	8	Cough	3	Dysuria and Incontinence	3
Fever	1	Functional Decline	0	Gastrointestinal Bleeding	3	Headache	2	Jaundice	7
Obesity	2	Pelvic Pain	1	Rash	7	Seizures	0	Shock	0
Shortness of Breath	10	Substance abuse	1	Syncope	1	Trauma	1	Unexplained Weight Loss	2

[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.

My Patients  
My Notes  
My Trainees  
My Comments  
Mentors  
My Program  
Procedure Logs  
Learning Objectives  
Concept Reports  
Development tools  
Preferences  
Search for:  
Search in:  
 My Patients  
 My Trainees  
 My Notes  
 My Trainees' Notes  
[Search](#)  
Search a Population



# How many notes am I supposed to have?

Class of 2021, at end of FCC:

Ave notes per clerkship:

Average total notes:

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

108

At Graduation, Class of 2019:

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

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

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

- You have 1 mentor.
- You have 4 procedures.
- You have 174 patients.
- You have 324 notes.
- You have 0 Intercession Reflections.

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

- You have 3 mentors.
- You have 2 procedures.
- You have 269 patients.
- You have 486 notes.
- You have 0 Intercession 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



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- 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.



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- **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

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- 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

	<b>ISCs</b>	<b>ACEs</b>	<b>AIs</b>
<b>FOCUS of Assessment</b>	Medical Knowledge Integration	Clinical Skills Practice-Based Learning	Ensure Readiness for Internship
<b>Predominant Method</b>	<ul style="list-style-type: none"><li>• Knowledge Assessment (Multiple choice exams, essay exams, quizzes)</li><li>• Milestones</li></ul>	<ul style="list-style-type: none"><li>• Milestones</li><li>• EPA 7</li></ul>	<ul style="list-style-type: none"><li>• Milestones</li><li>• Entrustable Professional Activities (EPA)</li></ul>

# ISCs

MEDICAL KNOWLEDGE
Integration (MK2a) Depth (MK2b) Analysis (MK7a) Inquiry (MK7b) Use of resources (MK7c)
PATIENT CARE
Thought process (PC2a) Self-knowledge (PC7a)
INTERPERSONAL COMMUNICATION
Content of presentations (IPCS7b.1)
PRACTICE-BASED LEARNING & IMPROVEMENT
Receptivity to feedback (PBLI3a)
SYSTEMS-BASED PRACTICE
Initiative and contribution to group efforts (SBP2a)
PROFESSIONALISM
Duty (PR1b)

# ACEs

MEDICAL KNOWLEDGE
Depth (MK2b)
PATIENT CARE
Differential dx (PC2b) Diagnostic workup (PC2c) Self-knowledge (PC7a) Assessment and Plan (PC7b)
INTERPERSONAL COMMUNICATION
Content of presentations (IPCS7b.1) Rapport with patients (IPCS7a.1)
PRACTICE-BASED LEARNING & IMPROVEMENT
Receptivity to feedback (PBLI3a)
SYSTEMS-BASED PRACTICE
Initiative and contribution to group efforts (SBP2a) Prioritization (SPB2b)
PROFESSIONALISM
Demeanor (PR1a) Honesty (PR5a)
<b>EPA 7:</b> Form a clinical question and retrieve evidence to advance patient care

# Als

MEDICAL KNOWLEDGE
Depth (MK2b)
PATIENT CARE
Self-knowledge (PC7a)
INTERPERSONAL COMMUNICATION
Rapport with patients (IPCS7a.1)
PRACTICE-BASED LEARNING & IMPROVEMENT
Receptivity to feedback (PBLI3a)
SYSTEMS-BASED PRACTICE
Initiative and contribution to group efforts (SBP2a) Prioritization (SPB2b)
PROFESSIONALISM
Demeanor (PR1a) Honesty (PR5a)
<b>EPA 4:</b> Enter and discuss orders and prescriptions <b>EPA 5:</b> Document a clinical encounter in the patient record <b>EPA 8:</b> Give or receive a patient handover to transition care responsibility <b>EPA 10:</b> 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](http://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



Compass★

Filter items...

## Feedback

- |   |   |   |
|---|---|---|
| 1. AI: Medicine, VU: Imm 2017-18 Sec 09                               | 0 | > |
| 2. EPA 4- Orders / Prescriptions (Sect 09, 2017-18) AI: Medicine, ... | 0 | > |
| 3. EPA 5 - Clinical Encounter (Sect 09, 2017-18) AI: Medicine, VU     | 0 | > |
| 4. EPA 8 - Handover (Sect 09, 2017-18) AI: Medicine, VU               | 0 | > |
| 5. EPA 10 - Urgent Care (Sect 09, 2017-18) AI: Medicine, VU           | 0 | > |

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?

# Frontline Clinical Faculty/Residents



Compass\*

<b>MEDICAL KNOWLEDGE</b>
Integration (MK2a) Depth (MK2b) Analysis (MK7a) Inquiry (MK7b) Use of resources (MK7c)
<b>PATIENT CARE</b>
Thought process (PC2a) Self-knowledge (PC7a)
<b>INTERPERSONAL COMMUNICATION</b>
Content of presentations (IPCS7b.1)
<b>PRACTICE-BASED LEARNING &amp; IMPROVEMENT</b>
Receptivity to feedback (PBLI3a)
<b>SYSTEMS-BASED PRACTICE</b>
Initiative and contribution to group efforts (SBP2a)
<b>PROFESSIONALISM</b>
Duty (PR1b)



Student

# Course Director



Domain Scores

MK
PC
IPCS
PBLI
SBP
PR

+

Comments

+

CD Observations

+

Other Assessments

Levels

Reach
Target
Threshold
Sub-threshold



Final Grade

Honors  
High Pass  
Pass  
Fail

Activity Title	Assessor	Completed	pc2b	pc2c	pc7a	pc7b	mk2b	mk7b	mk7c	ipcs7a.1	ipcs7b.1	pbli3d	pr1b	sbp2b	Comments	
Imm 2016-17 Sec 2 ACE: Course	Assessor 1	10/2/16	4	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	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	3.5	4	3.5	4.5	3.5	4		3	3.5	4		X is a very strong student. Presentati	
Imm 2016-17 Sec 2 ACE: Course	Assessor 4	9/27/16	4	4	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	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	Wonderful medical student! Did great	
Imm 2016-17 Sec 2 ACE: Course	Assessor 7	9/23/16	3.5	4	4	4	4	4	4		5	3	5	3	n/a	
Imm 2016-17 Sec 2 ACE: Course	Assessor 8	9/22/16	5	4	5	4	4	4	4	5	5	4		4	X is well organized, mature medical s	
Final assessment per domain			PC				MK			IPCS		PBLI		PR		SBP

Reach
Target
Threshold
Sub-threshold

Reach

Reach

Reach

Target

Reach

Reach

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.

