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IMPORTANT CONTACT INFORMATION

Sr. Associate Dean for Medical Education
Mark Servis, M.D. (916) 734-4118 mark.servis@ucdmc.ucdavis.edu
Germaine Kennix, Assistant (916) 734-4118 germaine.kennix@ucdmc.ucdavis.edu

Assoc. Dean for Student Affairs
Lee Jones, M.D. leon.jones@ucdmc.ucdavis.edu
Germaine Kennix, Assistant (916) 734-4118 germaine.kennix@ucdmc.ucdavis.edu

Office of Student Learning and Educational Resources
Joanna Arnold, PhD, Director (916) 734-8785 joanna.arnold@ucdmc.ucdavis.edu
Richard Moses (916) 734-4678 richard.moses@ucdmc.ucdavis.edu
Gail Peoples (916) 734-4122 gail.peoples@ucdmc.ucdavis.edu

Office of Curricular Support, 4th Year
Ryan Traynham (916) 734-3526 ryan.traynham@ucdmc.ucdavis.edu
Polly Latow (916) 734-4984 polly.latow@ucdmc.ucdavis.edu
Lina Ibarra (916) 734-4111 lina.ibarra@ucdmc.ucdavis.edu
Mellin, Amy (916) 734-4124 amy.mellin@ucdmc.ucdavis.edu

Registrar’s Office http://www.ucdmc.ucdavis.edu/ome/registrar/
Susan Hefner (916) 734-4990 susan.hefner@ucdmc.ucdavis.edu
Elena Recinos (916) 734-4999 elena.recinos@ucdmc.ucdavis.edu
Terje Robertson (916) 734-1838 terje.robertson@ucdmc.ucdavis.edu
Manoj Kumar (916) 734-2409 manoj.kumar@ucdmc.ucdavis.edu
SOM Registrar’s Fax (916) 734-2178

Student Support Services
Frank Sousa, M.D., Career Advising (916) 734-4569 francis.sousa@ucdmc.ucdavis.edu
Bren Ahearn (916) 734-1848 brendan.ahearn@ucdmc.ucdavis.edu
Lao Thao (916) 734-4121 lao.thao@ucdmc.ucdavis.edu

General Line (916) 734-4120
Lauren Snow (916) 734-4115 lauren.snow@ucdmc.ucdavis.edu
Lynn Peters (916) 734-4113 lynn.peters@ucdmc.ucdavis.edu
Gwen Miller (916) 734-4112 gwen.miller@ucdmc.ucdavis.edu
Charmaine Allen (916) 734-0879 charmaine.allen@ucdmc.ucdavis.edu

UCDHS Employee Health
Main Line (916) 734-3572
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<td>Kennix, Germaine</td>
<td>- Contact person for Dr. Mark Servis, Sr. Associate Dean of Medical Education and Dr. Lee Jones, Associate Dean for Student Affairs</td>
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**4th Year Oversight Committee (FYOC)**

The Fourth Year Oversight Committee (FYOC) is a subcommittee of the Committee on Educational Policy (CEP). The Fourth Year Oversight Committee reviews and approves fourth year curriculum schedules (flight plans), reviews and approves clinical weeks given for research and international rotations, and makes recommendations for any revisions necessary in the fourth year curriculum. The Committee discusses and makes recommendations to the CEP on issues pertaining to the fourth year curriculum. The CEP votes on the implementation of the Committee’s recommendations. Members of the Fourth Year Oversight Committee include the Associate Dean for Student Affairs, the Chair of the Committee on Educational Policy, the Chair of the Committee on Student Progress, and appointed members from the core medical and surgical specialties.

**Members:**

- Stacey Wallach, M.D., Chair, Fourth Year Oversight Committee
- Sarah Marshall, M.D., Vice-Chair
- Lavjay Butani, M.D.
- Wetona Eidson-Ton, M.D.
- Hershan Johl, M.D.
- Karnjit Johl, M.D.
- Hendy Ton, M.D.
- Judith Turgeon, M.D.
- Mark Servis, M.D., ex officio
- Lee Jones, M.D., ex officio
CRITICAL DEADLINES
2013-2029

March 15, 2013 – Last day to submit a request for specific dates for CPX exam to Haydee Pineda-Johnson

March 25, 2013 – Deadline for completing your Spring Quarter schedule

April 1, 2013 – Reminder: schedule USMLE Step 2 CS exam EARLY

May 15, 2013 – Deadline for submission of Scholarly Project Proposals

May 5, 2013 – Enrollment deadline for Summer Quarter schedule

July 1, 2013 – ERAS (Electronic Residency Application Service) opens

August 4, 2013 – Enrollment deadline for Fall Quarter schedule


September 1, 2013 – NRMP (National Residency Matching Program) Registration begins

