

Registration for the Fourth Year of Medical School

SUNY Stony Brook School of Medicine

Information and Registration Proposal Packet

For Academic Year 2003-04

(Registration requires an Advisor's signature and cannot be completed Online. It is strongly recommended that you read the entire packet while still Online. There are several links you may wish to print as references to help you complete these forms.)

You should hand in this packet to Marilyn London, Ed.D., Medical Education, Zip=8432.

Due on or before March 21, 2003.

Checklist for completed registration materials:

Have you included.....

_____ 1. Registration for Subinternship, Neurology, Psychiatry in Medicine, Surgical

Selectives, MCS IV, Didactic

_____ 2. General 4th year profile (including 4th year priorities and request for any left-over clerkships if needed)

_____ 3. Academic Advisor signature page with signature

_____ 4. Keep a photocopy for yourself

_____ 5. Your name is on every page in case they get separated.

General Information About the 4th Year:

(Do not hand this page in with your registration)

This booklet has been compiled as a result of student feedback from past years. Carefully consider the information you provide in the registration proposal.

Please familiarize yourself with

[The Fourth Year Guidelines,](http://www.uhmc.sunysb.edu/som/academics/FourthYear/guidelines4.html)

<http://www.uhmc.sunysb.edu/som/academics/FourthYear/guidelines4.html>

[Course Menu and Requirements,](http://www.uhmc.sunysb.edu/som/academics/FourthYear/4thycourses.html)

<http://www.uhmc.sunysb.edu/som/academics/FourthYear/4thycourses.html>

"[Internship Quest](http://www.uhmc.sunysb.edu/som/academics/FourthYear/internsh.html)", <http://www.uhmc.sunysb.edu/som/academics/FourthYear/internsh.html>

and

[School of Medicine Policies and Procedures](http://www.hsc.stonybrook.edu/index.cfm?id=1628) . <http://www.hsc.stonybrook.edu/index.cfm?id=1628>

Throughout this packet, links and references are made to course descriptions for next year. Whenever reviewing course descriptions online, please check that the date of the description you are viewing indicates that the information is for the 2003-04 academic year and that the date at the bottom of the page is later than January 1, 2003. Course requirements may change from year to year.

The information in this booklet was compiled to help you develop a 4th year schedule proposal. Students frequently ask questions about the scheduling process and may be concerned as to why they cannot be scheduled in all of their "first choices". Another concern is that their schedule may influence their ability to Match at their top residency choices. Every effort is made to provide a schedule that best suits the academic needs of each student. Completed schedules are considered final. However, changes will be made when a schedule is deemed academically inappropriate due to a change in a student's priorities for the Match. In other words, you can drop/add after the fact so long as you have a good reason.

There are enough spots for every student in every 4th year mandatory course during the academic year. Most students will be able to register for a Subinternship in an area related to their residency choice during the first three months of the academic year. Some students may prefer to register for an elective in a subspecialty in preparation for an early Match. Students may provide priority information related to choice of Subinternship, site

(Do not hand in this page with registration.)

and/or month. Do not count on receiving your first choice for every course. Some course schedules are very tight, and any choice you indicate could be selected. If you do not enter enough choices, you may be placed in any available spot that fits the rest of your schedule. This is one reason why indicating your priorities clearly is very important. Unless you plan an elective in a subspecialty which you indicate you will enter as an early Match or in Dermatology or Ob/Gyn, and that elective is confirmed, **your mandatory courses will take precedence over all electives.** You can confirm an elective by submitting a drop/add form prior to March 21st or by asking the elective course director to initial your registration proposal next to your list of electives.

THE MORE INFORMATION YOU CAN PROVIDE REGARDING YOUR PRIORITIES FOR YOUR FOURTH YEAR, THE MORE LIKELY YOU WILL BE HAPPY WITH THE OUTCOME OF YOUR 4TH YEAR SCHEDULE.

Some students are not sure about what they want to do during residency. Registration will be completed before the academic year is over. If you change your scheduling decisions after registration is over, please contact your advisor and work with him/her to decide what changes should be made in your schedule. More often than not, such changes affect elective and subinternship choices. Changes can be made by using the drop/add form.

