

**Elective Approval
For Off-Campus Electives in the U.S.**

Students should follow these instructions to be enrolled in an away elective. Some of the requirements are established by the State of New York and some by our accrediting body, the LCME.

ELECTIVE APPROVAL FORM:

- Include complete contact information for the elective site
- Write measurable learning objectives, as well as a description of student's role & responsibilities during the elective.
- Elective requests are approved if an affiliate agreement is in place with the site. A list of possible sites is at this URL:
https://cbase.som.sunysb.edu/cbase2/public/course_info/affiliate_info.cfm
Agreements help assure accountability for the learning environment, as well as procure liability insurance for students.

FOR SITES REQUIRING PAPER APPLICATIONS OR SITE-ONLINE APPLICATIONS:

- Get the application from the site, complete your portion of the application & submit it with all supporting materials, including our Elective Approval Form & Elective Coversheet to Jeanine in the UGME. **Keep complete copies of everything you submit.** The UGME office will provide the needed dean's signatures, good standing letters, seals, etc. & will mail the completed application to the site. UGME only keeps copies of what we sign or seal. We do not keep copies of other materials you submit.

MOST APPLICATIONS GO OUT THROUGH VSLO (Visiting Student Learning Opportunity):

- You will receive VSLO authorizations in your email account from the AAMC/VSLO. The email will include logon instructions. Save it in your email folders.
- When you are offered an elective in VSLO & have accepted it, complete the Elective Approval form and submit it to the UGME office (Jeanine).

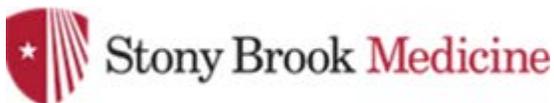
HOW VSLO WORKS:

- Student submits application materials and submits the application in VSLO (web-based)
- Registrar receives an email from VSLO indicating that application has been submitted.
- Registrar verifies application, uploads transcript, uploads other required information such as a certificate of insurance, & releases the applications **IF AN AFFILIATE AGREEMENT IS IN PLACE**. If no agreement is in place, the Registrar will let the student know & will not release the application.

WHAT HAPPENS IF AN AFFILIATE AGREEMENT IS NOT IN PLACE

- There are well over 100 sites that currently have agreements in place. Students are strongly encouraged to select one of the sites on our list.
- Under certain circumstances the school will consider negotiating new agreements.
- Students submit a request for a new agreement. The requests are considered on a case by case basis. If the school decides to pursue an agreement, students provide the contact information for the site. The affiliate agreement is a legal document between institutions and is not handled by the student.

The agreement must be in place and the student must be enrolled by 30 days before the rotation begins. Students are advised to set up back up rotations in the event that an agreement cannot be put in place in a timely way, or at all. It can take several months for an agreement to be negotiated. Although every effort will be made for the timely execution of agreements, your submission of a request does not guarantee that an agreement will result in time for the elective to occur. Please plan accordingly. A minimum of a 4 month lead time for an agreement request is recommended but not guaranteed as sufficient.



Elective Approval
Please print or type all information.

Site Contact Information

Office of Student Affairs:
Fax 1-631-444-9376 Phone 1-631-444-9547
Stony Brook Univ. School of Medicine
Stony Brook, NY 11794-8432

Student's Name _____ Today's Date _____

Official Site Name _____

Official Mailing Address for the Site: _____

Name and Email address of the elective coordinator at the site:

Supervisor's Name and Title (person who will supervise you at the site) _____

Site Phone Number () _____ Site Fax Number () _____

Title of Elective _____ Department _____

Number of Weeks _____ Start date _____ End Date _____

Learning Objectives and Description

This elective has the following behavioral learning objectives. Objectives should be measurable. Example: 'When this elective ends, the student will be able to....' or 'To be evaluated, the student will do the following.....':

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

A general description of student's responsibilities and duties while at elective site (an official description of the off campus rotation can be attached to the form):

The site is listed on our affiliate agreement list. Yes _____ No _____
_____ Check here if you applied, were offered, and have accepted this elective using VSLO

If not using VSLO, forward the site's email offer and your response accepting this elective to: Jeanine.Fazzini@stonybrookmedicine.edu

