CLASS OF 2017
FOURTH YEAR ELECTIVES WORKSHOP
February, 2016

Dr. Kuhls / Dr. Baker / Dr. Singer
REQUIREMENTS

• Minimum 36 weeks of elective credit
  (1 week = 1 credit)

• 4 week required Rural Rotation (Jamie Anderson, Dir.)

RESTRICTIONS

• Maximum 12 weeks per sub-specialty (additional weeks may be taken, but must be added to the total 36; example: 16 weeks of orthopedic surgery requires a total of 40 weeks)

• Maximum 6 weeks of non-clinical electives

• Maximum 12 weeks out-of-state electives
Well Balanced Schedule

- Fourth year elective schedules submitted for approval must include a well rounded clinical experience.

- Clinical Career Advisors are available to help achieve this goal (see list ‘Electives Planning Guide’).

- Clinical Career Advisors and the Associate Dean for Medical Education reserve the right to deny approval of unbalanced or otherwise inappropriate schedules.
RULES

• Any clerkship not taken in the third year must be completed by the end of September, 2016

• ALL electives must be scheduled through department assistants. **DO NOT** go directly to the preceptor!

• No more than 3 days may be missed per 4-week rotation; no more than 1 day may be missed of a 2-week rotation. These days are to be viewed as INSURANCE, NOT AN ENTITLEMENT

• 2 week advance notice required for elective changes

• **NO-SHOWING TO AN ELECTIVE WILL RESULT IN A FAIL ON YOUR TRANSCRIPT**
SCHEDULING – Where to Start!

• Choose a clinical career advisor from the advisor list (see Planning Guide)

• Make a tentative schedule and review it with your advisor

• Once you have your Rural Rotation assignment, revise tentative schedule, if necessary

• Schedule your electives with department assistants
  Note: Department assistants will not schedule any electives until March 8, 2016. ONLY department assistants may approve electives. Their signatures must appear on your schedule for the elective to be officially approved.

• Your clinical career advisor must sign your schedule.

• Elective Schedule Summary Form: Email Chrissy McHardy (Office of Medical Education) cmchardy@medicine.nevada.edu your form by May 13, 2016. Include all required rotations and away rotations.
SCHEDULING PROCESS Cont’ …

START SCHEDULING: **Tuesday, March 8, 2016**
(with Department Assistants)

1. **Email** Department Assistants with your **1. Formal Request for electives Form**. They will notify you within the week if elective is available. This is for clinical electives only and used only the first week.

2. If elective **IS** available, add this elective and **all** others to your **2. Elective Scheduling Form** (in a chronological order).

3. Once you have added your approved electives to your **2. Elective Scheduling Form**, acquire the Department Assistant’s signature (in person or via email/fax). **Signatures are required on this form for all approved electives**

4. When this form is complete and you have a minimum of 36 credits, review with Advisor and acquire signature on your **2. Elective Scheduling Form**.

5. When your **2. Elective Scheduling Form** form is complete and signed by Advisor, complete the **3. Elective Summary Form**. Instructions at: [http://medicine.nevada.edu/ome/forms](http://medicine.nevada.edu/ome/forms) This is a fillable (with drop down lists) excel spreadsheet. When complete, email only the electronic version to Chrissy Mchardy @ cmchardy@medicine.nevada.edu. Do not send a hard copy. These forms are maintained and stored in the OME Data Base. These forms must be to Chrissy by deadline date of **May 13, 2016**!

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**Don’t forget to include your RURAL DATES on your schedules!!!**
Planning/Scheduling Process

All electives, locations, course descriptions, length etc. are available online:

Electives Catalog: [http://medicine.nevada.edu/ome/electives/catalog](http://medicine.nevada.edu/ome/electives/catalog)
FORMS & INFORMATION

All forms for scheduling and changes can be found online (using the following link)

http://medicine.nevada.edu/ome/electives/students/forms
<table>
<thead>
<tr>
<th>Elective Title</th>
<th>Dates: From/To</th>
<th>Credit Total</th>
<th>Notes to assistant (preference, if applicable)</th>
<th>Dept. Assist Approved/ Denied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dermatology IMED 661d.001 / Reno</td>
<td>8/17 – 8/28/15</td>
<td>2</td>
<td>I am going into dermatology as my career</td>
<td>YES / D.Y.</td>
</tr>
</tbody>
</table>
University of Nevada School of Medicine 
2016 – 2017 Elective Schedule Form 