September 1, 2013 – Completed 4th year schedule due in eFlight for FYOC review

September 8, 2013 – Last day to submit written request to extend an additional year; check with Registrar’s Office and Financial Aid to ensure you are allowed to do so

October 1, 2013 – MSPEs are released to ACGME accredited residency programs

November 3, 2013 – Enrollment deadline for Winter Quarter schedule

November 30, 2013 – Last day to register for NRMP without receiving a late fee

December 31, 2013 – Deadline to take USMLE Step 2 CS/CK exams for June 2014 graduation

January 6, 2014 – Last day to submit request to Registrar to take Spring Quarter 2014 off

January 15, 2014 – Students can begin to enter their Rank Order List on NRMP website

February 3, 2014 – Enrollment deadline for Spring Quarter schedule

February 7, 2014 – No more changes or revisions to your Fourth Year Curriculum Schedule allowed. Graduation checks in progress.

March 14, 2014 – Match Day
IMPORTANT REGISTRATION INFORMATION

It is critical to keep the School of Medicine Registrar’s Office informed of your current mailing address and primary phone number so that we can find you should problems arise. It is also important to access the SISWeb (http://sisweb.ucdavis.edu) to update your mailing address. Please make sure to update current address changes for both “mailing” and “billing” addresses.

REQUEST TO TAKE SPRING 2014 QUARTER OFF

If a student plans to take the Spring 2014 Quarter Off, you must complete a “Spring Quarter Off Form” (please see this site for current form: http://www.ucdmc.ucdavis.edu/mdprogram/registrar/form.html), and submit it to the School of Medicine Registrar’s Office, by January 6, 2014.

Students taking Spring Quarter Off should consider their curriculum schedule unchangeable (after submitting their application for Spring Quarter Off) so that graduation checks may be completed in a timely fashion.

DECEMBER 2013 GRADUATION

Each year some students choose to graduate in December. In order to graduate in December a student must have finished all fourth year requirements and been approved by the School of Medicine Registrar as having passed the graduation requirements. Students graduating in December 2013 will “walk” at commencement with the class of 2014 and be listed in the June 2014 commencement brochure as a December 2013 graduate.

Listed below are some “pros” and “cons” of graduating in December:

Pros:
Flexibility of your third and fourth year schedule – student can take a leave; pursue another degree (Ph.D., MPH, etc.), research, travel abroad, etc.

If experiencing academic difficulties, a student can extend to December and still graduate in the same year and save the financial expenses of two more Quarters.

Student can use January through July (after the December graduation) for working, research, childcare, or whatever else you wish to do, prior to starting Residency.

Cons:
If on financial aid, repayments of loans begin 6 months after you are no longer enrolled, thus prior to the beginning of your Residency.

Student will go through the Residency/ERAS process with next class (Class of 2014) and Match in March of 2014, after their December graduation date. During the Match process you will be assisted as a current student.
Students will no longer have medical health (WHA), Vision (VSP) or dental (Premier) insurance coverage. With a December 2013 graduation, medical, dental and vision insurance plans are terminated as of 12/31/2013. If a student needs health, vision and/or dental coverage from January to the time their Residency begins the following July, they will need to arrange for their own coverage. Students are not UC employees, therefore, not eligible for COBRA extended coverage.

If you intend to graduate December 2013, you must meet with the fourth-year curriculum manager or advisor, along with the SOM Registrar and Financial Aid Director for approval.

LEAVES

If Students take a leave for any length of time, they must visit the SOM Registrar's Office to complete relevant paperwork. Leave forms can be found at:

http://www.ucdmc.ucdavis.edu/mdprogram/registrar/form.html

Spring Quarter off, while not a PELP leave, still requires leave paperwork to be completed.

If you need medical, vision and/or dental insurance (see section above re. December graduation), you may wish to take a PELP leave (which will allow you to continue your insurances) for the Winter Quarter and a Spring Quarter off for spring 2014.

FINANCIAL AID ELIGIBILITY

To be eligible for financial aid assistance, a student must be enrolled and complete a minimum of nine units per quarter. Students will not receive financial aid if they fall below nine units. There is no part-time fee status for professional students; therefore, financial aid cannot be “pro-rated.”