If you have any **accommodation**, physical, medical or otherwise, that you feel may influence where or when you must take your 4th year courses, please be sure to indicate this information on your registration materials or in a separate note.

Any **third year clerkships** that you have to complete during this academic year **MUST** be indicated for proper scheduling. The third year must be completed before 4th year courses are taken. If you will need to schedule time off to study for **USMLE Step 2**, the passing of which is a requirement for graduation, please indicate the date of your exam (if you have already set it up) and the amount of time off you will require for studying.

You cannot take time off from a course to attend residency interviews. Most interviews occur during November, December or January. Some early match interviews may occur as early as October. Please plan your schedules accordingly.

If you must make up a third year clerkship as you enter the 2003-04 academic year, please be sure to refer to the [Third Year Resources](http://www.uhmc.sunysb.edu/som/academics/ThirdYear/index.html) (<http://www.uhmc.sunysb.edu/som/academics/ThirdYear/index.html>) and the School of Medicine [Policies and Procedures](http://www.hsc.stonybrook.edu/index.cfm?id=1628) (<http://www.hsc.stonybrook.edu/index.cfm?id=1628>).

If you have any questions regarding how to fill out any of the registration forms, please email [Marilyn London](mailto:mmlondon@notes.cc.sunysb.edu) (mmlondon@notes.cc.sunysb.edu) in the Office of Medical Education.

DEADLINE

Your **advisor's signature** must appear on your proposed schedule for you to be included in the registration process. You should visit your advisor **first**, when making decisions about your 4th year schedule. When you have completed filling out all the information in

(Do not hand in this page with registration)

this packet, and your advisor has reviewed it with you and signed in the appropriate place, you may submit it to the Office of Medical Education. All packets received on or before **MARCH 21st** will be included in the lottery for 4th year registration. Any packets received after MARCH 21st, will be registered in spots leftover after the lottery registration has been completed.

Print your Name _____

7. The third year is comprised of 48 weeks of work. If you took a one month elective during the third year instead of Emergency Medicine/Radiology and completed all other clerkships, you have technically completed your third year. In this case, Emergency Medicine and Radiology must be taken as electives in the 4th year. If you have not completed 48 weeks of work (you took time off during the third year; you have not technically completed your third year), you should plan on completing your third year before taking 4th year courses. Suggestion: Take Radiology and Emergency Medicine in July or another elective for which you have met the pre-requisites and might be able to get a recommendation for residency.

8. I plan to apply for Residency in _____
(Medicine, Neurology, ENT, Surgery, etc.)
Check here if you will participate in an area that has an Early Match. _____

9. The **one** most important course to be scheduled for me this year is (check **one**):

_____ My Subinternship (1st choice (sub-I) _____
(site) _____ (month) _____)

_____ Psychiatry in Medicine (Section # _____ Start Date _____)

_____ Neurology

_____ My Didactic (choice _____)

_____ Surgical Selectives

_____ My elective (elective title and month _____, _____)

(The above indication does not *guarantee* that you will receive your first choice. It indicates that this is your priority and is the most important consideration on your schedule. It is the first accommodation that we will try to make on your schedule--the rest of your schedule will be set up around this priority.)

10. I plan to graduate in December 2003. _____ (If you will be a December graduate and have not taken a didactic course yet and are not exempt due to MSTP or OMS status, please see Marilyn in the OME before you hand in your registration proposal.)

I plan to graduate in May 2004. _____

I plan to graduate in December 2004 _____ (If you checked here, please see Marilyn in the OME prior to registering.)

Print Your Name _____

11. I have already taken the Morchand Standardized Patient experience _____. (Leave blank if you have NOT taken it. Most of you have not.)

12. Please add any additional information that you feel will help determine what your scheduling priorities are for your 4th year.

Print Your Name _____

Subinternship Registration

First indicate your priorities for your Subinternship. What is most important to you; the choice of subinternship, the site where you take the subinternship or the month during which you take the subinternship? (Place a 1 next to the most important, 2 for the next important and 3 for the least important.)