The following schedule must be returned to the OFFICE OF MEDICAL EDUCATION NO LATER THAN MAY 13, 2016 

Student’s Name: ___________________________________________________________

Phone No.: (___) ____________  E-mail: _______________________________  Pager or Cell: ________________

RURAL (4) __________

IN-STATE __________________

OUT-OF-STATE (max 12) __________

TOTAL CREDITS (36) __________

<table>
<thead>
<tr>
<th>TIME PERIOD</th>
<th># of CREDITS</th>
<th>ELECTIVE TITLE</th>
<th>ELECTIVE LOCATION</th>
<th>DEPARTMENT APPROVAL:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(40 hrs = 1CR)</td>
<td>ELECTIVE LOCATION</td>
<td>DEPARTMENT APPROVAL:</td>
<td>Signature of Department Assistant</td>
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</table>

**EXAMPLE:**

FROM: 8-8-16  
(Starts on a Monday)

TO: 9-4-16  
(Ends on a Sunday)

TITLE: PLASTIC SURGERY

COURSE #: SURG661MM

SECTION#: 01 (RENO)

RENO

DEPARTMENT ASSISTANT

FROM: ______  
TITLE: ________________________  
COURSE #: ________________________

TO: ______  
SECTION#: ________________________

DEPARTMENT ASSISTANT

FROM: ______  
TITLE: ________________________  
COURSE #: ________________________

TO: ______  
SECTION#: ________________________

DEPARTMENT ASSISTANT

FROM: ______  
TITLE: ________________________  
COURSE #: ________________________

TO: ______  
SECTION#: ________________________

DEPARTMENT ASSISTANT
Elective Schedule Summary

This schedule must be returned to the OFFICE OF MEDICAL EDUCATION NO LATER THAN MAY 13, 2016

Last Name, First Name
Phone:
Email:

Career Advisor:
Revised: (office use only)

You must choose Start and End (Months) from the dropdown BEFORE choosing Start and End (Dates).
All Start dates officially begin on a Monday.
All End dates officially end on a Sunday.
Scroll to the right for more instructions.

UNCOM Electives

<table>
<thead>
<tr>
<th>Semester</th>
<th>Year</th>
<th>Fall 2016</th>
</tr>
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<tbody>
<tr>
<td>Start Month/Longitudinal</td>
<td>Elective Start Date/Year</td>
<td>Elective End Date</td>
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</table>

Fall Semester Away Electives

State | Dept. | Line 1: first choose state and then Name of Organization | Away Credits | Clinical Credits | Non- Clinical Credits |
<table>
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<tr>
<td></td>
<td></td>
<td>Line 2: first choose Department and then the Elective</td>
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<td></td>
<td></td>
<td>If the organization is not listed, please contact Christine McHardy immediately.</td>
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</table>

Away electives: Please forward school/location, course information and dates to cmchardy@medicine.nevada.edu. This may include a VSAS screenshot or confirmation letter from the school.

Return Calendars: 2018 - 2019

<table>
<thead>
<tr>
<th>2018</th>
<th>2019</th>
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<td>June</td>
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<td>June</td>
<td>May</td>
</tr>
</tbody>
</table>
Away Electives

Okay to do an elective

STOP! THINK! TALK!

Okay to do an elective
Affiliation Agreements

• Complex legal document
• Some agreements would cost $15K in legal fees in the real world
• **3-6 month timeline** to get an agreement processed
• Serious thought and conversation with your advising team before pursuing this

Risk
• You **will be denied** the ability to go there at the last minute if the agreement is not signed by all parties prior to the start of your rotation
Applying to Away Electives

• Office of Student Affairs provides support and processes medical students’ applications for away electives

• Students should consider away electives as part of their specialty application process

• Research schools/electives now and complete any requirements for immunizations, etc; wait to apply until after your rural rotation is scheduled

• Check out the information online:
  UNSOM VSAS Resources from ASA
  AAMC VSAS Guide

Contact/s:  Brandi Aiazzi, Reno Campus
            Kevin Ray, Las Vegas Campus
SCHEDULE CHANGES

• Approval by the relevant department assistants and approval of the Office of Medical Education must be obtained by the student, using the Elective Change Form.

