

NEW ELECTIVE COURSE DESCRIPTION

University of Missouri-Kansas City School of Medicine
 Council on Curriculum, MG-200
 2411 Holmes Street, Kansas City, MO 64108
 Phone: (816) 235-1852

*This form must be filled out by the student and received by the Curriculum Office **before the first calendar day of the block prior to the elective**. Failure to do so may result in a "not for credit" medicine elective block or denial of request. Evaluator email must be provided.*

ELECTIVE AND CONTACT INFORMATION

Student Name: _____	Block /Year of Elective: _____
Med Year: _____	Unit: _____ Student ID: _____
Elective Title: _____	
Institution Name: _____	
Address: _____	
City: _____	State: _____ Zip: _____ Country: _____
Evaluator Name: _____	
Phone: _____	Email: _____
Contact person: _____	
Phone: _____	Email: _____
Duration of Elective: <input type="checkbox"/> 4-week Block <input type="checkbox"/> Other (explain): _____	
Proposed Elective Category (select only one):	
<input type="checkbox"/> Community/Family Medicine	<input type="checkbox"/> OB/GYN <input type="checkbox"/> Radiology <input type="checkbox"/> Miscellaneous
<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Pathology <input type="checkbox"/> Research
<input type="checkbox"/> Neurology/Psychiatry	<input type="checkbox"/> Pediatrics <input type="checkbox"/> Surgery
Is this elective a Sub-Internship?: <input type="checkbox"/> Yes <input type="checkbox"/> No *If yes, objectives MUST reflect duties of a sub-intern	
Please indicate instructor level of evaluator: <input type="checkbox"/> Faculty Member <input type="checkbox"/> Physician <input type="checkbox"/> Scientist Researcher (residents cannot be the primary evaluator for students)	
Is the evaluator related to the student requesting this elective?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please indicate the relationship: _____ and specify an alternate evaluator: _____	
<input type="checkbox"/> All information contained in this form has been verified with the elective program prior to submission to the Council on Curriculum by the student requesting the elective.	
Student Signature: _____	Date: _____
ETC Signature: _____	Date: _____

For Curriculum Office Use Only	
Approved: _____ Denied: _____	By: _____ Date: _____
Associate Dean for Clinical Medical Education	
Elective Title: _____	
Course #: _____	FileMaker #: _____
<input type="checkbox"/> Credit	<input type="checkbox"/> Audit / Reason: _____

CURRICULUM INFORMATION

Elective Primarily Based: Institution Office Hospital

Maximum Number of Students (if applicable):

Dates 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:

Schedule Information:

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.

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

Interpersonal and Communication Skills

Systems-Based Practice

Medical Knowledge

Patient Care

Practice-Based Learning and Improvement

Professionalism

Interpersonal Collaboration

Personal and Professional Development

To meet requirements for one block 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 block** for each)

_____ Outpatient Visits (Clinical)

_____ Reading/Self-Directed Learning

_____ Hospital/Rounds/Patient Care (Clinical)

_____ Research

_____ Operating Room (Clinical)

_____ Other (*Please Specify Below*)

_____ Laboratory

_____ Lecture /Conference

EVALUATION METHODS: (Check all that apply)

Clinical performance

Examinations

Reading assignments

Other (*please specify below*)

Oral presentations

GRADING CRITERIA: All research and clinical electives will utilize the clinical grading scale.

Honors | High Pass | Sat. Pass | Marg. Pass | Fail