Office use only

Associate Dean for Student Affairs approval. Yes _____ No _____

Associate Dean Signature _____ Date _____

Student is enrolled for this elective as of (date entered to CBase) _____

SBU PHASE III MEDICAL STUDENT EVALUATION FORM – SUB-INTERNSHIP/ELECTIVES

Name: _____

Date: _____

Evaluator: _____

Evaluator (Please circle): Attending Fellow Resident Intern

Team/Service: _____

Length of Interaction: _____ days

V2/14/19

Please evaluate each student according to what is expected of a student at his/her level of training (at this point in Phase III). **Please circle or highlight behaviors as observed.**

| PATIENT CARE | | | | | |
|---|--|---|---|---|---|
| History/Interviewing Skills (EPA 1) (ILO 1) | | | | | |
| Not Observed | Unreliable data gathering. Inaccurate, major omissions. | Inconsistent data gathering. Incomplete or unfocused. Mostly minor omissions. | Accurate data gathering. Obtains basic history. Identifies new problems, few omissions. | Consistently gathers accurate data. Obtains focused or detailed history. Rare omissions. | Consistently gathers accurate data. Resourceful, efficient, appreciates subtleties. |
| Performs Appropriate Physical Exam (EPA 1) (ILO 1) | | | | | |
| Not Observed | Consistently uses faulty technique or performs inappropriate exam; misses major findings. | Frequently performs faulty or inappropriate exam; often misses major/minor findings. | Consistently performs exams of appropriate scope & accuracy with moderate efficiency; major findings identified. | Consistently performs exams of appropriate scope & accuracy with high efficiency. Major/minor findings consistently identified. | Exam skills are consistently superb, uncovering subtle & important findings. |
| Differential Diagnosis (EPA 2) (ILO 3) | | | | | |
| Not Observed | Consistently fails to identify major differential diagnosis. Clinical reasoning markedly deficient. | Differential often incomplete. Clinical reasoning often incorrect or illogical. | Assesses most problems with a well-reasoned differential. Clinical reasoning is most often sound. | Differential consistently reflects understanding of pathophysiology & ability to think broadly. Clinical reasoning is consistently sound. | Thorough differential of both major & minor issues with sophisticated clinical reasoning. |
| Patient Centered Management Plans (EPA 3) (ILO 2, 4, 5, 6, 16) | | | | | |
| Not Observed | Management plans reflect poor judgment; actions adversely affect patient. | Management plans demonstrate inconsistent prioritization of clinical issues. | Understands indications for tests & procedures. Plans are appropriate for major clinical issues. | Plans are complete & thoughtful. Recommends use of tests & procedures in a patient-centered, evidence-based manner. | Plans incorporate principles of disease prevention, health promotion & patient education. |
| Enter and Discuss Orders and Prescriptions (EPA 4) (ILO 4, 6) | | | | | |
| Not Observed | Struggles to compose orders independently. Requires direct supervision. | Composes orders and rx without recognizing reasoning and justification. | Composes orders effectively with indirect supervision. Understands justification. Avoids errors by using safety alerts and information resources. | Composes orders while considering patient specific preferences and factors (such as age, comorbidities, etc). | Discusses and educates patient and families planned orders and prescriptions. |
| Organize and Prioritize Responsibilities for Patient Care (EPA 10) (ILO 5) | | | | | |
| Not Observed | Struggles to organize patient care responsibilities. Lacks the ability to recognize urgent situations. | Organizes care of one patient, able to recognize urgent scenarios without ability to effectively intervene. | Organizes the simultaneous care of multiple patients and able to anticipate future needs. Able to initiate effective intervention and call for back up for urgent issues. | Provides efficient care to multiple patients, leads effective intervention for urgent matters. | Provides care to a large volume of patients with marked efficiency; responsibilities are prioritized to prevent urgent and emergent issues that can be anticipated. |
| Oral Presentations (EPA 6) (ILO 14) | | | | | |
| Not Observed | Missing major pieces of information. Inaccurate reporting of information. | Missing only minor information. Usually accurate. Often includes irrelevant facts. Not well organized. | Includes all essential information. Consistently accurate. Appropriate level of detail. Well organized. | Accurate. Comprehensive. Fluent & focused. Reflects solid grasp of clinical issues. | Fluent and focused presentation that is tailored to situation. Justifies proposed assessment & plan. |
| Procedures and Consent (EPA 11 & 12) (ILO 2, 11) | | | | | |
| Not Observed | Fails to try basic procedures. Insufficient understanding of procedures to obtain consent under supervision. | Awkward with skills. Lacks coordination of movement. Minimal response to coaching. Able to obtain consent but with clarification with supervisor. | Reasonable skill in preparing for & performing procedures. Obtains consent with indications, risks and potential complications under supervision. | Careful, Attentive to detail. Recognizes limitations. Obtains consent and ensures understanding of potential complications under supervision. | Proficient & skillful; consistently demonstrates efforts to improve technical skills. Level of knowledge and skills puts patients and families at ease under supervision. |
| Written Notes (EPA 5) (ILO 13) | | | | | |
| Not Observed | Poorly organized. Doesn't summarize or explain clinical data. Missing data. | Poorly organized. Usually accurate, attempts to summarize. Includes irrelevant data. | Accurate & fairly well organized. Appropriate detail. Basic summary of clinical data. | Well organized, accurate, comprehensive, succinct; reflects solid grasp of clinical issues. | Superior organization, succinct. Analytical in assessment & plan. |