• At no time may a student’s schedule contain less than the required 36 credits; any course dropped that takes the total below 36 must be turned in with an accompanying course addition to maintain a total of 36 credits at all times!

• **Students must be registered in advance for an elective if they are to receive credit; course changes must be approved and processed through the Office of Medical Education before the student begins the elective.**

• A processing time of **no less than two weeks** is required for any elective change. Except in extenuating circumstances. Failure to provide the required notice may result in a professionalism report being placed in the students record.

• Students who cancel an out-of-state elective must notify the department offering the elective, in writing! A copy of the letter or email must be forwarded to the Chrissy McHardy (Office of Medical Education), along with a completed Elective Change Form.

**IMPORTANT:** No schedule changes for FALL will be accepted after December 1, 2016 and for SPRING February 1, 2017.
Schedule Change Form

http://medicine.nevada.edu/ome/electives/students/forms

If you are dropping only a portion of an elective, please specify on this form.
See ‘Schedule/elective change’ information in Electives Planning Guide – pgs. 16/17
ELECTIVE EVALUATIONS AND FINAL GRADES

http://medicine.nevada.edu/ome/evaluations

Evaluations will be done through One45. Just like third year, but without the patient logs!
YOUR RESPONSIBILITIES

• **IMMUNIZATIONS** – It is your responsibility to make sure they are current

• **HOSPITAL CREDENTIALING** – It is your responsibility to make sure you are prepared to enter a training site. All hospital required paperwork is available at [http://www.medicine.nevada.edu/dept/OME/AffiliationAgreementHospitalRequirements.asp](http://www.medicine.nevada.edu/dept/OME/AffiliationAgreementHospitalRequirements.asp). Contact Kevin Ray in Las Vegas (702-671-6457) or Chrissy McHardy in Reno (775-682-7729).

• **EVALUATIONS** – It is your responsibility to provide all out-of-state preceptors with a copy of the Clinical Performance Evaluation Form. No credit can be given without a completed evaluation form from the preceptor.

• **ADDRESS CHANGES/CONTACT INFO** – It is your responsibility to notify the Office of Admissions and Student Affairs of any changes. Contact Brandi Aiazzi at 775-682-8351

• **AWAY ROTATIONS** – It is your responsibility to keep OME updated with changes in away rotations. **UNSOM’s medical malpractice does not cover you if your rotation has not been approved by OME.** Confirmation letters (or screen shots of VSAS acceptances) should be forwarded to Christine McHardy at cmchardy@medicine.nevada.edu.
Rural Presentation
Med 608

Advanced Clinical Experience in Rural Health Care

Rural Rotation Director
Jamie T Anderson, MS,MA
PME 208B
(775)682-7728
jtanderson@medicine.nevada.edu
ORIENTATION

• This is it!!!!
• Clerkship Goals:
  - Mini Internship
  - Increase understanding of health care dynamics in smaller communities
• Methodology:
  - Immersion Experience
  - Preceptorship Format
Sample Planning Form

Note: Form due back to Jamie Anderson no later than 8:30pm on February 15, 2016.

ADVANCED CLINICAL EXPERIENCES IN RURAL HEALTH CARE
2016-2017

Student ID #: ________________________________
Cell/Alternate: ________________________________

Selection Sites
Battle Mountain, NV  Mark Myers, MD  IM __________
Bishop, CA  Stacey Brown, MD  FP __________
James 1. Richardson, MD  IM __________
Mark K. Robinson, MD  Ortho/Surg __________
Tama Weiss, MD (HS)  FP/Ob __________

Boulder City, NV  Harve Ziesar, MD  FP __________
Jim Chang, MD  FP __________
Warren Smith, MD  FP __________

