Curriculum 2.0: Immersion Phase

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Welcome

Immersion Phase Website
https://medschool.vanderbilt.edu/ume/IP
What we’ll cover today:

• Evaluation
• Portfolio Cycles, Promotions, AOA
• ACE requirements (Student Learning Plan, Practice-based Learning Assignment)
• Assessment (milestones, EPAs, Compass, Grading)
• Research
• Learning Communities
• Ombudsman
• Attendance Policy
• Intersessions
• Enrollment (Aways, add/drops, special studies, degree audit)
Curriculum 2.0: Immersion Phase

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

**Advanced Clinical Experiences**
- Rigorous clinical rotations

**Integrated Science Courses**
- Mixed didactic and clinical experiences

**Acting Internships**
- Supervised intern-level responsibilities

**Research**
- Mentored research project

**Learning Communities**
- Longitudinal development as professionals

**Foundations of Health Care Delivery**
- Longitudinal exploration of systems of care

**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
Approach for your IP Planning

• Plan for a minimum of 2 (max of 3) ISCs

• Acting Internships (AI) will happen between March of Y3 and September of Y4
  – Students need not worry about registering for these yet; you will receive information by November about the registration process.

• Recognize that you will make many changes to your schedule
Update from Dean Lomis

- Program evaluation: what we have learned about the immersion phase
- Getting graded
- Portfolio Cycles & Promotions
- Distinctions
  - AOA; Gold Humanism
- Questions
Portfolio Cycle

Year 3
- Fixed Step 1 Period
- Integrated Science Course 1
- Integrated Science Course 2
- Research Immersion
- Advanced Clinical Elective 1
- Advanced Clinical Elective 2
- Advanced Clinical Elective 3
- Flex Time

Year 4
- Competency-Driven Rotation
- Acting Internship
- Away Rotation
- Advanced Clinical Elective 4
- Integrated Science Course 3
- Advanced Clinical Elective 5
- Integrated Science Course 4
- Competency-Driven Rotation
- Flex Time

Immersion Phase (Years 3 and 4): 16 blocks required over 22 months, including research immersion of at least 3 months
Course types and what should you expect?

Immersion Phase Website
https://medschool.vanderbilt.edu/ume/IP
How do I build enduring conceptual scaffolds?

Learning objectives aimed at building standardized scaffolds, based on the ideal and the idealized

Structured, predictable
Formal, prescribed
Protected time
“How do I build enduring conceptual scaffolds?”

Learning objectives are idiosyncratic, personalized, based on the real and pragmatic

Complex, unpredictable
Informal, responsive
Opportunistic
“How do I convert experience into deep learning?”

Advanced Electives

Advanced Clinical Experiences

Acting Internships

Integrated Science Courses

Single Discipline

Multiple Disciplines

“Classroom” Based

Workplace Based
Curriculum 2.0: Immersion Phase
A highly individualized post-clerkship phase that uses clinical context to build upon prior learning

- Advanced Clinical Experiences (ACE)
  - *rigorous clinical rotations*
- Integrated Science Courses (ISC)
  - *mixed didactic and clinical experiences*
- Acting Internships (AI)
  - *supervised intern-level responsibilities*
- Advanced Electives (AE)
  - *competency- or interest-driven rotations in nonclinical settings*
- Special Studies
  - *competency- or interest-driven rotations*

Existing courses in catalogue
Tailored courses not in catalogue
Advanced Clinical Experiences (ACE)

- 4-week clinical rotations designed to develop clinical and practice-based learning skills
- Common ACE course-type learning objectives
- Practice-Based Learning activity to assess how they learn in the clinical environment
  - 3 step-cycle: Asking clinical question to librarian, effectively research basic and clinical sciences, and presenting results to clinical team
- The **final grade is assigned on an H/HP/P/F** basis based on competency milestones
Integrative Science Courses (ISC)

• 4-week mixed didactic/clinical rotations designed to reinforce the foundational sciences* that underlying clinical medicine
• Innovative mixed design with multiple learning activities (CELA, CBL, TBL, lectures, conferences, community clinics, etc.)
• Common ISC course-type learning objectives
• The **final grade is assigned on an H/HP/P/F basis** based on quantitative scores and competency milestones.

*traditional pre-clinical sciences as well as social and behavioral sciences, health services and population science, quantitative methods and informatics.
Acting Internships (AI)

- An intensive, inpatient experience designed to provide the student supervised intern-level responsibilities.
- All time devoted to this rotation; no longitudinal units (PLAN or LC) can be paired with AI.
- **Final grade will be assigned as H/HP/P/F** based on milestones and Entrustable Professional Activities (EPAs).
- Will be offered March – September. *In November, we will communicate the process for enrollment.*
Acting Internships (AI)

- As the AI, you can expect to:
  - Write daily notes, perform H&Ps, discharge summaries (where appropriate).
  - Discuss and enter patient orders for a supervising physician to cosign.
  - Triage cross-cover concerns (where appropriate).
  - Respond to calls (such as through paging) for patient care needs under the supervision of a physician.
  - Perform patient care handovers under the supervision of a resident (where appropriate).
  - Assume ownership of a level of patient census closer to that of an intern.
Advanced Electives (AE)

• 4-week courses that are predominantly “classroom”-based
• These courses will meet the competency- and interest-driven requirement

<table>
<thead>
<tr>
<th>AE: Ethics in Health Care: Theological and Philosophical Perspectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>AE: Forensic Pathology</td>
</tr>
<tr>
<td>AE: Fundamentals of Quality Improvement</td>
</tr>
<tr>
<td>AE: Global Health</td>
</tr>
<tr>
<td>AE: Preparation for Internship</td>
</tr>
<tr>
<td>AE: Preparation for Surgical Internship</td>
</tr>
<tr>
<td>AE: Students as Teachers</td>
</tr>
</tbody>
</table>

• Final grade will be assigned as P/F
Special Studies

• Courses that are uniquely designed by the student in collaboration with Vanderbilt faculty

• These must be courses not in our current catalog

• Courses must be 4-week long experiences to receive credit with learning goals and multiple assessment modalities

• Fulfill a “competency/interest-driven” requirement

• Final grade will be assigned as P/F except for 7100 AWAY Clinical Rotations graded as H/HP/P/F

• Enrollment will explain the process for petition and review

<table>
<thead>
<tr>
<th>Form #</th>
<th>Course</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 6100</td>
<td>Petition for Clinical Special Study (at VUSM)</td>
</tr>
<tr>
<td>Form 6200</td>
<td>Petition for Non-Clinical Special Study</td>
</tr>
<tr>
<td>Form 6150</td>
<td>Petition for Research Special Study (at VUSM)</td>
</tr>
<tr>
<td>Form 7100</td>
<td>Petition for Clinical Rotation (Away)</td>
</tr>
<tr>
<td>Form 7150</td>
<td>Petition for Research Special Study (Away)</td>
</tr>
</tbody>
</table>
C 2.0 Immersion Phase Requirements