Your choice of **Subinternship** _____

The **site** where you take your Subinternship _____

The **month** during which you take your Subinternship _____

Second, circle the one Subinternship that you would like to take to fulfill your mandatory Subinternship requirement:

Medicine Family Medicine Pediatrics Surgery

(If you would accept a second choice for this mandatory subinternship, indicate your second choice here _____)

Third, for the Subinternship you circled above, please indicate a first, second and third choice of site by putting a 1, 2 and 3 next to your choices. (Please notice that all subinternships are NOT offered at every site. Some are offered at only one or two sites.)

University Hospital at Stony Brook _____ (For Medicine, Peds Ward, Peds PICU, Peds NICU, Surg SICU, Surg Trauma, Surg General, Family Medicine)

Winthrop University Hospital _____ (For Medicine, Peds Ward, Peds PICU, Peds NICU, Surg General)

Nassau County Medical Center _____ (For Medicine, Peds Ward, Peds NICU)

Northport VA Medical Center _____ (For Medicine)

Print Your Name _____

(Subinternship continued)

In the calendar grid below, enter a one under your first choice of month, a two under your second choice and a three under your third choice. If you would accept a fourth choice, enter a four (this usually is not necessary.).

Possibilities:

Medicine: July through May at UH, VA, NUMC, July through Dec at WUH

Peds: July through June

Family Med: July through May

Surgery: July through May

<i>July</i>	<i>Aug</i>	<i>Sept</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Jan</i>	<i>Feb</i>	<i>March</i>	<i>April</i>	<i>May</i>

*You are required to take one month of subinternship but may take two if you want to. If you would like to take a **second subinternship**, please indicate it here. Please give 3 or 4 choices for sites and months. Second subinternships are scheduled after everyone has been scheduled for at least one subinternship of their choice. They usually are scheduled later than September but may be scheduled in July, August or September if there are spots left once everyone has had a chance at a first rotation. If it is not possible to give you any of your choices, you will be notified when you receive your schedule. If that occurs, you can set up a subinternship at a later date by using a drop/add form.*

1st choice: Site _____ Month _____ Choice of Subinternship _____

2nd choice: Site _____ Month _____ Choice of Subinternship _____

3rd choice: Site _____ Month _____ Choice of Subinternship _____

4th choice: Site _____ Month _____ Choice of Subinternship _____

Print Your Name _____

Neurology Registration

You may elect to take the Neurology rotation at an away site (other than UH, WUH, NCMC or the VA). If you would like to do this, check here _____.

In this case, you will need to contact Dr. Pourmand (Call Doris at 444-7878 to make an appointment) to have the site of your choice approved. Please use an [elective approval form](#) for this process. (Available on the Web or in the OME) Please ask Dr. Pourmand to sign the elective approval form. After this is done, you are responsible for setting up the Neurology rotation as you would any [elective](#). One month of Neurology is required during the fourth year. If you already took one month of Neurology during the third year, you do not have to take another month of Neurology during the 4th year.

If you took Neurology during the third year, please check here and go on to the next course. _____

Neurology offerings:

UH, NUMC and VA July through March

WUH September through March

Community Site September through March (These are sites selected by Dr. Pourmand that are in the community/clinic/private office as opposed to being in a hospital setting. If you are assigned to a community site, you will attend all lectures at the University Hospital at Stony Brook regardless of where the community site is located.)

Please enter 1 for 1st choice of site and month, 2 for second choice, 3 for third choice, and 4 for fourth choice. (xxxx indicates that there is no spot for that month)

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
UH									
WUH	xxxx	xxxx							
NUMC									
VA									
Comm Site	xxxx	xxxx							

Print Your Name _____

Didactic Course

Please enter 1 for 1st choice, 2 for second choice, 3 for third choice and 4 for fourth choice. These courses are only offered during the months indicated below. There is no choice of month.

You may take the Emergency Medicine didactic (July) without having taken the 3rd year Emergency Medicine clerkship. You must have departmental approval to take this didactic. The Didactic does **NOT** fulfill the clerkship requirement. Please see Connie Meade in Level 4, Room 515 EM Administrative office, phone 444-3880 to sign up for this didactic. **Please ask Connie to initial here _____ if you have permission to take the July EM didactic.**

Students taking Surgical Anatomy must contact Dr. Jack Stern during January prior to the didactic course to confirm their registration.