- It is the student’s responsibility to pay their fees by the first day of instruction of each quarter, even if they are doing an “away” elective.
- If fees are not paid by the fee deadline date, the student will be assessed a late fee (amount determined by Office of the University Registrar) and pulled from their coursework. (If your fees are not paid, you have no malpractice coverage.)

|----------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|

1 If, after the 10th day of the quarter, a student is not registered for classes or on leave (completed paperwork submitted to Registrar) the student will be withdrawn from medical school.
UC DAVIS CLINICAL PERFORMANCE EXAMINATION (CPX)

Exam Dates:
- **Phase 1:** SP Examination: May 1 – 20, 2013 (weekdays)
- **Phase 2:** Video Review/action plan: Within 2 weeks of SP examination
- **Phase 3:** Faculty Review/action plan revision: Within 4 weeks of SP examination
- **Phase 4:** Action Plan follow-up: Over 4th year

Exam times: 9:30 am – 3:30 pm
Exam location: Clinical Education and Resource Center
Medical Education Building, Sacramento

**WHAT IS THE CPX?**

The CPX is a four-part exam and exercise given at the end of your third year to assess and improve the clinical performance of medical students throughout their 4th year. Consider it a “clinical final examination” for your third year and preparation for the USMLE Step 2 Clinical Skills Examination.

In the UC Davis CPX, students interact with standardized patients, review their own performance, and later meet with a faculty member to discuss individual results. All students develop an action plan for improving their skills over the fourth year, and follow-up with the skills center during their 4th year. Students who do not meet minimum performance criteria will participate in mandatory skills-building workshops and practice exercises.

**WHAT IS EVALUATED?**

This exam will evaluate your clinical skills in the following areas:
- Focused, appropriate history
- Focused, appropriate physical examination
- Communication skills
- Information sharing (discussing diagnosis, plan and follow-up)
- Patient satisfaction
- Clinical courtesy/etiquette (introductions, pace, hand-washing, modesty, etc.)

**WHAT ARE THE CPX ACTIVITIES (called “Phases”)?**

**Phase 1: Standardized patient evaluation.** The first phase of the CPX is meant to simulate a busy clinic experience. You will spend a half-day in “clinic” and interact with 8 standardized patients (SP). The cases will cover common and important situations that a physician is likely to encounter in a general ambulatory clinic. The cases include chronic, sub-acute and acute presentations of disease. Standardized patients are selected to represent a broad range of age, racial and ethnic backgrounds. You should respond to their issues as you would if you were seeing real patients in a clinic. All SP interactions will be videotaped.

Each Standardized Patient interaction (depending on the case) will last 15 or 20 minutes. Your performance will be assessed by the standardized patient. After each interaction, you will spend 10 minutes completing a computer-based interstation exercise. You will answer a series of questions that may require you to come up with a plausible differential diagnosis, determine appropriate treatment and follow-up, reflect upon alternate clinical scenarios, or reflect on your interaction with the standardized patient.
Phase 2: Individual video review and action plan formation (also called an “individualized learning plan” or ILP). 2 to 10 days after your exam, you will review a digital video of your SP interactions, teaching videos, and develop an ILP for improvement of your clinical skills. You will be given your SP scores, class benchmarks, and SP comments. You will schedule this video review (Phase 2) at the conclusion of the clinical exam day. This activity will take 1 to 1.5 hours.

Phase 3: Faculty review. 4 to 7 days after you review your tape, you will meet with a faculty member for approx. a 1.5 hour session. You will review 1-2 video segments, and discuss your ILP. After the meeting, you will revise your ILP. (This revision will take an additional 10 – 20 minutes.) The faculty will focus on “big picture” issues, and provide feedback. You will schedule this meeting (Phase 3) at the conclusion of the clinical exam day as well. This activity (faculty session and revision of ILP) will take approximately 2 hours.

Phase 4: Skills improvement. All students will be expected to follow-up on their ILP over the course of the year. Students will be expected to update their action plan on a regular basis.

Failing the examination: Every professional has skill areas in which they need to improve. Students who do not meet minimum performance criteria will participate in a series of mandatory workshops and exercises in their fourth year, designed to improve their clinical skills. These students will follow-up with an assigned mentor, and may be required to participate in a re-test of their clinical skills midway through the year.

ORIENTATION

We will hold two mandatory one-hour orientation sessions for students in March and April. If possible bring your flight plan to this session so that you may review both schedules for any potential conflicts.

HONOR CODE:

The Honor Code is extremely important – since a similar exam is administered at different times throughout the state. You may not discuss the exam with other UCD students or with other California medical students UNDER ANY CIRCUMSTANCES.

SCHEDULING:

This exam and follow-up exercises are MANDATORY. It is ESSENTIAL that each of you completes the exam within the designated time.

Terri Hall (terri.hall@ucdmc.ucdavis.edu), will schedule students on a random basis. Please cc Haydee Pineda-Johnson, Clinical Education & Resource Center Manager (haydee.pineda-johnson@ucdmc.ucdavis.edu)

Specific requests for particular exam dates will be considered only with a valid reason (away rotation, etc.) You must submit your request by March 29, 2013. No changes to the schedule will be allowed after this date except in case of emergency.