REACH

**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.

REACH

**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.

REACH

**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.

TARGET

**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.

REACH

**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.

REACH



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



For clinical courses: [optional]

Rate suitability for appointment as a resident on your service:

### 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 and the Final Grade**



FINAL GRADE



#### 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 coursework 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.

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

# 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

VANDERBILT  UNIVERSITY  
MEDICAL CENTER

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Credo

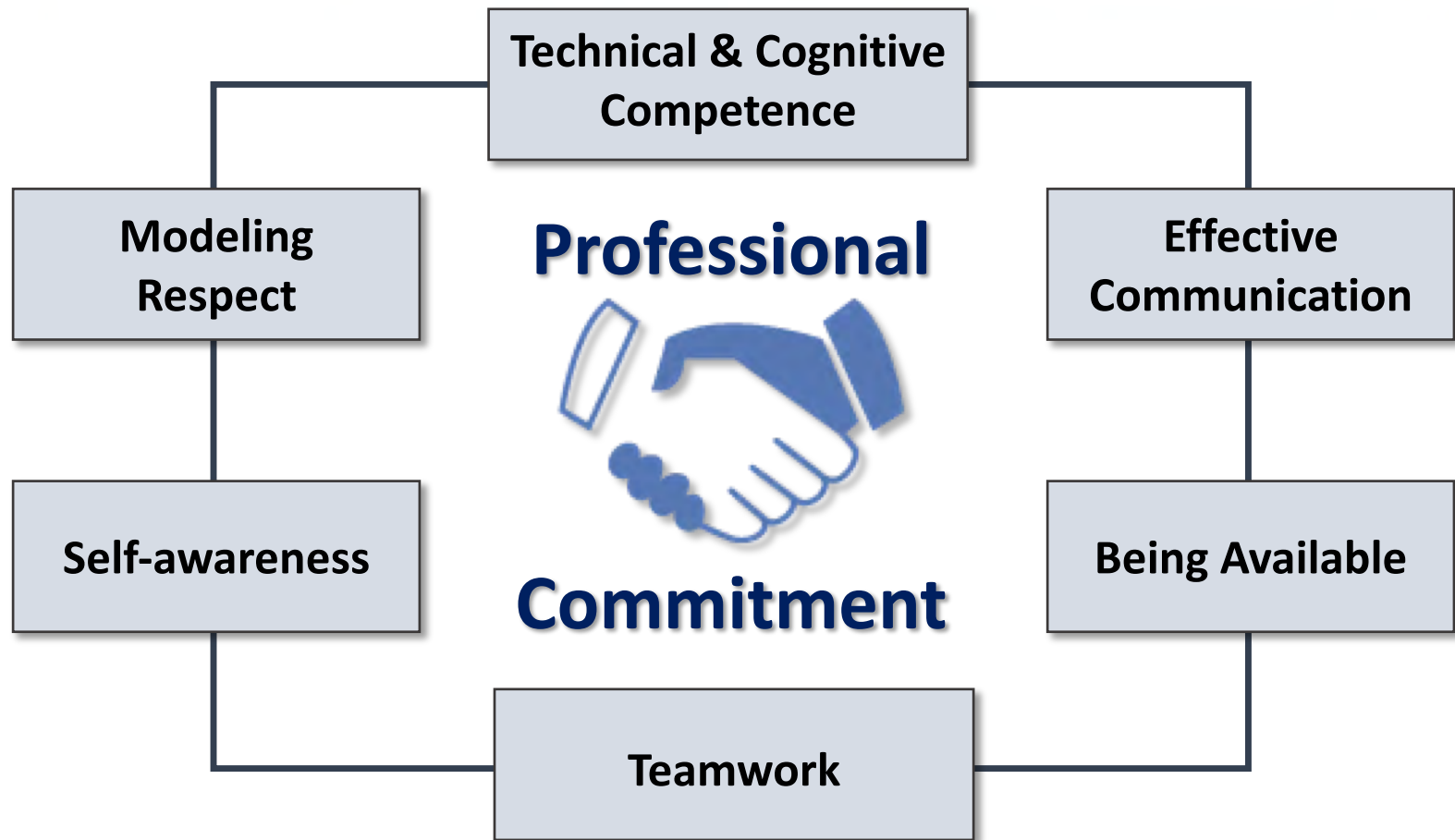
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it's who we are

