



# MyCourses

David Geffen School of Medicine

## 4<sup>th</sup> Year Elective Proposal Form/Application

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<b>Academic Year</b>	
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<b>Course ID</b>	<b>[Internal use only]</b>
<b>Course Name</b>	
<b>VSAS GME Specialty Code</b>	

### A. COURSE OBJECTIVES:

<b>Course Objective (List in order of importance):</b>	<b>Keywords</b>

*ASSOC	<input type="checkbox"/>	Used for independent facilities other than the UCLA affiliated hosp. listed on the left, i.e. L.A. Free Clinic, Lanternman State Hospital, Jewish Home for the Aging, etc.
BVA	<input type="checkbox"/>	Brentwood VA
CHS	<input type="checkbox"/>	Center for Health Sciences (UCLA)
CS	<input type="checkbox"/>	Cedars-Sinai Medical Center
HARBOR	<input type="checkbox"/>	Harbor-UCLA Medical Center
KAISER, CUL	<input type="checkbox"/>	Kaiser Permanente facilities (Culver City)
KAISER, SUN	<input type="checkbox"/>	Kaiser Permanente facilities (Sunset/W.L.A.)
KAISER, WH	<input type="checkbox"/>	Kaiser Permanente facilities (Woodland Hills)
KERN	<input type="checkbox"/>	Kern Medical Center, Bakersfield
MARIPOSA	<input type="checkbox"/>	Mariposa, California (Private Hospital)
MULTIPLE	<input type="checkbox"/>	Many locations in one rotation
NORTHRIDGE	<input type="checkbox"/>	Northridge Hospital (San Fernando Valley)
OVH	<input type="checkbox"/>	Olive-View Medical Center
REHAB	<input type="checkbox"/>	Rehab. & Chronic Diseases Center (UCLA)
S.MONICA	<input type="checkbox"/>	Santa Monica-UCLA Medical Center
SFVMP	<input type="checkbox"/>	San Fernando Valley Medical Program (SVA & OVH)
SHRINERS	<input type="checkbox"/>	Shriners Hospital for Crippled Children, Los Angeles
ST.MARYS	<input type="checkbox"/>	St. Mary's Medical Center, Long Beach
UCLA	<input type="checkbox"/>	Center for Health Sciences, Ronald Regan UCLA Medical Center, Resnick Neuropsychiatric Hospital, Mattel's Children's Hospital, Arthur Ashe Student Health & Wellness Center, 100, 200, and 300 Medical Plaza
VENTURA	<input type="checkbox"/>	Ventura County General Hospital
WVA	<input type="checkbox"/>	West Los Angeles VA Medical Center
OTHER	<input type="checkbox"/>	

\*When using ASSOC code, follow with the actual location in parentheses, e.g. ASSOC (Lanternman State Hospital).

**COURSE TYPE:** Please check **one** of the following categories:

**In-Depth (ID):** (Seminar type/self-study) In-Depth electives explore the basic science as well as the clinical aspects of an organ system and its disease states or focus on a particular field of study. Though required clerkships may not be necessary prerequisites for these electives, they are likely to be of great benefit to the student after clinical understanding & appreciation has been achieved through substantial exposure to the required clinical clerkships. Research experiences will not be listed as individual course offerings. Students may receive credit for six weeks of In-Depth electives and/or research electives. **In-Depth Non Clinical electives do not have a significant amount of patient contact, therefore they are not "clinical" and do not count toward California licensing.** Although research is not listed in the [Catalog](#), Please contact Shamar Jones (310-825-8020 or [snjones@mednet.ucla.edu](mailto:snjones@mednet.ucla.edu)) or Linda Baum ([lbaum@mednet.ucla.edu](mailto:lbaum@mednet.ucla.edu)) for any research opportunities and information.

**Advanced Clinical Clerkship:** (Primarily consult services)

These courses should allow the student to utilize and build on the fundamental information and skills acquired during the required specialty rotations of the third year and emphasize the practical approach rather than relying largely on textbooks and theoretical skills alone. They should be structured to provide students with deeper insight into complex medical problems and should stress development of the students' intellectual process by which decisions are made and how the data for them are acquired.

Subinternship Electives: There are two types of Subinternships: Subinternships and Subinternship/Inpatient. All Subinternships should meet the following requirements:

- Students should work-up at least five new patients per week (at least 15 per rotation).
- Students should be actively participating in the ongoing care of the patient.
- Severity of patient illness as well as diversity of patient population are important factors for Subinternship approval. Students should not be treating significantly "well" patients.
- Courses with only one focus, i.e., an orthopedic course focusing on one particular part of the body, are too specialized and would not provide a full experience to the student, and would probably not be approved at the Subinternship level.
- Students must have substantial patient responsibility, and not just see patients in consultation
- Minimum prerequisites: All Subinternship courses must list at least the required Inpatient Internal Medicine, Ambulatory Medicine & Surgery rotations as prerequisites.

**Subinternships:** These courses are either in-patient, emergency, or out-patient experiences giving the student increased responsibility for decisions made for the total care of the patient. In general, the student would be expected to function more nearly as an intern than as a third year student. UCLA students are required to take 9 weeks of electives at this level (3 of which must come from the Subinternship\Special Inpatient category below) to meet graduation requirements.