For additional information, please contact the UCD CPX Director, Dr. Malathi Srinivasan (malathi@ucdavis.edu)
USMLE STEP 2 EXAMS
Clinical Knowledge (CK) and Clinical Skills (CS)

Step 2 Clinical Knowledge (CK) and Clinical Skills (CS) both assess your ability to apply medical knowledge, skills and understanding of clinical science to the provision of patient care in supervised settings. Step 2 CK uses a multiple choice format with questions based on integrated clinical science content. Step 2 CS uses standardized patients to assess your ability gather information, perform physical exams and appropriately communicate findings. All students are required to take and pass USMLE Step 2 CK and Step 2 CS to fulfill graduation requirements.

Timing of Step 2 CK/CS: It is best to study for and take Step 2 CK and CS within approximately four months of completing your third year clerkships. There are a number of things to consider when scheduling your exams. These include the amount of time you will need to prepare for these exams, your performance on USMLE Step 1, the timing and location of your Acting Internships, availability of testing dates/locations and the availability of scores prior to beginning your residency interviews. If you have questions related to optimal timing of these exams, please contact Dr. Jones and the Office of Student Learning and Educational Resources.

2013 Schedule for Reporting Step 2 CS Results

<table>
<thead>
<tr>
<th>Testing Period</th>
<th>Reporting Start Date</th>
<th>Reporting End Date</th>
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<tr>
<td>January 1 - January 26</td>
<td>February 27</td>
<td>March 20</td>
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<tr>
<td>January 27 - March 23</td>
<td>April 24</td>
<td>May 22</td>
</tr>
<tr>
<td>March 24 - May 18</td>
<td>June 12</td>
<td>July 10</td>
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All Test Centers Closed
No testing May 19 through May 31

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<tr>
<th>Testing Period</th>
<th>Reporting Start Date</th>
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<tr>
<td>June 1 - July 13</td>
<td>August 14</td>
<td>September 11</td>
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<td>July 14 - September 7</td>
<td>October 9</td>
<td>November 6</td>
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<tr>
<td>September 8 - November 2</td>
<td>December 4</td>
<td>January 1 (2014)</td>
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SPECIAL NOTE: CS exams are administered at 5 test site locations: Atlanta, Chicago, Houston, Los Angeles and Philadelphia. Most of the test dates for these sites are booked for the year by July 1st. The best and most efficient strategy is to register by March, 2013 and schedule yourself to take the CS exam sometime during June – August, 2013 so the exam will not interfere with your acting internships or residency interview schedules.
Deadlines: In order to ensure that graduation requirements are met, spring graduates must complete Step 2 CK/CS by December 31 of their fourth year. Winter graduates must complete these exams by August 25 of their graduation year.

Registration: You may register for both components of Step 2 at the same time on the same application and take them in any sequence. Please visit www.usmle.org to read more information about the exam and registration programs for both CK and CS.

Testing Accommodations: Students with learning or other disabilities may apply for testing accommodations. The NBME states: “applicants who apply for test accommodations must also submit an application for accommodations to the USMLE Disability Services office. A Scheduling Permit will be issued after a decision regarding the accommodation has been made.” Please keep in mind, students applying for accommodations are still expected to meet the completion deadline for both components of the Step 2 examination. Students applying for accommodations should contact Gail Peoples for assistance (gail.peoples@ucdmc.ucdavis.edu).

Financial Aid: When you receive email confirmation of your registration for both CK and CS, QUICKLY submit a copy of your "Receipt of Payment Form" for one or both of the exams fees to the School of Medicine, Financial Aid Office. Financial aid will review your eligibility for an increase in aid for the costs of the associated exam fees. If you cannot put the expense of the fees on a credit card, discuss the need of an advance with the financial aid staff.

Study Schedules: Staff in the Office of Student Learning and Educational Resources (OSLER) are available to help you create an individual study plan for Step 2 CK/CS. This includes selecting an appropriate test date, created a weekly/daily study plan and identifying appropriate study resources. Please contact Joanna Arnold (joanna.arnold@ucdmc.ucdavis.edu) or Richard Moses (richard.moses@ucdmc.ucdavis.edu) to make an appointment to discuss Step 2 study.
CURRICULUM SCHEDULE

The fourth year curriculum will provide you with breadth and depth of learning experiences while helping you attain competencies at an advanced level (sub-internship) in the domains of patient care, knowledge, interpersonal and communication skills, professionalism, system-based practice, life-long learning, and practice-based learning. The faculty expects that your program will be academically broad and vigorous, with courses and clerkships selected to prepare you for the supervised practice of medicine in any field. There is flexibility within the schedule to provide diverse opportunities for in-depth exploration of areas of interest to you while helping you to select and prepare for the residency of your choice.