	July	February	February	March	April
	Em. Med. (applying to EM Res. only)	Em. Med. (Not applying to EM Residency) Note the change of month	Lab Med	Surg Anat (Students confirm with Dr. Stern by Jan 15, 04)	Clin. Ther.
Indicate 1,2,3 and 4th choices					

Please be sure to indicate 4 choices so that we know your priorities. If you fail to enter 4 choices, you may be placed in a didactic that fits into an empty month in your schedule.

Print Your Name _____

Psychiatry in Medicine Registration

Please remember that Psychiatry in Medicine is a two-week course. Most students will try to schedule a two-week elective, an MCS elective, vacation time, study time for Step 2, or interviews during the other two weeks of the month when they take this course. It is also possible to set up a six week elective before or after this two-week rotation.

If you will be involved in an early Match, it is recommended that you do NOT select an October or November Psychiatry in Medicine rotation as it may interfere with your interview schedule. Since this rotation is very short, you should NOT plan to request a day off for interviewing or for taking the Step 2 USMLE exam. Please plan accordingly.

The Course Director has set a minimum registration of 6 and a maximum of 10 students for any given section. For that reason, Psychiatry in Medicine is sometimes difficult to schedule. Please indicate a **minimum** of 4 choices of sections.

Sect# Start Date	1 9/15- 9/26	2 10/20- 10/31	3 11/3- 11/14	4 12/1- 12/12	5 1/5- 1/16	6 1/19- 1/30	7 2/2-2/13	8 2/16- 2/27	9 3/15- 3/26	10 4/5- 4/16	11 4/19- 4/30	12 5/3- 5/14
Indicate 1,2,3,4 choices												

Surgical Selectives Registration

Dr. Merriam, the Course Director for Surgical Selectives, may make some changes from last year. He will indicate these on the Web Page as soon as they are finalized.

Registration process:

Students will choose the month during which they would like to take Surgical Selectives. The choices of Selectives will be arranged by the department on the first day of each rotation. More information will be sent to you by the Course Director.

Please enter your choices of month

Indicate 1 for your first choice of month, 2 for your second, 3 for your third and 4 for your fourth. (You may enter more than 4 if you feel it might be necessary due to unusual requests elsewhere in your schedule.)

July____ September____ November____ January____ March____

August____ October____ December____ February____ April____ May____

Print Your Name _____

MCS 4 Course Information

All fourth year students are required to do an activity that satisfies the MCS 4 requirement. MCS 4 gives students the opportunity to expand their knowledge of ethical and social issues in medicine in a manner reflective of their own career choices and particular interests. In registering for MCS 4, we urge you to choose a topic, discipline, question, or type of social action that has special significance to you.

In addition to the MCS 4 requirement all fourth year students must earn 8 1/2 months of course credit. One of the many ways of meeting the MCS requirement is by taking an MCS elective course of 2 or 4 weeks. This strategy allows you to meet both the MCS 4 requirement and 8 1/2 months of course work. Many students, however, do work that meets the MCS requirement without also accumulating “time” toward the 8 and ½ month requirement. The most common ways are keeping a journal during some other clinical experiences, doing an independent creative or research project while taking other courses, major participation in the peer counseling program, and in some cases, extraordinary work done before the fourth year. [NB: In this final example the student must have arranged for MCS 4 credit before doing the work for which he or she hopes to get credit.]

An MCS registration form is part of the material you must complete and return to the OME by March 21, 2003. Prior to submitting the form, if you have any questions, contact Elisa Nelson, Department of Preventive Medicine, HSC L3-086 (444-8029). An MCS 4 registration form is included in this packet and can also be printed from the Web at:

<http://www.uhmc.sunysb.edu/som/academics/Forms/heidi.html>

(Please be sure the form you print has been updated by checking the date at the bottom of the Webpage.)

MCS IV REGISTRATION 2003-2004

Please return this form to the Dean's Office, by March 21, 2003.

Please fill in all of the information in the box below.

