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
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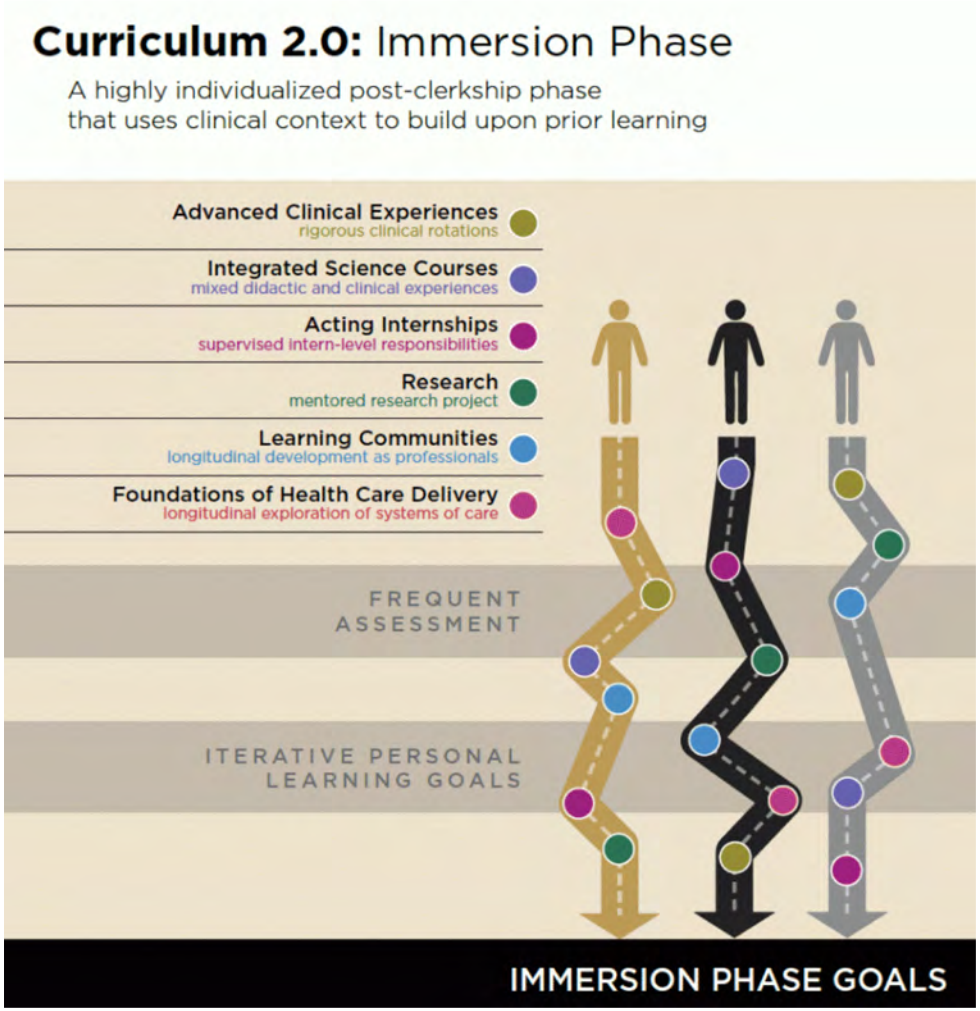
What we'll cover today:

- 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



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

VA Access

- Students who rotate at the Veteran's Affairs Hospital need to make sure their VA computer codes are still active:
  - Go to the VA and log in to any VA computer to check
  - If you have lost access, contact the VA Help Desk from any VA phone at 2-6500
- Our team will prompt you four weeks before your rotation
- Details regarding access can be found at https://medschool.vanderbilt.edu/md-gateway/va-rotations/

Away Rotations

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

Professionalism and More

Kendra Parekh, MD

CAUTION
MOVING
PARTS

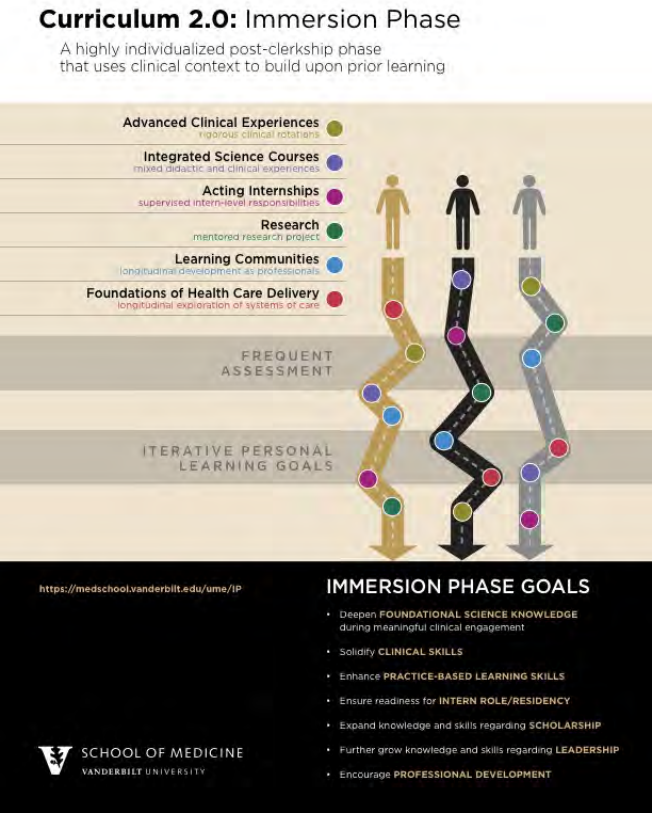
Email Etiquette

Step 2 CK and CS

Making Choices

Portfolio Cycle

You are here

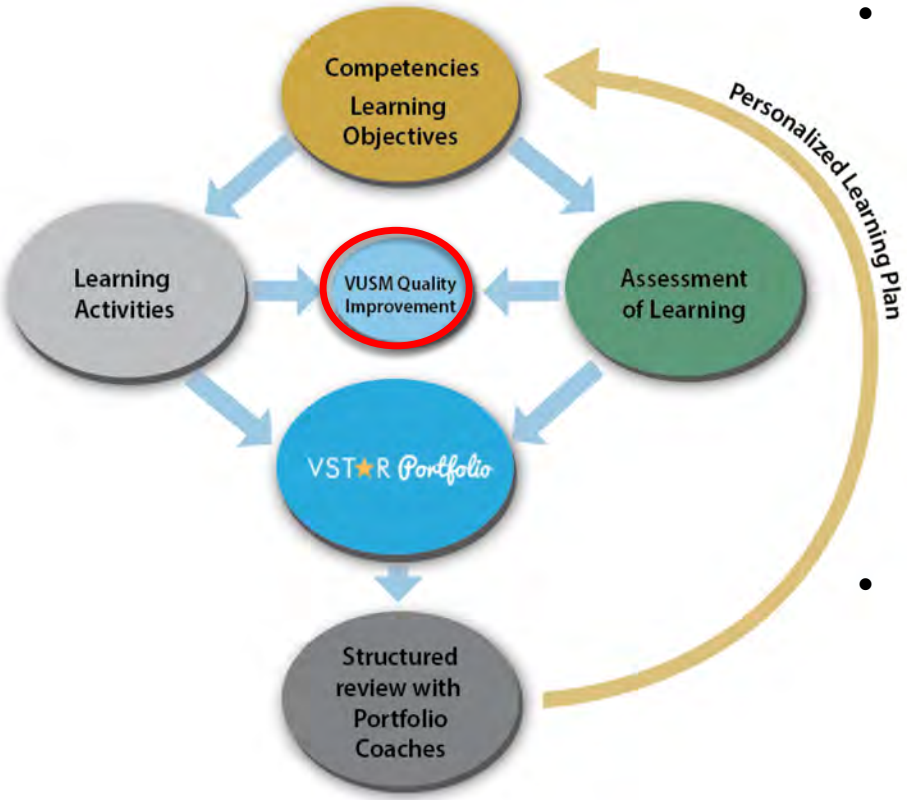


Program Evaluation & Quality Control

Lourdes Estrada, PhD

Supporting standardization of outcomes in the context of individualization of learning experiences

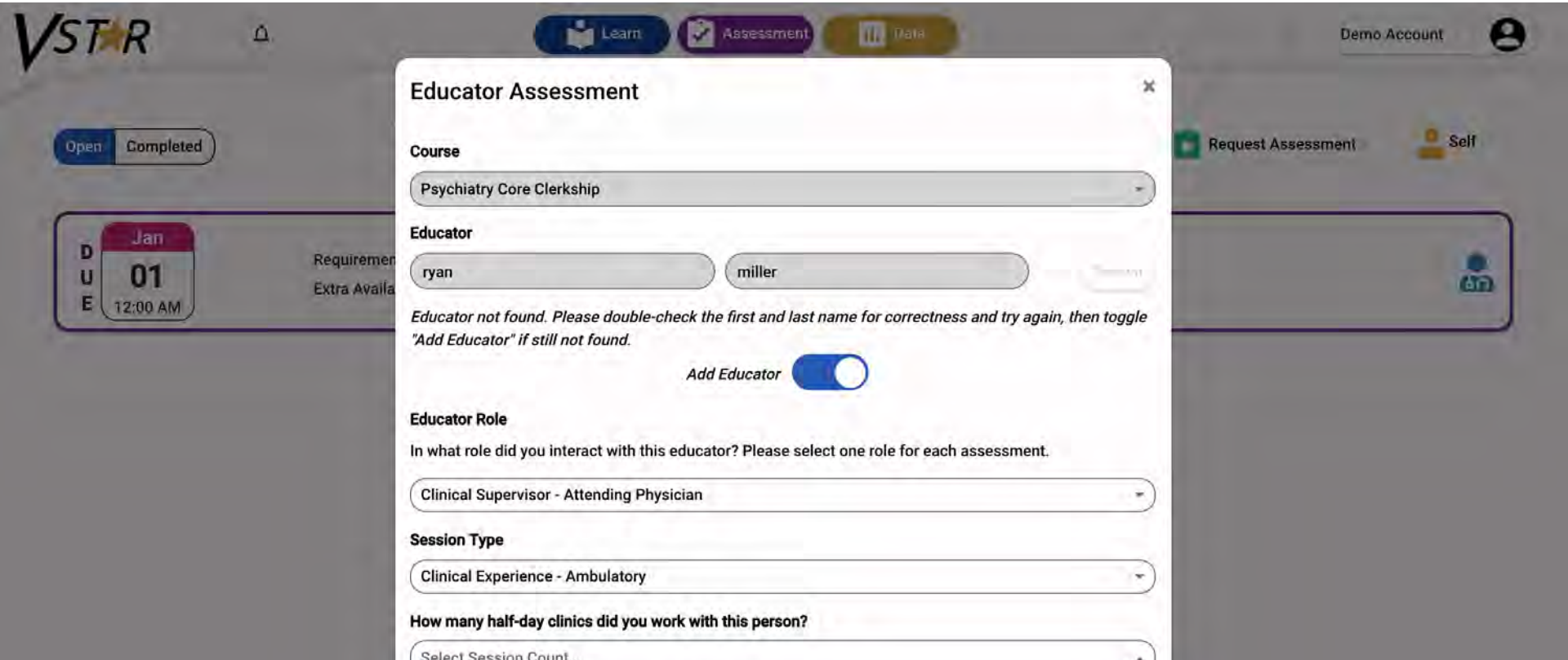
Program Evaluation & Lessons Learned



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



Quality Improvement Efforts

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

Grades and Promotions

Cody Chastain, MD

WHY GRADES? WHY NOW?

Grading in the Immersion Phase

- **Graded as H/HP/P/F**
  - Integrated Science Courses (ISC)
  - Advanced Clinical Experiences (ACE)
  - Acting Internships (AI)
  - Away rotations
  - Research Immersion
  - Foundations of Healthcare Delivery Quality Improvement (FHD QI) – 1-3
- **Graded as P/F**
  - Advanced Electives (AE)
  - Special Studies (Clinical here, Research – here or away)
  - PLAN
  - Learning Communities (LC)
  - Foundations of Healthcare Delivery (FHD) – all except QI above

Grading Options

- *Honors*
  - Excellence in (nearly) all competencies
- *High Pass*
  - Excellence in some competencies while on track in others
- *Pass*
  - On track in most competencies with room for improvement in others
- *Risk of Fail*
  - Performing below expected level

Suggestions and Reminders

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

Promotions Committee in IP

- The hard(est) work is behind you!
- System-based practice and professionalism are the most common reasons for non-promotion at this phase.
- Be proactive, be open, be honest!

Course Types & Phase Requirements

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

C 2.0 Immersion Phase: Course Types

ACE: Advanced Clinical Experience

- Rigorous clinical experience

C 2.0 Immersion Phase: Course Types

ACE: Advanced Clinical Experience	ISC: Integrated Science Course
• Rigorous clinical experience	• Didactic and clinical experiences

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- Supervised intern-level responsibilities

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- Didactic and clinical experiences

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- Supervised intern-level responsibilities

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) **1 must be clinical*
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		*Flex months (4 + 2 mo for Step 1 + 1 for interviews)*

Impact of Increasing Research Months

3 months of research: Complete 15 course requirements

<u>To extend research beyond 3 months</u>:
Student must be in good academic standing and complete an approval process with the Office of Medical Student Research.

4 months: Additional research month fulfills one competency/interest-driven rotation

5 months: Additional research months fulfill two competency/interest-driven rotations

6 months: 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)
- 6 units taken during immersion weeks
- 5 units take longitudinally, paired with other courses during the Immersion Phase

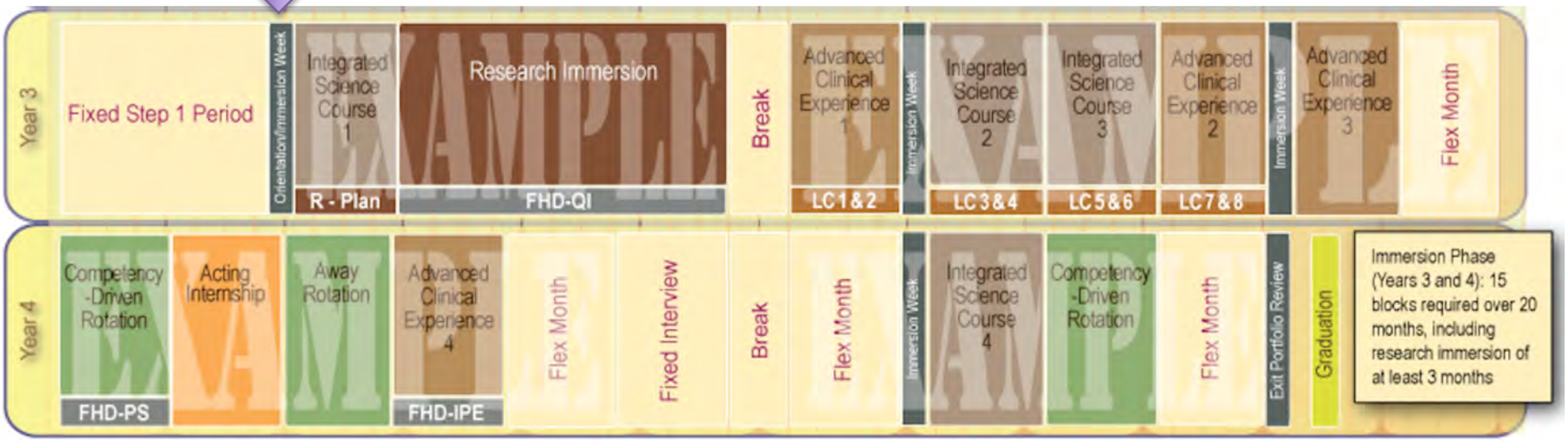
Learning Communities (8 units)

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.Sylver

You are here



ACE Overview

Immersion Phase Website

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

ACE Overview

Overarching Goals for ACEs

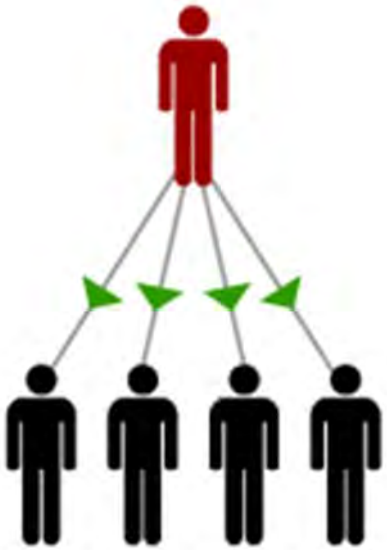
1) Solidify clinical skills
2) Enhance practice-based learning skills

Opportunities to enhance practice-based learning skills:

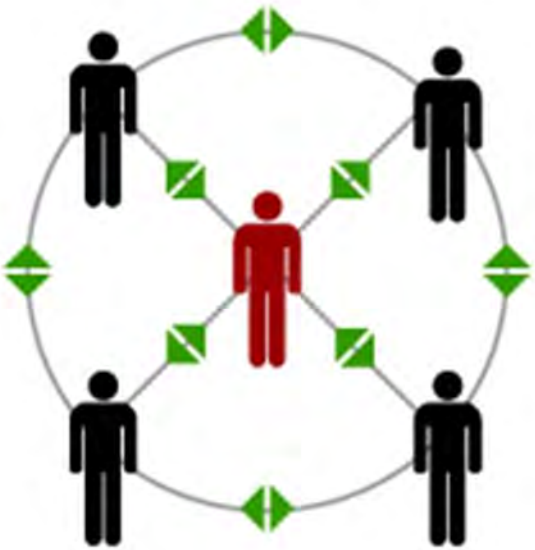
1) Personal Learning Goals and Plan
2) Practice-based learning exercise

Personal Learning Goals and Plan: Why?

Teacher-centered



Learner-centered



Evidence for Learning Goals and Plans

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

Personal Learning Goals and Plan: How To

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

Personal Learning Goals and Plan: Form

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 acheive these goals?
2. What additional goals do you think I should focus on this month?
3. What are your expectations for me during this month?

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"

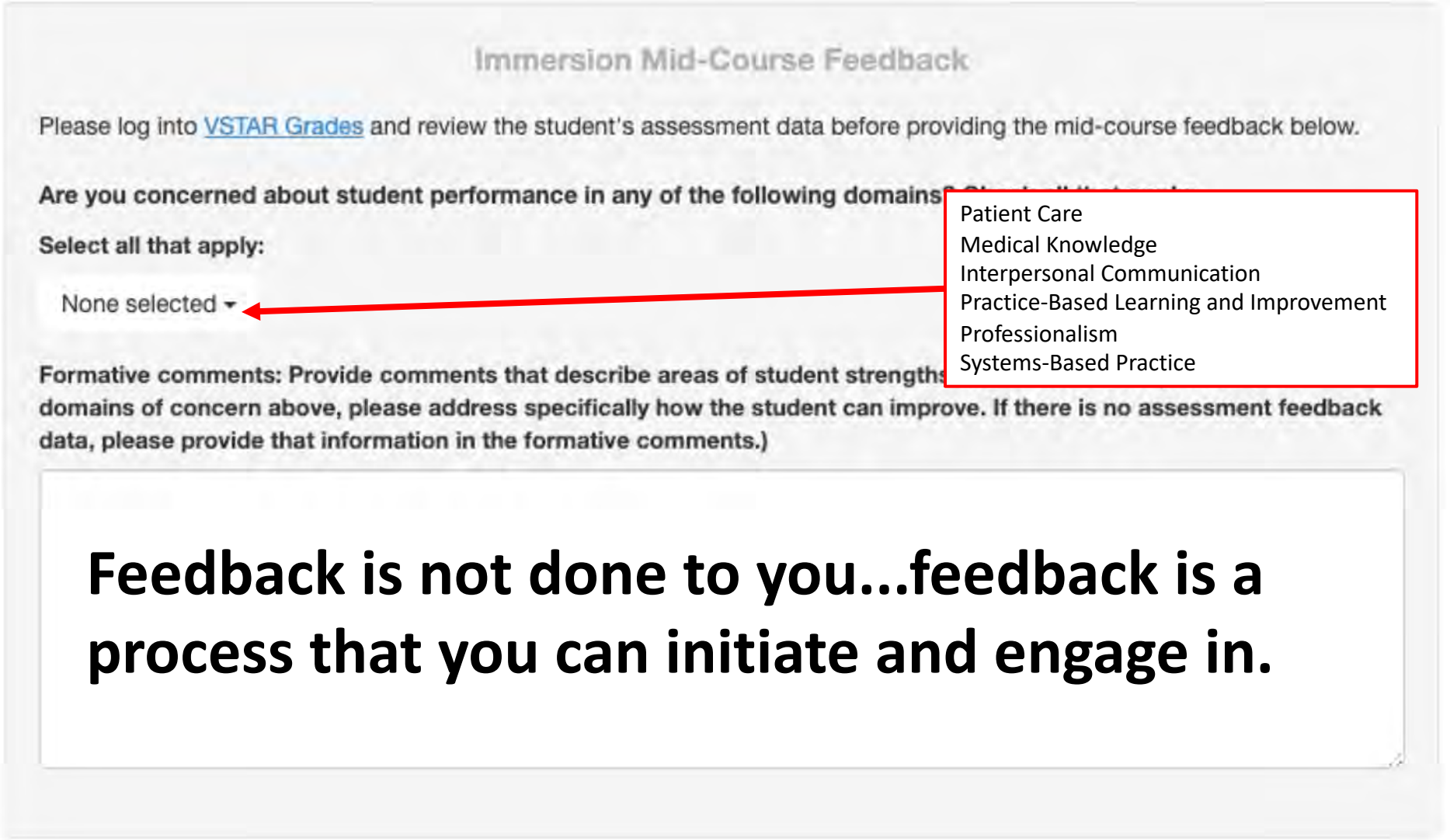
"Can I touch base with you quickly about the plan for this clinical session?"

