**University of Central Florida**

**College *of* Medicine**

**Selective/Elective/Acting-Internship Proposal Form**

**\*Please complete the entire form. All fields are required\***

**Proposal Date:** Click the dropdown arrow to choose a date.

**Course Title:** Click here to enter the course title. This title will appear in the course catalog.

**Department/Specialty:** Click here to enter the department that your course aligns with: for example, dermatology, surgery, etc.

**Brief Description (25 words maximum):** Click here to enter a short description of your course. For example, students will participate in the care of adult patients in outpatient primary care settings, emphasizing prevention, diagnosis, and treatment of common primary care presentation and conditions.

**Have you approved this course with your site supervisor?**  YES  NO

**Please provide the name of the credentialing contact:** Click here to enter text.

**Information About the Physician Proposing the Course**

**Name:** Click here to enter the doctor's name that the students will be working with on their rotation.

**Graduate Education:** Click here to enter where you completed your graduate education.

**Previous and Current Academic Appointments (if any):** Click here to enter any previous and current academic appointments.

**Contact Email and Phone:** Click here to enter the email address you want the college of medicine to contact your office regarding scheduling. This is also the email address where the student's evaluation will be sent for you to complete.

**Logistical Information About Course**

* **Clinic/Hospital/Institution Name and Locations where Student Will be Rotating:** Click here to enter the address of your office. We will periodically send out information via USPS.
* **Clinic/Hospital/Institution Name and Location to Report on the first day:** Click here to enter the address of your office where the student should report on the first day.
* **Reporting Time:** Click here to enter the time students should report to your office on the first day of the rotation.
* **Contact Person (administrative assistant/business manager contact) (**for information**/** scheduling)**:** Click here to enter the name of the person students should contact regarding rotation details (i.e. schedule, action items to complete before/after rotation.
* **Contact Phone and e-mail:** Click here to enter the phone number and email address you want the student to contact your office on the rotation and before the rotation starts.

**Course type (select all that apply, note: electives and acting internships cannot have the same course goals):** M3 and M4 Elective (4 weeks) M3 Elective (4 weeks)

M4 Elective (4 weeks) M4 Elective (2 weeks) M4 Elective (2 or 4 weeks)

M4 Acting-Internship (4 weeks) M3 Surgery Selective

**Please select which months you can offer this course to students.** (UCF COM will verify this information yearly.)

January February March April May June July August September October November December

**Maximum number of students per rotation block?** Click here to enter text.

**Prerequisites** (check all that apply):

Completion of M2 Completion of M3 Consent of Instructor

Completion of Core Clerkship in Click here to enter text. Other: Click here to enter text.

**Estimated total contact hours/week as a sum of inpatient, outpatient, and independent study time:** 40 hours 50 hours 60 hours 70 hours 80 hours

**The items below must equal 100%**

* **Estimated % of time - Inpatient:** Click here to enter text. Inpatient and Outpatient time cannot equal more than 100%.
* **Estimated % of time - Outpatient:** Click here to enter text. Inpatient and Outpatient time cannot equal more than 100%.
* **Estimated % of time – Indirect contact time (independent study or online course work**: Click here to enter text.

**Estimated patient volume: Estimated number of patients/week for whom the student will be responsible, e.g., intakes/week?** Click here to enter text. **Follow-ups/week** Click here to enter text.

**On-call schedule:** Click here to enter text.

**Weekend duties:** Click here to enter text.

**For non-patient care rotations, describe the student's typical learning activities and responsibilities.** Click here to enter text.

**Describe the expected level of supervision of students by faculty and residents**: Direct Supervision Indirect Supervision Click here to enter text.

**Goals of the Rotation: Specify the anticipated clinical conditions the student will encounter and the clinical knowledge and examination and procedural skills the student will be expected to learn:** This rotation is designed to provide medical students with insights into the specialty of Click here to enter the specialty**.**

* Click here to describe the goals of the rotation, specify the clinical conditions the student will encounter, and the knowledge and examination skills the student will be expected to learn. Examples could include the following items: The rotation is hands-on and illustrates the role of the provider of “specialty” in the clinical setting. Students will be assigned to an individual faculty mentor to guide them and be responsible for their daily clinical activities during the rotation. By the end of the rotation, it is expected that medical students will have developed a knowledge base and clinical skills allowing them to identify and manage common concerns. Students are expected to attend grand rounds, morning reports, and resident learning sessions. In addition, the student is expected to complete an EBM project during the rotation to present to the team.

**Learning Objectives: Please group these under the following headings:**

***Patient care:*** ***Click the box to agree to the statement below.***

The medical student is expected to provide patient care that is compassionate, appropriate, and effective for promoting health, prevention of illness, and treatment of disease.

Other: Click here to enter text.

