UT-H FOURTH-YEAR ELECTIVE DESCRIPTION FORM

Please review Guidelines for Fourth-Year Electives.

TITLE: ______________________________________________________________________________________________________

DEPARTMENT: ______________________________________________________________________________________________

Sign Up Codes:

Does student need elective director’s approval to list this elective on the course preference form during initial sign-up procedure during third year? (Yes ___ No ____)

Does student need to see elective director immediately after receiving computer-generated schedule and at least 30 days prior to beginning of elective? (Yes ___ No ____)

* Electives may be coded either I or II, both I and II, or “none.”

Faculty Member(s) in Charge of Course: (i.e., elective director)

Participating Faculty: (Faculty in addition to the elective director who might be working with students on this elective)

Location of Elective: (i.e., Hermann Hospital, LBJ, Hermann Professional Building, etc.)

Offered: Each month ____________ (Normally July thru May although a few students take electives in June.)

If not offered each month, when will it be offered: __________________________________________

Maximum # of Students Per Month: ____________

COURSE OBJECTIVES

Please address as completely as possible. Use separate sheet(s) if necessary. Your discussion should include:

The clinical and didactic experiences planned for the course must be designed to accomplish the objectives.
The elective involves at least 30 hours per week of time with at least 10 hours structured (clinical, conference, lecture).
The objectives of the elective are defined and indicate by specific topics the body of knowledge to be mastered. It is strongly recommended that these be
Material Covered:

Skills Acquired:
ACTIVITIES OF ELECTIVE

- The elective involves significant teaching by faculty.
- At least five (5) hours per week are aimed at the MS IV level.
- The students are evaluated based on the demonstration of their accomplishment of the objectives.

Number of new patients/student/week?

Responsibilities of Student for Assigned Patients:

- Does history/physical: Yes _____ No _____
- Who critiques: (If yes to preceding question)
- Follows patients, with appropriate notes as needed: Yes _____ No _____
- Who supervises:

Does student see ambulatory patients: Yes _____ No _____

Performs or observes procedures: (If “yes,” list and check under “Observe” or “Perform” as applicable)

<table>
<thead>
<tr>
<th>Procedures</th>
<th>Observe</th>
<th>Perform</th>
</tr>
</thead>
</table>

Scheduled Duties of Student:

- Frequency of rounds on patients:

- Presents patients to preceptor or attending physician: Yes _____ No _____
- Weekly schedule of required teaching sessions:

Description of Optional Rounds & Activities:

Other Required Activities:

- Reading/review of current literature: Yes _____ No _____
- Writing or presenting a paper: Yes _____ No _____
- Other:

EVALUATION
Students are observed closely enough by faculty to evaluate their performance meaningfully.
- Mid-rotation feedback is encouraged for all students, but feedback in writing is required for any students identified as having deficiencies, as soon as the deficiency is identified.

How Student is Evaluated: ____________________________________________

Who Evaluates Student? ____________________________________________

Unique Features of this Elective: (optional) ____________________________

Name of Department Elective Coordinator: ____________________________

Signature of Department Elective Coordinator: __________________________