



UCLA School of Medicine
Clinical Elective Proposal Form/Application
for the
 _____ **Academic Year**

INSTRUCTIONS

Complete this application by providing your course profile information in the boxed areas below. **Please type or print clearly.** Refer to the SAMPLE course Profile and the *Guidelines for Clinical Elective Course Development* enclosed for guidance. If you have Word 6.0 (or a higher version) and would like to complete this application on your computer, please contact Gezelle Miller at (310) 825-3848 or gmiller@mednet.ucla.edu.

Character Limit = All information on this application is placed in a template with a limited amount of space. Please limit your information to the shaded areas.

A. COURSE NUMBER: *(assigned by the Medical Education Committee)*

B. COURSE TITLE: Please limit the length of the course title to 55 characters (including spaces) for computer database purposes.

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C. LOCATION: Type one of the following location codes from the list below. *When using ASSOC code, follow with the actual location in parentheses, e.g. ASSOC (Lanternman State Hospital).

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|---|---|
| <ul style="list-style-type: none"> *ASSOC BVA CHS CS HARBOR KAISER KERN MARIPOSA MULTIPLE KDMC NORTHRIDGE OVH REHAB S.MONICA SFVMP SHRINERS ST.MARYS VENTURA WVA | <ul style="list-style-type: none"> Used for independent facilities other than the UCLA affiliated hosp. listed on the left, i.e. L.A. Free Clinic, Lanternman State Hosp, Jewish Home for the Aging, etc. Brentwood VA Center for Health Sciences (UCLA) Cedars-Sinai Medical Center Harbor-UCLA Medical Center Kaiser Permanente facilities (Sunset/W.L.A.) Kern Medical Center, Bakersfield Mariposa, California (Private Hospital) Many locations in one rotation King/Drew Medical Center Northridge Hospital (San Fernando Valley) Olive-View Medical Center Rehab. & Chronic Diseases Center (UCLA) Santa Monica-UCLA Medical Center San Fernando Valley Medical Program (SVA & OVH) Shriners Hospital for Crippled Children, Los Angeles St. Mary's Medical Center, Long Beach Ventura County General Hospital West Los Angeles VA Medical Center |
|---|---|

*When using the ASSOC code, follow with the actual location in parentheses, e.g. ASSOC (Lanternman State Hospital).

D. TYPE OF COURSE: Please check **one** of the following categories:

In-Depth (ID): (Seminar type/self-study) In-Depth electives explore the basic science as well as the clinical aspects of an organ system and its disease states or focus on a particular field of study. Though required clerkships may not be necessary prerequisites for these electives, they are likely to be of great benefit to the student after clinical understanding & appreciation has been achieved through substantial exposure to the required clinical clerkships. Research experiences will not be listed as individual course offerings. The Student Affairs Office will be glad to post any research announcements. Please contact Fran Kissel at 310-825-8020 or fkissel@mednet.ucla.edu arrangements.

Advanced Clinical Clerkship (ACC): (Primarily consult services) These courses should allow the student to utilize and build on the fundamental information and skills acquired during the required specialty rotations of the third year and emphasize the practical approach rather than relying largely on textbooks and theoretical skills alone. They should be structured to provide students with deeper insight into complex medical problems and should stress development of the students' intellectual process by which decisions are made and how the data for them are acquired.

Subinternship (Sub-I): These courses are either in-patient, emergency, or out-patient experiences giving the student increased responsibility for decisions made for the total care of the patient. In general, the student would be expected to function more nearly as an intern than as a third year student. UCLA students are required to take 6 weeks of electives at this level (3 of which must come from the Subinternship\Special Inpatient category below) to meet graduation requirements.

SUBINTERNSHIP ELECTIVE CRITERIA REQUIREMENTS

- ◆ Students should work-up a sufficient number of patients throughout the elective--at least 3 per week (12-30 per rotation).
- ◆ Students should be actively participating in the continuous care of the patient.
- ◆ Severity of patient illness as well as diversity of patient population are important factors for subinternship approval. Students should not be treating significantly "well" patients.
- ◆ Courses with only one focus, i.e., an orthopedic course focusing on one particular part of the body, are too specialized and would not provide a full experience to the student, and would probably not be approved at the subinternship level.
- ◆ Students must have substantial patient responsibility, and not just see patients in consultation
- ◆ Minimum prerequisites: All subinternship courses must list at least the required Medicine & Surgery rotations as prerequisites.

