*For more details on this form and the status of submitted change requests please contact* [*somclrk@uw.edu*](mailto: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. |

|  |
| --- |
| **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 |

|  |
| --- |
| **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:**

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| 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*](mailto: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