---

- 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



# Learner Observations in the Clinical Environment

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)*

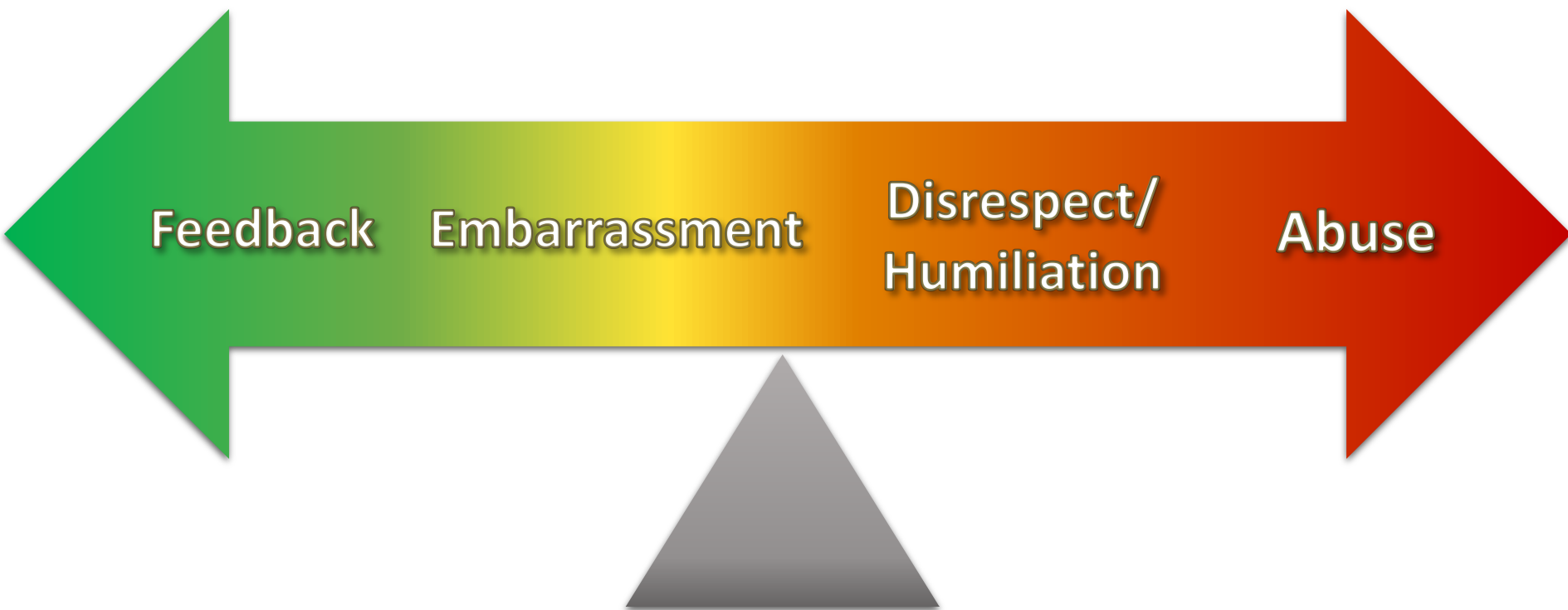
---

**Violate policies**  
*(including conflicts of interest and compliance)*

---

*It's About Safety*

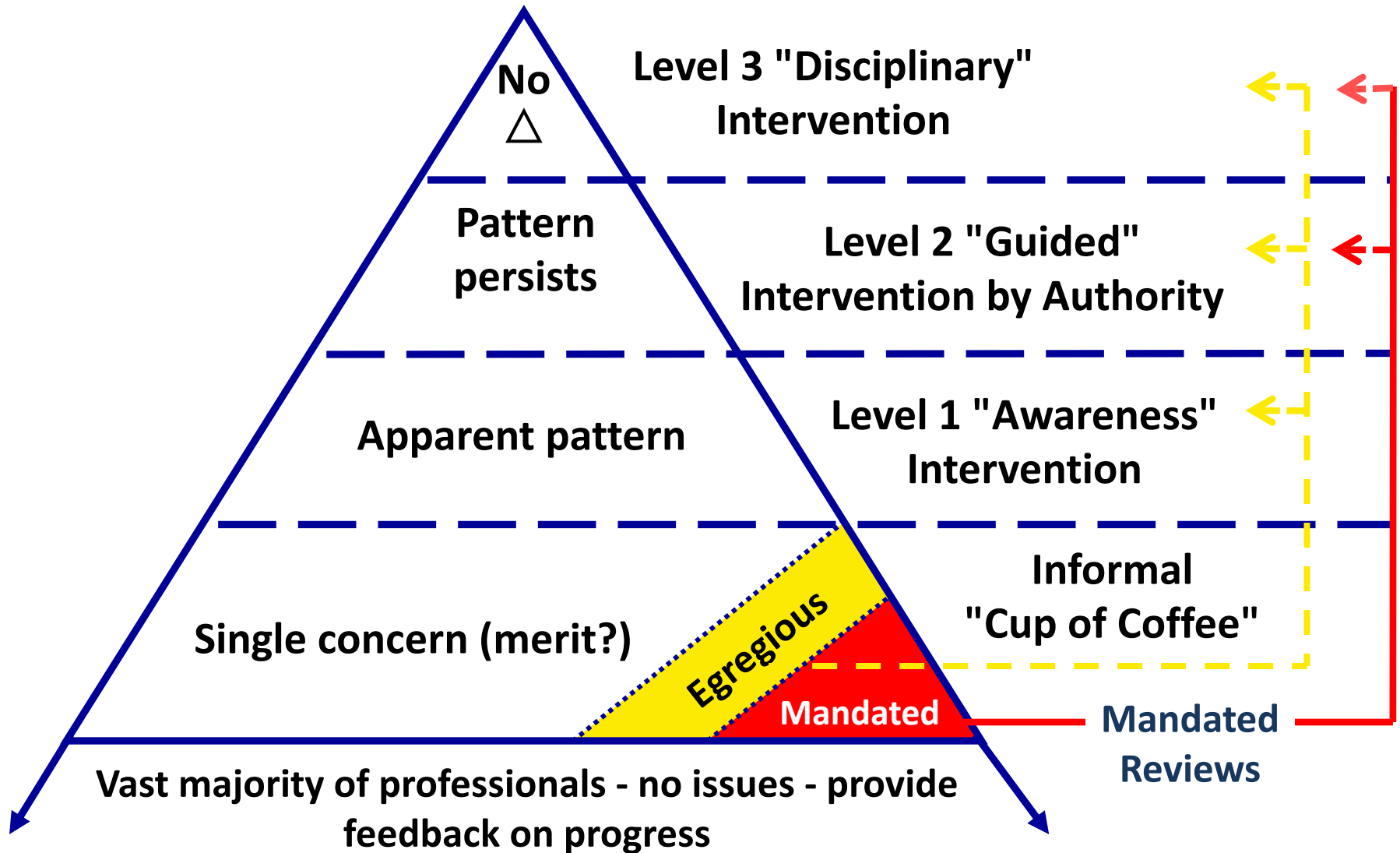
# What behaviors are “worth” reporting?