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



Feedback is not done to you...feedback is a process that you can initiate and engage in.

Practice-Based Learning Exercise: Why?

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

Morris et al. (2011) J R Soc Med

Practice-Based Learning Exercise: How To

- Goal: Form a clinical question and retrieve evidence to advance patient care
- Do as often as you can

STEP 1: ASK a Clinical Question

- Pay attention to the different questions that come up related to patient care
- Identify a real knowledge gap in caring for an actual patient
- Pick a gap and generate a well-formed **PICO** question
  - **P**atient-**I**ntervention-**C**omparison-**O**utcome

STEP 2: ACQUIRE Evidence

- Find evidence
- Select an appropriate resource(s) to answer the question
  - Guidelines vs. textbooks vs. systematic reviews vs. primary literature

STEP 3: APPRAISE 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

Core Entrustable Professional Activities for Entering Residency

What is an EPA?

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

- **THE GOAL** is for you to be able to do all of these activities without a supervisor in the room on Day 1 of residency

EPA 1

Gather a history and perform a physical examination

EPA 2

Prioritize a differential diagnosis following a clinical encounter

EPA 3

Recommend and interpret common diagnostic and screening tests

EPA 4

Enter and discuss orders and prescriptions

EPA 5

Document a clinical encounter in the patient record

EPA 6

Provide an oral presentation of a clinical encounter

EPA 7

Form clinical questions and retrieve evidence to advance patient care

EPA 8

Give or receive a patient handover to transition care responsibility

graphics courtesy of our colleagues at OHSU

EPA 9

Collaborate as a member of an interprofessional team

EPA 10

Recognize a patient requiring urgent or emergent care and initiate evaluation and management

EPA 11

Obtain informed consent for tests and/or procedures

EPA 12

Perform general procedures of a physician

EPA 13

Identify system failures and contribute to a culture of safety and improvement

graphics courtesy of our colleagues at OHSU

Practice-Based Learning Exercise: Assessment

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

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VSTAR Learn

ACE: Clnl Dermatology

- 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

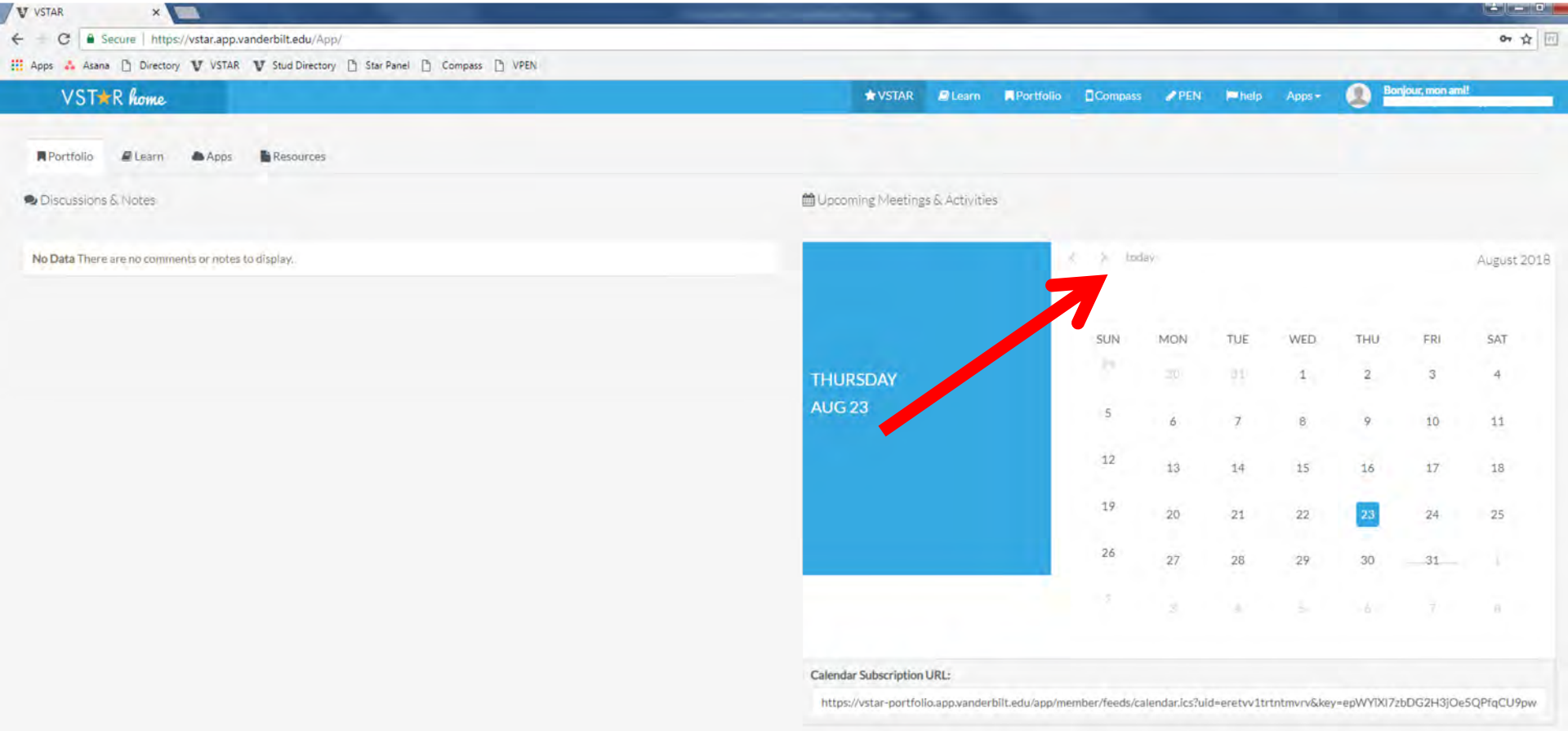
ADVISE

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

VPEN in the Immersion Phase

Anderson Spickard, III, MD

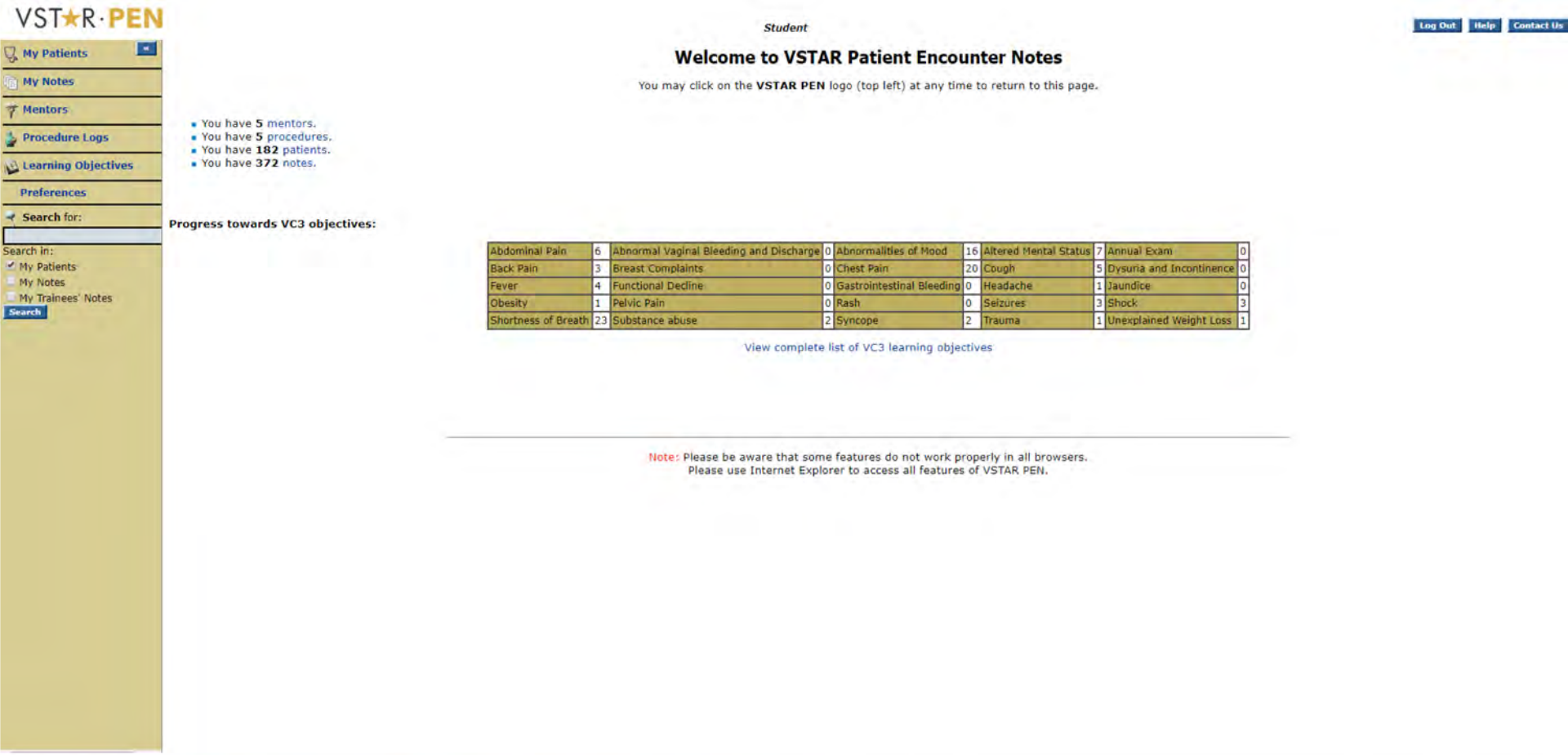
Locate VPEN


VSTAR
Secure | https://vstar.app.vanderbilt.edu/App/
Apps Asana Directory VSTAR Stud Directory Star Panel Compass VPEN
VSTAR home
VSTAR Learn Portfolio Compass PEN help Apps
Bonjour, mon ami!
Portfolio Learn Apps Resources
Discussions & Notes
No Data There are no comments or notes to display.
Upcoming Meetings & Activities
THURSDAY
AUG 23
today
August 2018
SUN MON TUE WED THU FRI SAT
Calendar Subscription URL:
https://vstar-portfolio.app.vanderbilt.edu/app/member/feeds/calendar.ics?uid=eretvv1trtntmvrv&key=epWYlXl7zbDG2H3jOe5QPfqCU9pw

