

*In order to facilitate the review of elective programs, the following standard format is required. Elective submissions not following this format will be returned.*

**Format for the B2 Clinical SIE**

**Title** - The title of the elective should be succinct and specific as possible. For example, "Diagnosis and Management of Infertility" is more informative than "Infertility."

**Department** - The department offering the course must be designated. If the elective is a conjoint effort of two departments, or with a non-medical college of the university, both should be listed. A lead department should be designated.

**Director & Faculty Credentials & Contact Information** - The director of the elective should be the individual who has the major responsibility for organizing and running the program, and for evaluating students. All faculty involved in presenting the program should be listed, along with academic rank and affiliation. When appropriate, guest faculty should be included. Credentials of preceptor must be included if preceptor is not WSU faculty. (Credentials should include medical school from which preceptor graduated, internship, residency, certifications, and academic affiliations.)

**Time & Location** - Include under this heading whether the elective is a longitudinal, or block rotation. Also include weeks of credit being requested (i.e. 2 weeks, 4 weeks) The location(s) must also be included, e.g., the School of Medicine on campus, a particular hospital, or outside the Dayton area. Also include the lead-time required to DROP/ADD the elective. Please provide an anticipated daily schedule of activities using this template for block SIE's. Keep in mind that the minimum hours should be 40 hours/week.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

For longitudinal SIE's, please specify how you will meet the minimum hours (80 or 160 hours). Be as specific as possible, including dates and times for the clinical encounters.

**Number of Students** - The number of students that are accepted in this elective; list each student by name and contact information if more than one student.

**Prerequisites** – Completion of 3<sup>rd</sup> year clerkships. Other prerequisites for an elective may vary from none to a detailed knowledge of a specific area.

**Course Description** – This should be a brief description, not to exceed two paragraphs. If hospital/site has a web-site for reference, please include it here.

**Content Categories** – Specific behavioral objectives should be listed in terms of what the student will be able to do at the end of the elective, including cognitive knowledge, attitudes, and skills.

**Learning Methods** – Describe the learning methods for the elective. How will the learning objectives be achieved? Describe in detail:

(a) Specific activities the student will perform or be involved with. Examples include: attend lectures or seminars, watch demonstrations or examinations, work in the laboratory or on the wards, and examine specimens or patients.

(b) Role of faculty in providing direct supervision and structured educational experience throughout the elective period.

**Evaluation** – There should be a delineation of the specific methods for evaluation of the student, such as oral, written and observation, or any combination. Include this statement: “The preceptor will complete the appropriate WSU-BSOM fourth-year elective evaluation form.” Grade is Pass/Fail.

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For Office Use Only (please include)

\_\_\_\_\_ Approved

\_\_\_\_\_ 4 weeks

\_\_\_\_\_ 2 weeks

\_\_\_\_\_ Longitudinal

\_\_\_\_\_ Other

\_\_\_\_\_ Clinical

\_\_\_\_\_ Surgical

\_\_\_\_\_ Added to Student Schedule

\_\_\_\_\_ Evaluation E-mail Sent