Student Name _____ Phone Number (____) _____

Street Address _____ E-mail Address _____

City, State & Zip _____

OPTIONS (check one)

I. MCS Mentor. Independent study (project or paper) with mentor.

Name of Mentor _____

Tentative topic _____

Month (if taken for elective credit) _____

II. Courses. These courses provide two or four weeks of elective ("time") credit and also fulfill the MCS requirement. (Please indicate 3 choices in order of preference.)

A. Courses offered at Stony Brook (required enrollment of at least 8 students. Since some courses do not have enough enrollment to be run, please indicate 1st, 2nd and 3rd choices.)

Title	Dates Offered	Contact	
Medicine in Law	1/19-1/30/04	McCrary	_____
History of Medicine	1/19-1/30/04	Gangloff/Doyle	_____
Literature in Medicine	2/2/-2/13/04	Coulehan	_____
Medicine on Film	2/16-2/27/04	Belling	_____
Spirituality in Medicine	3/3/-3/14/04	Vetrano	_____
Medical Spanish	3/1/-3/31/04	TBA	_____
Quality & Safety in			
Medicine	3/1-3/31/04 (tentative dates)	Graber	_____

Print Your Name _____

Worksheets for 4th year schedule:

(What will your schedule for the 4th year look like?)

This is a "scrap" worksheet for you to try out different combinations and permutations. Please hand these in with your registration proposal as it will help us understand how you wish to shape your 4th year.)

July, 2003	August (Register for the NRMP and ERAS. Step 2 must be taken by end of Aug. if you plan to graduate in Dec.)	September	October (Early Match interviews)
November (MSPE all go out on Nov. 1 st . Early Match and NRMP Match interviews)	December (Early Match and NRMP Match interviews)	January, 2004 (NRMP Match interviews and Ranking Lists. Early Match results reported.)	February (Step 2 must be taken by the end of Feb, Rank lists completed)
March (No away electives during Match week-usually the 3 rd week of March)	April	May (Grad. mid-May)	June, 2004

Print Your Name _____

July, 2003	August (Register for the NRMP and ERAS. Step 2 must be taken by end of Aug. if you plan to graduate in Dec.)	September	October
November (MSPE all go out on Nov. 1 st Early Match and NRMP Match interviews)	December (Early Match and NRMP Match interviews)	January, 2004 (NRMP Match interviews and Ranking Lists. Early Match results reported.)	February (Step 2 must be taken by the end of Feb, Rank lists completed)
March (No away electives during Match week-usually the 3 rd week of March)	April	May (Grad. mid-May)	June, 2004

Elective Choices (Confirmed/Initialed and Tentative/Un-initialed)

Student's Name _____

Planning Fourth Year Electives

Fourth year electives are planned entirely by the student. You are not registered for these when you are registered for your other (mandatory) courses unless the elective is inhouse and has been confirmed. Electives are confirmed by submitting a drop/add form or asking the course director to initial this registration form below next to the elective choice.

Information about electives can be found on the Office of Medical Education WebPages at:

<http://www.uhmc.sunysb.edu/som/academics/courseinfo.html>

<http://www.uhmc.sunysb.edu/som/academics/electives.html>

<http://www.uhmc.sunysb.edu/som/academics/Forms/index.html>

For **away** electives ONLY, students contact the Academic Affairs offices of the sites directly, and request applications or, where appropriate, print them from the Web. Students complete the applications and collect all information that must accompany the application. This may include health forms, proof of personal health insurance, an application fee, a recommendation, a transcript, etc. There is usually a section of the application that must be completed by the Dean's office. Sometimes a letter of good standing is needed. When students have compiled **all** materials requested by the site, they may submit these with the section that needs to be completed by the Dean's office and an Away Elective Cover Sheet to Marilyn London, or drop them off with Lorraine or

(Do not hand in this page with your registration proposal.)

Bonnie, in the Office of Medical Education. The Elective Application Cover Sheet includes instructions on how to set up your electives. It also indicates what you have included with the application and what you would like the OME to add to your application before sending it out. The necessary information will be completed, and will be forwarded with the rest of your application materials directly to the site. The Dean's office will maintain a file of the part of the application that we sign and seal along with a record of the date it was sent out. The student should keep a copy of the entire application before handing it in as supporting materials are not kept by the OME.