**Subinternship\Inpatient:** There is a special category of Subinternship courses in which all of the above criteria for the regular Subinternship apply except that these courses must be 90% or above inpatient experience. Students are required to complete 3 weeks of Subinternship courses from this category to offset the increasing amount of ambulatory care in the required clerkships.

### Course Chair Information

The chair must have UCLA faculty status and is responsible for course content, as well as, submitting the written student evaluation.

<b>Course Chair</b>	
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### Student Coordinator/Contact Person Information

The student coordinator/contact person handles all administrative duties associated with student enrollment: maintains the course roster, records drop/adds, and assists in collecting comments for the evaluation process.

<b>Student Coordinator</b>	<b>Name:</b>	
	<b>E-mail:</b>	
	<b>Phone:</b>	

<b>Supporting Faculty</b>	
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**REPORT TO:** Give explicit information as to where, when, and to whom the students should report to on the first day of the elective rotation. If your facility is not one of the major UCLA affiliated hospitals, please give your full address.

<b>Report To</b>	
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<b>College Affiliation</b>	<b>[To be determined by College Chairs]</b>
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The duration may be two or three weeks. Most electives will be two or three weeks in duration since most students and faculty find the two or three week time block an adequate exposure to a topic.

<b>Duration</b>	
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**AVAILABLE TO EXTERNS:** (Students from other schools): Enter "YES" if you are willing to offer your course to students from other medical schools. U.S. students will be processed using VSAS.

*International Students will be a separate application process.*

Available to U.S. Visiting Students	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

Available to international Visiting Students	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

**ELECTIVE BEGINS:** List the week numbers that correspond to the dates that you would like your elective to begin. When establishing dates for your course, refer to the Calendar of Weeks to find corresponding week numbers. List the week numbers, not the dates, to indicate starting times. For example, a course that is offered every three weeks would list 2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45, 48.

Weeks Offered	
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Initial Enrollment	[Lottery]
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**DESCRIPTION:** This gives you the opportunity to define your course in more general terms, e.g. overall pace and direction of rotation. You can use the Additional Comments section for text overflow.

Course Description	
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**MAJOR PROBLEMS/DISEASES MOST COMMONLY EVALUATED BY STUDENTS:** List up to eight problems or diseases most commonly evaluated by students ("Evaluated" includes initial or follow-up assessments with a written record).

Common Diseases/Problems	
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**PERCENTAGE OF PATIENTS EVALUATED IN AN "INPATIENT" OR "OUTPATIENT" SETTING BY STUDENT:**

Estimate the percentage of patients evaluated by students in each of the two settings: inpatient and outpatient. They should total 100%. If this is an In-Depth elective and there is no patient contact, you can type "N/A" or "Not Applicable" in the space provided.

% of Inpatient vs. Outpatient	INPATIENT	OUTPATIENT

% of Consultation vs. Primary Care	CONSULTATION	PRIMARY CARE

**FACULTY/HEALTH PROVIDERS WITH WHOM STUDENTS HAVE CLOSE CONTACT:** Please check whether students typically have a close educational relationship (one-to-one or one-to-two ratio) during your elective with each of the categories of faculty or health providers listed

Close Contact	<b>FULL-TIME FACULTY</b> <b>CLINICAL FACULTY</b> <b>FELLOWS</b> <b>RESIDENTS</b> <b>INTERNS</b> <b>OTHERS</b> _____ _____

Approx. # of Patients Evaluated/Each Week by Service	
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Approx. # of Patients Evaluated/Week by Student	
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**STUDENTS PER PERIOD: Minimum--**In almost all cases, the minimum is "1" student per rotation. Courses listing minimums higher than "1" should be aware that it is often difficult to meet larger minimums, which cause the cancellation of some rotations. **Maximum--**List the maximum number of students you can accommodate consistently throughout the year per rotation. Consider at which point you would be diluting the individual experience with too many students per rotation. This "maximum" will be listed in the computer to control student enrollment during the computer scheduling process.

Max. & Min. # of Students	MAXIMUM	MINIMUM

**TYPICAL WEEKLY SCHEDULE:** Must work a minimum of 40hrs/week. Please briefly list the activities occurring throughout the week that the student will be expected to participate in: work rounds, attending rounds, lab rounds, other rounds, clinical conferences, journal club, special seminars, and library/research. No block of time should be left empty. **Keep items short;** listing names of individuals with whom students will be meeting or specific room number is **not necessary**.

Typical Monday	
Typical Tuesday	
Typical Wednesday	
Typical Thursday	
Typical Friday	

<b>On-Call Schedule</b>	
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<b>Weekend Activities</b>	
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**ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:**

This section is OPTIONAL. State briefly any other important concepts or activities that define your course, or any other requirements that students should be informed about, e.g., stipends, housing, on-call rooms, parking, meal tickets.

<b>Additional Comments/Special Requirements</b>	
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Medical Director or Department Chair's Name:

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Approval Signature \_\_\_\_\_

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\_\_\_\_\_  
Chair

\_\_\_\_\_  
Date



**Return this application with the AUTHORIZATION FORM to the address below:**

*Jason Bergschneider  
Gezelle Miller  
Student Affairs Office  
UCLA School of Medicine  
Suite 200  
dgsomSAO@mednet.ucla.edu*