<table>
<thead>
<tr>
<th>Minimum C2.0 Requirements (in Months)</th>
<th>Longitudinal Courses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>On-Campus</strong></td>
<td></td>
</tr>
<tr>
<td>4 Integrated Science Courses (ISCs)</td>
<td>Foundation of Health Care Delivery (11 units)</td>
</tr>
<tr>
<td>1 Acting Internship (AI)</td>
<td>• 6 units taken during intersessions</td>
</tr>
<tr>
<td>4 Advanced Clinical Experiences (ACEs)</td>
<td>• 5 units take longitudinally, paired with other courses during the Immersion Phase</td>
</tr>
<tr>
<td><strong>On-Campus or Away</strong> (away with approval)</td>
<td>Learning Communities (8 units)</td>
</tr>
<tr>
<td>3 Research Immersion</td>
<td></td>
</tr>
<tr>
<td>3 Competency and Interest-Driven Rotations (can be ISC, ACE, AI or Electives)</td>
<td></td>
</tr>
<tr>
<td><strong>15 required months</strong></td>
<td></td>
</tr>
<tr>
<td>4+2 Flex months (4 + 2 mo for Step 1 + 1 for interviews)</td>
<td></td>
</tr>
</tbody>
</table>

**Impact of Increasing Research Months**

3 months of research: Complete 16 course requirements with 6 flex months

To extend research beyond 3 months:
Student must be in good academic standing and complete an approval process

4 months: Students utilize one flex month

5 months: Students utilize one flex month and may choose to utilize an additional flex month or waive one competency/interest-driven rotation

6 months: Students utilize one flex month and may choose to utilize additional flex months or waive competency/interest-driven rotation (max of 2 competency/interest-driven rotations can be waived; must still complete required 10 clinical months)
You are here

Enjoy your journey!

- Year 3:
  - Fixed Step 1 Period
  - Integrated Science Course 1
  - Research Immersion
  - Immersion Orientation
  - R-Plan
  - FHD-QI

- Year 4:
  - Competency-Driven Rotation
  - Acting Internship
  - Away Rotation
  - Advanced Clinical Experience 1
  - Advanced Clinical Experience 2
  - Advanced Clinical Experience 3
  - Advanced Clinical Experience 4
  - Fixed Interview
  - Break
  - Flex Month
  - Immersion Phase (Years 3 and 4): 15 blocks required over 20 months, including research immersion of at least 3 months
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

Exercises:

1) Student Learning Plan
2) Practice-Based Learning Exercise
1) Student Learning Plan

WHY?
1) Student Learning Plan

Teacher Directed

Learner Directed

https://aaronwolowiec.files.wordpress.com/2012/08/picture1.jpg
1) Student Learning Plan

How To…

1. In VstarLearn, go to the ACE you are about to start
2. Click on ACE Student Learning Plan
3. Fill out the form (next slide)
4. Print the form and take to your ACE Day 1
5. Have a discussion with clinical preceptor
ACE STUDENT LEARNING PLAN

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

Advanced Clinical Experiences (ACEs) are rigorous clinical experiences that are designed to:
1. Solidify clinical skills
2. Enhance practice-based learning skills

Please create 2-5 learning goals for this rotation.

After you have discussed your learning goals with the frontline clinical faculty, please ask the following questions:
(1) What clinical experiences would be most helpful to 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?
1) Student Learning Plan

Tips for the conversation with the clinical faculty

1. Have the conversation with whoever will be your primary clinical faculty during week 1

2. Initiate the conversation with something like…
   “I am very excited for this rotation and would like to do everything I can to get the most out of it”

3. Be confident but not cocky. Be open to feedback and redirection if there are other/different things they want you to focus on
1) Student Learning Plan

Advantages to the Student Learning Plan Process

• Forced to Think Through Your Own Learning
• Develop Shared Expectations with Faculty
• Gain insight into How to Achieve your Goals
• Gain insight into How to be Successful in that Environment
• Develop the habit (VERY LITTLE DIRECTION IN GME)

TAKE OWNERSHIP.
2) Practice-Based Learning Exercise

Course Requirement in each Advanced Clinical Experience (ACE)
Continually changing practice context

– Changing patient demographics
– Changing expectations of society/patients/profession
– Increasing rates of chronic disease
– New Diseases/Re-emergence of “old” diseases
– Shifting standards of care and practice guidelines
– Improving health information technology
– Skyrocketing costs

– Advances in medical science \(\Rightarrow\) Expanding knowledge base
Average time lag of 17 years to translate discovery into clinical practice
Learning in this environment is different

Individual patient encounters routinely highlight knowledge gaps for medical students and practicing physicians, but...

Further investigation often thwarted in the fast-paced clinical environment
Learning in the Workplace

• Individual patient encounters routinely highlight knowledge gaps for medical students and practicing physicians.

• Being able to ask and answer questions that come up in the routine daily care of patients is an essential skill for medical students, residents, and practicing physicians alike.

• This “practice-based learning” is ideally triggered by your patients and hopefully followed up with enough time to truly learn from the experience.
2) Practice-Based Learning Exercise

- We designed an exercise to help you continue to improve these practice-based learning skills.

2 Parts

1) Ask a clinical question based upon patient(s) you’ve seen during your Advanced Clinical Experience (ACE)
   - First 1½ weeks of ACE

2) Investigate the topic and give a presentation to your clinical team
   - Last 2½ weeks of ACE
STEP 1: ASK A CLINICAL QUESTION

• As you go through the first week of the ACE, pay attention to the different questions that come up related to your patient care.

• Pick 1 question to further investigate
## PBLI Exercise Rubric

<table>
<thead>
<tr>
<th>Points</th>
<th>POPULATION</th>
<th>INTERVENTION</th>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Multiple relevant descriptors</td>
<td>Includes specific intervention of interest</td>
<td>Outcome that is objective and meaningful to patient</td>
</tr>
<tr>
<td>2</td>
<td>One appropriate descriptor</td>
<td>Mentions type of intervention</td>
<td>Non-specific outcome or Disease oriented outcome</td>
</tr>
<tr>
<td>1</td>
<td>None included</td>
<td>None included</td>
<td>None included</td>
</tr>
</tbody>
</table>

Based on the Fresno Test for Evidence-Based Medicine

**TOTAL SCORE**  
(combines all 3 components)
STEP 1: ASK A CLINICAL QUESTION

In the form, you will be given 2 prompts...