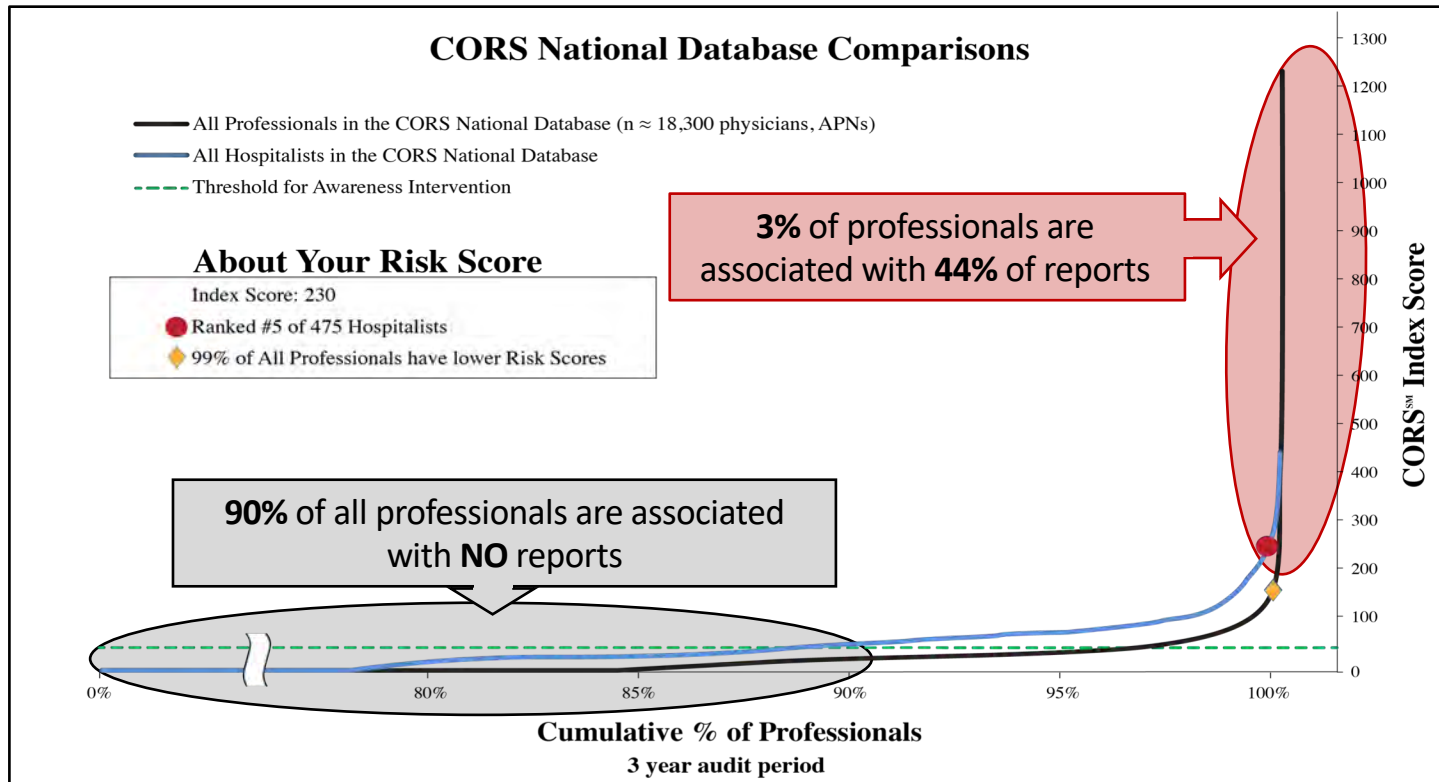
All events represent an opportunity to reflect



