**PROPOSED EDUCATIONAL PLAN (PEP), Class of 2018**

**Purpose of the PEP:** The Proposed Educational Plan (PEP) is an instrument for you and your Learning Community Mentor to discuss the goals and objectives of your Advanced Studies education. **Section A** of the PEP notes the field(s) of medicine you're considering. **Section B** reflects your 'ideal' schedule if all things were able to be scheduled as planned. Additional electives that you are considering should be listed in **Section C**. Any elective in Section B or C on a signed PEP will be approved by the Associate Dean of Student Affairs. If the elective is ultimately approved for a different time / location than originally listed on your PEP, a revised PEP is not necessary (time and location are for the purpose of discussion with your LC Mentor only).

A PEP can be revised at any time with LC Mentor re-approval.

**All students must have an approved PEP on file for their Advanced Studies curriculum by March 1st**.

**Student:** Complete the *Student's Information*Sections highlighted in green.

* ***Section A***: Note the field(s) of medicine you're educational plan will focus on.
* ***Section B***: Outline your 'ideal' Advanced Studies Schedule. Include time and location if possible. Select if this is a Type A, B or C elective. Note credit hours (see FAQ's below for how to count credit hours). To portray a complete picture of your plans for your advanced studies year, in addition to your courses and rotations, you can also indicate activities that you plan to do other months such as preparation for USMLE Step 2, residency interviews, etc.
* ***Section C***: List any other elective(s) you are considering.
* ***Section D***: Indicate dates when you have taken or plan to take USMLE Step 1 and Step 2 (CK/CS) Exams.
* Email a copy of your proposed PEP to your LC Mentor.
* Make an appointment with your LC Mentor to review your PEP. Bring a hard copy of your PEP to this meeting.

**Mentor:**

* Review and discuss the proposed PEP with your mentee.
* When you and your Mentee have agreed on the PEP, you should both sign (electronic signature only) and date Section E of the PEP.
* **The LC Mentor (not the student) must e-mail the approved PEP to** **electives@umassmed.edu** **and cc it to the mentee. Student Affairs can only accept electronic submission of PEPs.**

**PEP FAQs**

* **What are the fourth year required courses?** An approved required subinternship (in Medicine, Surgery, Family Medicine or Pediatrics), ECPS, ABTS, Capstone and the Transition to Internship.
* **What are the fourth year elective requirements?** 24 weeks of electives are required. 12 weeks must be Type A and/or B. A minimum of the 8 of those 12 must be Type A or B1. The remaining 12 can be taken as Type A, B or C. Up to 8 weeks of electives can be taken in smaller blocks (2 weeks or greater). A maximum of 8 weeks of clinical international electives can count toward graduation.
* **How do I count credit hours?** All Advanced Studies courses / electives count as 1 credit hour per week**.**
* **Is a revised PEP needed if a student is approved for an elective at a different time or site from what is listed on the PEP?** No. As long as the elective is listed on the signed PEP, Student Affairs will process the elective paperwork. Time and Location are listed on the PEP only to assist the LC Mentor / mentee in discussing timing and location strategy.
* **Does a LC Mentor / mentee need to meet in person to discuss / submit a revised PEP?** No. If both the mentor and mentee **agree** that an email or telephone conversation about a *revised* PEP is adequate, the LC Mentor can forward the signed revised PEP to electives@umassmed.edu and cc the student. The LC Mentor's email trail will be used in lieu of their 'signature'.

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**Student's Information: First Name:       Last Name:       Cell Phone #:**

**Is this your initial PEP (4th Year)?       A revised PEP?       A Fifth Year Option PEP?**

### SECTION A: Current specialty plan(s) if known:

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| SECTION B: |  |  |  |  |  |
| Fall Semester | **Dates [**if different from UMMS calendar] | **Rotation, Course, or Other Activity** (eg, Board Prep,Interviews, etc.) | **Proposed location** | **Course Type** | **Credit Hours** |
| **Month EE1 (5/1/17 – 5/26/17)** |  |  |  |  |  |
| **Month EE2 (6/05/17 – 6/30/17)** |  |  |  |  |  |
| **Month 1 (7/03/17 – 7/28/17)** |  |  |  |  |  |
| **Month 2 (7/31/17 – 8/25/17)** |  |  |  |  |  |
| **Month 3 (8/28/17 – 9/22/17)** |  |  |  |  |  |
| **Month 4 (9/25/17 – 10/20/17)** |  |  |  |  |  |
| **Month 5 (10/23/17 – 11/17/17)** |  |  |  |  |  |
| **Month 6 (11/20/17 – 12/15/17)** |  |  |  |  |  |
| **Total Credit Hours – Fall Semester** | **XXXXXXXX** | **XXXXXXXXXXXXXX** | **XXXXXXXXXXXXX** | **XXXXXXXX** |  |
| Spring Semester | **Dates [**if different from UMMS calendar] | **Rotation, Course, or other activity** (eg. Board Prep, Interviews, etc.) | **Proposed location** | **Course Type** | **Credit Hours** |
| **Month 7 (1/2/18 – 1/26/18)** |  |  |  |  |  |
| **Month 8 (1/29/18 – 2/23/18)** |  |  |  |  |  |
| **Month 9 (2/26/18 – 3/23/18)** |  |  |  |  |  |
| **Month 10 (4/2/18 – 4/27/18)** |  |  |  |  |  |
| **Month 11 (4/30/18 – 5/25/18)** |  |  |  |  |  |
| **Month 12 (6/4/18 – 6/29/18)** **(5th Year Option only)** |  |  |  |  |  |
| **Total Credit Hours – Spring Semester** | **XXXXXXXX** | **XXXXXXXXXXXXXX** | **XXXXXXXXXXXXX** | **XXXXXXXXXX** |  |
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| SECTION C: |  |  |  |  |  |
| **Tentatively Planned** | **Comments** | **Rotation, Course, or other activity** (eg, Board Prep, Interviews, etc.) | **Proposed location** | Course Type | Credit Hours |
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| **SECTION D: USMLE Exams – Date taken or planned** |
| **STEP 1:**  | **Step 2 CK:**  | Step 2 CS:       |  |

**SECTION E:** We have reviewed this PEP and this student's proposed career path and agree to this educational plan as outlined.

Signature of Student Date Signature of Learning Community Mentor Date