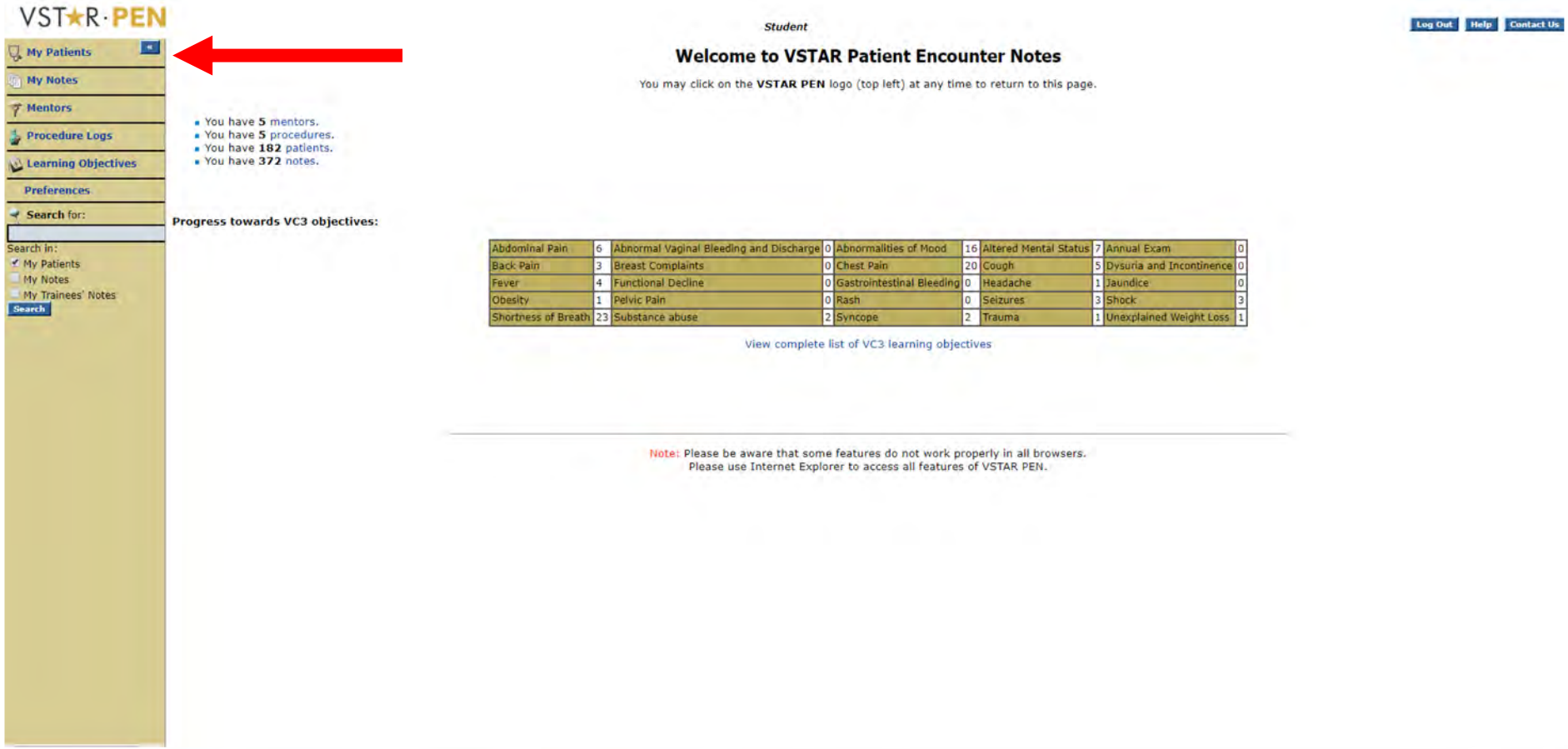
Log Into VPEN

Use your VUMC ID

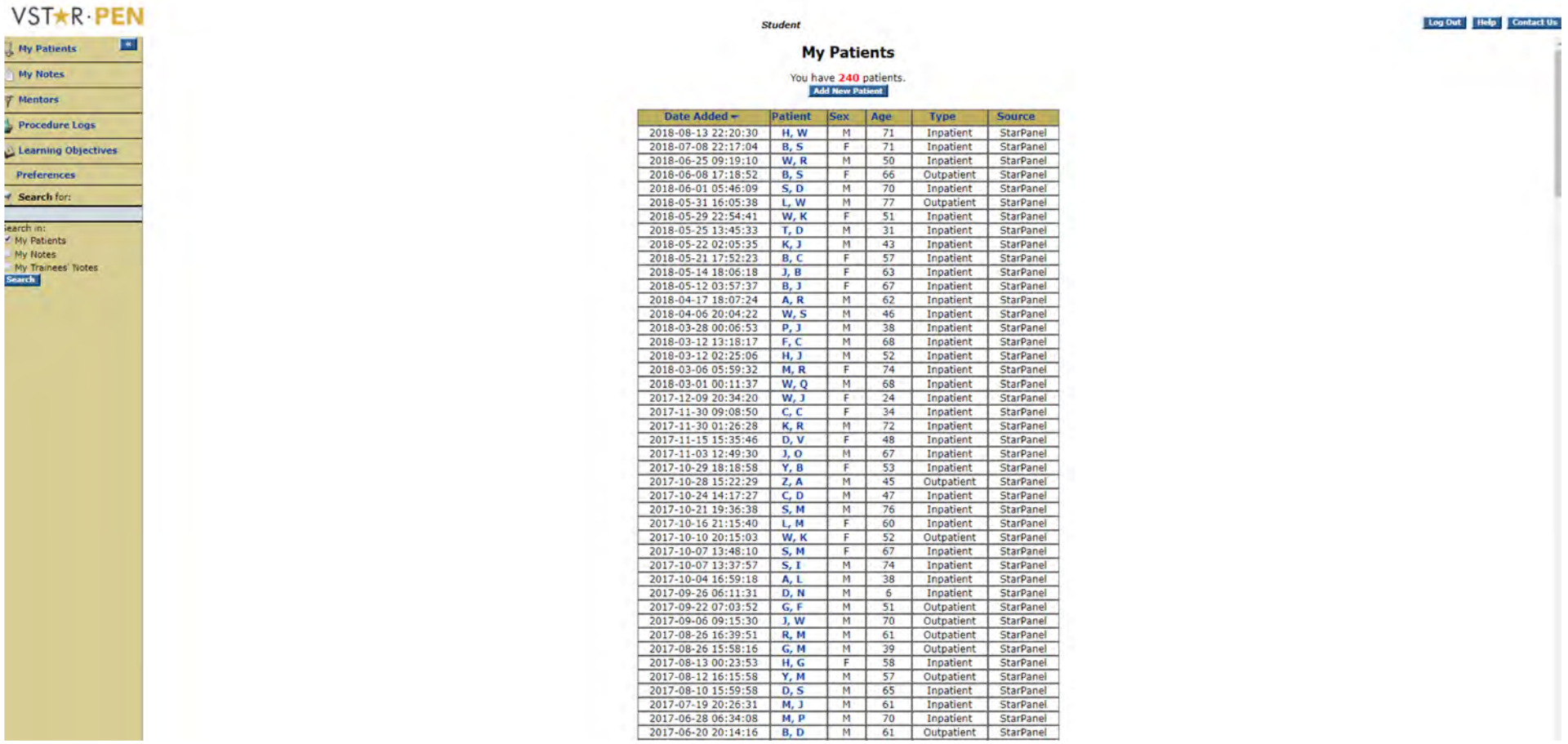
The VPEN Home Page



View Your Patients



Your Patients



Date Added ▾	Patient	Sex	Age	Type	Source
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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
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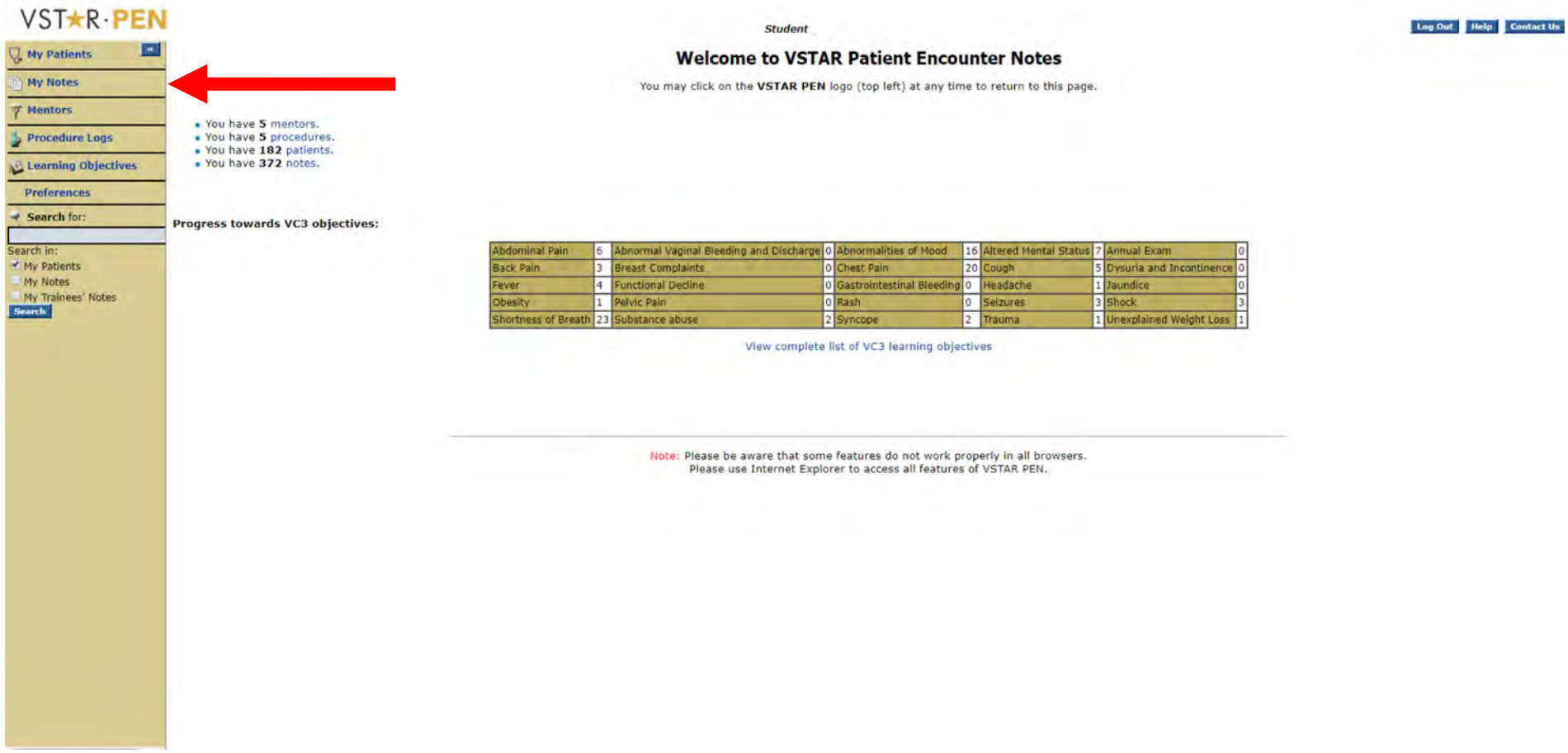
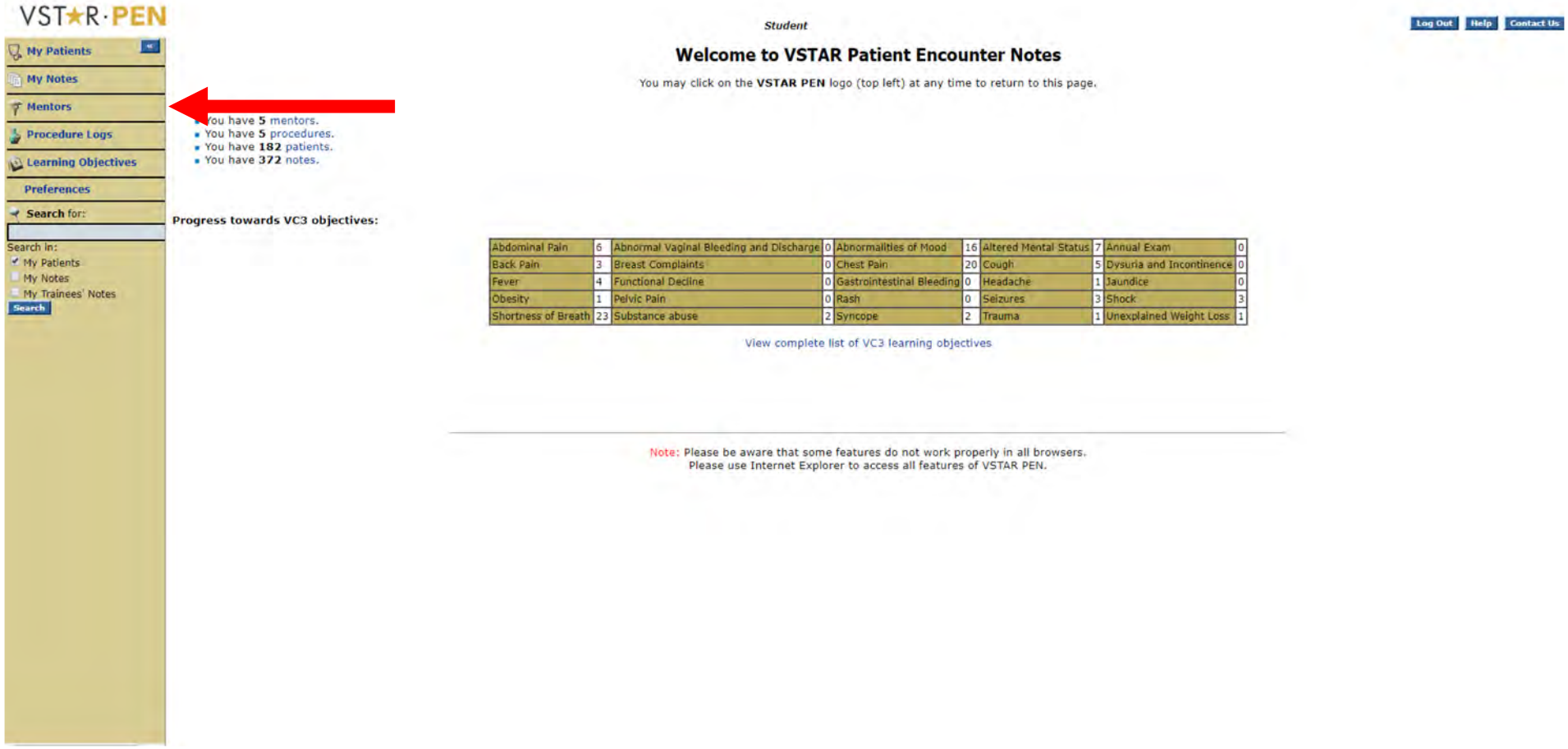
2017-11-30 01:26:28	K, R	M	72	Inpatient	StarPanel
2017-11-15 15:35:46	D, V	F	48	Inpatient	StarPanel
2017-11-03 12:49:30	J, O	M	67	Inpatient	StarPanel
2017-10-29 18:18:58	Y, B	F	53	Inpatient	StarPanel
2017-10-28 15:22:29	Z, A	M	45	Outpatient	StarPanel
2017-10-24 14:17:27	C, D	M	47	Inpatient	StarPanel
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