| MEDICAL KNOWLEDGE | | | | | |
|--|--|---|---|---|---|
| Medical Knowledge and Use of Medical Literature to Expand Knowledge Base and Improve Patient Care (EPA 7) (ILO 5, 7, 8, 9, 10, 12, 17) | | | | | |
| Not Observed | Inadequate knowledge base for patient care. Ignores psychosocial issues. | Knowledge base has deficits that require attention. Minimal attention to psychosocial issues. | Incorporates knowledge of medicine to care for patients appropriately. Seeks evidence for patient care. Inquires about psychosocial issues. | Reads more broadly than patients' problems. Applies evidence-based medicine to patient care. Routinely addresses psychosocial issues. | Seamlessly integrates knowledge of prevention, health promotion & education, Integrates psychosocial issues into all aspects of patient care. |
| PROFESSIONAL ATTRIBUTES | | | | | |
| Dependability, Motivation, Responsibility, and Initiative (ILO 15) | | | | | |
| Not Observed | Unreliable, uninterested, shirks responsibility, acts in ways that raise significant concerns about integrity. | Sometimes late, acts in ways that raise some concerns about integrity & reliability. | Punctual, dependable; accepts responsibility, takes initiative in activities that enhance knowledge & skills. | Initiates action to improve own performance & patient care; Seeks new responsibilities; works well independently. | Behavior models highest standards of integrity, reliability & collegiality. Consistently seeks out & accepts responsibility. |
| Rapport and Relationships with Patients and Families (ILO 14, 15) | | | | | |
| Not Observed | Dramatic absence of patient-doctor communication skills. Lacks empathy. | Establishes rapport with patients but is often inept or inefficient. | Earns trust & respect of patients; good listening skills. | Outstanding rapport, engenders confidence, patient advocate. | Goes above & beyond in care for patients. Preferred provider. Seen as care manager by patients/teachers. |
| Ability to Respond to Feedback (EPA 13) (ILO 10, 11) | | | | | |
| Not Observed | Does not recognize own limitations. | Some recognition of own limitations. | Actively seeks help to modify behavior, open to feedback, open to change. | Recognizes limitations. Uses reflective skills to improve. | Incorporates feedback & reflection into one's learning. |
| SYSTEMS BASED PRACTICE | | | | | |
| Interprofessional Rounds and Team Work (EPA 9) (ILO 19) | | | | | |
| Not Observed | Does not recognize the contributions of medical and/or interprofessional team members. | Identifies roles of medical and/or interprofessional team members but does not recognize how/when to utilize them as resources. | Recognizes the roles of medical and/or interprofessional team members. Participates in team discussions when required. | Actively engages in medical and/or interprofessional team meetings and engages in collaborative decision-making. | Recognizes opportunities for and participates as a team member in quality improvement. |
| Contributes to a Culture of Safety and Improvement (EPA 13) (ILO 18, 19, 20) | | | | | |
| Not Observed | Limited or no recognition of medical or systems errors. | Recognition of medical or system errors. | Effectively identifies and participates in evaluation of personal or system errors. | Student can identify a potential personal or system error, and conceptualizes a potential solution. | Recognizes and addresses a personal or system error, conceptualizes a potential solution and participates in a quality improvement project. |
| Handoffs to Transition Care Responsibly (EPA 8) (ILO 18, 19, 20) | | | | | |
| Not Observed | Missing major pieces of information. Inaccurate reporting of information. | Missing only minor information. Usually accurate. Often includes irrelevant facts. Not well organized. | Provides succinct verbal communication that conveys illness severity. Able to receive a patient handover to transition care responsibly. | Recognizes and communicates situation awareness and action planning. | Able to give and receive patient handovers with attention to contingency planning. |

Suggested Grade:

- 2 WEEK | PASS | FAIL
- 4 WEEK | HONORS | HIGH PASS | PASS | LOW PASS | FAIL

Summary Comments: Please give specific examples of the student's observed behavior for teamwork, accountability, professionalism and patient care)

Evaluator Signature: _____

Date: _____