The fourth year schedule is your map to graduation, and you will use the E-Flight system to schedule destinations along the way. Your advisors and mentors will help you plan your itinerary, and E-flight will help you book your reservations. Get ready for a fantastic journey!

eFlight System: https://eflight.ucdmc.ucdavis.edu/

READ the eFlight Instructions. Once logged in, a personal profile outlining your career goals will be required. Contact Polly Latow with any questions you have about the system.

Schedule Prep

1. We strongly advise you to meet with your Career Advisor regularly throughout the 4th year.
2. When developing your fourth year schedule, keep in mind the type of residency you are applying for. It’s ok if you are still debating between 2 or 3 different specialties. You can organize your schedule to give you electives in several areas to help with your decision.
3. Review the “Recommended Electives for Specific Careers” which provides elective suggestions from UCDMC Residency Program Directors. This can be found on the One Stop Fourth Year Resource website.
4. Helpful Resource websites:
   d. http://www.aamc.org/students/cim/

The Basics

1. You are required to have a minimum of 36 weeks of coursework with 28 being direct patient care (Categories: Acting Internships, Ambulatory Acting Internships or Advanced Clinical Clerkships). A maximum of 4 weeks may be Clinical Didactic. Research and Reading Electives do not count towards the 36 weeks. If you are unsure about a course, please ask.
2. Courses will only receive credit if they appear on your’re My Schedule Tab prior to the first day of class. No Retroactive Additions for credit!
3. Any 3rd year clerkships taken during your 4th year do not count towards your required weeks.
4. **4th Year Credit** may be earned for Didactics and Advanced Clinical Clerkships taken prior to the end of 3rd Year as long as the student has successfully completed a minimum of 4 clerkships and received permission by the FYOC ahead of time.
5. **No more than 8 weeks of any course will count towards the 36-week requirement.**
6. **International Rotations** must be approved for credit prior to the beginning of the rotation. Instructions on how to petition the Fourth Year Oversight Committee for credit can be found on page 17.

**Curriculum Specifics**

The following were adopted by the Fourth Year Oversight Committee to assist students in meeting the Breadth and Depth expectations of the School. Definitions for these specific categories can be found in the Appendix on Page 20.

- 4 weeks of SPO or SSM
- 4 weeks of Undifferentiated Patient Experience (see below for courses)
- 4 weeks of an Inpatient Acting Internship from one of the following departments: Internal Medicine, OB-GYN, Pediatrics, Surgery, Family & Community Medicine and Psychiatry
- 4 weeks of Inpatient or Ambulatory Acting Internship in any department/discipline
- 20 weeks of additional curriculum
- 16 weeks must be taken at UC Davis

**Undifferentiated Patient Experience**

Students may take one of the following courses to meet this requirement. Rotations must be done at UCD.

- EMR 440 – Emergency Medicine Clerkship
- EMR 470 – Pediatric Emergency Medicine
- PED 460A – Inpatient Pediatrics Acting Internship
- PED 460B – Outpatient Pediatrics Acting Internship
- PED 468 – Pediatric Nephrology (4 weeks required)
- GAS 460 – Gastroenterology Clinical Clerkship (4 weeks required)

**Away Rotation Limitations**

Course work completed at other institutions may count towards your curriculum requirements with approval of the sponsoring UCDHS Department. See Page 17 for information on Away Rotations.

**Curriculum Breadth:**

The Fourth Year Oversight Committee will review each student’s schedule to ensure breadth and vigor. Programs should include a mixture of core and subspecialty learning experiences. As a general rule, schedules should contain no more than 4 courses from a given department. Doing so may require you to complete more than 36 weeks of work.

**Flight Plan Approval Process**

Fourth Year Oversight Committee will review and give final approval to all schedules.
AWAY ELECTIVE APPROVAL PROCESS

Students on "probation" may not take any off-campus electives without approval by the Committee on Student Progress (CSP). Students that fail any component of the USMLE step exam are placed on probation (SOM Bylaws & Regulations: 80 B (c), 6/08.)

VSAS – Visiting Student Application Service

As of March 25, 2008, the AAMC’s Visiting Student Application Service has been online and serving as an electronic application service for away electives at certain LCME-accredited medical schools (see https://services.aamc.org/20/vsas/public/schools/). All students doing away electives at one of these schools must request application authorizations from Terje Robertson (last names A-L) or Manoj Kumar (last names M-Z) in the Registrar’s Office (terje.robertson@ucdmc.ucdavis.edu; manoj.kumar@ucdmc.ucdavis.edu). Additional information on the VSAS process may be found at the VSAS website http://services.aamc.org/20/vsas/ and the UCD SOM Registrar’s website under the Elective Approval Process http://www.ucdmc.ucdavis.edu/mdprogram/registrar/elective.html.

