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| Individually Designed Elective Course Request |

\*A completed form must be submitted no less than 60 days prior to the anticipated start date of the elective\*

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| Student Name and Banner ID | Click or tap here to enter text. |
| Date Submitted | Click or tap to enter a date. |

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| **Student Contact Information** | Insert student phone number, street address, and pager number |
| **Student Email Address** | Insert ECU student email address |
| **Elective Course Title** | The Banner system limits course titles to a maximum of 28 characters. Insert the preferred title of your course using no more than 28 characters. Please note this is the title that will be reflected on student transcripts. |
| **Course Location** | Insert address of rotation and name of facility where rotation will take place. Please include the telephone and fax number as well. |
| **Preceptor Information** | Insert the name and email for the preceptor |
| **Preceptor Qualifications** | Insert a brief explanation of the Preceptor’s qualifications to teach this course |
| **Course Description** | Insert a detailed course description here. This should be done in paragraph form. This description should include a summary of the course activities and what students can expect to gain from the course. |
| **Educational Objectives** | List specific, measurable, and attainable learning objectives designed for this elective. These objectives should be linked to the institutional learning objectives and may relate to any of the core competency domains including: patient care, knowledge for practice, practice-based learning and improvement, systems-based practice, interpersonal and communication skills, or ethics and medical professionalism.  \**A minimum of* ***3*** *educational objectives are* ***required.*** *These should be constructed using Blooms Taxonomy. Please contact The Office of Medical Education with any questions or if assistance is needed in drafting these objectives. Additional information explaining the use of Blooms Taxonomy in constructing educational objectives can be found* [*here*](https://tips.uark.edu/using-blooms-taxonomy/)*.*   * Objective 1 * Objective 2 * Objective 3 * Continue to insert bullets as needed for remaining objectives |
| **Course Activities** | Provide detailed information about the activities a student will be required to complete including specific expectations for clinical and non-clinical duties, including conference attendance, and weekend, night, and all other requirements. Include the number of hours in clinic, laboratory work, conferences weekly schedule, etc.  All electives must comply with the Brody SOM duty hour policy. Electives are expected to constitute a minimum of 30 hours a week.  All requirements should be completed by the end of the rotation, however an extension of up to 14 days may be negotiated prior to the end date of the rotation between the course director and the student. |
| **Required Readings** | Insert a list of all required texts, readings, and websites used in the course. Include appropriate citation of each item |
| **Course Assessment** | Describe the method(s) by which you will determine that the students have achieved the course objectives, by whom the assessment will be completed, and the percentage of the final grade. Examples of assessment methods may include direct observation, oral exam, written exam, logbook entries, case presentation, oral presentation, written essay, discussion with faculty, etc.  Describe how students will receive mid-course, formative feedback of their performance.  The Brody School of Medicine Clinical Evaluation Tool utilizes behaviorally based anchors to assess student performance. |
| **Schedule Requirements** | Insert a brief description of any on-call requirements for the course. List the times students will need to be available for this course. |

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| **Duration** | 2 Weeks 4 Weeks |

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| **Course Start Date** | Click or tap to enter a date. | **Course End Date** | Click or tap to enter a date. |

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| Designation | Primary Care Miscellaneous Elective Online Acting Internship |

**Preceptor Certification Statement**

*By entering my name and license number in the boxes below I certify that I am the identified Course Director or Preceptor who is member of the faculty of the Brody School of Medicine or has otherwise been approved to direct this activity. I certify that the department will provide the needed resources to conduct this elective during the rotation blocks shown. I further certify my acknowledgement of the students continued adherence to the Brody School of Medicine Code of Student Conduct during this rotation.*

*For Preceptors holding an MD or DO: I certify I have successfully completed a residency program.*

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| Preceptor Signature | Click or tap here to enter text. |

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| License Number | Click or tap here to enter text. |

**Student Certification Statement**

*By entering my name in the box below I certify that I will be supervised by a licensed physician or doctoral level instructor who is not an immediate family member. I also certify my acknowledgement of my continued adherence to the Brody school of Medicine Code of Student Conduct during this rotation.*

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| Student Signature | Click or tap here to enter text. |

*\*Submit completed form to Lisa Dozier (dozierl@ecu.edu) in The Office of Student Affairs. All forms should be submitted electronically and in Word format.*

*\*\*Incomplete forms will not be accepted. Any form missing information will be returned for completion.*

*For Internal Use Only:*

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| Banner Course Title | Click or tap here to enter text. |

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| CCC or Subcommittee Approved Date | Click or tap to enter a date. |