1) Input the clinical question you generated:

2) How do you plan to investigate the answer to your question? (Please include the search engine and search terms you plan to use)

This is DUE by Tuesday at 11:59 pm of the 2nd week of the rotation
STEP 1: ASK A CLINICAL QUESTION

• In VstarPortfolio, you will receive feedback on your question and search strategy from a librarian from Eskind Biomedical Library.

• They will score your question on a rubric based upon a modified PICO rubric for evidence-based medicine questions (Patient-Intervention-Comparison-Outcome).

• They will also provide guidance for more effective/efficient search terms/strategies (when appropriate).
STEP 1: ASK A CLINICAL QUESTION

• The librarian assessment of your question will populate within the Practice-Based Learning and Improvement domain of your learning portfolio

• This will contribute to your PBLI domain score in the final ACE grade
STEP 2: GIVE A PRESENTATION

• Over the final week of the ACE, you will give a 7-10 minute presentation to the clinical team about the topic you’ve investigated.

• Please work with the course director or your clinical attending to arrange this time.

• You may give a “chalk talk” or PowerPoint presentation. If you use PowerPoint, please upload your slides to VstarPortfolio within the “artifacts” section.
STEP 2: GIVE A PRESENTATION

• The faculty will assess your presentation using a standardized rubric that focuses on
  – Science Content
  – Organization
  – Style
## STEP 2: GIVE A PRESENTATION

- **Science Content**

<table>
<thead>
<tr>
<th>Practice-Based Learning Exercise: Presentation Science Content</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(Unacceptable) Does not give presentation</strong></td>
</tr>
<tr>
<td>(1) Regarding the student’s presentation: THRESHOLD</td>
</tr>
<tr>
<td>• Science Content is minimally included. Explanations of concepts are inaccurate or incomplete.</td>
</tr>
<tr>
<td><strong>Consistently displaying lower level, sometimes attaining higher level.</strong></td>
</tr>
<tr>
<td>(2) Regarding the student’s presentation: TARGET</td>
</tr>
<tr>
<td>• Science Content is included but only superficially. Explanations of concepts are shallow and do not demonstrate understanding of the science underlying the clinical topic.</td>
</tr>
<tr>
<td><strong>Consistently displaying lower level, sometimes attaining higher level.</strong></td>
</tr>
<tr>
<td>(3) Regarding the student’s presentation: REACH</td>
</tr>
<tr>
<td>• Science Content is appropriate for the clinical question being addressed. The explanations of concepts and theories are accurate and for the most part complete. Some helpful applications are included.</td>
</tr>
<tr>
<td><strong>Consistently displaying lower level, sometimes attaining higher level.</strong></td>
</tr>
<tr>
<td>(4) Regarding the student’s presentation:</td>
</tr>
<tr>
<td>• Science Content demonstrates the student’s deep understanding of the science underlying the clinical entity. The presentation includes accurate and complete explanations of key concepts and theories, drawing on relevant literature. Insightful applications of the underlying science are provided.</td>
</tr>
<tr>
<td><strong>Consistently displaying lower level, sometimes attaining higher level.</strong></td>
</tr>
<tr>
<td>(5) Regarding the student’s presentation:</td>
</tr>
<tr>
<td>• Science Content included exceeds expectations for a medical student and demonstrates significant understanding of the topic. Presentation includes connections between different aspects of the foundational sciences (e.g. anatomy, physiology, pharmacology, pathophysiology, etc) that deepen understanding of the topic for the listeners of the presentation.</td>
</tr>
</tbody>
</table>
STEP 2: GIVE A PRESENTATION

• Organization & Style

<table>
<thead>
<tr>
<th>Practice-Based Learning Exercise: Presentation—Organization &amp; Style</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>(Unacceptable)</em> Does not give presentation</td>
</tr>
<tr>
<td>(1) Regarding the student’s presentation:</td>
</tr>
<tr>
<td>• Organization is haphazard; Listener cannot follow presentation</td>
</tr>
<tr>
<td>easy. Reasoning and arguments are not clear.</td>
</tr>
<tr>
<td>• Style is ineffective. Responds to questions inadequately.</td>
</tr>
<tr>
<td>Does not use time effectively.</td>
</tr>
<tr>
<td>Consistently displaying lower level, sometimes attaining higher</td>
</tr>
<tr>
<td>level.</td>
</tr>
<tr>
<td>(2) Regarding the student’s presentation:</td>
</tr>
<tr>
<td>• Organization is generally present, but at times still feels</td>
</tr>
<tr>
<td>disorganized.</td>
</tr>
<tr>
<td>• Style is minimally effective. Responds to questions, but not</td>
</tr>
<tr>
<td>fully. Misses some opportunities for interaction. Pacing of the</td>
</tr>
<tr>
<td>presentation often too fast or too slow.</td>
</tr>
<tr>
<td>Consistently displaying lower level, sometimes attaining higher</td>
</tr>
<tr>
<td>level.</td>
</tr>
<tr>
<td>(3) Regarding the student’s presentation:</td>
</tr>
<tr>
<td>• Organization is clear and well-structured. The progression of</td>
</tr>
<tr>
<td>topics and ideas makes sense.</td>
</tr>
<tr>
<td>• Style is effective. Responds to questions adequately offering</td>
</tr>
<tr>
<td>short but accurate responses. Engages with participants when</td>
</tr>
<tr>
<td>appropriate.</td>
</tr>
<tr>
<td>Consistently displaying lower level, sometimes attaining higher</td>
</tr>
<tr>
<td>level.</td>
</tr>
<tr>
<td>(4) Regarding the student’s presentation:</td>
</tr>
<tr>
<td>• Organization is clear, logical, and organized. Listener can</td>
</tr>
<tr>
<td>easily follow line of reasoning.</td>
</tr>
<tr>
<td>• Style is effective. Responds to questions well offering accurate</td>
</tr>
<tr>
<td>responses with the appropriate level of explanation. Creates</td>
</tr>
<tr>
<td>opportunities to engage with participants when appropriate.</td>
</tr>
<tr>
<td>Consistently displaying lower level, sometimes attaining higher</td>
</tr>
<tr>
<td>level.</td>
</tr>
<tr>
<td>(5) Regarding the student’s presentation:</td>
</tr>
<tr>
<td>• Organization of the presentation allows the student to adjust</td>
</tr>
<tr>
<td>during the presentation to target the appropriate level for the</td>
</tr>
<tr>
<td>audience. Student is able to expand or contract level of detail</td>
</tr>
<tr>
<td>to meet the needs of the participants.</td>
</tr>
<tr>
<td>• Style is extremely effective. Consistently clarifies, restates,</td>
</tr>
<tr>
<td>and responds to questions. Summarizes when needed. Body language</td>
</tr>
<tr>
<td>reflects comfort interacting with audience.</td>
</tr>
</tbody>
</table>
STEP 2: GIVE A PRESENTATION