Subinternship\Inpatient: There is a special category of subinternship courses in which all of the above criteria for the regular subinternship apply except that these courses must be 90% or above inpatient experience. Students are required to complete 3 of the 6 required subinternship courses from this category to offset the increasing amount of ambulatory care in the required clerkships.

E. COURSE CHAIR: The course chair **must** have a UCLA faculty appointment, and has the ultimate responsibility for grading the student's performance.

COURSE CHAIR'S PHONE NUMBER:

F. SUPPORTING FACULTY: Faculty lists should be limited to those faculty members who have **major** teaching responsibility in the elective. If the course being submitted is a "multi-disciplinary" course, the supporting faculty and their respective departments should be listed.

G. STUDENT COORDINATOR: Give the person's name who will handle students on a day to day basis with respect to scheduling, evaluations, and dropping/adding courses. The Student Coordinator is usually an administrative support person to the course chair who will be readily available to students.

STUDENT COORDINATOR'S PHONE NUMBER:

H. REPORT TO: Give explicit information as to where, when, and to whom the students should report to on the first day of the elective rotation. If your facility is not one of the major UCLA affiliated hospitals, please give your full address.

Location	Time	To Whom

I. PREREQUISITES: List which of the Required Clinical Courses a student should have taken before he/she takes your elective. The Required Clinical Clerkships are Inpatient Internal Medicine (8 weeks), Psychiatry/Neurology (Psychiatry (5 weeks) and Neurology (3 weeks)), Family Medicine (4 weeks), Ambulatory Internal Medicine (4 weeks), Surgery (12 weeks), Obstetrics and Gynecology (6 weeks), Pediatrics (6 weeks) and Radiology (Longitudinal). Inpatient Internal Medicine and Surgery are required prerequisites for subinternship electives.

J. AVAILABLE TO EXTERNS: (Students from other schools): Circle "Yes" if you are willing to offer your course to students from other medical schools. Otherwise circle "No." If "Yes", your course will be listed in the Externship Packet that is sent out to all non-UCLA students requesting course offering information. UCLA students will be enrolled

(Please check one) **YES** or **NO**

K. STUDENTS PER PERIOD: **Minimum**--In almost all cases, the minimum is "1" student per rotation. Courses listing minimums higher than "1" should be aware that it is often difficult to meet larger minimums which causes the cancellation of some rotations. **Maximum**--List the maximum number of students you can accommodate consistently throughout the year per rotation. Consider at which point you would be diluting the individual experience with too many students per rotation. This "maximum" will be listed in the computer to control student enrollment during the computer scheduling process.

Minimum # of students: **Maximum # of students:**

L. DURATION: The duration may be two, three, or six weeks. Most electives will be two or three weeks in duration since most students and faculty find the 2 or 3 week time block an adequate exposure to a topic.

M. ELECTIVE BEGINS: List the week numbers that correspond to the dates that you would like your elective to begin. When establishing starting dates for your course, refer to the enclosed Calendar of Weeks to find corresponding week numbers. List the week numbers, not the dates to indicate starting times. For example, a course that is offered every three weeks would list 1, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45, 48. If your elective will be offered at King/Drew Medical Center, write "By Arrangement" regardless of the dates or the week numbers the course will be offered (Drew students enroll in KDMC electives before the computerized enrollment occurs.)

N. COURSE OBJECTIVES (in order of importance): For ideas on developing your own course objectives, it may be helpful to refer to the courses listed in the current *Handbook of Clinical Courses for Fourth Year Medical Student* found on the web at <http://www.mednet.ucla.edu>, under the Student Affairs Section. Here are some examples of objectives that may be applicable to your course. You should **list no more than 10 objectives** on your Profile. Below are sample objectives.

- Knowledge of certain disease processes or problems, and actually list the processes or problems involved, e.g. "Knowledge of COPD, asthma, pneumonia, and interstitial lung disease."
- Basic science foundations, e.g. "Knowledge of pulmonary dynamics and lung response to inflammation."
- Improved history and physical examination.
- Medical judgment, analysis of medical data and synthesis of information.
- Interpretation of tests and special skills, e.g. "Interpretation of serologies, pulmonary function tests, reading X-rays, and pathology."
- Medical record keeping, e.g. "data collection and recording, appropriate format for writing consultations".
- Techniques or procedures, e.g. "sigmoidoscopy, lumbar puncture".
- Knowledge of drugs. (List specific drugs.)
- Knowledge of performance of research.
- Diagnosis and management of complex inpatient problems, e.g. "coma, sepsis".
- Cost effectiveness.
- Improving the doctor-patient relationship.
- Utilization of health care team.
- Outcomes of health care, e.g. "compliance, patient satisfaction".
- Public health, environmental, and preventive medicine.
- Library research and interpretation of literature.
- Oral presentations.