Caliente, NV  William Katsinos, MD  FP __________

Elko, NV  Brad Suiter, MD  Card __________
George Martin, MD  Path __________
John Tchurny, MD  Surg __________
Christopher Ward, MD  Surg __________

Elv, NV  Nancy Baker, DO  FP __________
G. Norman Christensen, MD  OP __________
Mike Magoo, MD  Surg __________

Fallon, NV  Richard Davis, MD  Ortho/Surg __________
Thomas V. McCombs, MD  Surg __________
Ted McDonald, MD  OB/GYN __________
Michael Murray, MD  Surg __________

Hawthorne, NV  Fausto Dafla, MD  FP __________

Incline Village, NV  Johanne Koch, MD  FP __________
Robert Rupp, MD  Ortho/Surg __________

Leaves, NV  Kenan VanGuilder, MD  FP __________

Mammoth Lakes, CA  Krohem Bahr, MD  Surg __________
Pete Clark, MD  FP __________
Amy Conner, MD  Peds __________
Timothy Cres, MD  Ortho __________
Michael Karch, MD  Ortho/Surg __________
Richard Koehler, MD  Surg __________
Kristin Wilson, MD  Peds __________

Mesquite, NV  Michael J. Gossen, MD  FP __________
Mindig, Gardnerville, NV  Steven Brown, MD  IM __________
Sue Sanchez, MD  IM/Genetics __________
Loren Simpson, MD (HS)  FP __________
Pahrump, NV  John W. Sorenson, MD  Surg __________
Quincy, CA  Erin M. Barnes, MD  FR/Ob __________
Sue W. Jensen, MD  Surg __________
Ross E. Morgan, MD  FP/IM/Ob __________
Lawrence A. Price, MD  FP/IM/Ob __________

S. Lake Tahoe, CA  Stephen M. Benner, MD  Ortho/Surg __________
Allison Monroe, MD  FP __________
Tanghee On Ovett, MD  EM __________

Tahoe City, CA  Tempeo Chu, MD  Ortho/Surg __________
Steffen Schurak, MD  IM/Hospitalist __________
W. Kelly Shanks, MD  GYN (4 students only) __________
Kyle E. Swanson, MD  Ortho/Surg __________

Susangular, CA  George Barlow, MD  Ortho/Surg __________
John Dizzier, MD  FP/Ob __________
Greg Valenzani, MD  FP __________

Truckee, CA  Julie Conyers, MD  Surg __________
John Foster, MD  Ortho/Surg __________
Ed Hammonds, MD  EM __________

Winnemusso, NV  Shpiching Li, MD  FM/Cad __________
S. Leonard Parkinson, MD  FP/Ob __________

Comments:
Student Planning Responsibilities

- Review email communication re: clerkship
- Complete Preference Form by **5:00PM February 26, 2016**.
- Use ID # ONLY
- Comment section: Use to describe interests, preferences, information helpful to clerkship coordinator in scheduling.
- ID, MT, Alaska Students: See Jamie Anderson re: return to home state for rural rotation
- Email completed form to npreston@medicine.nevada.edu
Assignments

• Roster of class assignments emailed to each student by **5:00pm March 1, 2016**

• All correspondence will be sent via medicine account

• Students should be prepared for possibility that their preference of preceptor/location may not be available

• **Tuesday, March 8, 2016**: Elective Planning Process begins
Changes in Rural Rotation Assignments

• March 2- April 29, 2016
• Students have this time block to make trades with other students if they so desire
• Trades must reflect exact preceptor, location and date.
• Clerkship Change Form must be completed:
  ❑ Must be signed by both students
  ❑ No changes will be processed without both signatures.
  ❑ First come, first served in change process.
  ❑ Completed forms turned in to Jamie Anderson
• Updated roster will be available upon written request
Assignment Changes after April 29, 2016

In Case of ...