Students must confirm with the Office of Medical Education that they have accepted an offer of an elective for that elective to become part of their Cbase Student Profile. For "away" electives, this is done by submitting a completed Elective Approval Form to the OME. For electives done at UH, Winthrop, the VA or NUMC **which are listed on the OME Web-pages**, this is done by submitting a Drop/Add Form to the OME. Students receive grades/comments for electives by submitting 4th Year Evaluation forms to elective supervisors/course directors. These must be picked up in the Office of Medical Education. They are not posted on the Web for security reasons. Research electives require separate paperwork which is also on the Web pages or can be picked up in the OME.

Students are **required** to have liability insurance coverage when they rotate at away sites. Please see Karen Geyer for more information.

To apply to a site that does not have an agreement, the [Agreement Request form](#) MUST be submitted to Karen Geyer in the Office of Medical Education a minimum of four months prior to the start date of the planned elective. Please see Karen for details. The student must still apply to the site as if it were any other elective. Procedures related to this are on the WebPages at:

<http://www.uhmc.sunysb.edu/som/academics/FourthYear/guidelines4.html#Setting up Electives> and

<http://www.uhmc.sunysb.edu/som/academics/FourthYear/electives.html>

In addition, electives at any site that is not an LCME accredited Medical School, require the completion of an Elective Approval Form. This should be completed by the student in conjunction with the site supervisor, and signed by the student's advisor, then by Karen Geyer, and finally by the site supervisor. The site supervisor or the student then submits it to the Office of Medical Education for entry to Cbase.

(Do not hand in this page with your registration proposal.)

Some elective applications request that an evaluation form be sent with the application. In other situations, the students must hand carry and deliver the evaluation form to the site. **In all cases, the student is responsible for seeing that a grade is reported to the Office of Medical Education for every course taken during the 4th year.** The Office of Medical Education cannot accept a completed open evaluation form hand-carried by the student. **A hand-carried grade must be in a sealed envelope with the site's letterhead on it, and with the course director's signature signed across the sealed flap.** Most in-house elective grades are entered directly into Cbase by the department that offers the elective.

To help plan your 4th year schedule, please list any electives, even if they are tentative, on the Electives Choices Form (next page). **Please ask the course director to initial the elective, if it is already confirmed.** Mandatory courses take priority over electives during scheduling unless the elective is confirmed. Elective Subinternships in Emergency Medicine, Urology, Dermatology and Ob/Gyn should be noted here and initialed by the department if they have been confirmed. By doing this, you are indicating that these courses are a priority in your schedule, they will take precedence over other mandatory courses in the scheduling process.

Elective Choices (Confirmed/Initialed and Tentative/Un-initialed)

Student's Name _____

Name of Elective	Name/Address of site	Start/End Dates	Initials of Course Director For Confirmation
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1. _____

2. _____

3. _____

4. _____

Advisor Signature _____

Print Your Name _____

Calendar Considerations and Academic Requirements for Fourth Year

General Information to remember:

Your 4th year should include: one month Subinternship, one month Neurology (unless you took it in the third year), one month Didactic course, one month Surgical Selectives, two weeks Psychiatry in Medicine, two to four weeks MCS IV (if MCS is completed during a month when you are taking another rotation, it fulfills the MCS requirement but does not add a month of study time in fulfillment of 8 and 1/2 months of study). The rest of the required time is filled with electives. A total of 8 and 1/2 months of study must be completed including mandatory courses and electives. Students must pass Step 2, the Morchand experience and complete the AAMC Graduation Questionnaire to be cleared for graduation. Applications for Step 2 must be printed from the USMLE Web site at <http://www.nbme.org>. You should plan to leave time to go on interviews during the months of November, December and January. Away electives are not approved for Match week. Graduation is in mid-May. The Medical Student Performance Evaluations are sent out on November 1st.

**I have reviewed with this student (name of student _____)
his/her Registration Proposal for his 4th year schedule.**

Please print the name of your Academic Advisor _____

ACADEMIC ADVISOR SIGNATURE: _____