DESCRIPTION OF ELECTIVE OFFERING

1. Elective title ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

2. Description (brief overview/abstract - 4 lines max.) __________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

3. Department ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
   Division

4. Elective director
   Last Name                                    First
   ________________________________
   Office (room - building)                  Phone
   _______________________________________
   E-mail address

5. Principal instructor(s)
   ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

6. Administrative support person
   Last name                                    First
   ________________________________
   Office (room - building)                  Phone
   _______________________________________
   E-mail address

7. Principal site/hospital(s) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

8. Location where student reports on 1st day
   ___________________________________________________________________
   Building                                    Room                         Time
9. Length of elective ____________________________
   (give number of weeks)

10. Months elective will be available

   9 all months
   9 all months except (please list): ________________________________

11. Is the elective -

   9 full time (approximately 40 hours per week)
   9 part time; if so, give number of hours per week ____________________

12. What are the student's typical working hours, e.g., 8:00 a.m. - 5:00 p.m. Monday-Friday?
   Please list: ________________________________________________

13. Maximum number of students taken per offering __________________

INSTRUCTIONAL FORMAT

14. Give the number of HOURS (minimum of 40 for full time elective) per week that the elective devotes to each experience.

   __________ outpatient/ambulatory care experience (one-to-one instruction)
   __________ inpatient ward experience (small group instruction)
   __________ inpatient consult experience (small group instruction)
   __________ clinical sciences research (one-to-one instruction)
   __________ basic science research (one-to-one instruction)
   __________ library time/independent study
   __________ lectures, conferences, seminars, Grand Rounds, etc.
   __________ other; if so, describe: ________________________________

   __________ Total HOURS (minimum of 40 per week required for full time credit)

15. Check all activities and responsibilities expected of a student.

   9 a. work up and follow patients
   9 b. on-call schedule; if so, give the frequency in nights per week: ________
   9 c. interpreting clinical data (X-rays, lab results, etc.)
   9 d. performance of procedural techniques
   9 e. attendance of conferences, Grand Rounds, research seminars, lectures
   9 f. reading of literature and research
   9 g. patient presentations
   9 h. required topic presentation; if so, give number required per student during elective: ________
   9 i. structured journal club/critical reading of literature presentation; if so, give number required per student during elective: ________
   9 j. other; please list: ________________________________

16. Who orients the student on the first day of the elective (give role)? ________________________________
If a clinical elective, continue with #17. If not, skip to #18.

17. Who does the teaching? Give percent (%) each contributes:

<table>
<thead>
<tr>
<th>%</th>
<th>attending physician</th>
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<tbody>
<tr>
<td></td>
<td>senior resident/fellow (clinical)</td>
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<tr>
<td></td>
<td>junior resident</td>
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<td>research faculty</td>
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<td>other faculty</td>
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<td>other allied health professional(s)</td>
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<td>other; please identify:</td>
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</table>

100% = Total

18. Who will conduct structured, formal feedback conferences DURING (i.e., AT LEAST BY MIDPOINT) the elective. Check one only.

- faculty
- elective director
- other(s); name:  

19. List the percentage (%) each activity contributes to the student's final grade.

<table>
<thead>
<tr>
<th>%</th>
<th>a. clinical work performance evaluations</th>
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<tr>
<td></td>
<td>b. attitude, e.g., professionalism, motivation, etc.</td>
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<td>c. in-house multiple choice or other objective exam</td>
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<td>d. in-house written essay-type exam</td>
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<td>e. external exam, e.g., NBME shelf exam; if so, specify source:</td>
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<td>f. oral examination (formal)</td>
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<td>g. clinical skills exam (formal)</td>
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<td>h. case management problem(s)</td>
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<td>i. computer-based testing or assessment</td>
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<td>j. journal club, critical review of literature</td>
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<td>k. topic presentation</td>
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<td>l. other:</td>
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<td>m. other:</td>
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<td>n. other:</td>
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100% = Total

20. Check who assigns the final grade.

- a. principal instructor
- b. elective director
21. List all prerequisites or special sign-up requirements.

COURSE OBJECTIVES

22. List objectives by category.

A. Knowledge/Skills The student should be able to:

B. Procedures/Performance The student should be able to:

C. Attitudes (include professional attitudes/behaviors) The student should:
23. Main Course Topics (provide list of key words for major concepts covered)

24. Readings and/or Texts (Do not include handouts; give citations only.)
25. **Other Resources**  (computer programs, activities, videos, slides, etc.)

   A. **Computer resources**

   B. **Audiovisuals**

   C. **Other**  (include learning stations, X-ray and image files, viewboxes, EKG readings.

26. **Weekly Schedule**  (Complete the required weekly schedule which follows.)
### SAMPLE WEEK OF STUDENT RESPONSIBILITIES

Fill in Each Day with Proposed Scheduled Activities

<table>
<thead>
<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
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The M 3 and 4 Curriculum Committee identified content and skills important for students to learn which may be addressed in many specialties. The Committee asked that where appropriate, elective directors try to include these topics when teaching. In the elective syllabus, the instruction may be indicated in any of the following ways: as objectives (item 22); as activities (items 14, 15 and weekly schedule) and, when possible, given a percentage of the grade (item 19); as main course topics (item 23); or as readings or other resources (items 24 and 25). If you have questions regarding inclusion of the Committee content, please call Millie Elliott, Medical Education, 558-4450.

M 3 AND 4 CURRICULUM COMMITTEE CONTENT

Critical review of the literature; biostatistics

Computer-based literature search (submission of)

Cost efficient and effective medical decision making

Risk/benefit issues

Prevention

Nutrition

Ethical issues

Evidence of interface between outpatient/inpatient care (as applicable)

Clinical pharmacology considerations/common drugs appropriate for the field
The M 3 and 4 Curriculum Committee requests that they review and approve all electives submitted. Please obtain the appropriate signatures:

______________________________  ________________________________
Signature of division head or departmental elective coordinator  Signature of department head

ALSO COMPLETE BELOW IF NON-UCMC SITE

In addition, the M 3 and 4 Curriculum Committee requests review of new electives at non-UCMC sites by the corresponding UCMC department.
Date __________________________

Signature of the Department or Division head, as appropriate

UCMC Department

FORWARD THE ELECTIVE DESCRIPTION FORM TO MILLIE ELLIOTT, MEDICAL EDUCATION, DEAN'S OFFICE, ML #0552, UC COLLEGE OF MEDICINE, CINCINNATI, OH 45267-0552.

Date of approval by M 3 and 4 Curriculum Committee: ________________________________