View Your Notes

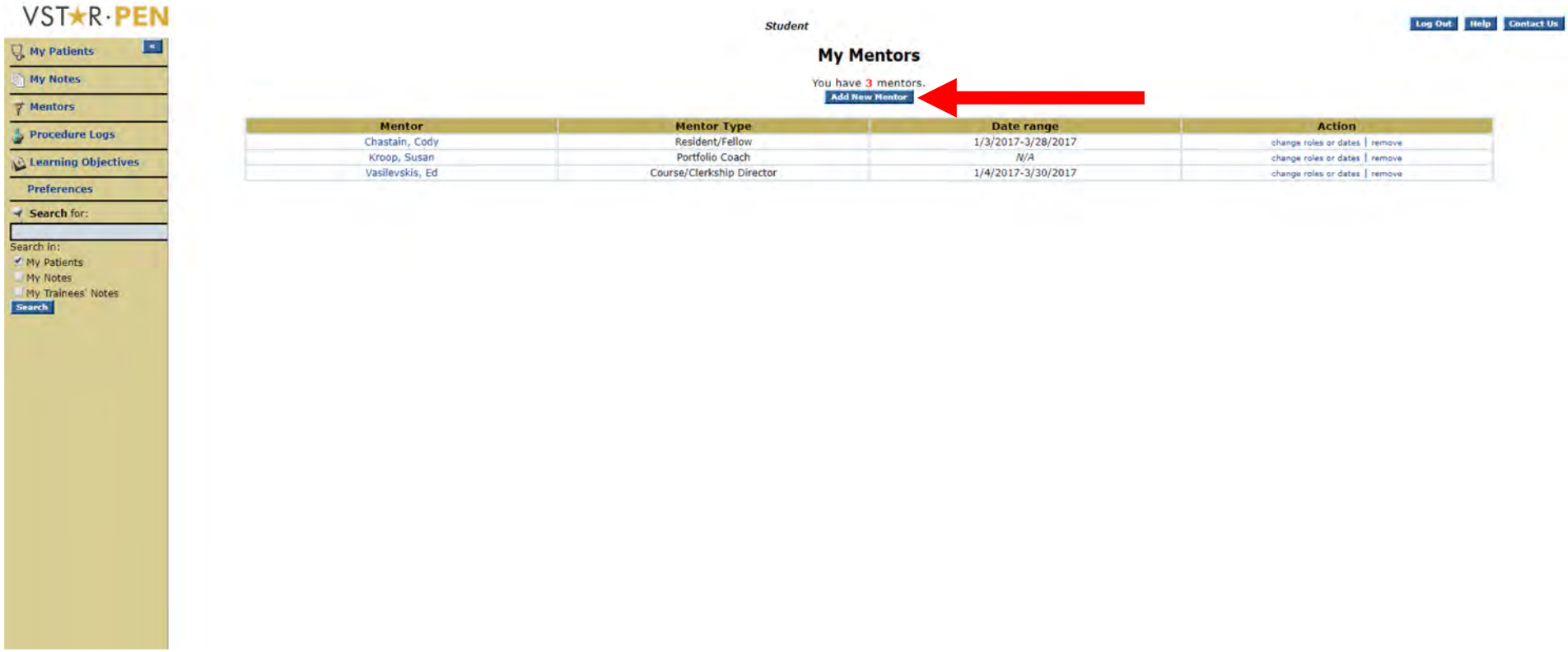


Existing Notes

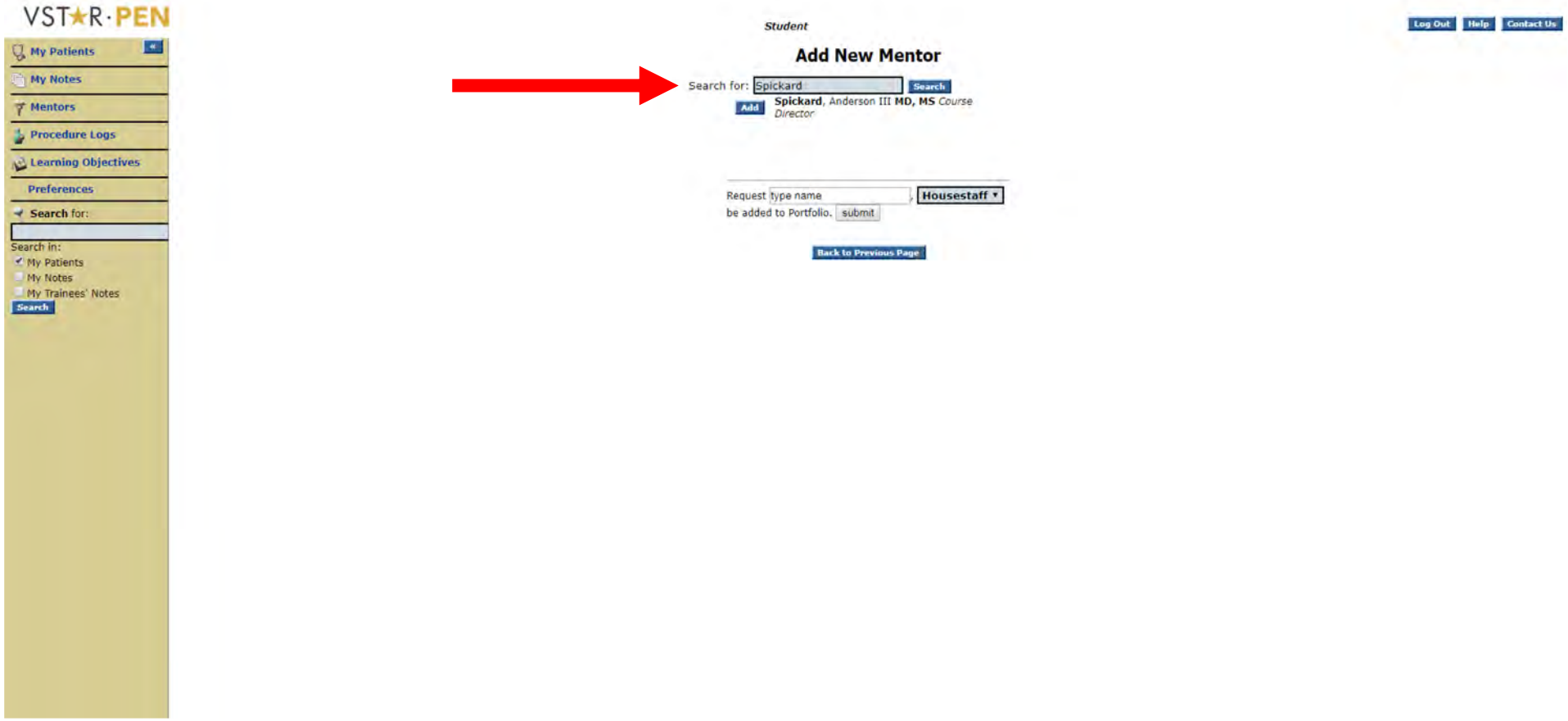
View Your Mentors



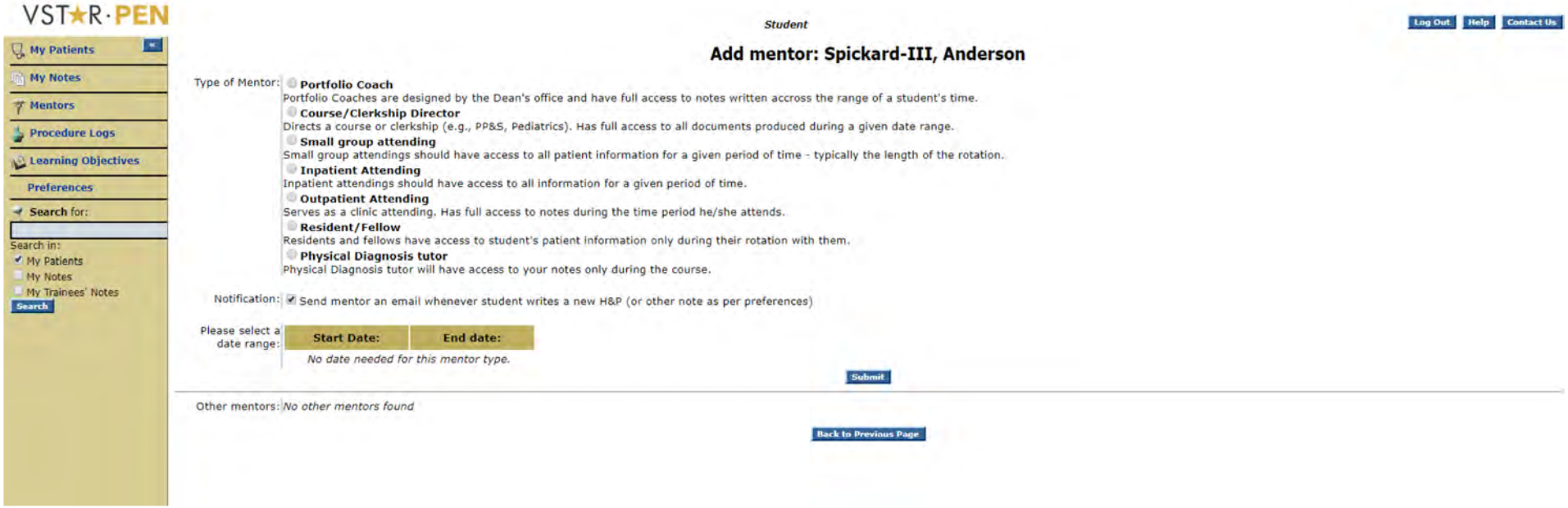
Add a New Mentor



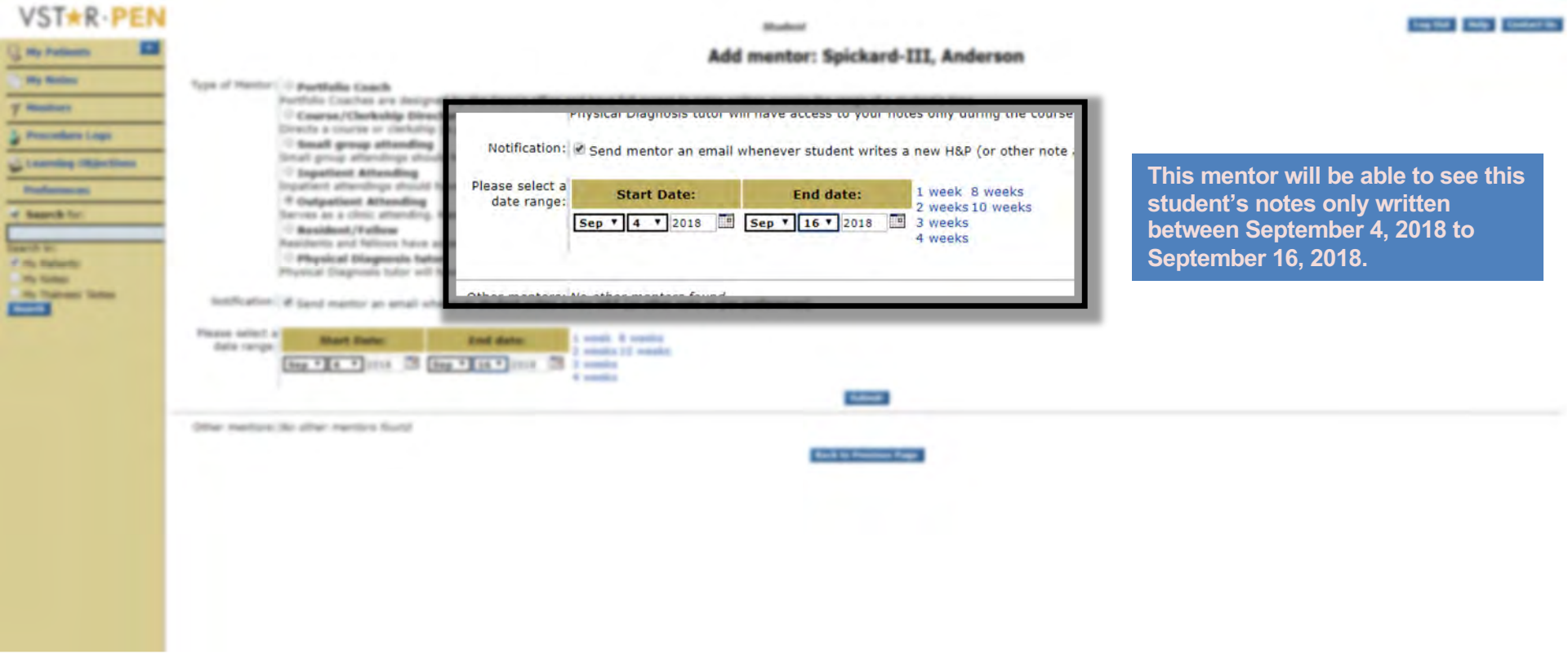
Search by Name



Specify Mentor Role

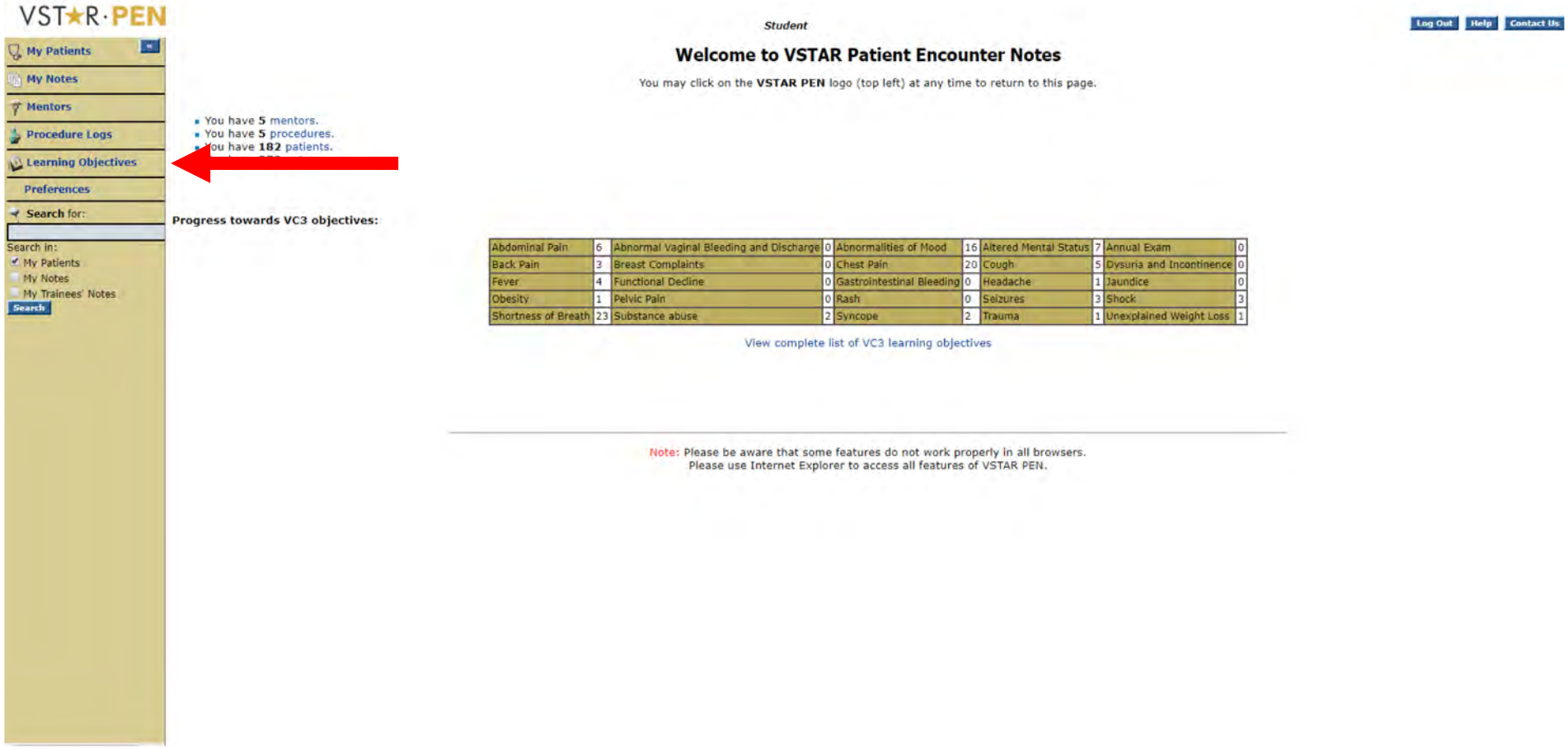


Specify Mentor Date

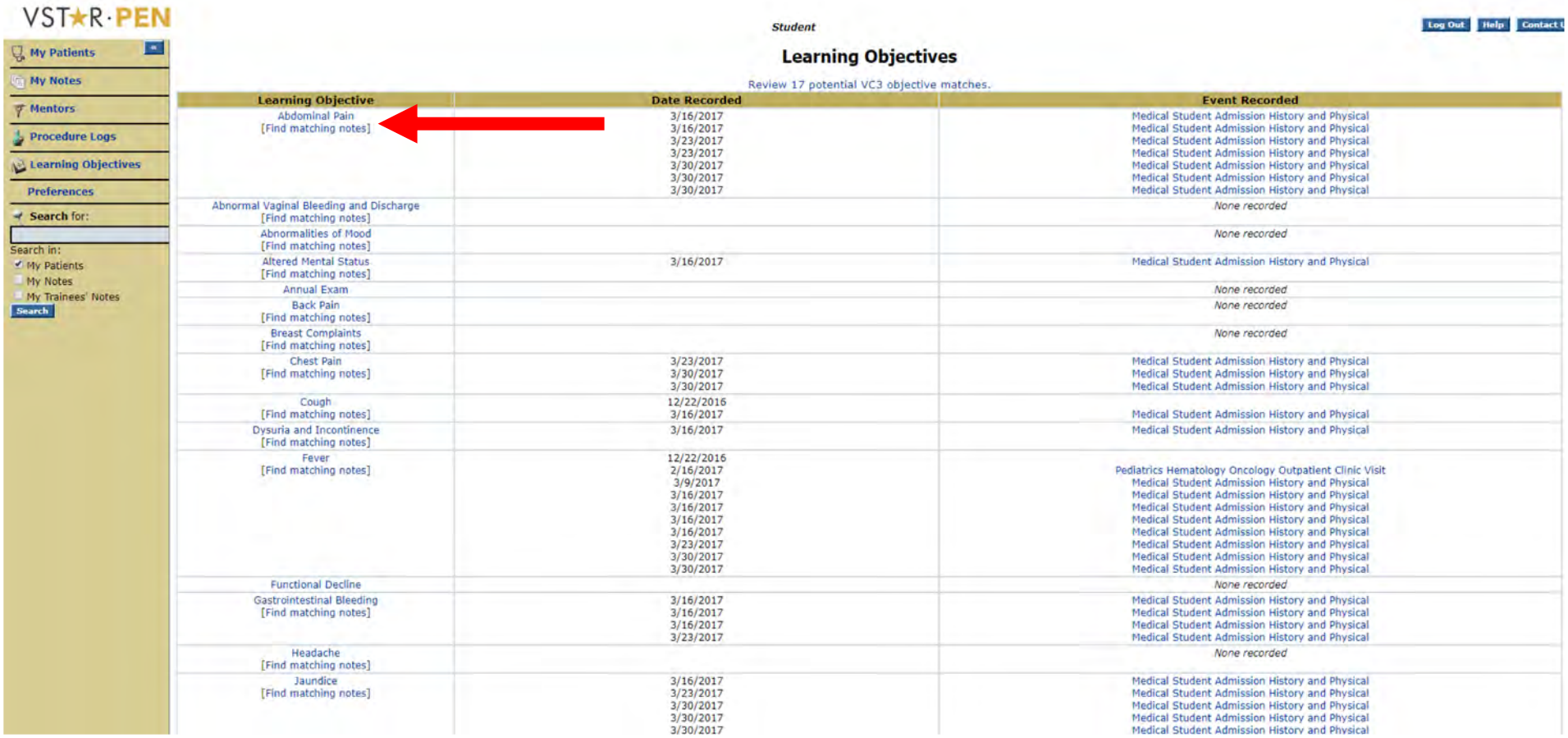


This mentor will be able to see this student's notes only written between September 4, 2018 to September 16, 2018.

View Learning Objectives



Select Learning Objective



VC3 Learning Objectives

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

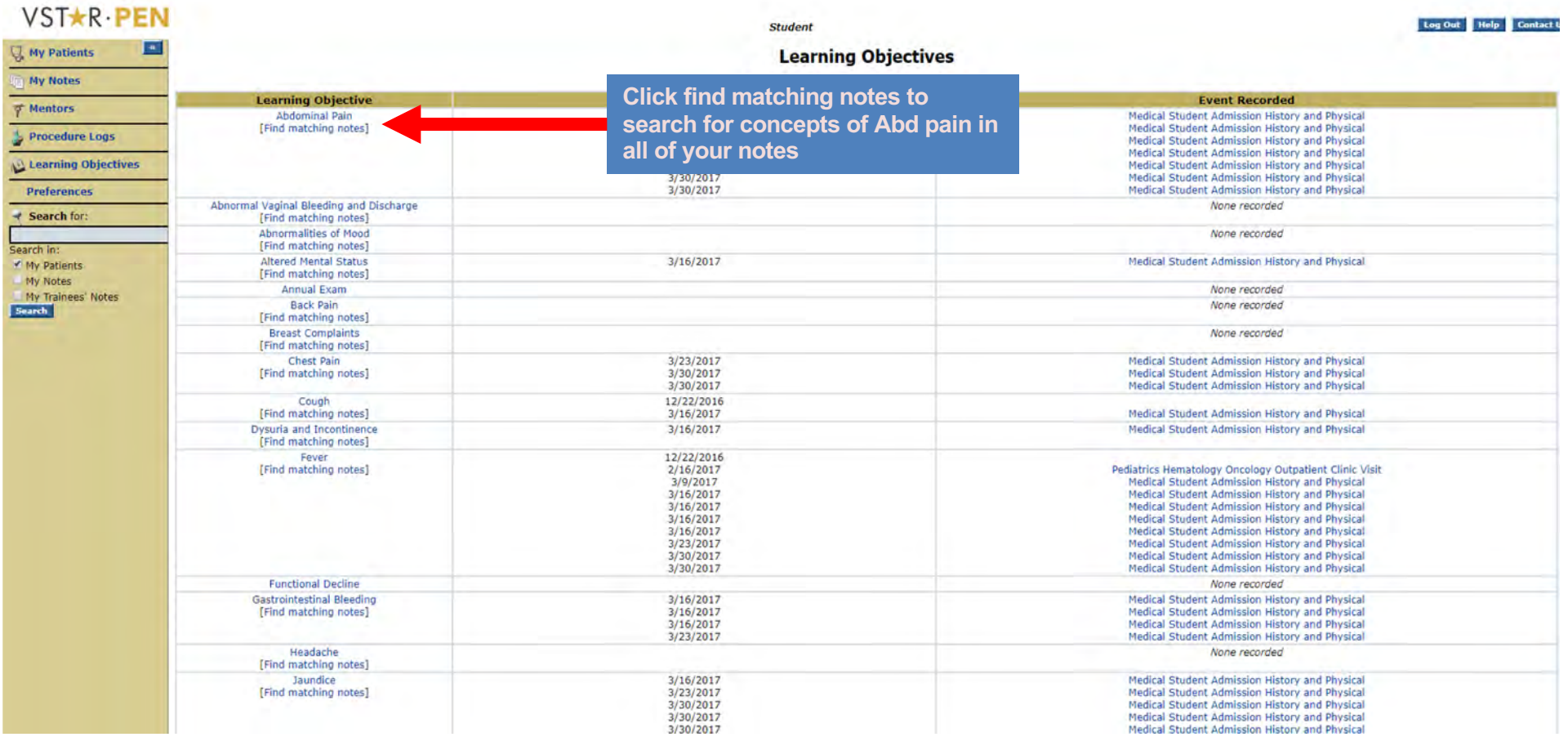
****

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

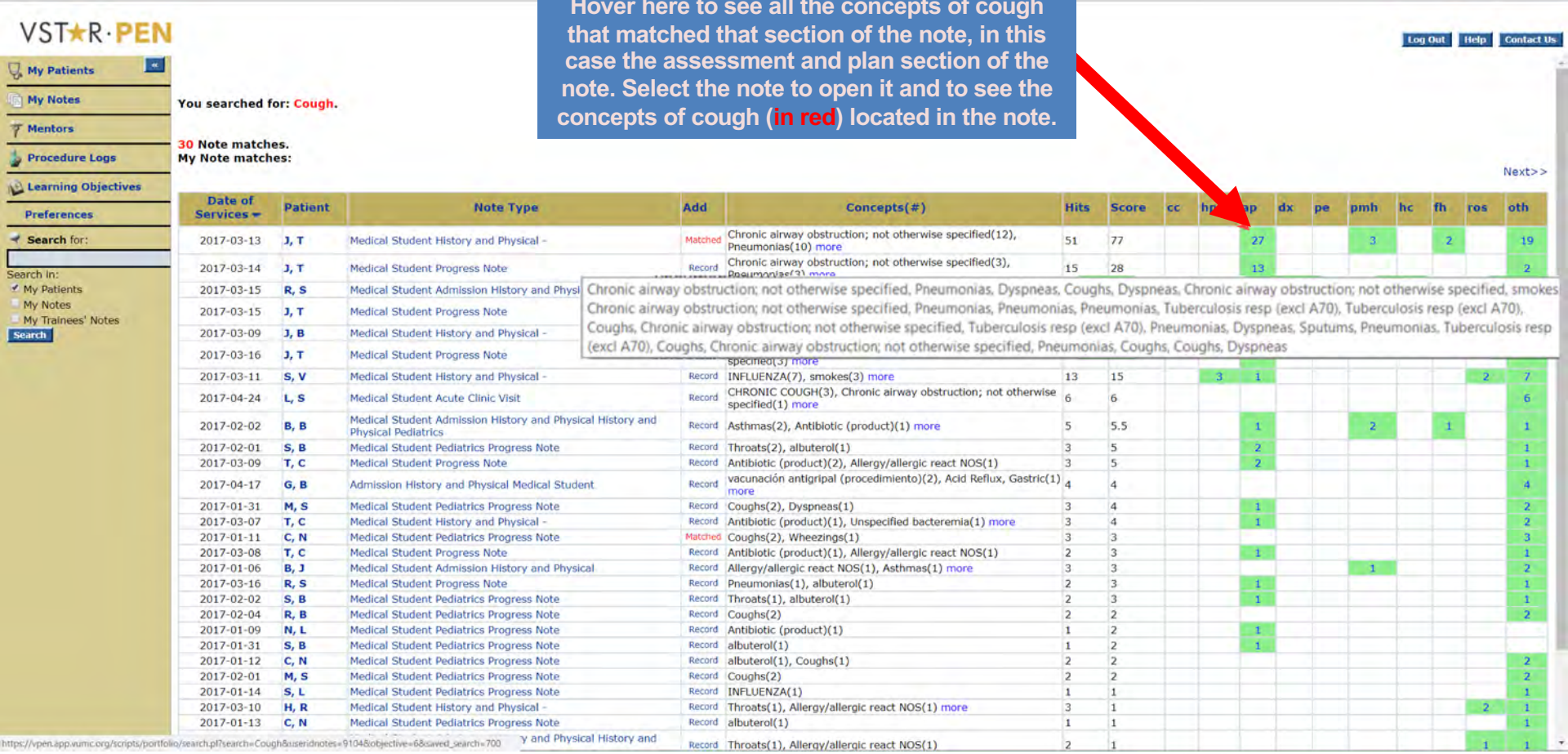


Search Results: Cough

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) more	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) more	15	28			13							2
2017-03-15	R, S	Medical Student Admission History and Physical	Record	Pneumonias(4), Coughs(4) more	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) 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
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) 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

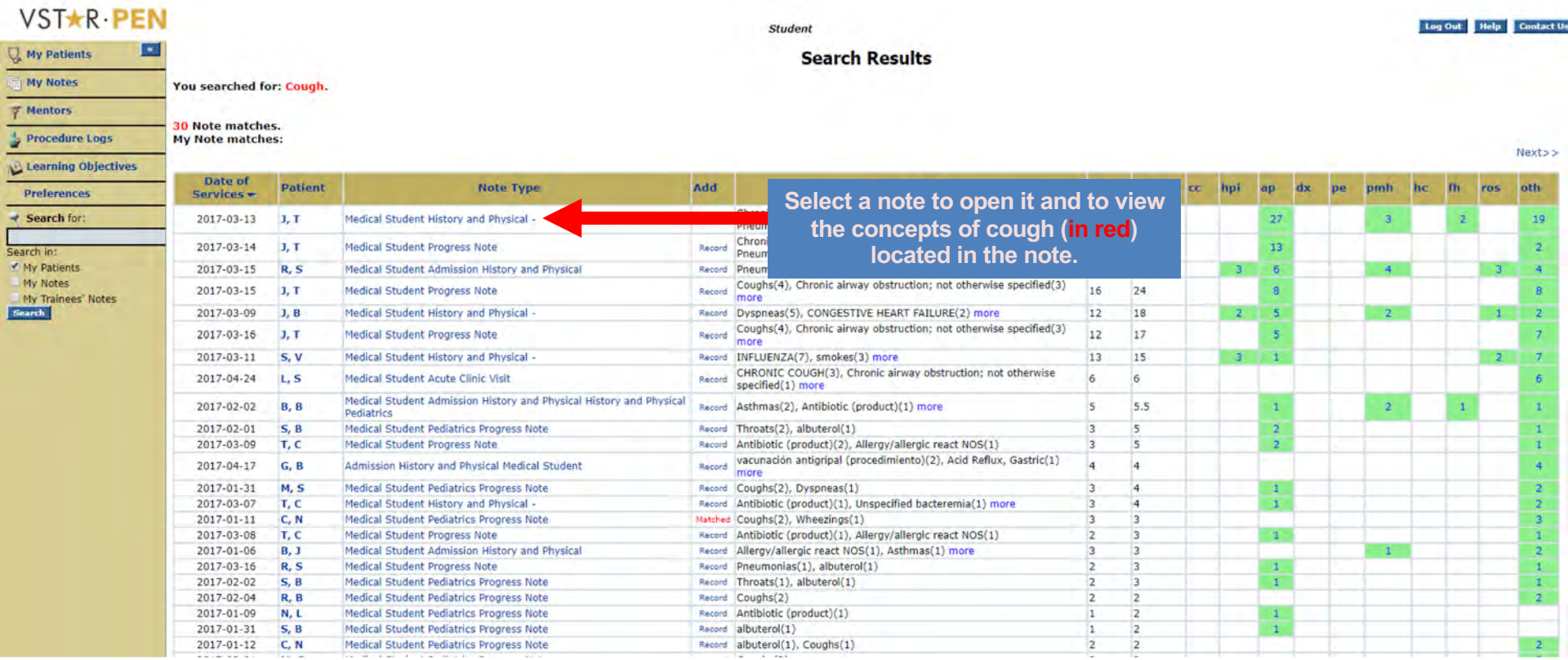
View All Concepts in Note

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.