• Request presentation feedback via Compass (send the presentation form directly to whomever observed you; resident, clinical faculty or course director)

• The faculty assessment of your presentation will populate within the Practice-Based Learning and Improvement domain of your learning portfolio

• This will contribute to your PBLI domain score in the final ACE grade
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)
  – Special Study—Away
  – Research Immersion

• **Graded as P/F**
  – Advanced Electives (AE)
  – Special Studies (Clinical here, Research – here or away)
  – Learning Communities (LC)
  – Foundations of Healthcare Delivery (FHD)
<table>
<thead>
<tr>
<th>FOCUS of Assessment</th>
<th>ACEs</th>
<th>ISC</th>
<th>AIs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice-Based Learning</td>
<td>Clinical Skills</td>
<td>Medical Knowledge</td>
<td>Ensure Readiness for Internship</td>
</tr>
<tr>
<td>Predominant Method of Assessment</td>
<td>Milestones</td>
<td>Knowledge Assessments</td>
<td>Milestones</td>
</tr>
<tr>
<td></td>
<td>PBLI data</td>
<td>-Multiple Choice Exams</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>-Essay exams</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Milestones</td>
<td></td>
</tr>
<tr>
<td>MEDICAL KNOWLEDGE</td>
<td>Integration</td>
<td>MK2a</td>
<td></td>
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<td>------------------</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Depth</td>
<td>MK2b</td>
<td></td>
</tr>
<tr>
<td>PATIENT CARE</td>
<td>Analysis</td>
<td>MK7a</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inquiry</td>
<td>MK7b</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Use of info resources</td>
<td>MK7c</td>
<td></td>
</tr>
<tr>
<td>INTERPERSONAL COMMUNICATION</td>
<td>Thought process</td>
<td>PC2a</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Self-knowledge</td>
<td>PC7a</td>
<td></td>
</tr>
<tr>
<td>PRACTICE-BASED LEARNING &amp; IMPROVEMENT</td>
<td>Content of presentations to colleagues</td>
<td>IPCS7a.1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Receptivity to feedback</td>
<td>PBL3a</td>
<td></td>
</tr>
<tr>
<td>SYSTEMS-BASED PRACTICE</td>
<td>Initiative and contribution (Conscientiousness)</td>
<td>SBP2a</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prioritization</td>
<td>SBP2b</td>
<td></td>
</tr>
<tr>
<td>PROFESSIONALISM</td>
<td>Professional demeanor</td>
<td>PR1a</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Honesty/trustworthiness</td>
<td>PR5a</td>
<td></td>
</tr>
</tbody>
</table>

**ACEs**

**ISCs**

**AIs**
Medical Knowledge

Medical Knowledge 2: Deep Knowledge

Demonstrate deep knowledge of the sciences essential for one’s chosen field of practice.

MK2b: Depth

☐ Undesirable
Mastery of prior learning is insufficient to support currently expected activities.

☐ Consistently displaying lower level, sometimes attaining higher level.

☐ Entry
Limited knowledge base. Understanding is descriptive, i.e. focuses on how things appear, without questioning.

☐ Consistently displaying lower level, sometimes attaining higher level.

☐ Understanding hinges upon protocols or patterns rather than founded in an understanding of underlying physiologic mechanisms or foundational principles.

☐ Consistently displaying lower level, sometimes attaining higher level.

☐ Understands appropriate underlying mechanisms/principles, but may struggle to apply to a given case.

☐ Consistently displaying lower level, sometimes attaining higher level.

☐ Immediately and insightfully places new information in proper context.

☐ Consistently displaying lower level, sometimes attaining higher level.

☐ Aspirational
Creates unique insights and solutions to existing problems.

☐ Not applicable
What is an EPA?

• Tasks or responsibilities that trainees (i.e. YOU) are entrusted to perform unsupervised once you have attained sufficient competence

• The activities are independently
  – Executable
  – Observable
  – Measurable

• It is our goal for faculty and residents to directly observe your abilities in these areas
What is an EPA?

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

• **THE GOAL** is for you to be able to do all of these activities **unsupervised on Day 1 of Residency**
EPA 1: History and Examination
Gather a history and perform a physical examination

EPA 2: Differential Diagnosis
Prioritize a differential diagnosis following a clinical encounter

EPA 3: Common Tests
Recommend and interpret common diagnostic and screening tests

EPA 4: Enter Orders
Enter and discuss orders and prescriptions

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

EPA 6: Oral Presentation
Provide an oral presentation of a clinical encounter

EPA 7: Clinical Questions
Form clinical questions and retrieve evidence to advance patient care

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

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

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

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

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

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

*graphics courtesy of our colleagues at OHSU*
Core EPAs during Immersion Phase

• Faculty will be asked to assess you using the following scale

<table>
<thead>
<tr>
<th>Recommended Level of Supervision</th>
<th>Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1a - Not allowed to observe--Inadequate knowledge/skill.</td>
<td></td>
</tr>
<tr>
<td>Level 1b - Allowed to observe--Adequate knowledge/some skill.</td>
<td></td>
</tr>
<tr>
<td>Level 2a - Allowed to practice co-actively, with supervisor engaged in task.</td>
<td></td>
</tr>
<tr>
<td>Level 2b - Allowed to practice with supervisor in room ready to help.</td>
<td></td>
</tr>
<tr>
<td>Level 3a - Allowed to practice with supervisor immediately available, double-checking ALL findings.</td>
<td></td>
</tr>
<tr>
<td>Level 3b - Allowed to practice with supervisor immediately available, double-checking KEY findings.</td>
<td></td>
</tr>
<tr>
<td>Level 3c - Allowed to practice with supervisor distantly available, findings reviewed.</td>
<td></td>
</tr>
<tr>
<td>Level 4 - Allowed to practice unsupervised.</td>
<td></td>
</tr>
<tr>
<td>Level 5 - Allowed to supervise the practice of others.</td>
<td></td>
</tr>
</tbody>
</table>

(Or Other EPA)
Frontline Clinical Faculty/Residents

Student
• **Who reports?**
  - Faculty
  - Residents
  - Interns
  - Staff

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

---

*More data helps Course Directors understand assessor variability, learner’s performance over time and provide more accurate summative assessment.*
How to COMPASS

• Please visit www.vstarcompass.com using a browser on your phone, laptop, or tablet. Bookmark this site for future use.