- Conflict with out of state elective in specialty choice
- Conflict with residency interviews that may exceed the 3 day excused absence policy
- Unexpected and serious personal/family situation
- **Student should be prepared for the possibility that their preference of preceptor, location, date may not be available**
- Students requesting changes after April 29 are encouraged to contact Jamie Anderson directly to discuss options.
- Written request to change assignment is **mandatory**
- No changes processed without written request
- When change is processed, written notification is sent to student and affected preceptors and hospital/community partners
Key Information for Students

Six weeks prior to the start of the rotation:
Students will receive an email confirming their assignment and directing them to WebCampus for their course related materials. This includes:
- Contact information of preceptor
- Hospital documentation requirements (student responsibility)
- Housing resources (if available)
- Community information

Three weeks prior to the start of the rotation:
- Completed Confirmation of Housing form must be returned to Nicole Preston (nicole.preston@medicine.nevada.edu)
- Hospital documentation requirements – submit directly to contact person indicated in WebCampus

Two weeks prior to start of the rotation:
Reminder letter along with Evaluation of Student Performance and student contact information is sent to preceptor

First week of the rotation:
Completed Learning Contract due. Submit to Nicole Preston

Four weeks after the rotation:
Completed paperwork due. Submit to Nicole Preston
- Honors Project (optional)
- Student must complete Course & Teaching Evaluations in one45
- Preceptor returns completed Evaluation of Student Performance
- Final grade submitted to Registrar
Sample: Web Campus
Other Helpful Information

• **Absences**: Notify Nicole of dates and make up dates, if applicable, in writing

• **Visibility**: High

• **Pets**: **NO, NO, NO!!!**

_This is a partnership ~ enjoy the opportunity! Graduate!_
Year 4 & Specialty Choice Advisory Workshops

Deborah Kuhls, MD

Cherie Singer, Ph.D.
Timeline
January – June 30, 2016

• Continue to do well in your clerkships.
• Attend Career Advising Workshops for your specialty areas of interest.
• Talk with and begin to identify career advisor for your specialty area(s).
• Narrow down specialty choices to maximum of 2 by April/May.
• Talk with Student Affairs for help with decision-making, unique circumstances (couples match, etc.); determining competitiveness.
• April – ERAS Workshop – applying to residency – Date To Be Determined
Advising Workshops

1. One-Stop Advising for Students
2. Academic and Career Advising
3. Advisor selection
4. Overview of workshop goals:
   • Making your specialty choice
   • Assessing your “fit” for specialty interests
   • Choosing clinical electives to help you in your specialty choice and preparation
   • Selecting clinical electives to completed your medical education
   • How to prepare for residency
   • Strategies for residency program applications.
   • Timing for Step 2 CK and CS
   • MATCH!
   • Graduation!
Most Competitive Specialties

Top 5 (2014 Match)

• Neurosurgery
• Otolaryngology
• Plastic Surgery
• Orthopaedic Surgery
• Physical Medicine and Rehabilitation

Specialties becoming more competitive

• Emergency Medicine
• Pediatrics
• Neurology
• Radiation Oncology
• General Surgery
Successful Match Strategies

• Accurately assess competiveness for your specialty interests
• Talk and listen to Student Affairs
• Talk and listen to clinical advisors
• Strong clerkship grades lead to strong letters of recommendation
• Prepare for Step 2 CK – score needs to stay the same or go up
Self-Assessment
“Fit” for Specialty Interests

Considerations:

List the primary reason for your choice of this specialty

Patient Type Preference
  - Gender
  - Age
  - Other

Lifestyle considerations important to you

Financial considerations

What part of medicine are you giving up by choosing this specialty?

Geographic Considerations

Fellowships available in this specialty

Research opportunities
Resources for Students

• UNSOM Outcomes of the Match
• National Outcomes of the Match (NRMP)
• Careers in Medicine website
• Curriculum for Year 4 (electives catalog)
• Student Affairs
• Administrative Faculty in Academic Affairs, Medical Education
• Clinical Advisors
Questions?

Christine McHardy, BSW
Clerkship & Electives Coordinator/Student Scheduler; Office of Medical Education - Reno
Ph. 775-682-7729
cmpchardy@medicine.nevada.edu

Sherry Marcu
Assistant to Associate Dean, Academic Affairs; Administrative Assistant, Medical Education
Las Vegas
Ph. 702-671-2302
smarcu@medicine.nevada.edu

~ Power Point will be emailed to students and available online ~

http://medicine.nevada.edu/ome/electives/students/forms