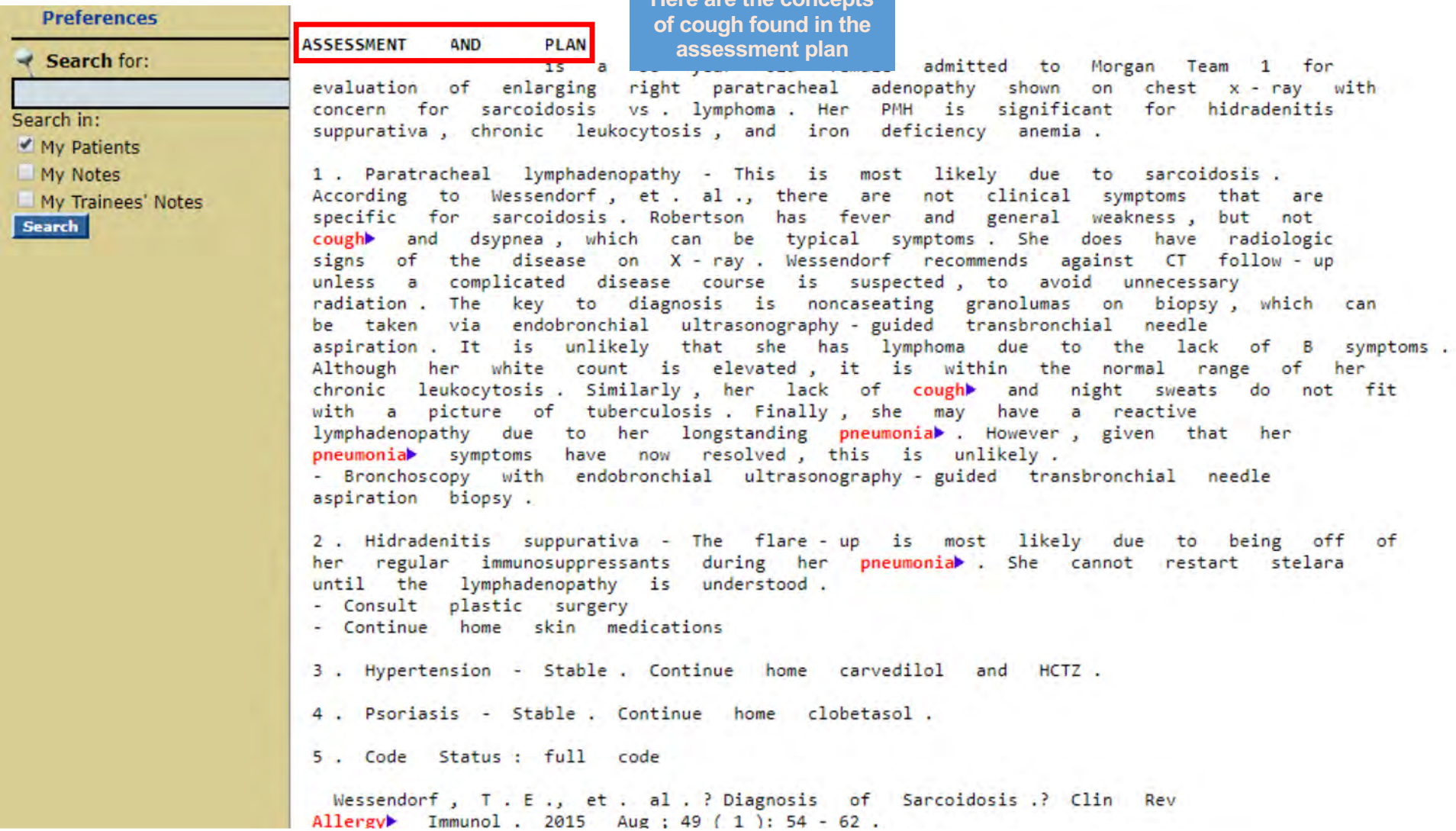
Date of Services	Patient	Note Type	Add	Concepts(#)	Hits	Score	cc	hp	ap	dx	pe	pmh	hc	fh	ros	oth
2017-03-13	J, T	Medical Student History and Physical -	Matched	Chronic airway obstruction; not otherwise specified(12), Pneumonias(10) more	51	77			27			3		2		19
2017-03-14	J, T	Medical Student Progress Note	Record	Chronic airway obstruction; not otherwise specified(3),	15	28			13							2
2017-03-15	R, S	Medical Student Admission History and Physi														
2017-03-15	J, T	Medical Student Progress Note														
2017-03-09	J, B	Medical Student History and Physical -														
2017-03-16	J, T	Medical Student Progress Note														
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
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) more	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



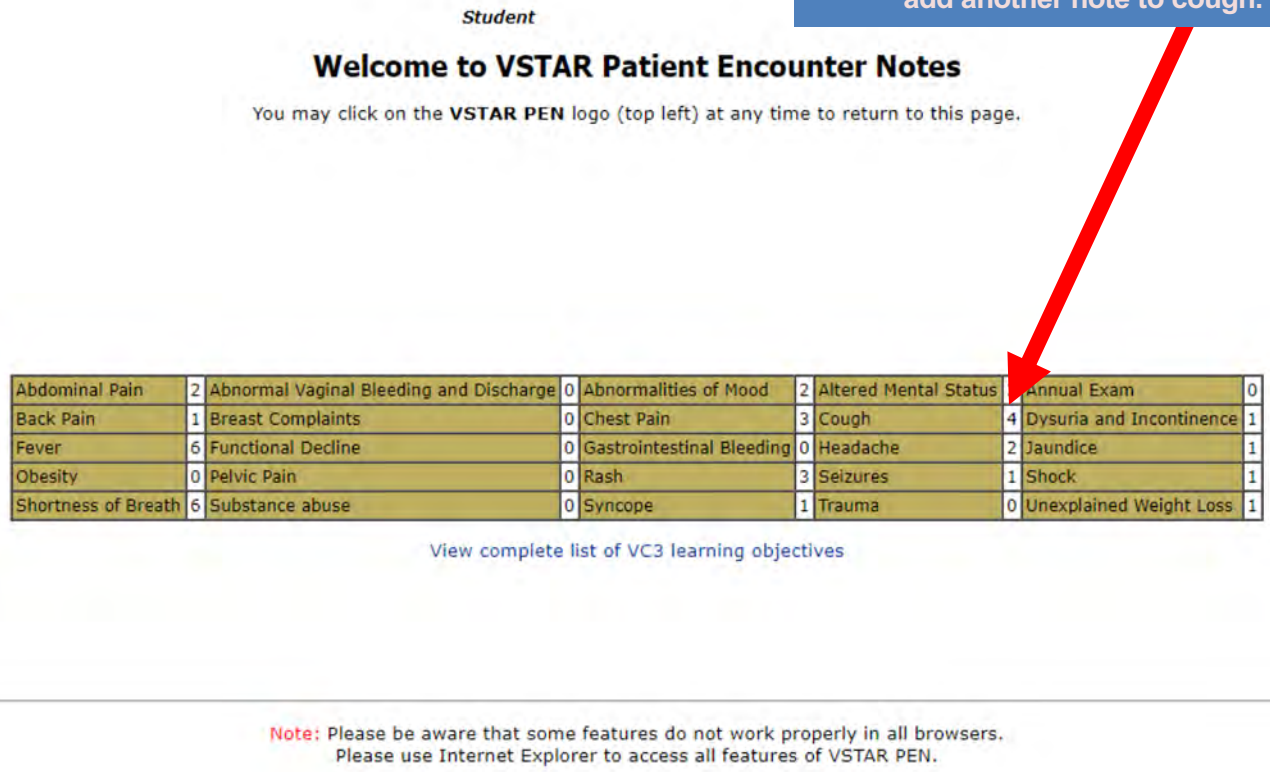
Date of Services	Patient	Note Type	Add				cc	hpi	ap	dx	pe	pmh	hc	fh	ros	oth
2017-03-13	J, T	Medical Student History and Physical -							27			3		2		19
2017-03-14	J, T	Medical Student Progress Note	Record	Chron Pneum					13							2
2017-03-15	R, S	Medical Student Admission History and Physical	Record	Pneum				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

Concepts of Cough in RED



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

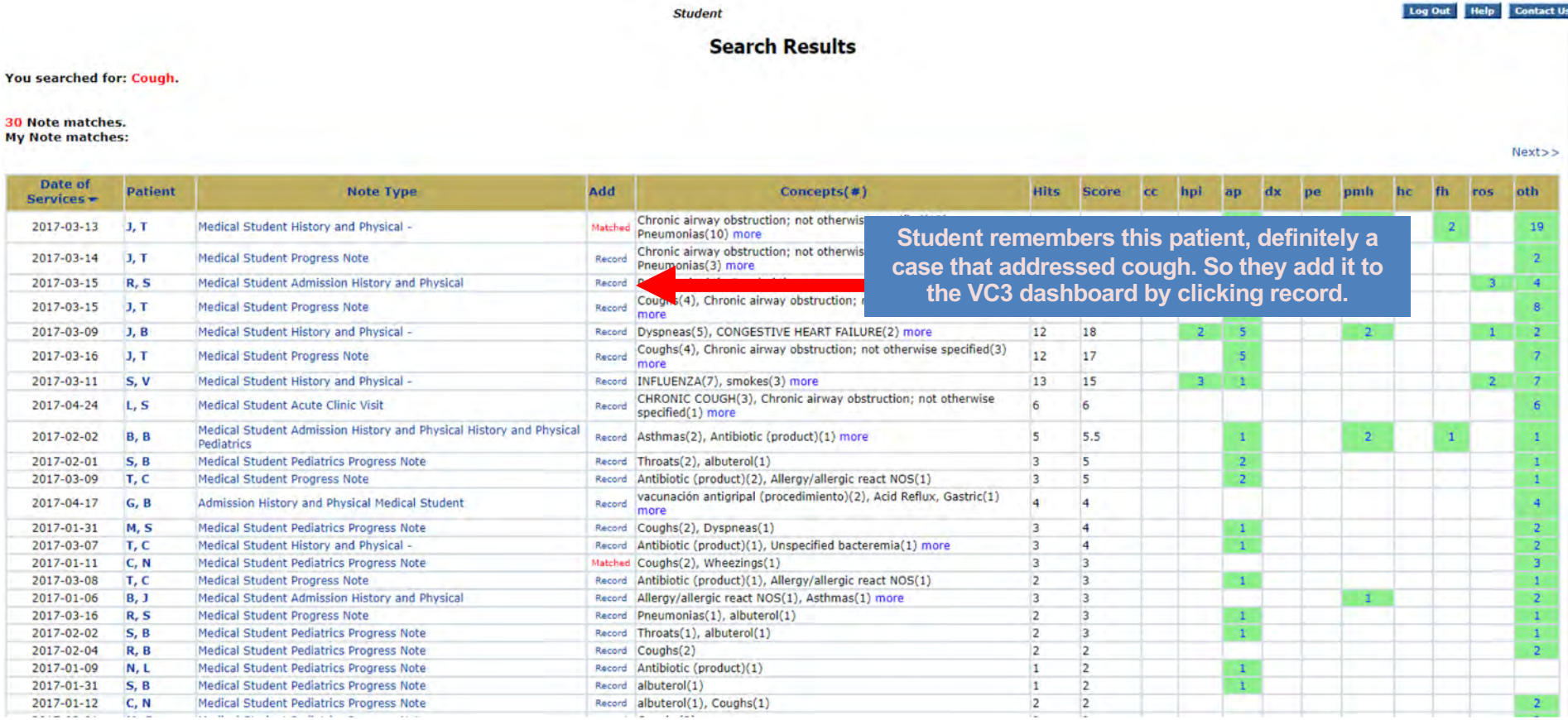
You may click on the **VSTAR PEN** logo (top left) at any time to return to this page.

Abdominal Pain	2	Abnormal Vaginal Bleeding and Discharge	0	Abnormalities of Mood	2	Altered Mental Status	1	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	pmh	hc	fh	ros	oth
2017-03-13	J, T	Medical Student History and Physical -	Matched	Chronic airway obstruction; not otherwis… Pneumonias(10) more										2		19
2017-03-14	J, T	Medical Student Progress Note	Record	Chronic airway obstruction; not otherwis… Pneumonias(3) more												2
2017-03-15	R, S	Medical Student Admission History and Physical	Record												3	4
2017-03-15	J, T	Medical Student Progress Note	Record	Coughs(4), Chronic airway obstruction; … more												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

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

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	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) more	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) more	15	28			13							2
2017-03-15	R, S	Medical Student Admission History and Physical	Matched	P...								4			3	4
2017-03-15	J, T	Medical Student Progress Note	Record	Coughs(4), Chronic airway obstruction; n... 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							

"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.

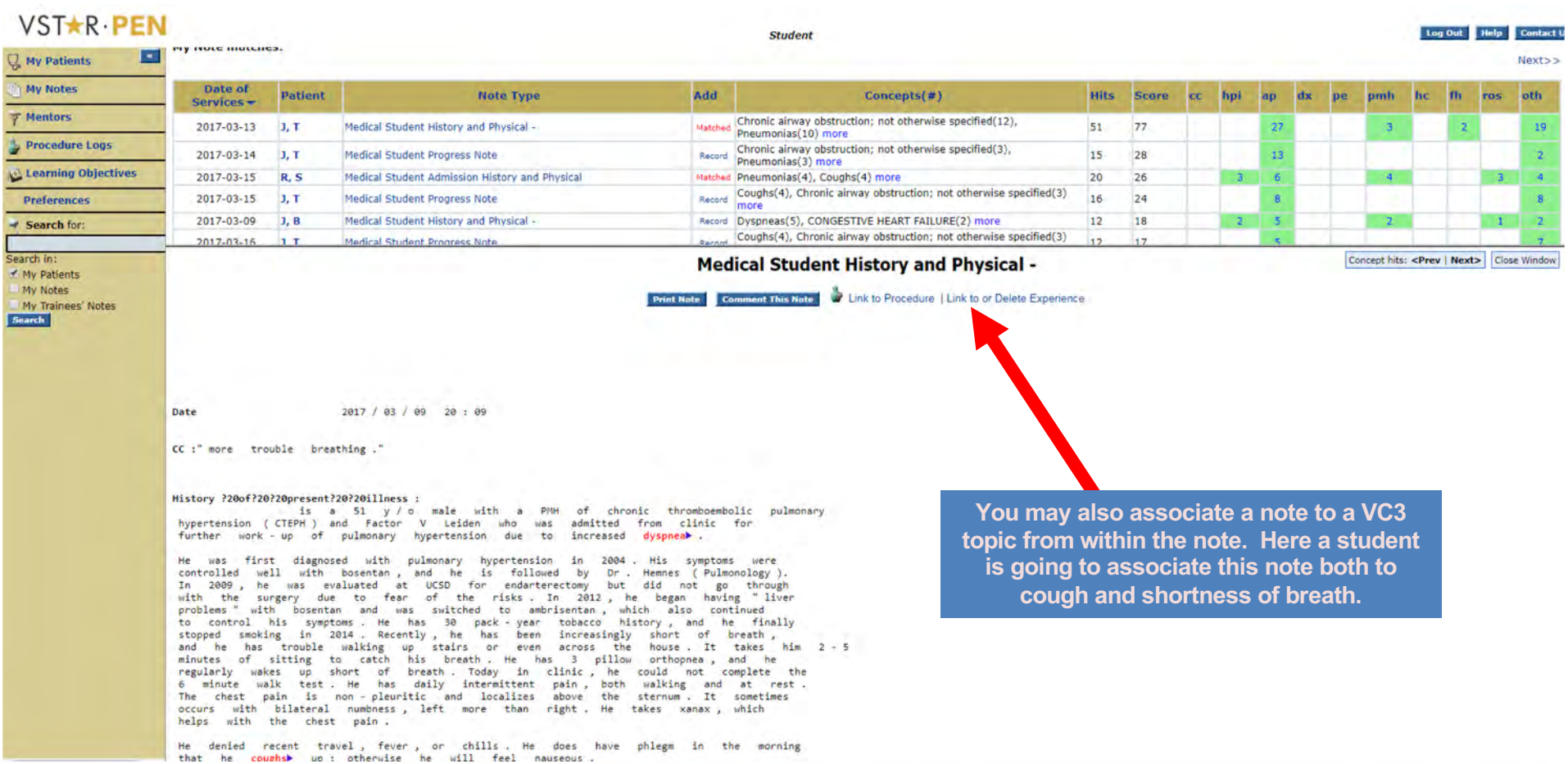
After the student hit record, the note was matched to cough and the number rose from 4 to 5.

Abdominal Pain	2	Abnormal Vaginal Bleeding and Discharge	0	Abnormalities of Mood	2	Altered Mental Status	3	nnual 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

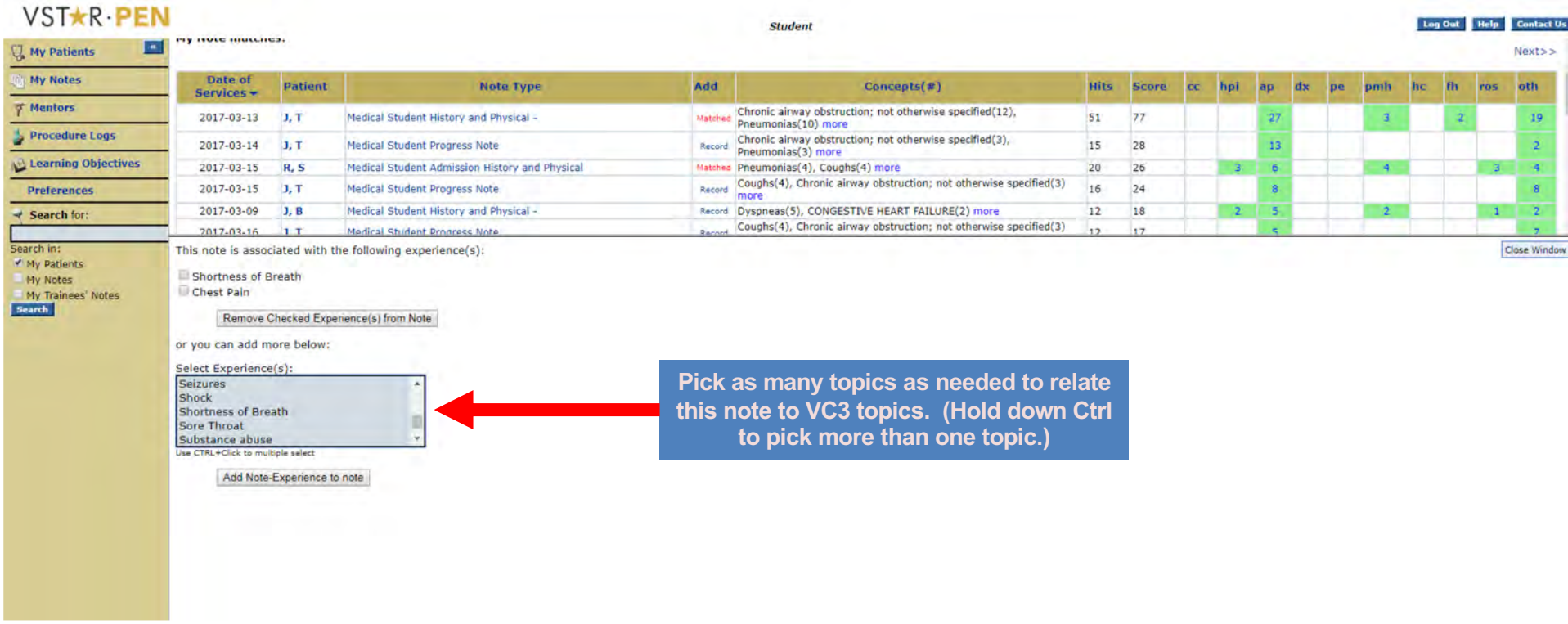
Note: Please be aware that some features do not work properly in all browsers.
Please use Internet Explorer to access all features of VSTAR PEN.

Associating to VC3 Within a Note



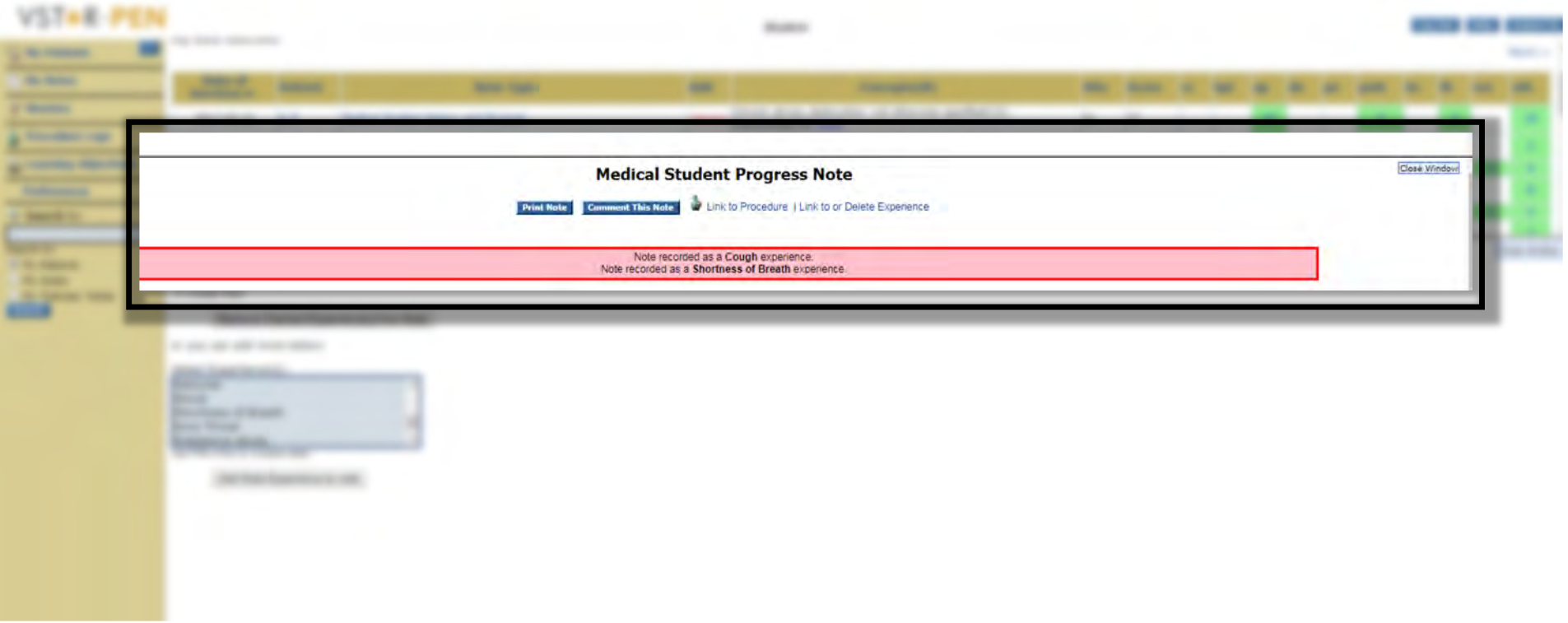
You may also associate a note to a VC3 topic from within the note. Here a student is going to associate this note both to cough and shortness of breath.