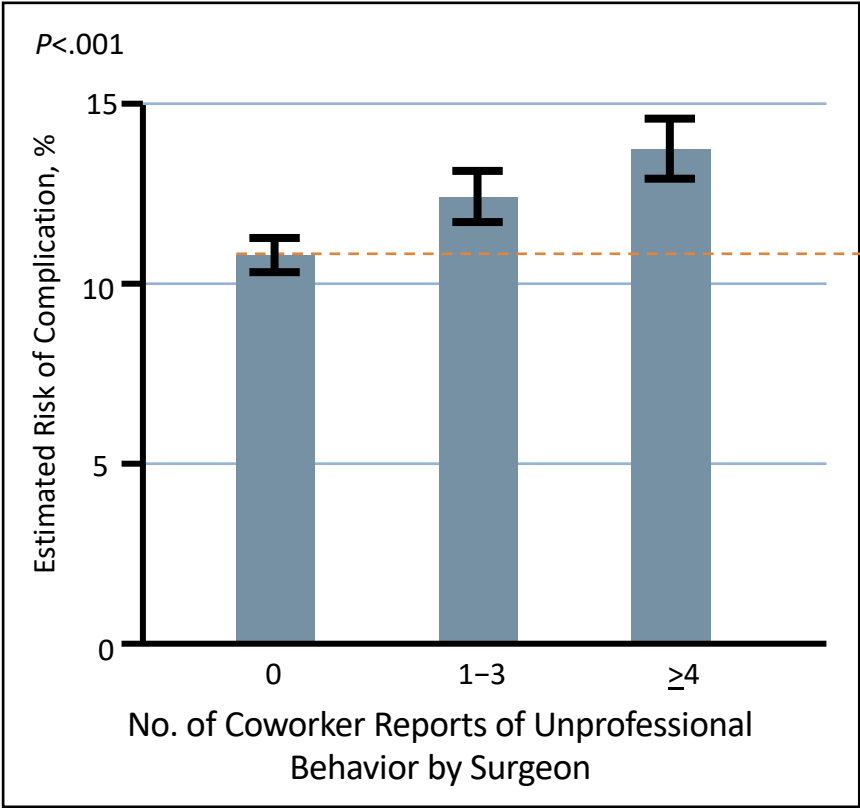
# Promoting Professionalism Pyramid



# Co-Worker/Learner Report Distribution



# Predicted Complication Rate by Category of Co-worker Reports



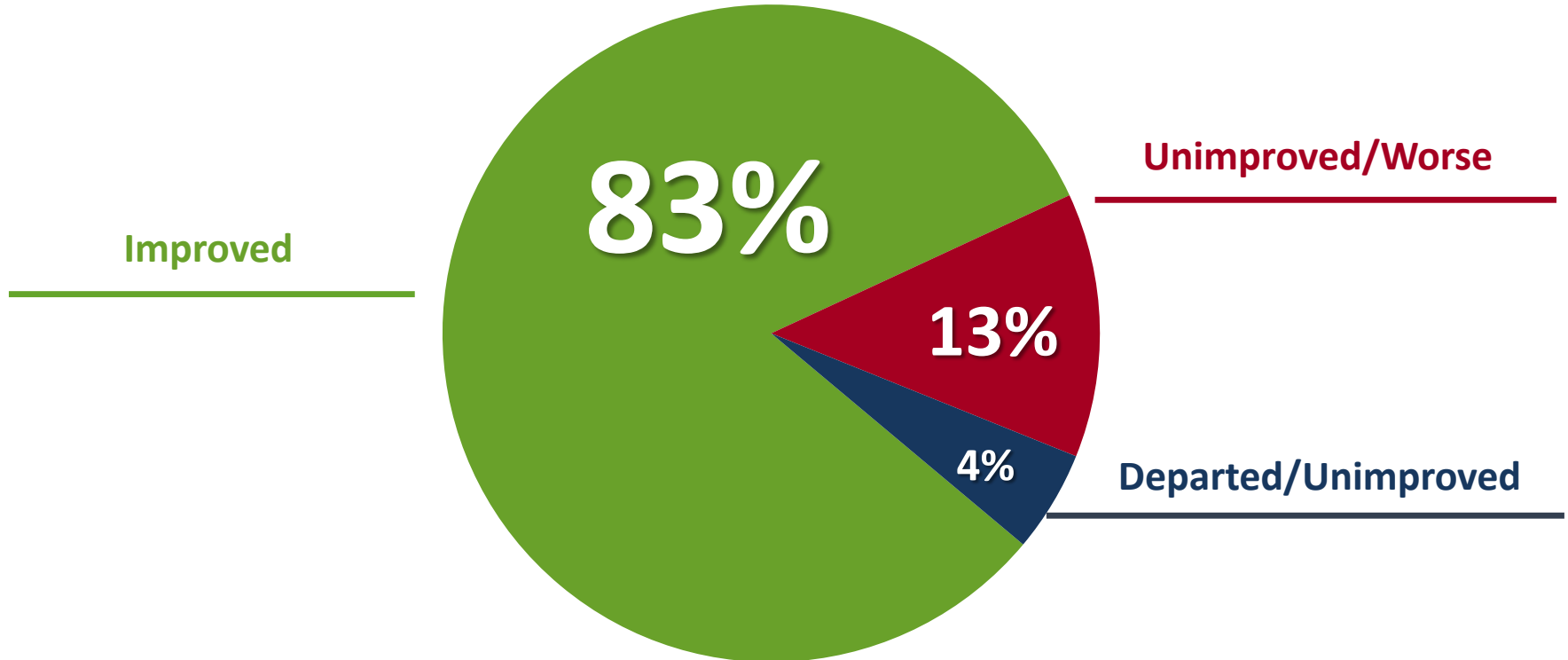
JAMA Surgery Cooper, et al. 2019.

**122**  
Additional  
Complications

In the US:  
**584,849**  
Additional Complications  
Per Year

# CORS<sup>sm</sup> Program, National Impact

**Awareness interventions on 369 professionals with high coworker index**



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

Webb et al., *The Joint Commission Journal on Quality and Patient Safety*, 2016.

# 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:



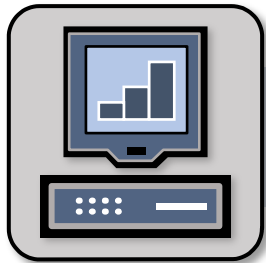
Informal/Collegial feedback with the Professional (Cup Of Coffee)

AND/OR



Search out a trusted faculty member to share the concern

AND/OR



Report occurrence in Veritas



## Vanderbilt Center for Patient and Professional Advocacy

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Now or Later  
[www.mc.vanderbilt.edu/cppa](http://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](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/>



C2.0 Requirements (in Months)	Ongoing Longitudinal Courses
4 Integrated Science Courses (ISCs) — on campus	Foundations of Health Care Delivery (11 units) <ul style="list-style-type: none"> <li>• 6 units taken during Intersessions</li> <li>• 5 units taken longitudinally, paired with other courses during the Immersion Phase</li> </ul>
1 Acting Internship — on campus	
4 Advanced Clinical Experiences (ACEs) — on campus	Learning Communities (8 units)
3 Research Immersion*	
2 Competency and Interest-driven Rotations <ul style="list-style-type: none"> <li>• can be ISCs, ACEs, Away ACEs, AIs or Advanced Electives</li> <li>• away with approval</li> <li>• one must be clinical</li> </ul>	
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:	
<ul style="list-style-type: none"> <li>• 1 Primary Care course (ACE: PC (VU or away), ACE: Adolescent Medicine or ISC: Community Healthcare)</li> <li>• 1 Acute Care course (ACE: Emergency Medicine or any ICU-based course, including ISC: Critical Care or critical care ACEs)</li> </ul>	

# 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.*

**MPH:** PLAN and Research Immersion requirements fulfilled by degree coursework.

**MDiv:** PLAN and Research Immersion required.

**MBA:** PLAN and Research Immersion requirements may be fulfilled by degree coursework. Evidence required for waivers.

**MEd:** PLAN and Research Immersion requirements fulfilled by degree coursework.

**MSCI:** PLAN and Research Immersion requirements fulfilled by degree coursework.

**MTS:** If taking the thesis track, PLAN and Research Immersion requirements may be fulfilled by degree coursework. Evidence required for waivers.

