NEW ELECTIVE COURSE DESCRIPTION

University of Missouri-Kansas City School of Medicine
Council on Curriculum, M5-C01
2411 Holmes Street, Kansas City, MO 64108
Email: umkc_som_curriculum@umkc.edu
Phone: (816) 235-1850 Fax: (816) 235-1851

*This form must be filled out by the student and received by the Curriculum Office **by the first calendar day of the month prior to the elective**. Failure to do so may result in a "not for credit" medicine elective month.*

ELECTIVE AND CONTACT INFORMATION

Student Name: _____ Month /Year of Elective: _____

Med Unit:

Year: _____

Elective Title: _____

Institution Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Contact Person: _____

Phone: _____ Email: _____

Evaluator Name: _____

Phone: _____ Email: _____

Duration of Elective: ☐ 4 Weeks ☐ 1 Month ☐ Other (explain):

Is the evaluator related to the student requesting this elective? : ☐ Yes ☐ No

If yes, please indicate the relationship : _____

and specify an alternate evaluator: _____

Student Signature: _____ Date: _____

ETC Signature: _____ Date: _____

For Curriculum Office Use Only

Approval: _____ Date: _____

Chair of Curriculum

Elective Title: _____

Course #: FileMaker #:

☐ Credit	☐ Audit / Reason:

CURRICULUM INFORMATION

UMKC Competencies: (Select which competencies are addressed in this elective.)

☐ Interpersonal and Communication Skills
☐ Medical Knowledge
☐ Practice-Based Learning and Improvement
☐ Systems-Based Practice
☐ Patient Care
☐ Professionalism

Educational Objectives: (Describe the facts, concepts, and skills the student is expected to know upon completion of the elective.)

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

Schedule Information:

_____
_____
_____

Elective Primarily Based: ☐ Institution ☐ Office ☐ Hospital

Maximum Number of Students (if applicable):

Months Elective is Offered:

Year Level Accepted for this Elective (MS-3 is equivalent to traditional MS-1 and so on):
☐ MS-3 ☐ MS-4 ☐ MS-5 ☐ MS-6

Call: ☐ Yes ☐ No If Yes, Frequency:

Prerequisites: ☐ Yes ☐ No If Yes, List:

To meet requirements for one month of elective credit, the student must participate in a **minimum of 160** hours of education activities. To be classified as a **clinical** elective, the student must spend 50% **(or at least 80 hours)** in clinical activities.

TEACHING METHODS: (Specify number of **hours per month** for each)

_____ Outpatient Visits (Clinical)
_____ Hospital/Rounds/Patient Care (Clinical)
_____ Operating Room (Clinical)
_____ Laboratory
_____ Lecture /Conference
_____ Reading/Self-Directed Learning
_____ Research
_____ Other (*Please Specify Below*)

EVALUATION METHODS: (Check all that apply)

☐ CLINICAL PERFORMANCE
☐ READING ASSIGNMENTS
☐ ORAL PRESENTATIONS
☐ EXAMINATIONS
☐ OTHER (*PLEASE SPECIFY BELOW)*

GRADING CRITERIA: (e.g., Clinical Grading Basis, B or better on a paper, exam score of 75%, etc.)

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