Adding Multiple VC3 Topics

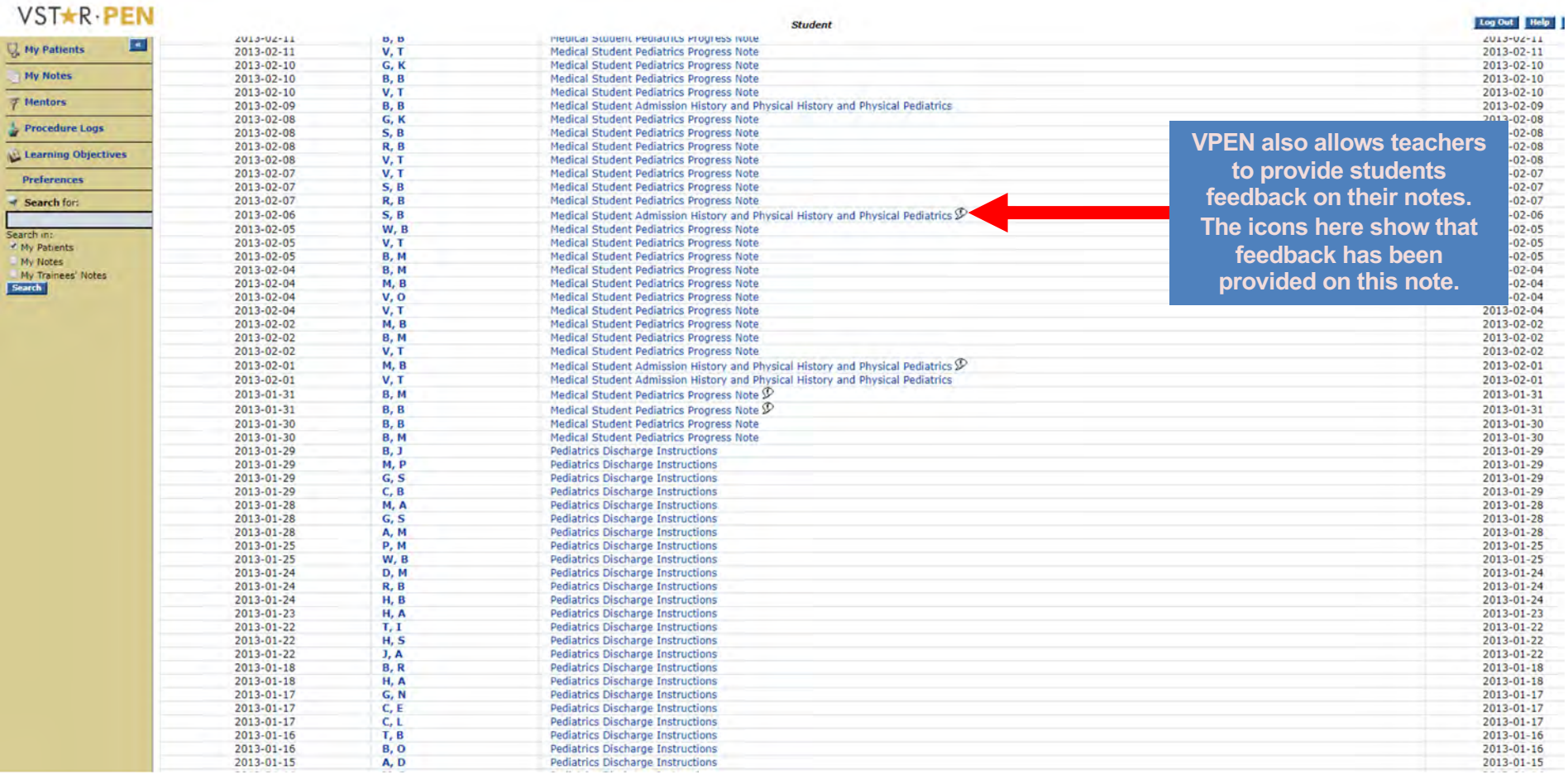


Pick as many topics as needed to relate this note to VC3 topics. (Hold down Ctrl to pick more than one topic.)

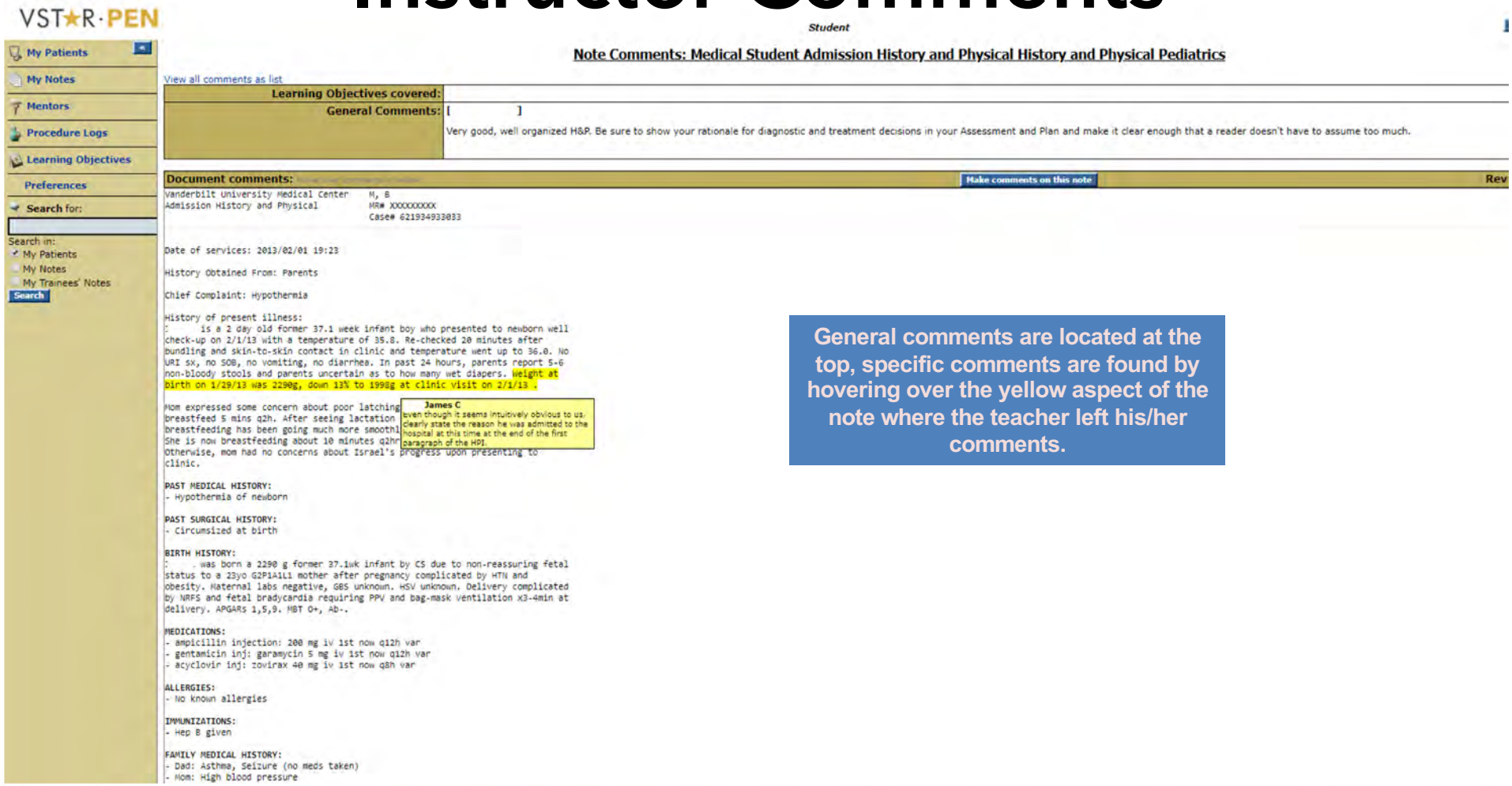
Confirming Note Association



Instructor Feedback on Notes



Instructor Comments

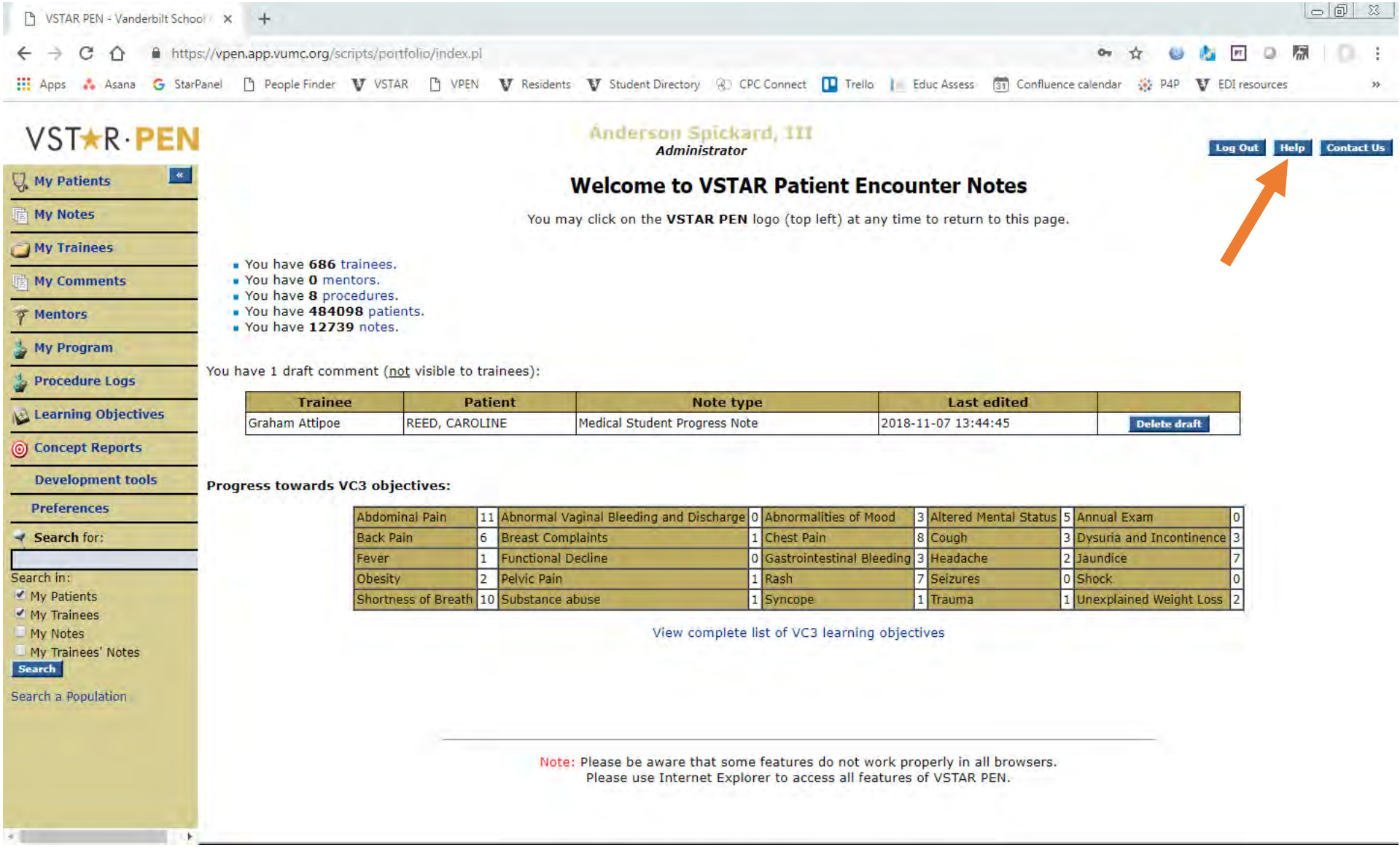


General comments are located at the top, specific comments are found by hovering over the yellow aspect of the note where the teacher left his/her comments.

FAQ

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

Where do I find help in using VPEN?



How many notes am I supposed to have?

Class of 2021, at end of FCC:

Ave notes per clerkship:

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

Average total notes:

108

At Graduation, Class of 2019:

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

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

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

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

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

- You have **3** mentors.
- You have **3** procedures.
- You have **269** patients.
- You have **486** notes.
- You have **0** Intersession Reflections.

How many VC3 dashboard entries am I supposed to have?

No set number.

Class of 2021 average # of entries thus far: 70

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

Historically at graduation on average we have seen:

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

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

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

FAQ

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- What are expectations of students in the VC3 program?

How is tracking my notes good for me?

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

FAQ

- Where do I find help in using VPEN?
- How many notes am I supposed to have?
- How many VC3 dashboard entries am I supposed to have?
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- How is tracking my notes good for me?
- Why should I be doing this if no one is reading my notes?
- What are expectations of students in the VC3 program?

Why should I be doing this if no one is reading my notes?

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

FAQ

- Where do I find help in using VPEN?
- How many notes am I supposed to have?
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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

	ISCs	ACEs	AIs
FOCUS of Assessment	Medical Knowledge Integration	Clinical Skills Practice-Based Learning	Ensure Readiness for Internship
Predominant Method	• Knowledge Assessment (Multiple choice exams, essay exams, quizzes) • Milestones	• Milestones • EPA 7	• Milestones • Entrustable Professional Activities (EPA)

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

AIs
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)
EPA 4: Enter and discuss orders and prescriptions **EPA 5**: Document a clinical encounter in the patient record **EPA 8**: Give or receive a patient handover to transition care responsibility **EPA 10**: Recognize a patient requiring urgent or emergent care and initiate evaluation and management

Frontline Clinical Faculty/Residents

Student

- **Who reports?** *Anyone that directly observes you!*
  - Faculty
  - Residents
  - Interns
  - Staff
- **Who solicits? How?**
  - Course Directors – VSTAR-Portfolio
  - Immersion Phase Coordinator – VSTAR-Portfolio
  - **Learner (You!) – Compass**

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

Compass: Best Practice

- You will use Compass to request data in all ACEs, AIs and ISCs (www.vstarcompass.com)
- Request feedback from clinicians (residents or attendings) with whom you have worked.
- Send requests at least 2x per week.
- Helpful to inform assessor before you send.
- N/A option for assessors

Compass: AI Example

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

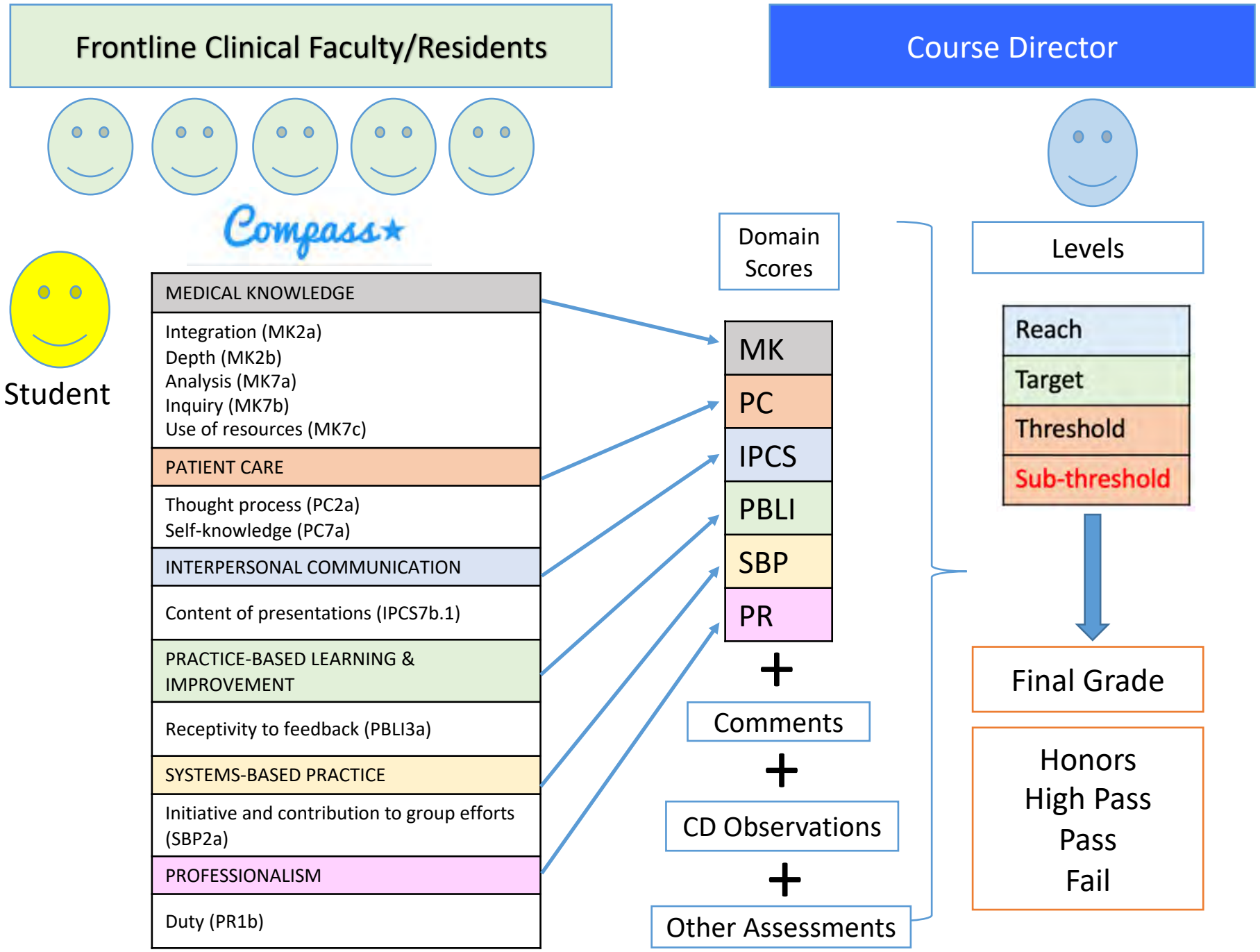
Students in their AI will have additional EPA activities

Assessment in the Immersion Phase

Data Collected to Inform Grades

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

How does the performance data lead to a final grade?


Frontline Clinical Faculty/Residents
Course Director
Compass
Student
MEDICAL KNOWLEDGE
Integration (MK2a)
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PROFESSIONALISM
Duty (PR1b)
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.

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.