***Medical Knowledge:*** The medical student is expected to demonstrate medical knowledge relevant to Click here to insert specialty, as well as the application of this knowledge to patient care:

* The student will obtain and develop medical knowledge in the following areas: Click here to list the medical knowledge that the student will obtain. Examples could include the following: Insert catheter, state indications and complications of various blood products, describe the therapeutic effect, side effects of medications, recognize signs and symptoms of disease and treatment, develop and present a treatment plan

***Practice-Based Improvement:*** The medical student is expected to demonstrate the ability to investigate and evaluate their care of patients and continuously improve care based on constant self-evaluation and life-long learning.

* Click here to list how students will be expected to demonstrate the ability to investigate and evaluate the care of patients and assimilate knowledge from scientific evidence. Examples could include the following: Identify areas for improvement and implement strategies to enhance learning, skills, and process of care, develop and maintain a willingness to learn from errors, demonstrate an ability to use technology or other available methodologies to access and manage information, to support patient care decisions.

***Interprofessional and Communication Skills:*** The medical student is expected to demonstrate interpersonal and communication skills that effectively exchange information and collaboration with patients, their families, and health professionals.

* Click here to list how students will demonstrate interpersonal and communication skills. Examples could include the following: Provide effective and professional consultation to other physicians and the healthcare team, effectively document the patient history and plan of care, and effectively communicate information with the patient's family members.

***Professionalism:*** The medical student is expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, understanding and sensitivity to diversity, and a responsible attitude toward their patient, profession, and society.

* Click here to list how students will display continuous professional development. Examples could include the following: demonstrate respect, compassion, integrity, and altruism in relationship with patients, families, and colleagues, demonstrate respect for religious beliefs, adhere to principles of confidentiality, recognize and identify areas of improvement in personal and in peer performance.

***Systems-Based Practice:*** The medical student is expected to demonstrate an awareness of and responsiveness to the larger context of health care and the ability to call effectively on other resources in the system to provide optimal health care.

* Click here to list how the student will demonstrate an awareness of responsiveness to the larger context of health care and demonstrate that they know how to use available resources. Examples could include the following: Utilize resources to provide optimal healthcare, recognize limitations and opportunities regarding the individual patient care, apply evidence-based, cost-conscious strategies to prevention, diagnosis, and disease management.

**Learning Activities: Specify the level of the student’s clinical responsibilities, e.g., admissions, daily rounds, weekly conferences, case presentations, literature review, other projects:** Click here to provide information regarding specific learning activities that are unique to this course. Examples could include the following: Students will participate in daily teaching rounds on wards and the ICU. Students will participate in weekly didactics and grand rounds. Students will prepare a literature review on a specialty topic and give a brief presentation. When students are scheduled to the operating room, the first case starts at 7:30 am except on Wednesday, when the first case will begin at 9:30 am to accommodate Grand Rounds. The student should arrive 30 minutes before the first case to discuss the treatment plan with the assigned preceptor and help prepare the operating room for the first case.

**Required textbooks and articles:** All textbooks and articles for Elective and Acting Internship courses must be provided by the faculty member to the students.

**How will the student’s performance be assessed? (All M4 Electives and Acting Internships are P/F Grading):**

**How/when will formative feedback be given?: Click the box to agree to the statement below.**

The medical student will be evaluated by their engagement in the entire learning opportunity, including presentations, preparedness for the clinic, and participation in educational conferences.  There will be a formal feedback session at mid-term and at the end of the rotation.  Feedback for continuous improvement will be provided throughout the rotation.

Other: Click here to enter information regarding how the student will receive formative feedback.

**Summative evaluation: Click the box to agree to the statement below.**

A final written evaluation will be provided at the end of the rotation. All evaluations will be completed electronically via an online evaluation system.

Other: Click here to enter information regarding how the student will receive a summative evaluation.

**This course follows core policy statements for UCF courses:** *The entire policy can be viewed at the following link:* [*https://med.ucf.edu/media/2018/07/General-Syllabus-Information-for-All-MD-Modules-and-Clerkships-1.pdf*](https://med.ucf.edu/media/2018/07/General-Syllabus-Information-for-All-MD-Modules-and-Clerkships-1.pdf)

* Academic integrity statement including definition(s) of and consequences for academic misconduct
* Statement directing students needing accommodations to work with faculty and with Student Accessibility Services to ensure equal access to educational activities
* Statement regarding emergency procedures and campus safety, encouraging students to be aware of their surroundings and familiar with actions to take in various types of emergencies
* Statement regarding accommodations for active duty military students

**Type your name to sign this form and agree to the core police statement above:** Click here to type your name.

**Date:** Click the dropdown arrow to choose a date.

\* Email the completed form to [mdcourseproposal@ucf.edu](mailto:mdcourseproposal@ucf.edu) as a **word document**. We will reach out to you if we need additional information and inform you of the status of your course proposal.

Assistant Dean of Medical Education:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Curriculum Committee Chair:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COM Dean:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Course Justification:** Medical students are required to take electives and acting internships.