Process:

1. Request VSAS authorizations from Terje Robertson or Manoj Kumar.
2. After receiving an e-mail from VSAS on your Lotus Notes, set up your profile and look for electives.
3. Apply for electives and submit them (make sure you have your HIPAA updated and immunization paperwork signed). Keep in mind schools may have slightly different requirements.
4. If all of the necessary information/documents are included, Manoj and Terje will submit the applications to the host schools.
5. You will receive an offer or denial notice from the host school.
6. You accept or deny the offer.
7. If you accept the offer, go to Lina Ibarra and give her the away elective information.
8. Lina enters the away elective into e-flight for credit.

Non-VSAS Rotations

At least six weeks before the start of your off-campus elective:

1. Contact the HOST institution and complete their application for visiting students.
2. Once approved for your rotation, obtain the name and contact information for the coordinator at the HOST institution.
3. Once your rotation is set up with the HOST institution, contact Lina Ibarra (lina.ibarra@ucdavis.edu) with information on the rotation.
4. If any paperwork needs to be filled out/signed, contact the Registrar’s Office.
Example of information to be sent to Lina so that she can enter it into eFlight:

**NEPHROLOGY**
**UCD course number I anticipate the course filling:** NEP 460

**Course info:** The student will participate in an outpatient nephrology clinic and/or dialysis clinic on a daily basis, while also following consults in the inpatient setting at Santa Barbara Cottage Hospital for 2 weeks. Santa Barbara Cottage Hospital is an acute-care teaching hospital.

**Dates:** 11/05/12-11/16/12

**Host coordinator contact info:**
Name: XXX
Number: XXX-XXX
Email: XXXXXX

*Remember that credit will not be given to rotations added retroactively.*

**IF YOUR AWAY ELECTIVE IS NOT IN E-FLIGHT IT DOES NOT COUNT TOWARDS YOUR GRADUATION AND DOES NOT GIVE YOU CREDIT.**

**CRITERIA FOR OBTAINING CREDIT FOR INTERNATIONAL ROTATIONS**

1. First, choose a country that is safe.
2. Prepare a memo describing the program in detail and explicitly stating what you are asking for (e.g., X weeks of patient-care credit).
3. A memo/letter/email from a faculty member at UC Davis endorsing your participation in the program and indicating what course title and number you will be signed up for.
4. A memo/letter/email from a faculty member at the institution to which you are going indicating that they will be supervising you while at their institution and acknowledging the patient-care schedule that you'll have.
5. A typical daily schedule showing exact times spent with patients, on rounds, etc. The Committee is interested in what you will be doing with the patients.
6. Contact Dr. Michael Wilkes, Professor of Medicine & Global Health. His office will help assemble these items and complete the necessary application for credit.
7. Send full proposals to Lina Ibarra, to be forwarded to the Fourth Year Oversight Committee for review and approval.
ABSENCES

Wisdom says: Be VERY careful in scheduling courses during the residency interview period. The IOR of any elective you take may or may not allow you (a very short) time away from the elective for interviews.

1. All 4th Year Electives will adhere to the UC Davis, School of Medicine Duty Hours Policy
2. Students should notify IORs and Department Coordinators for approval of any planned absences as soon as the dates are known.
3. Make up days/shifts are assigned at the discretion of the IOR if the absence is 2 days/shifts or less.
4. Absences beyond two days/shifts are required to be made up even if the IOR approves of the absences.
5. All time off must be approved by the IOR.
6. Any make up days/shifts assigned by the IOR are required for completion of the course.
7. Students and IOR(s) should document all communication regarding time off requests.

TRAVELER INSURANCE COVERAGE

Effective October 1, 2007 the University changed the Student Off-Campus Travel Accident insurance to provide enhanced coverage. This new coverage is broader, more generous and is provided at no cost to students. The University is requiring registration for travel conducted outside of California. This registration generates a confirmation of coverage insurance card for each trip and medical emergency travel assistance telephone numbers. Please see: http://www.uctrips-insurance.org/ for details.
USEFUL WEBSITES

- USMLE – http://www.usmle.org/
- AAMC – http://www.aamc.org/
- ERAS – http://www.aamc.org/students/eras/
  Electronic Residency Application Service (ERAS) is the application process for the majority of residency programs. Registration and the application process begin in early July.
- SF (San Francisco) Match – http://sfmatch.org/
  SF Match is the application process for early matches, which includes Child Neurology, Neurosurgery, Ophthalmology, and Plastic Surgery.
- NRMP – http://www.nrmp.org/
  National Resident Matching Program (NRMP) is where you and the Residency Programs will rank each other and try to get a match after the application process has been completed. Registration begins mid-August and is separate from ERAS.
  Fellowship and Residency Electronic Interactive Database (FREIDA) is the website that provides a variety of information and requirements of hospitals and residency programs.
- RESIDENCY PROGRAM INTERVIEWS – www.scutwork.com
  Scutwork.com is a website with feedback from students regarding applications and experiences during away rotations.
- eFLIGHT – https://eflight.ucdmc.ucdavis.edu
- 4th YEAR ONE STOP RESOURCE PAGE - http://www.ucdmc.ucdavis.edu/mdprogram/class-information/fourth-year-resources.html
### Appendix 1: Definitions and descriptions of Course Categories