• Any activities to which you have been assigned and can send out will be listed here. You may see activities like:
<table>
<thead>
<tr>
<th>Feedback</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ACE: Primary Care: Imm 2016-17 Sec 9</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>ACE: Primary Care: PBL Presentation: Imm 2016-17 Sec 9</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>
How to COMPASS (continued)

• Click the activity that you wish to use. To request milestone feedback from clinicians that you have worked, use the activity with your course name.

• If you need to have your PBL presentation assessed, choose that activity.

• You are taken to a new screen with “request feedback” or “type feedback.” Use “request feedback.”
How to COMPASS (continued)

• When you click “request feedback” you have three options for choosing the clinician.
  – If you “select from advisor list” you get the names of the Course Directors.
  – If you want to use someone else, you can search the Vanderbilt Directory.
  – If you are working at the VA or with a preceptor who would not have a VUNetID and Vanderbilt email address, choose “Add Email IDs”
Step 1: Choose an option

1: Select from Advisor list
2: Search Vanderbilt Directory
3: Add E-Mail IDs
How to COMPASS (continued)

- Find or input the individual you want to provide assessment on your performance
How to COMPASS (continued)

• When you select the individual, you are taken to a new page that requests the date on which you worked with him/her.
  – You can input a single day, a week or longer. To input a range, use the Encounter Date and the End Date.
  – If you are requesting feedback on the day you worked with the individual or your last day to work with the individual (ideal), you can verbally ask the clinician to be sure to complete the assessment.
  – The request will auto expire in 7 days.
  – Once this info is input, select the blue bar “Request Feedback” at the bottom of the screen.
Step 3: Send Request

✅ WILLIAM B CUTRER

Options

**Encounter Date**

10/15/2015

(Optional) End Date

mm/dd/yyyy

REQUEST FEEDBACK
How to COMPASS (continued)

An auto message will pop up stating "Your request has been sent successfully." If you do not see this message, begin the process again. Your browser may have timed out. The assessor will receive a message that looks like this:

---

Wed 8/10/2016 10:01 AM
Anderson Spickard via VSTAR Portfolio Training <vstar.no-reply@vanderbilt.edu>
VSTAR Portfolio Training | Sample Open Assessment

To: Chandler, Merritt F

If there are problems with how this message is displayed, click here to view it in a web browser.

---

VSTAR Portfolio Training

Hello Merritt Chandler,

You have been invited to offer feedback on VSTAR Portfolio Training. This invite expires Wed Aug 31, 2016 10:00AM. Please provide feedback for student(s):

1. Carin D McAbee

Please do not reply to this email. This mailbox is not monitored and you will not receive a response.

VSTAR Portfolio Training
How to COMPASS (continued)

• If/when you receive data, you can see it here (as well as in V*Portfolio):
How to COMPASS (continued)

• Select the type of feedback you would like: Request or Type.

• **Request Feedback**: Send a message to ask an observer to provide feedback. A detailed guide on request feedback is here: [https://vstar.mc.vanderbilt.edu/help/?p=575](https://vstar.mc.vanderbilt.edu/help/?p=575)

• **Type Feedback**: enter feedback and send to an observer for editing and approval. A detailed guide on type feedback is here: [https://vstar.mc.vanderbilt.edu/help/?p=578](https://vstar.mc.vanderbilt.edu/help/?p=578)
Questions about COMPASS
Assessment in the Immersion Phase

• **Data Collected to Inform Grades**
  • Milestones on all 6 Domains
  • PBL Exercise (library search, presentation)
  • 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?
Final Grade

Honors
High Pass
Pass
Fail

Domain Scores

Final Grade

Student

Frontline Clinical Faculty/Residents

Milestone (12) Assessments

MK2b-Depth
PC2b-Diff Dx
PC2c-Dx Workup
PC7a-Self-Knowledge
PC7b-Assessment/Plan

IPCS7a.1-Patient Rapport
IPCS7b.1-Presentation Content

SBP2a-Initiative
SBP2b-Prioritization

PBLI3a-Receptivity

PR1a-Prof Demeanor
PR5a-Honesty

Reach
Target
Threshold
Sub-Threshold

Course Director

MK
PC
IPCS
SBP
PBLI
Prof

Honor High Pass
Pass
Fail
Course Director
determines level of
performance for each
Competency Domain
<table>
<thead>
<tr>
<th>Competency</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Knowledge</td>
<td>REACH</td>
</tr>
<tr>
<td>Understands established and evolving biological, clinical, epidemiological and social-behavioral sciences and must be able to apply this knowledge to patient care.</td>
<td></td>
</tr>
<tr>
<td>Patient Care</td>
<td>REACH</td>
</tr>
<tr>
<td>Provides care that is compassionate, safe, efficient, cost sensitive, appropriate, and effective for the treatment of illness and the promotion of health.</td>
<td></td>
</tr>
<tr>
<td>Interpersonal &amp; Communication Skills</td>
<td>REACH</td>
</tr>
<tr>
<td>Able to communicates in ways that result in safe, effective and respectful information exchange and create beneficial partnerships with patients, their families, and other health professionals.</td>
<td></td>
</tr>
<tr>
<td>Systems-Based Practice</td>
<td>REACH</td>
</tr>
<tr>
<td>Understand and respond to the larger context and system of healthcare and effectively call on system resources to provide care that is of optimal value.</td>
<td></td>
</tr>
<tr>
<td>Practice-Based Learning &amp; Improvement</td>
<td>TARGET</td>
</tr>
<tr>
<td>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</td>
<td></td>
</tr>
<tr>
<td>Professionalism</td>
<td>REACH</td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>Competency</th>
<th>Performance</th>
<th>Summative Competency Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Knowledge</td>
<td>REACH</td>
<td>(6 domains assessed)</td>
</tr>
<tr>
<td>Patient Care</td>
<td>REACH</td>
<td>Risk of Fail (course director discretion)</td>
</tr>
<tr>
<td>Interpersonal &amp; Communication Skills</td>
<td>REACH</td>
<td>Any Sub-Threshold OR &gt;2 Thresholds</td>
</tr>
<tr>
<td>Systems-Based Practice</td>
<td>REACH</td>
<td>Pass</td>
</tr>
<tr>
<td>Practice-Based Learning &amp; Improvement</td>
<td>TARGET</td>
<td>No more than 2 Thresholds All others at Target</td>
</tr>
<tr>
<td>Professionalism</td>
<td>REACH</td>
<td>High Pass</td>
</tr>
<tr>
<td></td>
<td></td>
<td>At least 3 Reaches All others at Target</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Honors</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nothing below Target 5 Reaches</td>
</tr>
</tbody>
</table>

Final Grade: **H**

**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 course-work 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.

