*For more details on this form and the status of submitted change requests please contact* *somclrk@uw.edu**.*

**Nature of Change**

|  |  |  |
| --- | --- | --- |
| **Change to APC Designation:**[ ]  Elective to APC/APC Sub-I[ ]  APC to APC Sub-I **Sub-Internship Designation:**[ ]  Yes [ ]  No*By selecting “Yes”, you are acknowledging this clerkship meets the minimum Sub-Internship Criteria (pg. 2) and any additional department level criteria.* | **Change to Existing APC:**[ ]  Change Designation [ ]  Site Change [ ]  Add [ ]  Remove | **Special Programs:**[ ]  WRITE APC [ ]  Olympia LIC APC |

|  |  |
| --- | --- |
| **Course Number:** | Click or tap here to enter text.  |
| **Clerkship Title:** | Click or tap here to enter text. |
| **# of Weeks:** | Click or tap here to enter text. | **# of Credits:** | Click or tap here to enter text. |
| **Current Requirement Designation:**  | Choose an item. |

**Regional and Site Impact:**

|  |
| --- |
| **Site(s) Impacted:** |
| [ ]  Alaska [ ]  Idaho [ ]  Montana [ ]  Seattle [ ]  Spokane [ ]  Wyoming  |
| **Clerkship Site(s):**  |
|

|  |
| --- |
| Click or tap here to enter text. |

 |
| [ ]  Department has communicated APC requirements to site director. Date: Click or tap here to enter text. **--**Are all required elements in place at all sites? [ ]  Yes [ ]  No |
| [ ]  **Clinical Regional Dean/Administrator Approval.** Date: Click or tap here to enter text. |

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| --- |
| **Meet Advanced Patient Care Requirements –** **[ ]  Yes** **[ ]  No** |
| Grades submitted within 4-weeks of completion |
| Student APC Evaluation Form  |
| Remediation of APC managed by Student Progress Committee  |
| *Optional:*  |
| [ ]  Mid-clerkship feedback |

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| **Provide a detailed description of the change being requested:** |
|       |

## Attach clerkship description, goals, objectives and any supporting documentation prior to submission.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Submitted by:** |       |  | **Submission Date:** |       |
| *Approvals needed prior to submission (for SOM use):* |  | *Final approval:*[ ]  Assistant Dean, Curriculum Date:      [ ]  Director, Advanced Patient Care  Date:       |
| [ ]  Curriculum Department: Enrollment Data  |  |
| [ ]  Travel and Site Administrator |  |
| [ ]  Registrar |  |
| [ ]  Director of Education Evaluation |  |
| **Date approved:** |       |  |

**APC Checklist**

[ ]  The student will work with attending physician(s), with or without resident physicians, in the manner of a first-year resident in the specialty.

[ ]  The student will become responsible for the care of an appropriate number of patients which is more than the number typically cared for by a third year student.

[ ]  The student will follow these patients in extreme detail in the manner of a first year resident (e.g. write notes, propose orders, coordinate care for their patient with members of the interdisciplinary team, etc).

[ ]  The student will have access to regular supervision and feedback while being permitted to function somewhat independently as appropriate for the student’s skill level.

**APC-Subinternship Checklist**

[ ]  The student will work with attending physician(s), with or without resident physicians, in the manner of a first-year resident in the specialty.

[ ]  The student will become responsible for the care of an appropriate number of patients which is more than the number typically cared for by a third year student.

[ ]  The student will follow these patients in extreme detail in the manner of a first year resident (e.g. write notes, propose orders, coordinate care for their patient with members of the interdisciplinary team, etc).

[ ]  The student will have access to regular supervision and feedback while being permitted to function somewhat independently as appropriate for the student’s skill level.

[ ]  The student is caring for the majority of their patients in a primary rather than consultative role (a rotation on a consult service can be an APC but not a APC-subinternship)

[ ]  I have reviewed the additional subinternship criteria of my department and this rotation also fits those criteria.

**Comments:**

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|  |  |  |
| --- | --- | --- |
| Department APC Director: |       | Date:      |

**When to use this form:**

**1)** Existing elective clerkships that want to become Advanced Patient Care (APC) or APC Sub-I designated courses

**2)** Current APC or APC Sub-I designated courses with changes that impact the course or availability (e.g. new site, clone of existing APC, availability, or goals/objectives)

**When NOT to use this form:**

1) Consideration for APC designation occurs during the initial clerkship application; if you are submitting a new clerkship please follow the steps outlined for [“Clerkship Site Approval”](http://blogs.uw.edu/clkinfo/new-clerkship-site-application/)

*If you are unsure whether this is the appropriate form, feel free to contact Clinical Curriculum,* *somclrk@uw.edu**.*

**Approval Process for Advanced Patient Care Clerkship Change Approval**

All new APCs and changes to APCs must be completed prior to the Explore & Focus Phase scheduling phase, below are key dates for APC creation and changes.

## For 2022-2023 Clinical Year

**APC Change Approval Form Deadlines**

APC Designation Change Submission Deadline to SOM: **July 1, 2021**

Please note if any changes need to be made to the UW course (credits, course name, etc.), they must be submitted/approved in Kuali no later than **May 7, 2021** for the June 1, 2021 UW Curriculum Committee Meeting

**New APC/New Clerkship Application Deadlines**

New APC Site Application: **June 7, 2021**

New APC Site Application Explore & Focus Committee Review: June 21, 2021

UW Curriculum Committee (via Kuali application): **May 7, 2021** for June 1, 2021 UW Curriculum Committee Meeting