<table>
<thead>
<tr>
<th>Inpatient Acting Internship</th>
<th>Ambulatory Acting Internship</th>
<th>Advanced Clinical Clerkship</th>
<th>Clinical Didactic Experience</th>
<th>Undifferentiated Patient Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prerequisites</strong></td>
<td></td>
<td></td>
<td></td>
<td>Third year clerkships as specified by departments</td>
</tr>
<tr>
<td>Third year clerkships as specified by departments; advanced clinical clerkships may be required for some AI's</td>
<td>Third year clerkships as specified by departments; advanced clinical clerkships may be required for some ambulatory AI's</td>
<td>Third year clerkships as specified by departments</td>
<td>Third year clerkships as specified by departments</td>
<td></td>
</tr>
<tr>
<td><strong>Learning Environment</strong></td>
<td></td>
<td></td>
<td></td>
<td>May be mixture of in-patient, ambulatory, and consultant care in any setting</td>
</tr>
<tr>
<td>80-100% in-patient</td>
<td>80-100% out-patient</td>
<td>May be mixture of in-patient, ambulatory, and consultant care in any setting</td>
<td>Didactic, may be consult without direct patient care</td>
<td>May be mixture of in-patient, ambulatory, and consultant care in any setting</td>
</tr>
<tr>
<td>May not be consult services</td>
<td>May not be consult services</td>
<td></td>
<td></td>
<td>May be mixture of in-patient, ambulatory, and consultant care in any setting</td>
</tr>
<tr>
<td><strong>Duration</strong></td>
<td></td>
<td></td>
<td></td>
<td>4 weeks</td>
</tr>
<tr>
<td>4 weeks</td>
<td>4 weeks</td>
<td>2-4 weeks</td>
<td>2-4 weeks or may be longitudinal</td>
<td>4 weeks</td>
</tr>
<tr>
<td><strong>Breadth / Depth</strong></td>
<td></td>
<td></td>
<td></td>
<td>Breadth and depth</td>
</tr>
<tr>
<td>Depth</td>
<td>Depth</td>
<td>Breadth and depth</td>
<td>Breadth and depth</td>
<td>Breadth and depth</td>
</tr>
<tr>
<td><strong>General Description</strong></td>
<td></td>
<td></td>
<td></td>
<td>Students should evaluate a patient with an undifferentiated complaint such as Headache, Chest Pain, Abdominal Pain or Shortness of Breath. The patient should be previously unevaluated by medical staff in the current setting for this particular complaint.</td>
</tr>
<tr>
<td>In-patient AI’s provide the student with experience and preparation for inpatient medical care, similar to that of a first year house officer.</td>
<td>Outpatient AI’s provide the student with experience and preparation for ambulatory medical care, similar to that of a first year house officer.</td>
<td>Advanced clinical clerkships provide the student with experience and preparation for in-patient, outpatient, or consultant medicine.</td>
<td>Clinical didactics provide the student with advanced exposure to areas that may be useful in any field of clinical medicine but do not include direct patient care responsibilities.</td>
<td>The student will work up the patient from beginning to end, conducting a history and physical exam, working through the differential, and proposing a treatment plan.</td>
</tr>
<tr>
<td><strong>Level of Responsibility</strong></td>
<td></td>
<td></td>
<td></td>
<td>May be mixture of in-patient, ambulatory, and consultant care in any setting</td>
</tr>
<tr>
<td>Students act in all capacities as an intern, albeit with a smaller number of patients and greater supervision. Responsible for on-going care of assigned patients on the service.</td>
<td>Students act in all capacities as an intern, albeit with a smaller number of patients and greater supervision. Responsible for on-going care of assigned patients.</td>
<td>Student responsibilities are intermediate between third year clerks and acting interns with regard to number of assigned patients and supervision.</td>
<td>Student responsibilities are equivalent to third year clerks and usually involve considerable outside reading or preparation and some form of final examination or paper.</td>
<td>Students should evaluate a patient with an undifferentiated complaint such as Headache, Chest Pain, Abdominal Pain or Shortness of Breath. The patient should be previously unevaluated by medical staff in the current setting for this particular complaint.</td>
</tr>
<tr>
<td><strong>Reporting</strong></td>
<td></td>
<td></td>
<td></td>
<td>Students should be directly observed by a faculty member during the entire interaction with the undifferentiated patient. The student should be given timely feedback. During the course of the regular clinical experience, we also strongly encourage the faculty to select parts of the patient encounter to focus on, and provide immediate feedback to the student.</td>
</tr>
<tr>
<td>Intern-level responsibility (in partnership with other interns), supervision by R2, R3, Attendings</td>
<td>Intern-level responsibility (in partnership with other interns), supervision by R2, R3, Attendings, Preceptors</td>
<td>Supervision by Intern, R2, R3, Attendings, Preceptors</td>
<td>Supervision by IOR</td>
