

Elective Course Proposal Form

PLEASE TYPE ALL INFORMATION

Instructions:

1. It is recommended that the person proposing the course (Course Director or Medical Education Director) consult with the appropriate department chair at the School of Medicine regarding discipline needs, objectives, and/or instructor credentials before submitting the proposal.
2. All sections of the form must be completed.
3. The Course Director and Department Chair must sign the form.
4. The Director of Medical Education must sign the form IF the Course Director and/or the elective coursework are not affiliated with IUSM.
5. This form, a Competency Activity Report form, a course syllabus, and the Curriculum Vitae (if appropriate) should be submitted to the address at the end of the form.
6. Any questions should be directed to the Dean's Office for Medical Education & Curricular Affairs at (317) 274-4556 or meca@iupui.edu

Course Title: _____

Course Description including competencies:

Educational Objectives: On completion of the elective, the student should be able to...

Grading Policy and Assessment Plan: Describe the method by which the student will be assessed and by whom the assessment will be completed. Please attach a sample of the assessment instrument that will be used.

Prerequisites (i.e., completion of specific 3rd or 4th year clerkships, specific background knowledge or skills)

Time Distribution: Clinical ____% Research ____% Presentations ____% Library ____%

Maximum Number of Students who may enroll in each unit (month): Max _____

Number of consecutive units/months a student may take the course: Min ____ Max ____

Course Availability during the academic year:

Only during months of: _____

All year: _____

Enrollment Eligibility - check only one (*eligibility should be consistent with any above noted prerequisites*):

_____ third or fourth year status

_____ third year status only

_____ fourth year status only

Course Director (Primary Instructor):

Name: _____

Hospital/Clinic: _____ Rm.# _____

Department _____ Ph.# _____

Street Address: _____ Zip _____

E-mail address: _____

Other Instructors:

NOTE: A current Curriculum Vitae for the Course Director and all other instructors must be submitted along with this proposal form. Physicians who hold faculty appointments with the School of medicine do not need to submit C.V.s because they are already on file.

Course Director: _____ Date: _____
(required signature)

Medical Education Director: _____ Date: _____
(Signature required if the Course Director and/or the elective coursework are not affiliated with IUSM)

Please return the completed form, along with C.V.(s), if appropriate, to:

Indiana University School of Medicine
Medical Education & Curricular Affairs
714 N. Senate Avenue, EF 200
Indianapolis, IN 46202-5120

For Departmental Use Only: Please Check One:

enrollment and successful completion of this elective may be used only for elective credit.

elective course proposal not approved.

Department Chair _____
(required signature)

For School Use Only:

Curriculum Council _____ Date _____
(signature)

Dean's Office _____ Date _____
(signature)

INDIANA UNIVERSITY SCHOOL OF MEDICINE
Elective Competency Activity Report

Return to:

Medical Education and Curricular Affairs
714 N. Senate Avenue, EF 200
Indianapolis, IN 46202
Phone: (317) 274-4556 or Fax: (317)-278-8165

Competency 1* _____

Level (must be Level 3 except by special arrangement) _____ * If offering a second Competency, use a second form

Department _____

Course Title _____

Course Number: _____ (For existing courses only)

Description of Activity: (check all that apply)

Setting: _____ Small group	Method: _____ Oral presentation
_____ Individual	_____ Observation
_____ Lecture	_____ Written presentation
_____ Large group	_____ Clinical demonstration (includes standardized patients.)
_____ Hospital	_____ Service
_____ Outpatient office or clinic	_____ Other (Explain)
_____ Other	

Please include (REQUIRED):

1. Brief description of activity.
2. What qualifies this activity as Level 3 (see Web site for detailed descriptions of Level 3 activities: <http://meca.iusm.iu.edu> ; click on "programs" and then on Competency Curriculum),
3. Assessment tool(s) used,
4. Person(s) responsible for assessment. Please attach additional sheets as needed.

Course Director (please print) _____

Course Director (signature) _____ Date: _____

Course Director phone #: _____ E-mail: _____

For School Use Only

Approved by Competency Director _____ Date _____

Approved by Curriculum Council _____ Date _____