Course Director determines level of performance for each Competency Domain and the Final Grade

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

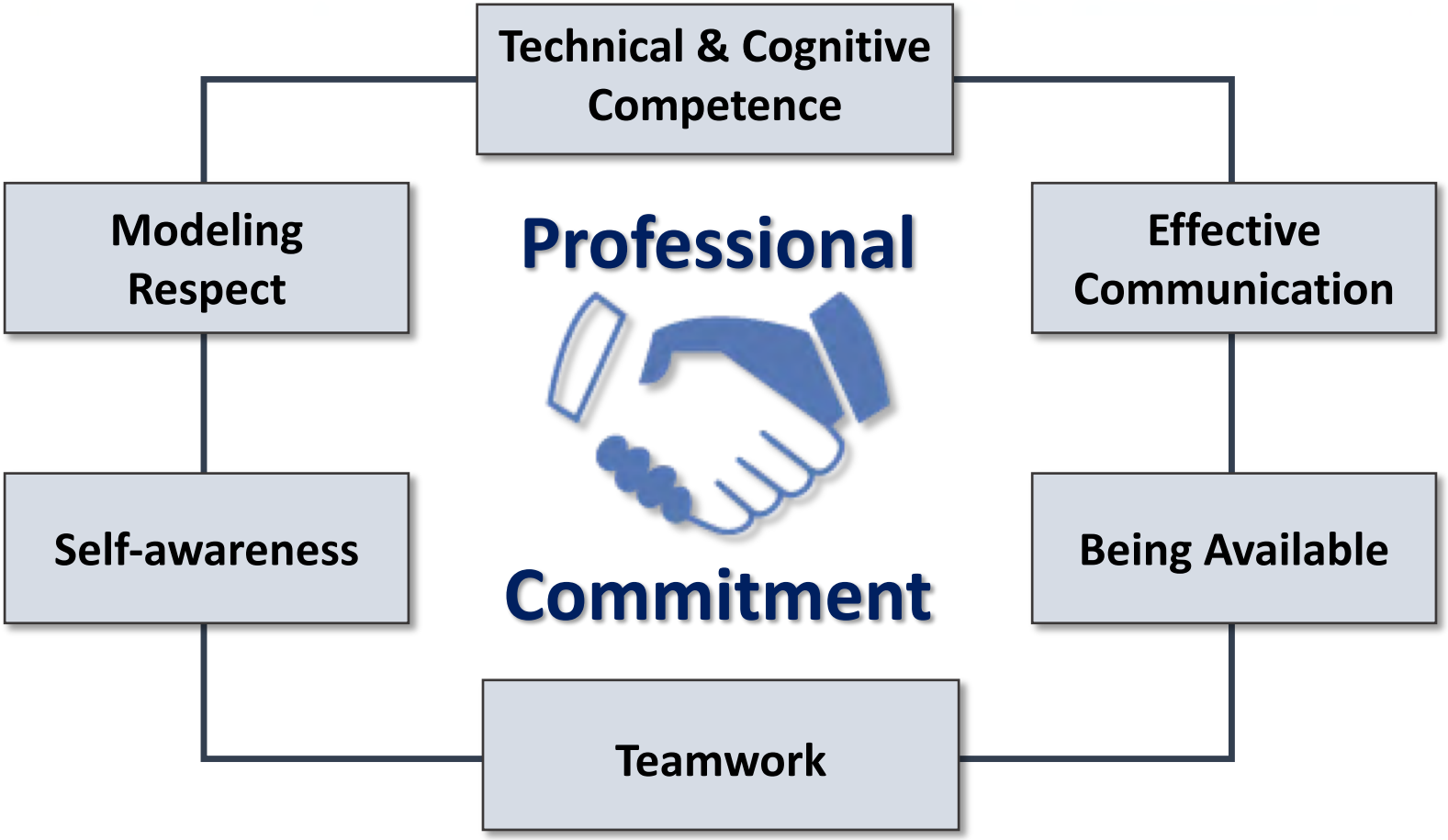
VANDERBILT UNIVERSITY MEDICAL CENTER

Credo

it's who we are

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

Professionalism and Self-Regulation



Joint Commission Resources

Hickson GB, Moore IN, Pichert JW, Benegas Jr M. Balancing systems and individual accountability in a safety culture. In: Berman S, ed. *From Front Office to Front Line.* 2nd ed. Oakbrook Terrace, IL: Joint Commission Resources;2012:1-36.

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

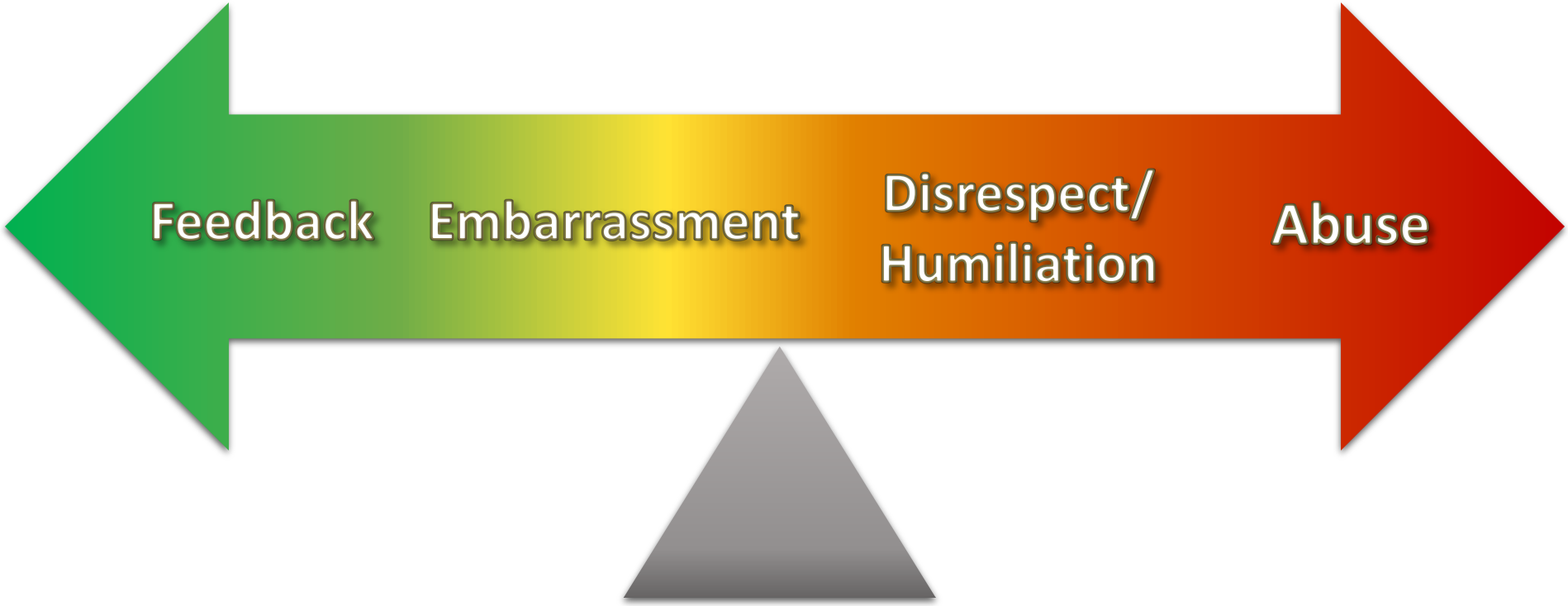
Threaten safety
(aggressive or violent physical actions)

Violate policies
(including conflicts of interest and compliance)

It's About ***Safety***

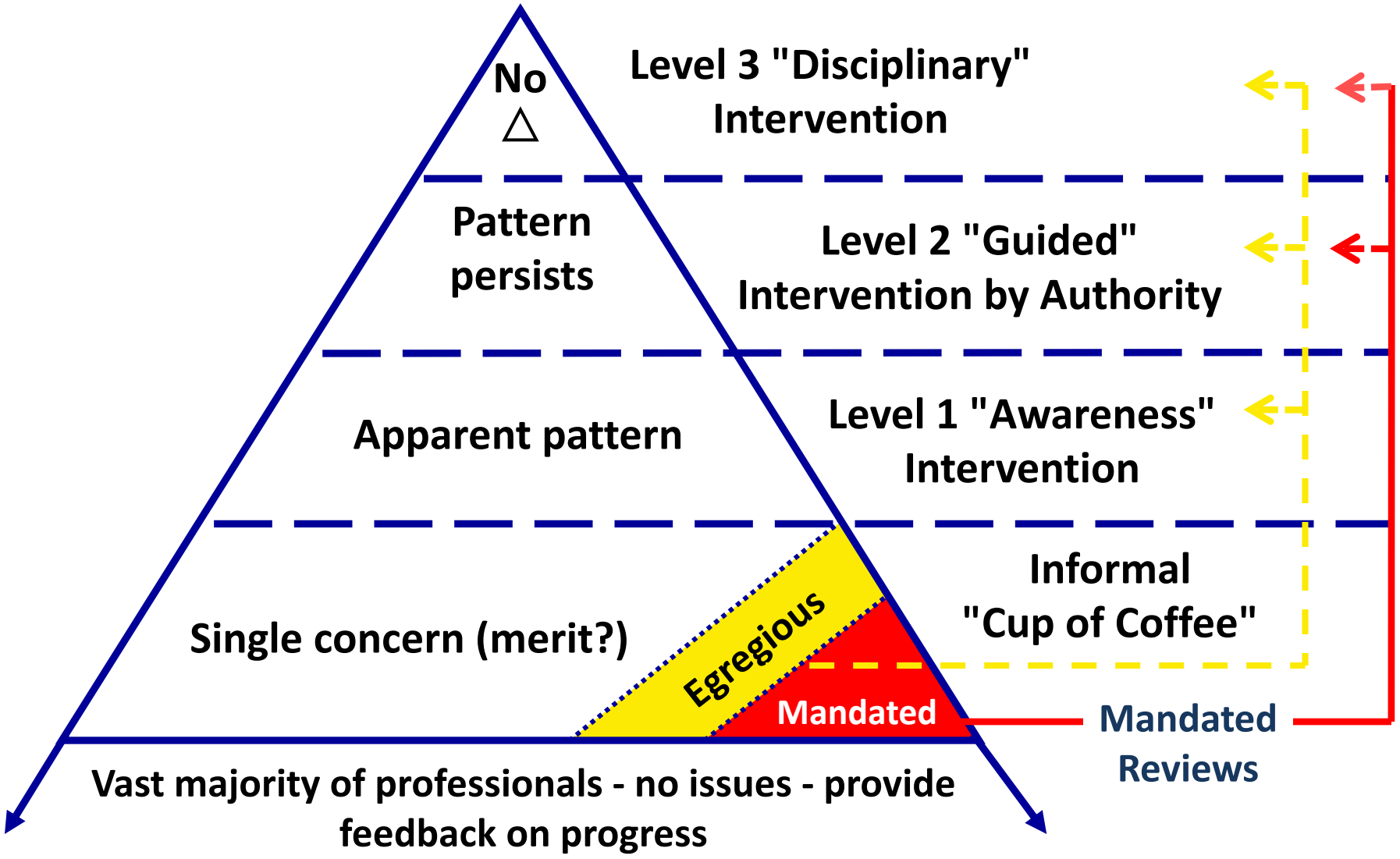
Excerpts from Vanderbilt University and Medical Center Policy #HR-027, 2010

What behaviors are “worth” reporting?



All events represent an opportunity to reflect

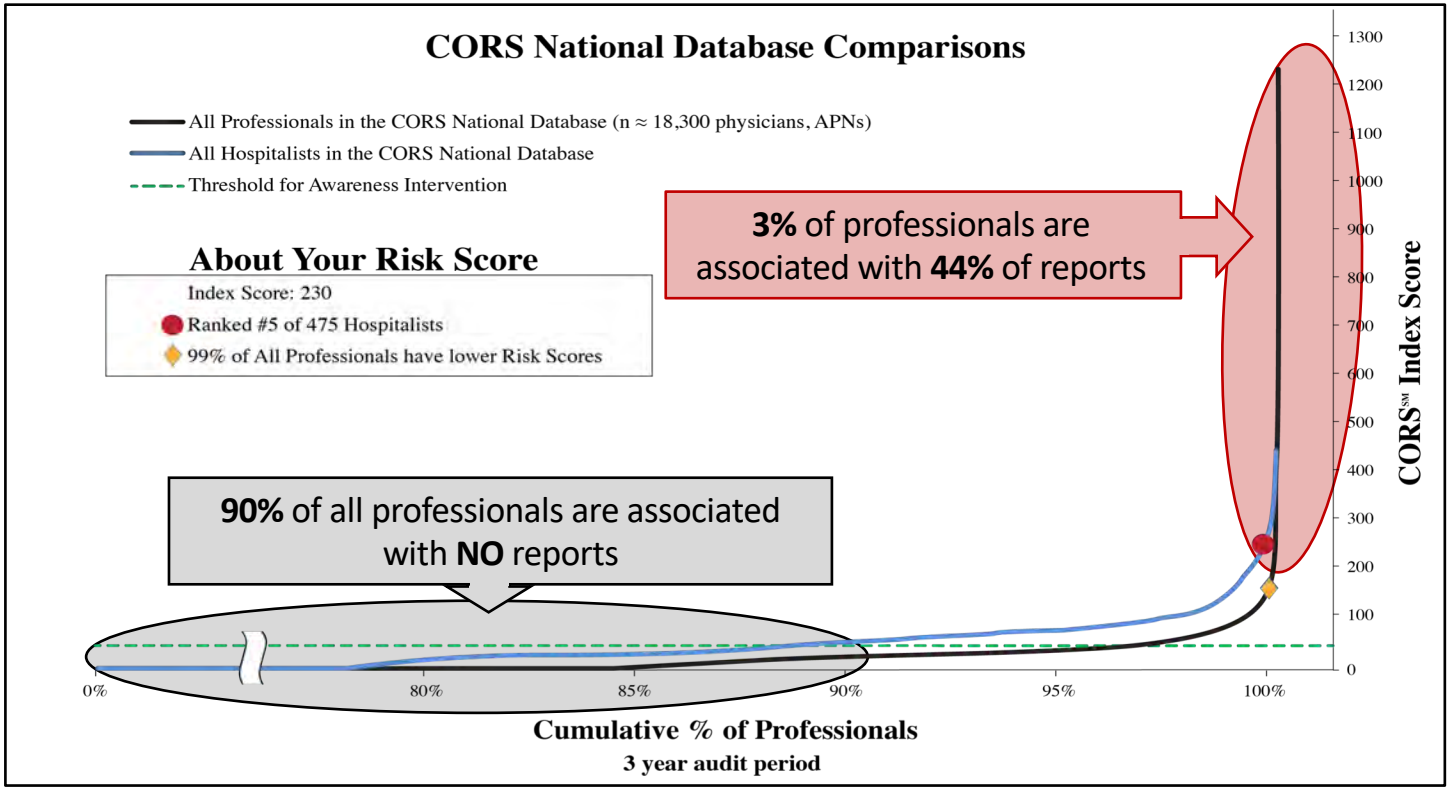
Promoting Professionalism Pyramid



ACADEMIC MEDICINE

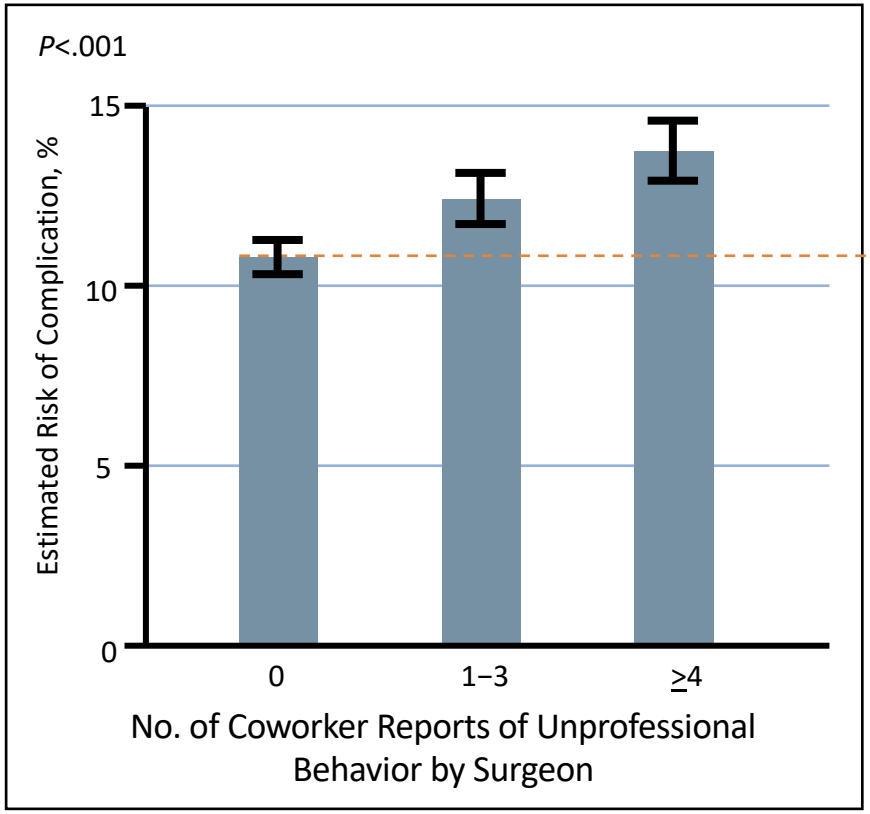
Webb et al, 2016; Talbot et al, 2013; Pichert et al, 2013; Hickson et al, 2012; Hickson & Pichert, 2012; Pichert et al, 2011; Stimson et al, 2010; Mukherjee et al, 2010; Pichert et al, 2008; Hickson, Pichert, Webb, Gabbe, 2007; Ray, Schaffner, Federspiel, 1985.

Co-Worker/Learner Report Distribution



Martinez et al. *Journal of Patient Safety*, 2018 (in press)
Webb et al., *The Joint Commission Journal on Quality and Patient Safety*, 2016.

Predicted Complication Rate by Category of Co-worker Reports



JAMA Surgery Cooper, et al. 2019.

122
Additional Complications

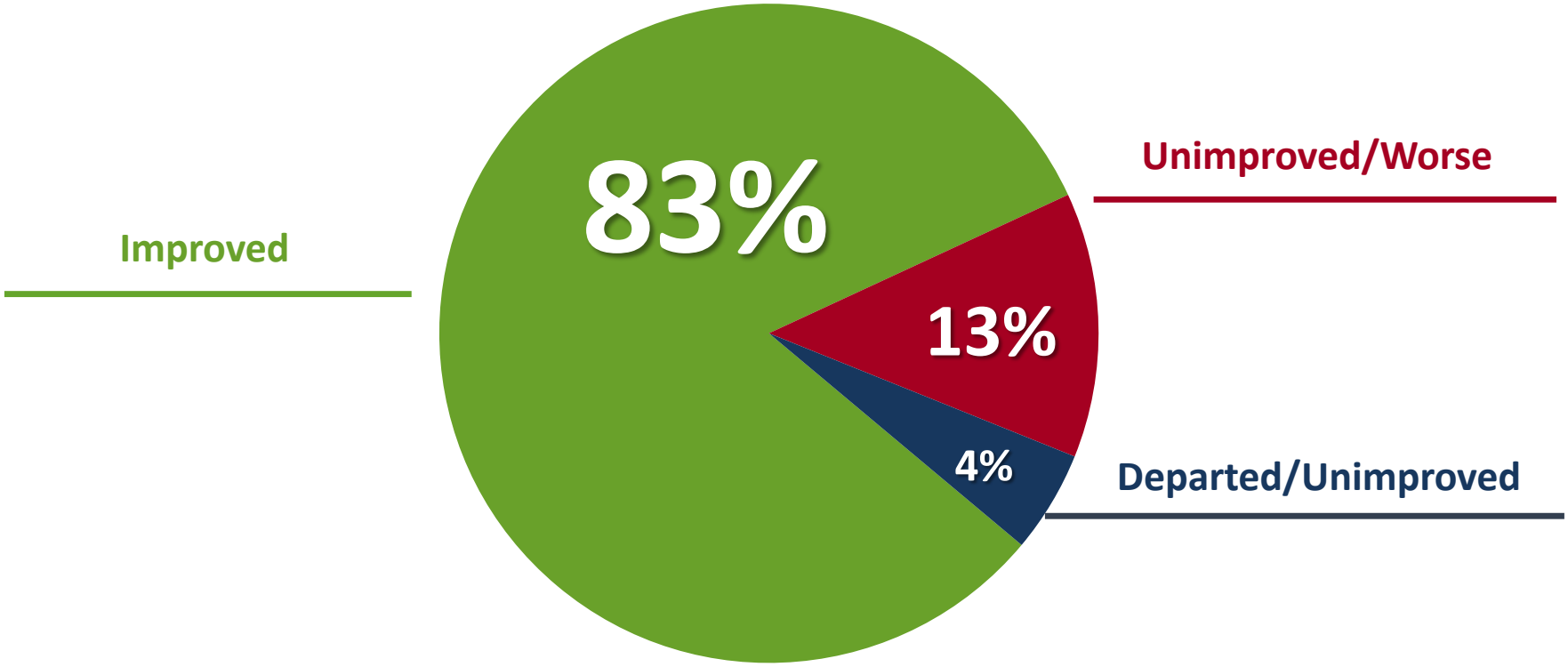
In the US:

584,849

Additional Complications Per Year

CORS℠ 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.