**LLM:** PLAN and Research Immersion requirements may be fulfilled by degree coursework. Evidence required for waivers.

# AOA

Julie Damp, MD



# 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 4<sup>th</sup> 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 4<sup>th</sup> 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.**

**Your Email**

\* must provide value

**First Name**

\* must provide value

**Last Name**

\* must provide value

**Primary Course Type**

\* must provide value

- Research Immersion
- ACE
- AI
- ISC
- AE
- Special Studies
- Immersion Week

reset

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?

Email: [REDACTED]  
Commodore ID: [REDACTED]

**Medical Doctor Career**

Adviser(s): Joseph Gigante  
**Doctor of Medicine Degree**  
School: *School of Medicine*  
Classification: *Professional Doctoral Year 4*  
Degree Expect Term: *2016 Year*

Click here  
to view  
schedule

 <a href="#">Academic Record</a>	 <a href="#">Address Change</a>	 <a href="#">Anchor Link</a>
 <a href="#">Billing Portal</a>	 <a href="#">Blackboard</a>	 <a href="#">Degree Audit</a>
 <a href="#">Direct Deposit</a>	 <a href="#">DoreWays</a>	 <a href="#">Graduation</a>
 <a href="#">Message Center</a>	 <a href="#">Mobile YES</a>	 <a href="#">Student Registration</a>
 <a href="#">Transcript Request</a>	 <a href="#">Writing Studio Appt.</a>	



# What is my schedule?

2016 Year ▾ All Sessions ▾

SEARCH	IN CART	ENROLLED	ENROLLMENT DATES
🔍	0.0 HRS	0.0 HRS	APR 28 2016

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](#).

## Search Classes

Enter subject area, course number, or title   Advanced

**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](mailto:immersion.phase@Vanderbilt.edu))
  - **Longitudinals** — contact the longitudinal email address and cc [immersion.phase@Vanderbilt.edu](mailto:immersion.phase@Vanderbilt.edu)
    - FHD Team ([fhd@Vanderbilt.edu](mailto:fhd@Vanderbilt.edu))
    - Research ([vms.research@Vanderbilt.edu](mailto:vms.research@Vanderbilt.edu))
    - Learning Communities ([LC@Vanderbilt.edu](mailto: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

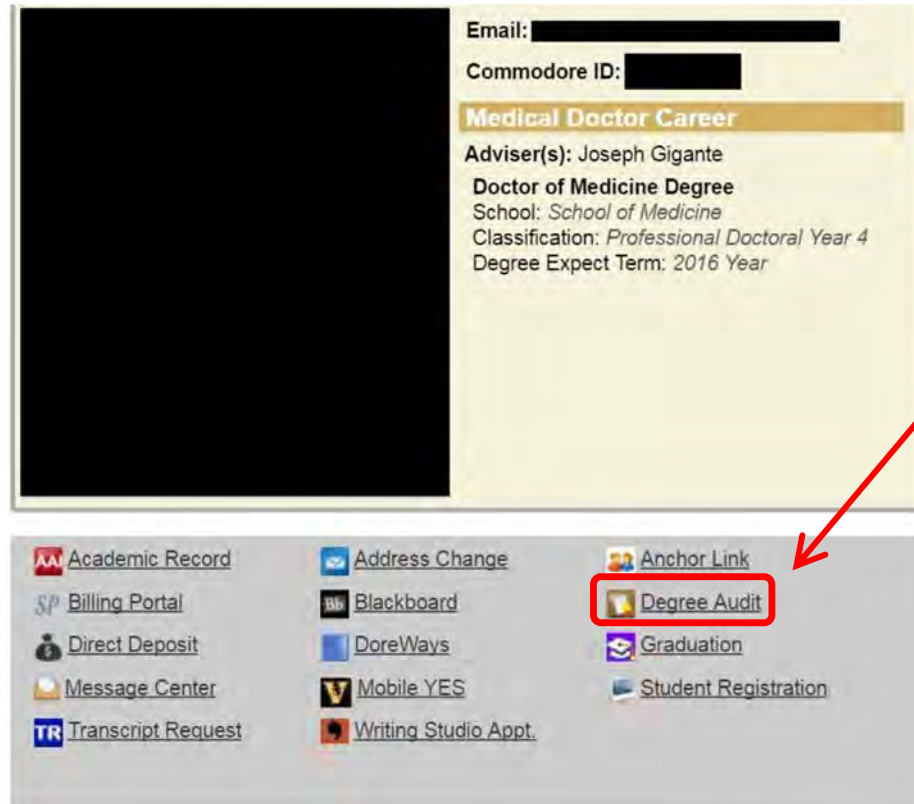


# Special Studies Approval Forms

- 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



The screenshot displays a student portal interface. On the left, a large black rectangular area is redacted. To the right, the user's profile information is shown, including their email and Commodore ID, both of which are also redacted. Below this, a section titled "Medical Doctor Career" lists the adviser as Joseph Gigante, the degree as Doctor of Medicine, the school as School of Medicine, the classification as Professional Doctoral Year 4, and the expected graduation term as 2016. At the bottom of the page is a grid of navigation links, each with a small icon. The "Degree Audit" link is highlighted with a red rectangular border, and a red arrow points from the text "Click here to view degree audit" to this link.