<td>Student should be directly observed by a faculty member during the entire interaction with the undifferentiated patient. The student should be given timely feedback. During the course of the regular clinical experience, we also strongly encourage the faculty to select parts of the patient encounter to focus on, and provide immediate feedback to the student.</td>
</tr>
<tr>
<td><strong>Workload</strong></td>
<td></td>
<td></td>
<td></td>
<td>Students should be directly observed by a faculty member during the entire interaction with the undifferentiated patient. The student should be given timely feedback. During the course of the regular clinical experience, we also strongly encourage the faculty to select parts of the patient encounter to focus on, and provide immediate feedback to the student.</td>
</tr>
<tr>
<td>Similar to Intern</td>
<td>Similar to Intern</td>
<td>Similar to third year clerk</td>
<td>12-24 hours / week, plus independent learning time</td>
<td>Students should be directly observed by a faculty member during the entire interaction with the undifferentiated patient. The student should be given timely feedback. During the course of the regular clinical experience, we also strongly encourage the faculty to select parts of the patient encounter to focus on, and provide immediate feedback to the student.</td>
</tr>
<tr>
<td>40-80 Hrs/week</td>
<td>40-80 Hrs/week</td>
<td>30-40 Hrs/week</td>
<td>30-40 Hrs/week</td>
<td>Students should be directly observed by a faculty member during the entire interaction with the undifferentiated patient. The student should be given timely feedback. During the course of the regular clinical experience, we also strongly encourage the faculty to select parts of the patient encounter to focus on, and provide immediate feedback to the student.</td>
</tr>
<tr>
<td><strong>Rounds/Conferences/Seminars</strong></td>
<td></td>
<td></td>
<td></td>
<td>Students should be directly observed by a faculty member during the entire interaction with the undifferentiated patient. The student should be given timely feedback. During the course of the regular clinical experience, we also strongly encourage the faculty to select parts of the patient encounter to focus on, and provide immediate feedback to the student.</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>May be required, depending on department</td>
<td>Students should be directly observed by a faculty member during the entire interaction with the undifferentiated patient. The student should be given timely feedback. During the course of the regular clinical experience, we also strongly encourage the faculty to select parts of the patient encounter to focus on, and provide immediate feedback to the student.</td>
</tr>
<tr>
<td><strong>Call</strong></td>
<td></td>
<td></td>
<td></td>
<td>Students should be directly observed by a faculty member during the entire interaction with the undifferentiated patient. The student should be given timely feedback. During the course of the regular clinical experience, we also strongly encourage the faculty to select parts of the patient encounter to focus on, and provide immediate feedback to the student.</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>May be assigned, depending on site</td>
<td>No</td>
<td>May be assigned, depending on site</td>
</tr>
<tr>
<td><strong>Concurrent courses allowed?</strong></td>
<td>No</td>
<td>Yes, if permitted by IOR of clerkship and concurrent course</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**Course Categories**: Concurrent Seminars, Conferences/Rounds, Workload Reporting Responsibility, Level of Description

**Prerequisites**: Third year clerkships as specified by departments; advanced clinical clerkships may be required for some AI's

**Learning Environment**: 80-100% in-patient or 80-100% out-patient

**Duration**: 4 weeks

**Breadth / Depth**: Depth

**General Description**: In-patient AI’s provide the student with experience and preparation for inpatient medical care, similar to that of a first year house officer.

**Level of Responsibility**: Students act in all capacities as an intern, albeit with a smaller number of patients and greater supervision. Responsible for on-going care of assigned patients on the service.

**Reporting**: Intern-level responsibility (in partnership with other interns), supervision by R2, R3, Attendings

**Workload**: Similar to Intern 40-80 Hrs/week

**Rounds/Conferences/Seminars**: Yes

**Call**: Yes

**Concurrent courses allowed?**: No

**Prerequisites**: Third year clerkships as specified by departments; advanced clinical clerkships may be required for some AI's

**Learning Environment**: 80-100% in-patient or 80-100% out-patient

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**Reporting**: Intern-level responsibility (in partnership with other interns), supervision by R2, R3, Attendings, Preceptors

**Workload**: Similar to Intern 40-80 Hrs/week

**Rounds/Conferences/Seminars**: Yes

**Call**: Yes

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**Call**: Yes

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