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

Our Approach:

Help learners feel safe to speak up or report

Equip “trusted” faculty to help learners reflect on event and encourage reporting

Use standard VUMC processes to address behavior and protect information

Consider timing of feedback to minimize potential impact on the learner

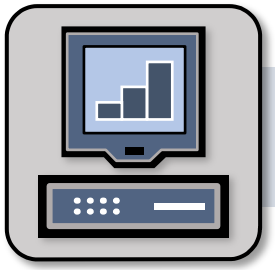
Options for those who experience or witness conduct inconsistent with Credo:

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

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

Now or Later

www.mc.vanderbilt.edu/cppa

Let Us Hear Your Comments and Questions

Dual Degrees

Lourdes Estrada, PhD

https://medschool.vanderbilt.edu/ume/Imm_dual_degrees

Dual Degrees

Term specific for Vanderbilt degrees

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

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

- Meeting for anyone interested in Dual Degrees in September or October

C2.0 Dual Degree Requirements

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

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

C2.0 Dual Degree - Research

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

Research Immersion
**It is strongly recommended that students contact the Office of Medical Student Research to discuss dual degree plans before enrollment in the degree program. Waiver request required for all dual degree students. Any request for research extensions require review of entire schedule.*
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 4th year/graduating year
  - CV
  - Personal Statement
- Selection includes
  - Academic tier (22.5%)
  - Scholarship (22.5%)
  - Service (22.5%)
  - Leadership (22.5%)

  Evaluated by Selection Committee
  - Peer recognition/exemplary character (10%)
    - Nominate 10 peers with 1-2 sentences of rationale
    - At the end of FCC and entering 4th year

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.

VANDERBILT UNIVERSITY School of Medicine

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/

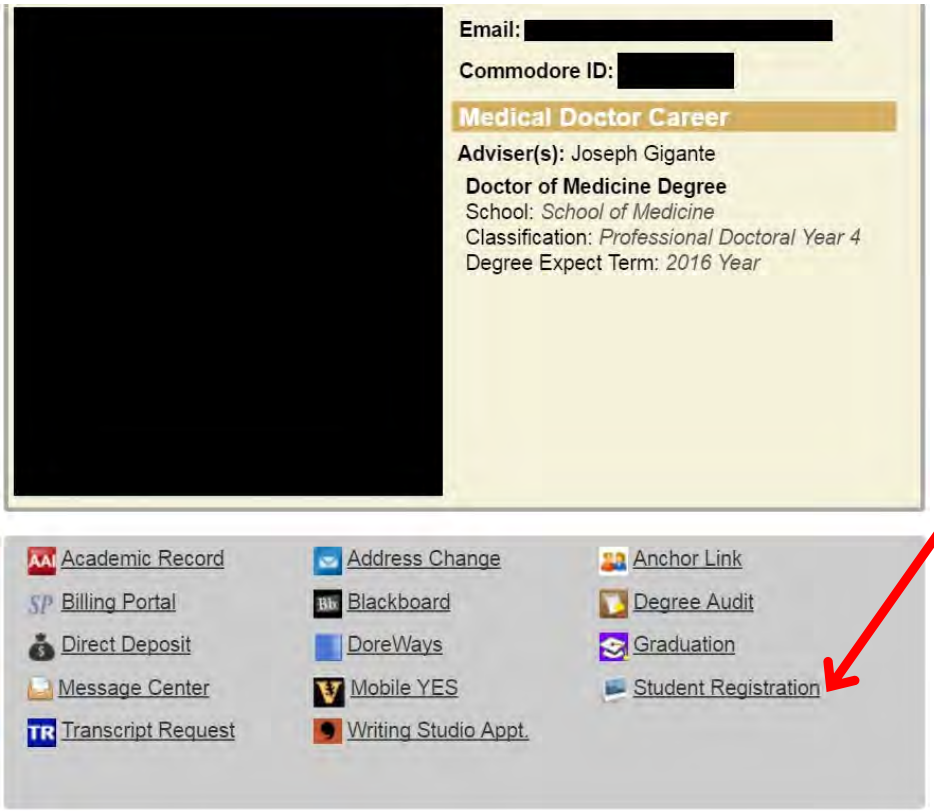
Office of Enrollment Services (OES)

- 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

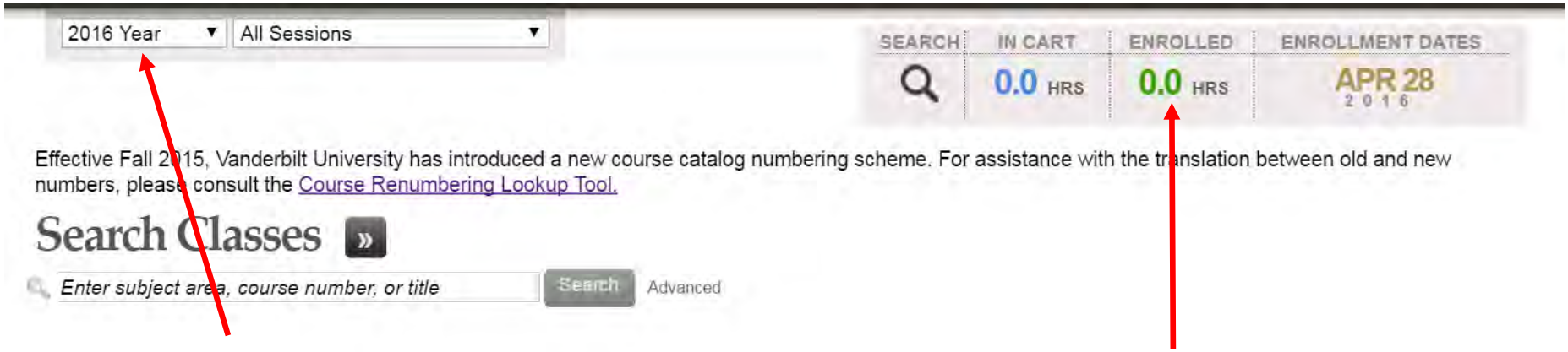
- You are currently registered through June 2020
- Log into YES (http://yes.vanderbilt.edu)
- Click on Student Registration
- For ACEs and ISCs, section number corresponds to rotation month. e.g. 09 for September, 10 for October, etc.

What is my schedule?



Click here to view schedule

What is my schedule?



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

Click here to see all enrolled courses

Adding and Dropping

Pay attention to add/drop deadlines!

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

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

Late Requests to Add or Drop

- Late requests to add or drop are evaluated case-by-case.
  - **Immersion rotations** – Immersion Phase Team (immersion.phase@Vanderbilt.edu)
  - **Longitudinals** — contact the longitudinal email address and cc immersion.phase@Vanderbilt.edu
    - FHD Team (fhd@Vanderbilt.edu)
    - Research (vms.research@Vanderbilt.edu)
    - Learning Communities (LC@Vanderbilt.edu)
- Send email request explaining why deadline was not met.
- If drop or add is approved, complete the form at https://medschool.vanderbilt.edu/md-gateway/forms/

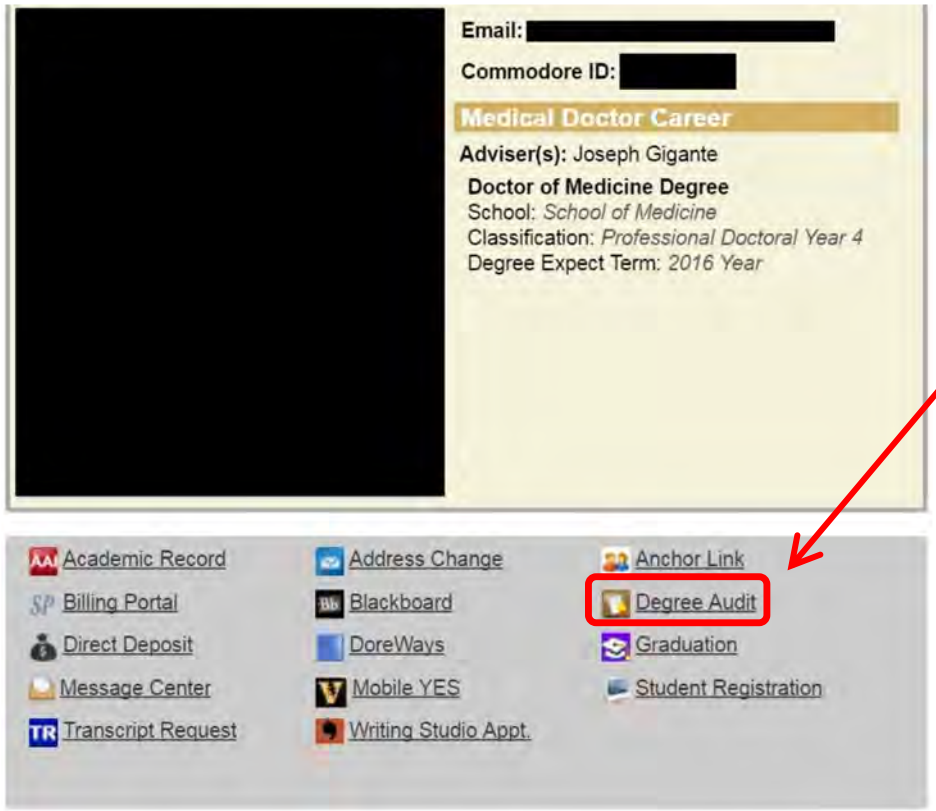
Special Studies

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

Special Studies Approval Forms

- Designed to be collaboratively completed by student and faculty mentor.
- Final submission is made to OES by ***faculty mentor***.
- Form is at https://medschool.vanderbilt.edu/md-gateway/forms/

Degree Audit



Click here to view degree audit

Degree Audit

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

Immersion Phase — ✖ 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

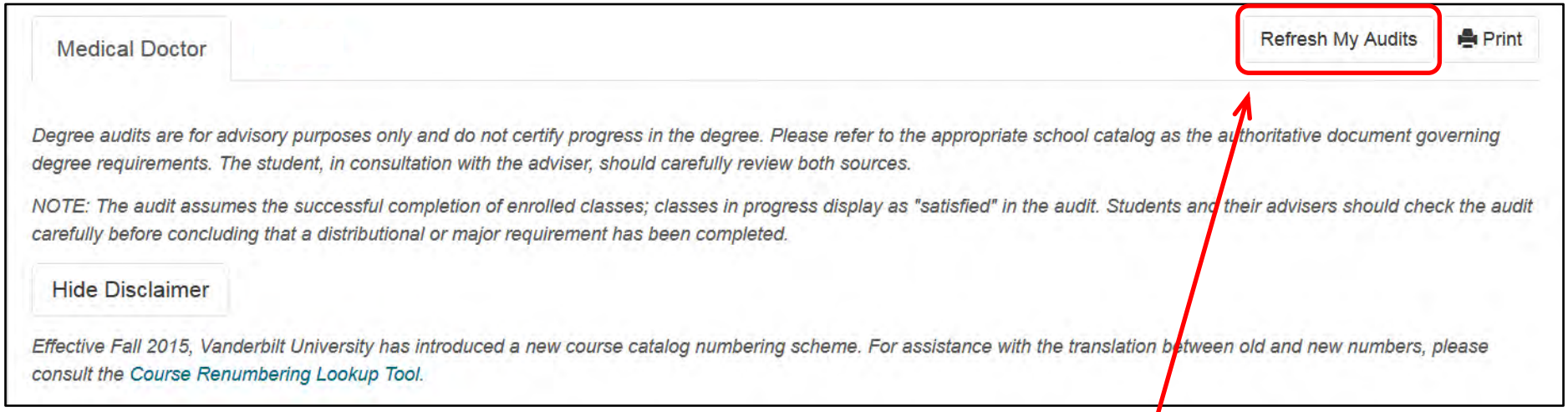
Foundations of Health Care Delivery Intersessions	✖ Not Satisfied
Quality Improvement and Patient Safety	✖ Not Satisfied
Interprofessional Education	✖ Not Satisfied
EPA Week	✔ Satisfied
Learning Communities	✖ Not Satisfied

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



Self-service refresh

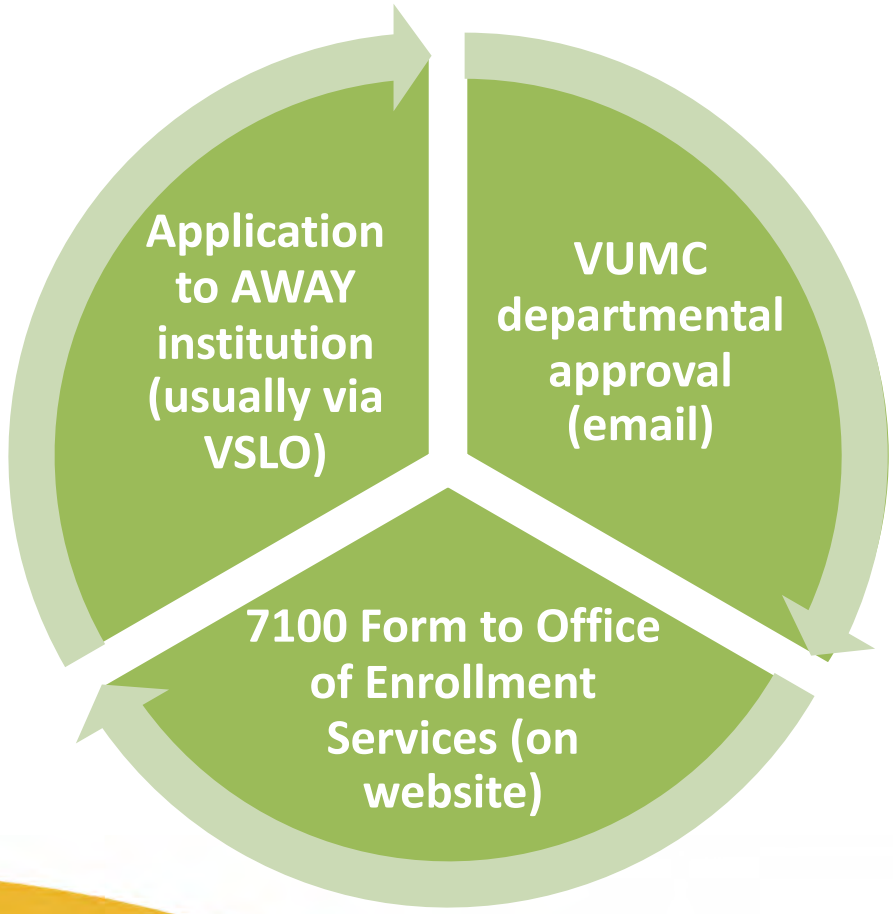
Alternative Pathways

- 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)

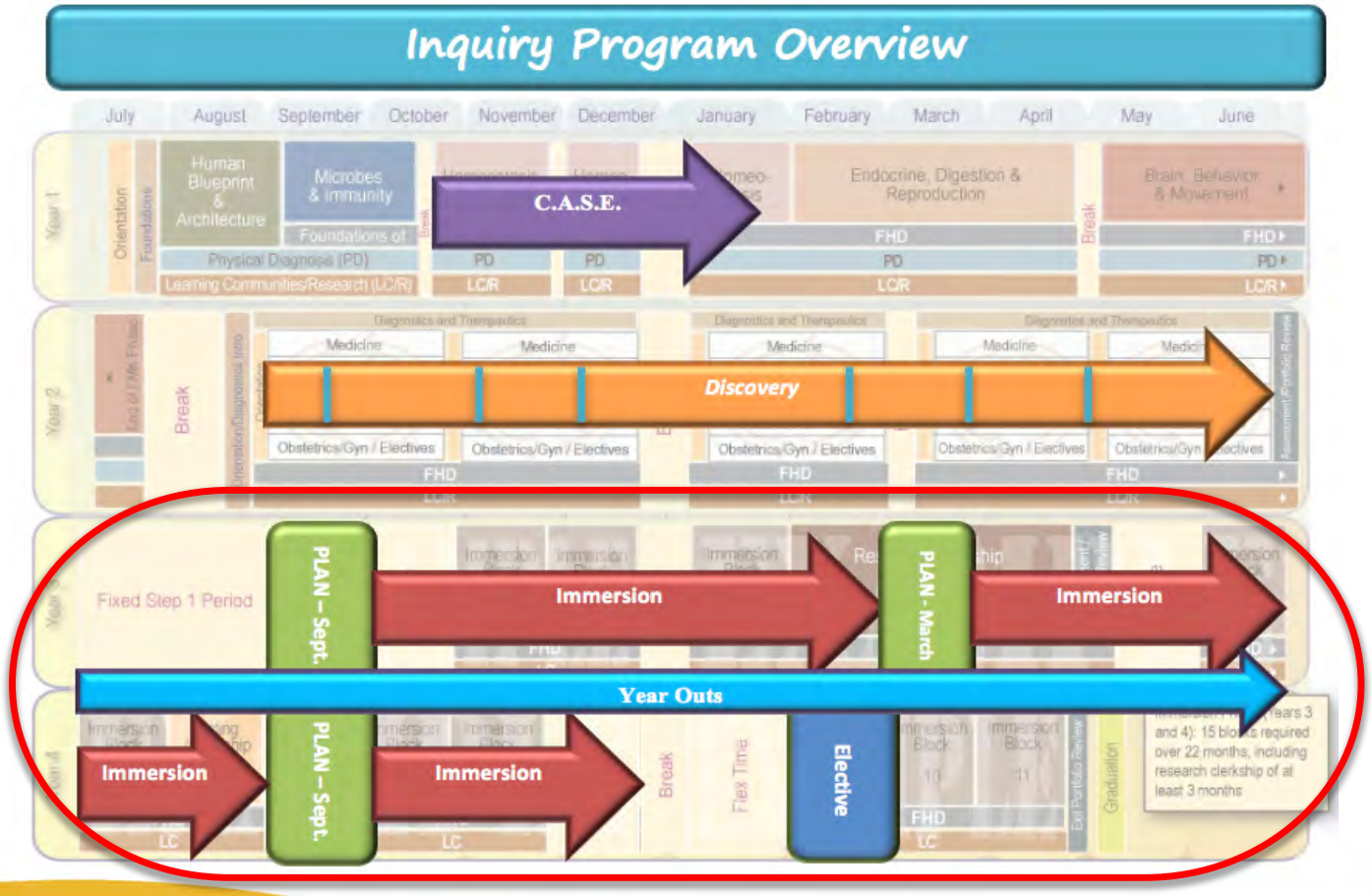
Learning Communities (Dr. Yakes)

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 3rd @ 1:00 PM EBL
  - Pre-work due by 11:59 pm, Sunday 9/1
  - Present your project - 5 min each.
  - Invite your mentor to presentations

Register for RI Blocks!

Research Immersion Overview

- Honors/High Pass/Pass/Fail
- All course assignments/activities are mandatory
- Objectives and further details found in the course syllabus

Deliverables & Activities

Course deliverables:

- Abstract
- Poster
- Oral Presentation

Activities:

- Meetings (Course, RD, Mentor)
- Co-curricular activities

Research Immersion Team

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

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
or
LC@vanderbilt.edu

OVERARCHING COURSE GOALS:

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

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

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

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

- To develop the skills and processes of 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**
(3rd year spring FHD Immersion)

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

3 **Healthcare Economics and Policy**
(4th 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 3rd 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

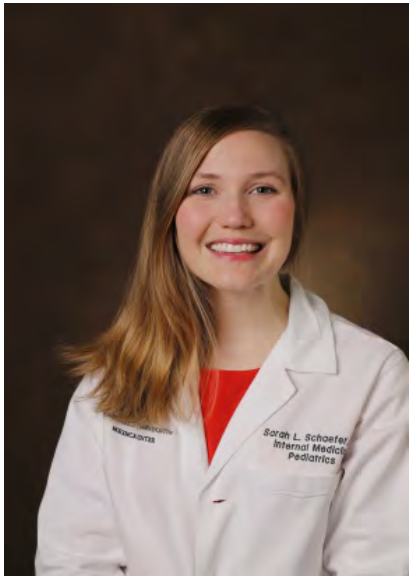
Additional information:

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 4th Floor

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

fhd@vanderbilt.edu

Final Thoughts from a Student

Andrew Kuhn

LUNCH

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