Email: [REDACTED]  
Commodore ID: [REDACTED]

**Medical Doctor Career**

Adviser(s): Joseph Gigante  
Doctor of Medicine Degree  
School: School of Medicine  
Classification: Professional Doctoral Year 4  
Degree Expect Term: 2016 Year

[Academic Record](#)   [Address Change](#)   [Anchor Link](#)  
[Billing Portal](#)   [Blackboard](#)   **[Degree Audit](#)**  
[Direct Deposit](#)   [DoreWays](#)   [Graduation](#)  
[Message Center](#)   [Mobile YES](#)   [Student Registration](#)  
[Transcript Request](#)   [Writing Studio Appt.](#)

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

✘ Not Satisfied

**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):

Primary Care Check

✘ Not Satisfied

Acute Care Check

✔ Satisfied

Immersion Core

✘ Not Satisfied

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

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

Integrated Science

✘ Not Satisfied

Acting Internship

✘ Not Satisfied

Advanced Clinical Experiences

✘ Not Satisfied

Research Immersion

✔ Satisfied

Competency and Interest-Driven Rotations - (Clinical)

✘ Not Satisfied

Competency and Interest-Driven Rotations

✘ Not Satisfied

Immersion Longitudinal

✘ Not Satisfied

Description: Immersion Longitudinal

Foundations of Health Care Delivery Intersessions

✘ Not Satisfied

Quality Improvement and Patient Safety

✘ Not Satisfied

Interprofessional Education

✘ Not Satisfied

EPA Week

✔ Satisfied

Learning Communities

✘ Not Satisfied

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

Medical Doctor

Refresh My Audits

Print

*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.*

Hide Disclaimer

*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

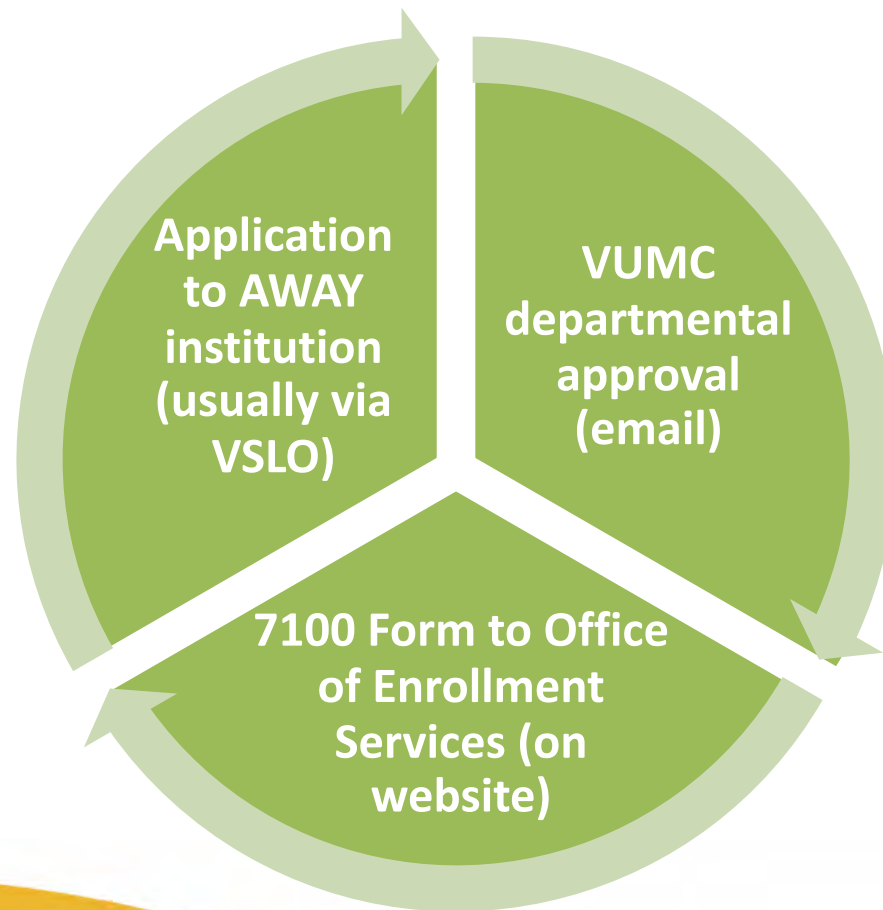


# Pursuing AWAY Rotation

- 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



# 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

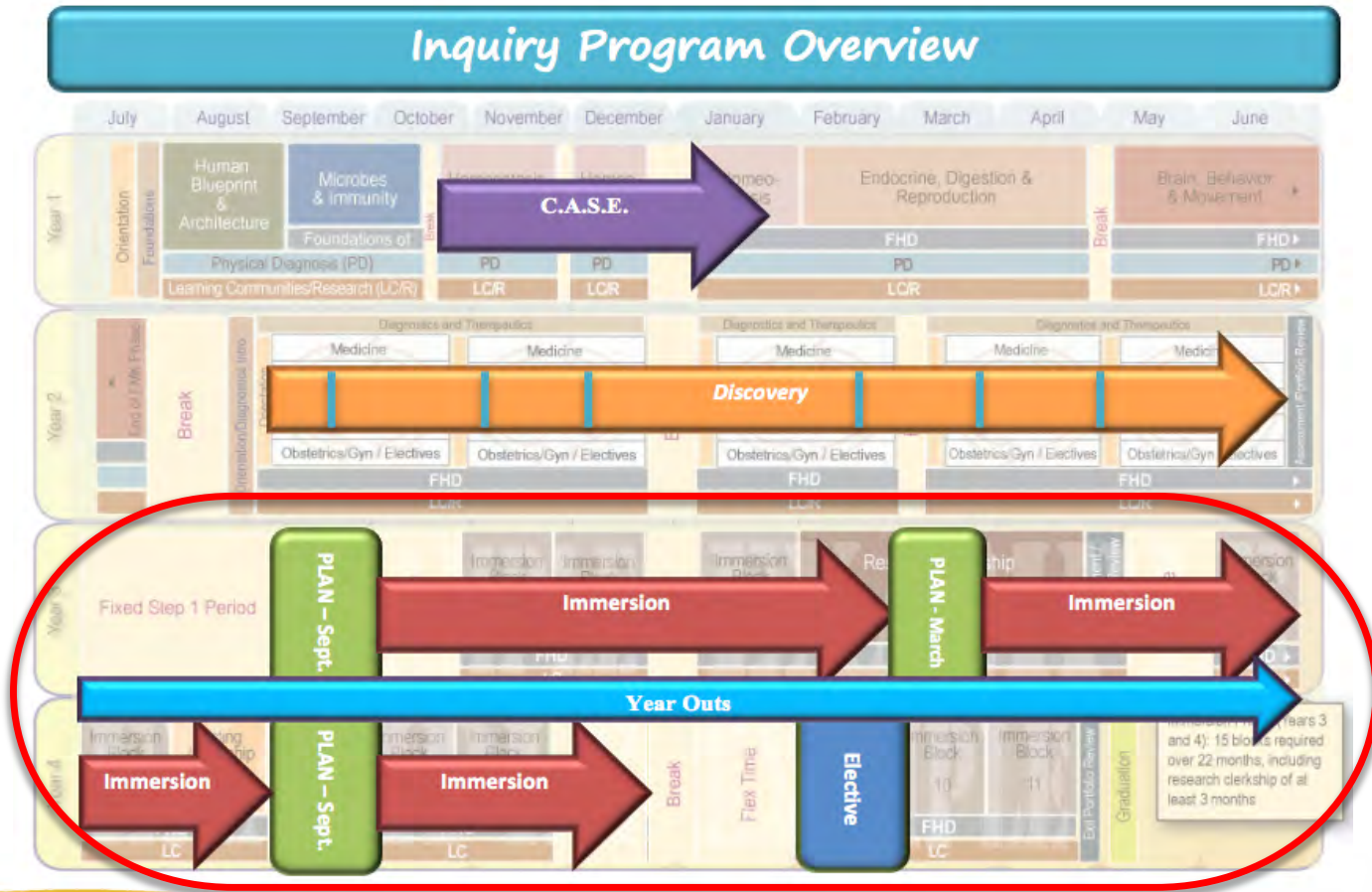
Director, Office of Medical Student Research