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

Supporting standardization of outcomes in the context of individualization of learning experiences
Courses Designed to Meet Phase Goals

- Foundational science knowledge during meaningful clinical engagement
- Clinical skills
- Practice-based learning skills
- Readiness for intern role/residency
- Knowledge and skills regarding scholarship
- Knowledge and skills regarding leadership

Advanced Electives

Professional development
Consistency within course categories

• Each category has a set of milestones being assessed during the rotation that all use (at a minimum):
  – AI milestone set: https://medschool.vanderbilt.edu/ume/ai-milestones-students
  – ACE milestone set: https://medschool.vanderbilt.edu/ume/ace-milestones-students
  – ISC milestone set: https://medschool.vanderbilt.edu/ume/isc-milestones-students
Consistency within course categories

• The set of milestones (and EPAs) is aligned to ensure the main goal of each course is weighted appropriately
  • ISC—Medical Knowledge
  • ACE—Patient Care + Practice-Based Learning
  • AI—Patient Care (+ EPA assessments)
QI efforts

- Meetings of course directors within each category, 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
Questions
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
PLAN

Office of Medical Student Research

https://medschool.vanderbilt.edu/student-research/
PLAN Team

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Medicine  
Michael.j.ward@vanderbilt.edu

Derek Williams, MD  
Asst. Professor of Pediatrics  
derek.williams@vanderbilt.edu
Course Competencies

By the end of the course, students will be able to demonstrate the following specific competencies:

– Understand the research process and appreciate the close connection between research, clinical practice, and population health
– Identify and formulate a structured research question
– Identify major research study designs
– Understand basic principles of measurement and data analyses
– Understand basic principles for the interpretation of research findings within the context of the study design
– Understand basic principles of effective scientific communication
Assessment

P/F

Quizzes 15%
Oral Presentation 25%
Assignments 30%
Project Plan 30%

Milestone assessments will be completed by your SGFs.
PLAN Preparation

- **VSTAR Learn** Forum Blast last week - notifications
- SESSION 1 Tuesday, August 30 @ 1:00 PM Pre-reading and Pre-Session Assessment due by 11:59 pm, Sunday night. Be prepared to present your project to your small group - whiteboards, 5 min each.
- Small Groups & Locations; Mentor feedback
- Mentor Email - support funds
- Invite your mentor to presentations (last session)
Research Immersion

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

Office of Medical Student Research
Eskind Biomedical Library, Suite #411
615.936.6806
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

Stacey Satchell, MS, MA
Program Manager, Office of Medical Student Research

Marlene Johnson
Program Coordinator, Office of Medical Student Research
Objectives

CORE LEARNING OBJECTIVES AND COMPETENCIES

The course Learning Objectives for the Research Immersion are closely aligned with selected School of Medicine milestones:

• Independently interpret information to formulate a research plan (MK7a, MK7b)
• Model a commitment to continuous self-regulated learning as evidenced by the collection, analysis, interpretation, and implementation of newly acquired information (MK7a, MK7b)
• Demonstrate knowledge and understanding of the science for selected course project (MK2a, MK2b, MK7a, MK7b)
CORE LEARNING OBJECTIVES AND COMPETENCIES
(Cont.)

- Receptive to, and able to apply, constructive feedback (PBLI3a, PBLI3b)

- Apply knowledge of the scientific method, reproducible research, and experimental design in evaluating questions of interest (MK2a, MK7a, MK7b)

- Demonstrate knowledge and understanding of science effectively through various communication channels (IPCS7b.1, IPCS7b.2)

- Effectively engage in team-based activities, utilizing resources to support and lead team efforts (SBP2c).
## Assessment

**H/HP/P/F**

**Course Assignments:**

<table>
<thead>
<tr>
<th>Component</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstract</td>
<td>15%</td>
</tr>
<tr>
<td>Mentee Evaluation x Mentor</td>
<td>30%</td>
</tr>
<tr>
<td>Presentation</td>
<td></td>
</tr>
<tr>
<td><em>Oral</em></td>
<td>30%</td>
</tr>
<tr>
<td><em>Poster</em></td>
<td>25%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
Assessment Continued

Milestones Completed by:

Research Director(s)
Mentor
Co-collaborator
Assessment Continued

Other Activities:

Area Meetings & Activities
Journals
Co-Curricular Activities
OMSR Journal Clubs
Updated Project Plan
Peer, Mentor, RD Evaluations
Administration

• Marlene Johnson, Program Coordinator
• Block Calendar & assignments will be posted in VSTAR Learn 1 week before start of block
• 2 Course sessions per block (2\text{nd} and 4\text{th} Wed)
• Research Area meetings
• Support funds and Travel
Questions?

Contact Us: vms.research@vanderbilt.edu

Course Director: Luke Finck, EdD, MA
luke.finck@vanderbilt.edu

Course Support: Marlene Johnson
marlene.j.johnson@vanderbilt.edu
Learning Communities
Learning Communities–IMMERSION Refresher

Bill Cutrer MD, M.Ed.
College Mentor
Director of Learning Communities
REFRESHER...

• You have seen most of these slides before
• They are meant to serve as a refresher as to the WHAT and the WHY behind the LC-IMM units
• As usual, please email Bill.Cutrer@Vanderbilt.Edu and Pam.Lynn@Vanderbilt.Edu with ANY and ALL questions
Learning Communities

• Definition:
  “intentionally developed longitudinal groups that aim to enhance students’ medical school experience and to maximize learning”

• Seek to maximize learning, specifically related to student development as professionals

• Function by:
  – fostering communication among students and faculty
  – promoting caring, trust, and teamwork
  – assisting students establish academic/support networks
  – encouraging student participation in learning activities
The Learning Communities-Immersion course seeks to maximize medical student learning related to student development as professionals. Helping students solidify an appropriate image of the medical profession and skill set related to functioning within the healthcare environment are the essential foundation for future success. Development as professionals involves knowledge, skills and attitudes related to students’ practice as well as the environment within which the practice will occur. The longitudinal nature and trusting environment created within the Learning Communities fosters student professional development, specifically addressing personal areas of metacognition and reasoning, ethics, and leadership, as well as the knowledge and understanding of the broader healthcare environment. The preparatory work and the academic sessions will build on prior experiences in LC-FMK and LC-FCC. The LC-Immersion course will focus on solidifying student understanding of previously covered topics such as cognition, critical thinking, metacognition, and ethics, while exposing students to new topics within the learning and leadership development arenas. In sum, the Learning Communities will provide the nurturing environs to maximize student development as professionals.
OVERARCHING COURSE GOALS:

