

# MUSC College of Medicine

## Clinical Elective

### Application

**The College of Medicine provides opportunities for students to develop clinical rotations that are tailored to their individual learning objectives and are eligible for elective credit during Year 4.**

Students must identify a mentor and work closely with that mentor to design the clinical elective. All applications undergo careful review and must be approved by the Dean's Office before the elective can be added to the student's schedule. Applications must be submitted to Christine Talbot-Bond ([talbotbo@musc.edu](mailto:talbotbo@musc.edu)) in the Dean's Office **at least 60 days in advance**. If an application is submitted less than 60 days in advance, it may be denied or the review process may be delayed and approved electives may be scheduled for a later block than requested.

**This application is an academic contract**; students must complete all elements of the contract in order to receive academic credit.

# Clinical Elective Application

## For Office Use Only

Course: \_\_\_\_\_

Block: \_\_\_\_\_

SEC Approved: \_\_\_\_\_

**Student Name:**

First

Last

**Course Director / Physician Mentor\*:**

First

Last

Degree(s)

**Institution or Practice Name:**

*\*If the course director/physician mentor does not have a faculty appointment at MUSC, please attach his/her CV to this application.*

**Mailing Address** (if MUSC, please just put "MUSC"):

Street Address

City

State

Zip Code

**Physician Mentor's Contact:**

Telephone (+ area code)

Email Address

**Name of Course / Rotation:**

**Department / Specialty:**

**Dates of Rotation / Block:**

**Course Description:** (100-200 words)

**Describe anticipated schedule (days/hours) and the total work hours to be completed:** (*minimum of 80 hours for 2-week elective or 160 hours for 4-week elective*)

**LEARNING GOALS AND OBJECTIVES:** What are the new knowledge, skills or attitudes that the student will be able to demonstrate as a result of successfully completing this elective?

- 1.
- 2.
- 3.
- 4.
- 5.

**ACTIVITIES PERFORMED DURING THE ELECTIVE:** What are the specific tasks that the student will perform while on the rotation that will lead to achievement of the learning goals and objectives?

- 1.
- 2.
- 3.
- 4.
- 5.

**EVALUATION METHODS:** How will the student's performance be evaluated by the supervising physician(s)? **Student evaluations are due upon completion of the elective and are required before credit is awarded to the student.**

1. Completion of the MUSC College of Medicine clinical evaluation form.
- 2.
- 3.
- 4.
- 5.

**Physician Mentor (please initial and sign below)**

\_\_\_\_ I understand that fourth-year elective rotations are graded on an Honors/Pass/Fail system, and I agree that sufficient contact time will be invested in the education process to allow, at a minimum, the assignment of an Honors, Pass, or Fail grade and a narrative description of the student's performance.

\_\_\_\_ I understand that I am responsible for assuring appropriate supervision of the student throughout the duration of this elective.

\_\_\_\_ I agree to provide preparation materials/information prior to, support during, and follow up after this elective to the student as needed.

\_\_\_\_ I acknowledge that I have no conflict of interest in supervising this student elective. *In order to maintain appropriate professional and ethical boundaries, faculty members and preceptors who provide patient care, psychological services, advocacy, or have any relationship with the student that involves knowledge of sensitive or confidential information, are prohibited from assessing, evaluating, or grading students in an academic capacity, including writing the Medical Student Performance Evaluation (MSPE). This includes personal relationships such as familial, marital, etc.*

Signature of Physician Mentor

Date

**Medical Student (please initial and sign below)**

\_\_\_\_ I will have access to emergency care during this elective, particularly in the event of a needle stick, occupational exposure, or illness. Emergency care will be available at \_\_\_\_\_.

\_\_\_\_ I am not aware of any potential risks to the health and safety of patients, students, and the community at large at this elective site (e.g. infectious disease outbreak). *If I become aware of such risks, I will notify the College of Medicine's Dean's Office (Dr. Kristen Hood Watson at watsonkh@musc.edu and/or Christine Talbot-Bond at talbotbo@musc.edu) immediately.*

\_\_\_\_ I agree that should a natural disaster, political unrest, or other unanticipated event that threatens my health or safety occur at this elective site, I will notify the College of Medicine's Dean's Office (Dr. K. Hood Watson at watsonkh@musc.edu and/or C. Talbot-Bond at talbotbo@musc.edu) immediately.

\_\_\_\_ I agree to abide by MUSC's code of ethics on this elective and to report any challenges to MUSC's code of ethics that I encounter to the College of Medicine's Dean's Office (Dr. K. Hood Watson at watsonkh@musc.edu and/or C. Talbot-Bond at talbotbo@musc.edu) immediately.

\_\_\_\_ I acknowledge that I have no conflict of interest in being supervised by this physician mentor. *In order to maintain appropriate professional and ethical boundaries, faculty members and preceptors who provide patient care, psychological services, advocacy, or have any relationship with the student that involves knowledge of sensitive or confidential information, are prohibited from assessing, evaluating, or grading students in an academic capacity, including writing the Medical Student Performance Evaluation (MSPE). This includes personal relationships such as familial, marital, etc.*

Signature of Medical Student

Date

**Signature of Dean or Designee for Course Approval:**

Kristen Hood Watson, MD  
Assistant Dean for Clinical Curriculum

Date