O. DESCRIPTION: This gives you the opportunity to define your course in more general terms, e.g. overall pace and direction of rotation. You can use the Additional Comments section for text overflow.

P. MAJOR PROBLEMS/DISEASES MOST COMMONLY EVALUATED BY STUDENTS: List up to 8 problems or diseases most commonly evaluated by students. ("Evaluated" includes initial or follow-up assessments with a written record.)

1.	5.
2.	6.
3.	7.
4.	8.

Q. FACULTY/HEALTH PROVIDERS WITH WHOM STUDENTS HAVE CLOSE CONTACT: Please check whether students typically have a close educational relationship (one-to-one or one-to-two ratio) during your elective with each of the categories of faculty or health providers listed.

___ FULL TIME FACULTY
___ CLINICAL FACULTY
___ FELLOWS
___ RESIDENTS
___ INTERNS
OTHER

R. PERCENTAGE OF PATIENTS EVALUATED IN AN "INPATIENT" OR "OUTPATIENT" SETTING BY STUDENT:

Estimate the percentage of patients evaluated by students in each of the two settings: inpatient and outpatient. They should total 100%. If this is an In-Depth elective and there is no patient contact, you can type "N/A" or "Not Applicable" in the space provided on the form.

Inpatient %

Outpatient %

S. PERCENTAGE OF TIME SPENT EVALUATING PATIENTS IN "CONSULTATION" OR "PRIMARY CARE" ROLES:

Estimate the percentage for the two roles: primary care and consultation. They should total 100%. If not applicable, type "N/A" in the space provided on the form.

Consultation %

Primary Care %

T. NUMBER OF PATIENTS EVALUATED:

Answer the two statements with a number value. If not applicable, type "N/A" in the space provided on the form.

Approximate number of patients evaluated each month by the student:

Total number of patients evaluated each month by the entire service:

U. TYPICAL WEEKLY SCHEDULE: Please list the activities occurring throughout the week that the student will be expected to participate in: work rounds, attending rounds, lab rounds, other rounds, clinical conferences, journal club, special seminars, and library/research. If there is no activity for a particular block of time, list "Independent Study Time" or "Free Time". No block of time should be left empty. Keep items short; listing names of individuals with whom students will be meeting or specific room number is **not** necessary.

Hour	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

V. ON-CALL SCHEDULE & WEEKEND ACTIVITIES: If no on-call, list "NONE". Keep the amount of text to a minimum.

W. ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: This section is OPTIONAL. State briefly any other important concepts or activities that define your course, or any other requirements that students should be informed about, e.g., stipends, housing, on-call rooms, parking, meal tickets.

Return this application with the AUTHORIZATION FORM to the address below.

Gezelle Miller
Clinical Curriculum Coordinator
Student Affairs Office
UCLA School of Medicine
Los Angeles, California, 90095-1720.
Internal Mail Code: Room 12-159 CHS, 172016
FAX Number: (310) 794-9574

Proposed Elective Authorization Form
UCLA School of Medicine - Academic Year _____

Course Title: _____

Course Chair Information

The chair must have UCLA faculty status and is responsible for course content as well as submitting the written student evaluation.

Name:

Dept/Service:

Hospital

Mail Code:

Street/Rm#

City & Zip:

Phone # & FAX

e-mail:

Student Coordinator/Contact Person Information

The student coordinator/contact person handles all administrative duties associated with student enrollment: maintains the course roster, records drop/adds, and assists in collecting comments for the evaluation process.

Name:

Dept/Service:

Hospital:

Mail Code:

Street/Rm#:

City & Zip:

Phone # & FAX:

e-mail:

Medical Director or Department Chair 's Name: _____

Approval Signature _____

Internal Use Only

College Chair Committee: Approves Does not approve

Medical Education Committee on Electives Approves Does Not Approve

Faculty Education Committee: Approves Does Not Approve