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

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

3. 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

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

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

6. 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
Session Format:

<table>
<thead>
<tr>
<th>Individual Preparatory Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Complete assigned readings</td>
</tr>
<tr>
<td>• Complete assigned exercises</td>
</tr>
<tr>
<td>• Posting in Vstar Forums</td>
</tr>
<tr>
<td>• Gather in College groups for discussion on one Monday during the 4-week block</td>
</tr>
</tbody>
</table>
**LC Units during Immersion Phase**

Work Individually Prior to Face to Face Session

<table>
<thead>
<tr>
<th>1) Applied Ethics</th>
<th>2) Lifelong Learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>3) Situational Leadership</td>
<td>4) Problem Solving</td>
</tr>
<tr>
<td>5) Priority Setting</td>
<td>6) Change Management</td>
</tr>
<tr>
<td>7) Dealing With Uncertainty</td>
<td>8) Leading and Managing Up</td>
</tr>
</tbody>
</table>

*Face to Face session 1-3pm*

*Face to Face session 3-5 pm*
Grading

• Students will receive one grade for the entire course (which will include completion of all 8 units—each unit block is weighted equally)
• LC-Immersion will be graded P/F
• Grades based on
  – Preparation
  – Participation
  – Unit specific work product (forum questions/reflections/essays/assignments)
Logistics of LC sessions

- Offered on a rolling schedule
- Offered 4x during your Immersion Phase

<table>
<thead>
<tr>
<th>Year</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016-17</td>
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<td>STEP 1</td>
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<td></td>
<td>LC1/LC2</td>
<td>LC3/LC4</td>
<td>LC5/LC6</td>
<td>LC7/LC8</td>
<td>LC1/LC2</td>
<td>LC3/LC4</td>
<td>LC5/LC6</td>
<td>LC7/LC8</td>
<td>No LC Offered</td>
<td>No LC Offered</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017-18</td>
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<tr>
<td></td>
<td>No LC Offered</td>
<td>No LC Offered</td>
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<td>LC</td>
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<td>LC1/LC2</td>
<td>LC3/LC4</td>
<td>LC5/LC6</td>
<td>LC7/LC8</td>
<td>LC1/LC2</td>
<td>LC3/LC4</td>
<td>LC5/LC6</td>
<td>LC7/LC8</td>
<td></td>
<td>Graduation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Logistics of Registering

• Registration outside of YES! via RedCap survey

• May not enroll in an LC unit during an acting internship (or away rotations)
  – May be taken during Research/ACEs/ISCs

Must be physically present for LC In-College discussions
Logistics of Registering

• May check your current registration at any time in the Google spreadsheet
  • https://docs.google.com/spreadsheets/d/1Lvb1jjqED1dmGrQ90M3XchqX-Uj5K7v61y4rlFGmErk/edit?usp=sharing

• To make changes to your registration, please email Pam.Lynn@Vanderbilt.Edu AND Bill.Cutrer@Vanderbilt.Edu
Typical Immersion Phase Block Rotation: Longitudinal Elements

<table>
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<tr>
<th></th>
<th>Sun</th>
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<th>Tues</th>
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<tr>
<td>Week 1</td>
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<td>FHD</td>
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<td>Week 2</td>
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<td>FHD</td>
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<td>Week 3</td>
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<td>LC Group Meeting</td>
<td>FHD</td>
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<tr>
<td>Week 4</td>
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<td>FHD Meeting</td>
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<td>FHD meeting</td>
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Typical Immersion Phase Block Rotation: IF you are taking **PLAN**

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<td>PLAN</td>
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<td>Week 3</td>
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<td>LC Group Meeting</td>
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<td>Week 4</td>
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<td><strong>8:00 AM- Noon</strong></td>
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<td>Immersion</td>
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<td></td>
<td><strong>Learning Communities</strong></td>
<td><strong>FHD or PLAN</strong></td>
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<td>(Odd # units)</td>
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<tr>
<td><strong>1:00 PM- 5:00 PM</strong></td>
<td><strong>Learning Communities</strong></td>
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<td>(Even # units)</td>
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</table>
Dates for FACE TO FACE In-College Sessions

(ie must be physically present on campus to participate)

LC1/3/5/7/9 from 1-3pm and LC2/4/6/8/10 from 3-5pm

• September block 2016 → Monday 9/19/16 #
• October block 2016 → Monday 10/10/16
• November block 2016 → Monday 11/7/16
• December block 2016 → Monday 12/5/16
• January block 2017 → Monday 1/9/17 *
• February block 2017 → Monday 2/20/17
• March block 2017 → Monday 3/13/17 *
• April block 2017 → Monday 4/17/17

#Occurs on 4th rather than 3rd Monday of 4-week block
*Occurs on 2nd rather than 3rd Monday of 4-week block
Questions?

Please direct questions to:
Bill.Cutrer@Vanderbilt.edu
and
Pam.Lynn@Vanderbilt.edu
Attendance Policy

• Students are expected to attend all required sessions as described in the course syllabus

• Pre-approval required for
  – Interviews
  – Religious holy dates
  – Presentations of work at an advertised scholarly meeting

• Emergency absences can be approved for serious medical issues and family emergencies

• The full policy and form is available in every V*Learn Immersion Phase course
Upcoming Intersessions
Advanced Communication (AC1) and Population Health & Prevention (formerly APH3) (25 hrs within 3 days in introduction to Immersion phase week)

Health Care Policy and Economics (formerly APH1 and APH2) (40 hrs within 1 week)

Month-long Longitudinal Courses:
QI 1-3 (1 month each) ideally during 3rd year (or QI-AT)
Patient Safety (PS) during 3rd or 4th year
Interprofessional Education (IPE2) fulfilled either via one month longitudinal or other approved experience*

*Such as Nicaragua, Shade Tree, VPIL, or other approved interprofessional experience
Promoting Professional Accountability at VUMC: Identifying and Addressing Behaviors that Undermine the Learning Environment

Lynn E. Webb, PhD
Assistant Dean for Faculty Development
Center for Patient and Professional Advocacy
Percent who experienced or witnessed humiliation/disrespect

Classes of 2013-2015

“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.”

“The Attending said to the interpreter: your too fat...don’t eat so many burritos... then asked me to say it in a nice way and left.”