Assistant Dean of Physician-Researcher Training





# Inquiry Program: Courses During the Immersion Phase



# PLAN Preparation

- SESSION 1: September 3<sup>rd</sup> @ 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**

4<sup>th</sup> FL EBL

[vms.research@vanderbilt.edu](mailto:vms.research@vanderbilt.edu)

**Joey Barnett, PhD**

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](mailto:elizabeth.a.yakes@vanderbilt.edu)

or

[LC@vanderbilt.edu](mailto: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 a **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**

	July	August	September	October	November	December	January	February	March	April	May	June
Year 3	STEP 1										No LC Offered	No LC Offered
LC			LC1/LC2	LC3/LC4	LC5/LC6	LC7/LC8	LC1/LC2	LC3/LC4	LC5/LC6	LC7/LC8		
Year 4	No LC Offered	No LC Offered									Graduation	
LC			LC1/LC2	LC3/LC4	LC5/LC6	LC7/LC8	LC1/LC2	LC3/LC4	LC5/LC6	LC7/LC8		



# 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**

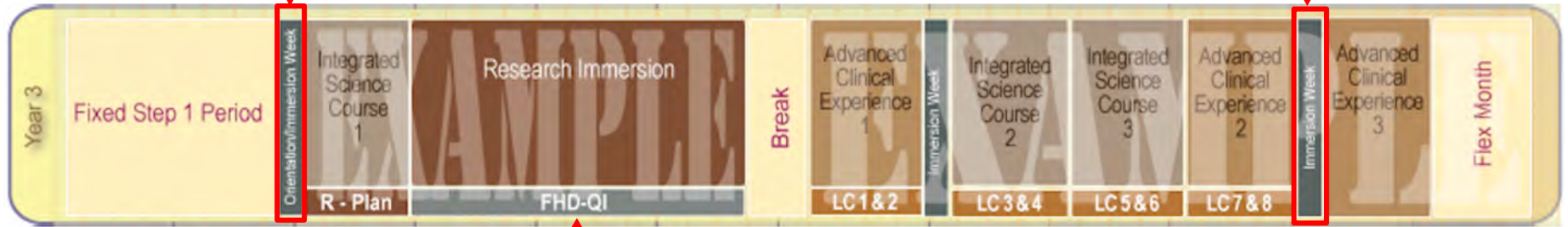


1

**Advanced Communications 1 and Public Health and Prevention**  
(Intro to Immersion Phase week)

2

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



4

QI 1-3/PS longitudinally during 3<sup>rd</sup> year  
IPE2 fulfilled either via one month longitudinal or other approved experience\*

3

**Healthcare Economics and Policy**  
(4<sup>th</sup> year winter FHD Immersion)



➤ 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<sup>rd</sup> year

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



# FHD Immersion Course Information

Additional information:

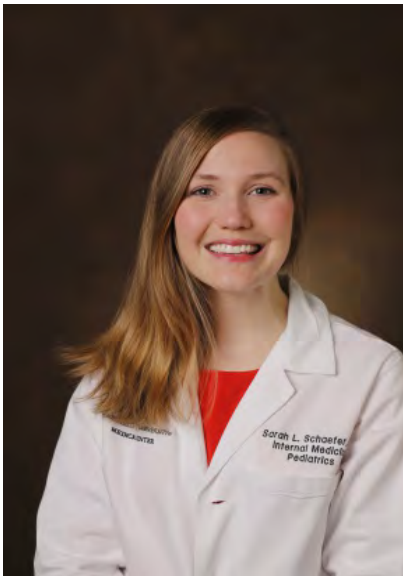
<https://medschool.vanderbilt.edu/fhd/>

- 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



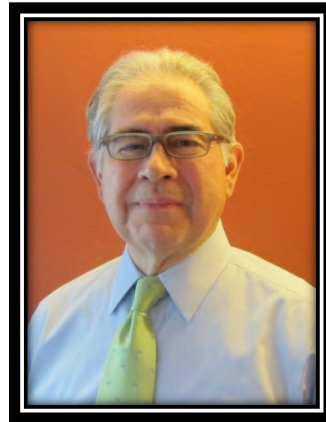
**Heather A. Ridinger, M.D.**  
Department of Internal  
Medicine



# Administrative Staff



**Program Manager**  
Heather Laney



**Program Coordinator**  
Ernest Guerra



**Program Coordinator**  
Eric Huffman

EBL 4<sup>th</sup> Floor

<https://medschool.vanderbilt.edu/fhd/>  
[fhd@vanderbilt.edu](mailto: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"**