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

Interfere with ability to achieve intended outcomes

Create intimidating, hostile, offensive (unsafe), biased environment

Threaten safety (aggressive or violent physical actions)

Violate policies (including conflicts of interest and compliance)

It’s About Safety

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

Feedback  Humiliation  Disrespect  Abuse

All reported events represent an opportunity to reflect
VUMC Credo

We provide excellence in health care, research and education. We treat others as we wish to be treated. We continuously evaluate and improve our performance.

• I make those I serve my highest priority
• I respect privacy and confidentiality
• I have a sense of ownership
• I conduct myself professionally
• I communicate effectively
• I am committed to my colleagues
How are data shared in a thoughtful way?

Pichert et al, 2011.
Hickson & Pichert, 2012.
Hickson et al, 2012.
Pichert et al, 2013.
Talbot et al, 2013.

*includes CMS-defined “condition level” and “immediate jeopardy” safety-related complaints
Our Approach:

- Helps learners feel safe to report
- Equips “trusted” faculty to help learners reflect on event and encourage reporting
- Uses standard VUMC processes to address behavior
- Considers timing of feedback to minimize potential impact on the learner
Options for those who experience or witness conduct inconsistent with Credo:

- Informal/Collegial feedback with the Professional (Cup Of Coffee)
- Search out a trusted faculty member to share the concern
- Report occurrence in Veritas
Trained Faculty Resources:

- College Advisors/Portfolio coaches
- Clerkship and Course Directors
- Associate/Assistant Deans
- Faculty Coordinator:
  - Lynn Webb, PhD
  - Lynn.Webb@Vanderbilt.edu
  - Cell: (615) 429-2827
What questions do you have for me?

www.mc.vanderbilt.edu/cppa
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
- 303 Light Hall
- Student Records related services:
  - Course Registration
  - Maintenance of academic records
  - Credentialing
  - Verifications
  - Academic credentialing
  - Away rotation support
  - Degree audit services
  - Grade recording
Know Your Rotation Schedule

• You are currently registered through June 2017
• 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?

2016 Year = 2016-17 = July 1, 2016 through June 30, 2017

Click here to see all enrolled courses for 2016-17
Timelines for Adding and Dropping

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
  - ACE Emergency Medicine
  - ACE Primary Care
  - All ISCs
- No less than 4 weeks in advance for all other ACEs
- No less than 1 week in advance for all individual (non-intersession) FHD units
- For details, see https://medschool.vanderbilt.edu/enrollment/2016-2017-academic-calendars
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)
  - **FHD Immersion** - FHD Team (fhd@Vanderbilt.edu)
- Send email request explaining why deadline was not met.
- If drop or add is approved, complete the form at https://medschool.vanderbilt.edu/enrollment/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/enrollment/forms
Degree Audit
Degree Audit

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

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

**Requirement(s):**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Satisfied Status</th>
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<tbody>
<tr>
<td>Primary Care Check</td>
<td>✗ Not Satisfied</td>
</tr>
<tr>
<td>Acute Care Check</td>
<td>✔ Satisfied</td>
</tr>
<tr>
<td>Immersion Core</td>
<td>✗ Not Satisfied</td>
</tr>
</tbody>
</table>

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

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

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

**PLAN**

**✔ Satisfied**
Degree Audit

• Remember: Current enrollments only go through June 2017
• You will register for 2017-18 in April 2017
• Audit assumes successful completion of in-progress coursework
• Audits are automatically “refreshed” weekly
• Self-service “refresh” button is available
## Degree Audit Refresh

<table>
<thead>
<tr>
<th>Medical Doctor</th>
<th>Refresh My Audits</th>
<th>Print</th>
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</thead>
</table>

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**
Clinical rotations away from Vanderbilt

- 2014-15: 131 away rotations
- 2015-16: 91 away rotations
- 2016-17: 63 away rotations (thus far)
AAMC Survey:
Students’ Primary Goal for Away

What was your primary goal for attending a 2015-16 away elective?

Path to Residency 77%

“an Audition” 42%
Fit 22%
LoR 13%

Data from 2015 VSAS Annual User Survey. Students could select one response.
Impact of Away Electives
Data from 2015 VSAS Annual User Survey. Participants entered their response manually.

“... made me realize which **environment I prefer** for residency training.”

“It helped me to identify what **type of program** I wanted, and **what I wanted** in a residency program”

“I hadn't seen a program that rotates through different hospitals so frequently, so **I didn't know** that **I didn't like it till I saw it.**”

“I was able to **rule out one specialty** of interest based on my away rotations”
Impact of Away Electives

Data from 2015 VSAS Annual User Survey. Participants entered their response manually.

“I decided not to rank another program #1 in my field of interest after rotating there for a month.”

“I loved some programs I didn't expect to, and my top choice ended up being a place I would have initially ranked relatively lower.”

“I actually expected to rank a program highly but, in the end, dropped it completely.”
Most Common Specialties for Away Rotations

Dermatology
Emergency Medicine
Ophthalmology
Orthopaedics
Otolaryngology
Neurosurgery
Plastic Surgery
Pursuing AWAY Rotation

• You are eligible once FCC phase is complete and you have taken and passed Step 1.
• Form and instructions are at https://medschool.vanderbilt.edu/enrollment/forms
• You will not self-service register. You will work closely with Office of Enrollment Services to:
  – Apply for away rotations
  – Register for away rotations
• You can apply for most away rotations through the Visiting Student Application Service (VSAS) which is sponsored by the Association of American Medical Colleges (AAMC).
Visiting Student Application Service

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

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

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

Do I need to use VSAS?
Students will use VSAS only if enrolled at a U.S. LCME-accredited medical school or participating COCA-accredited AAMC member school and applying for senior away electives at any VSAS host institutions.

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

International students may also review information about the Global Health Learning Opportunities (GHL0) service.

VSAS Help
Contact VSAS Help Desk: Contact us by e-mail (vsas@aamc.org) or phone (202-478-9878) Monday - Friday, 9 a.m. - 5 p.m. ET
FAQs: Visit our Frequently asked questions
Connect with VSAS on Facebook: http://www.facebook.com/AAMCMedStudent

Quick Elective Search
Search VSAS host institution electives:
Keywords:
Specialty:
State:
Search Clear Advanced Search

Looking for institution information? Try the list of host Institutions.
Process for Pursuing AWAY Rotation

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

• Office of Enrollment Services MUST receive notification from VU department approver.

• 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 2017 we will hold an extensive in-person overview of the process.
Questions?

Office of Enrollment Services
303 Light Hall
Ph. 615-322-2145
medregistrar@vanderbilt.edu
Monday-Friday 8am-4:30pm

Student Records Staff
Logan Key
Melissa Carro (away rotations; credentialing)
David Swayze (enrollment; registration)
Meredith Painter (general assistance with enrollment or financial aid)