

NEW CLERKSHIP PROPOSAL FORM

1. PREPARER INFORMATION			
Name:	Date:		
Email:	Relationship to Clerkship:		
2. CLERKSHIP INFORMATION			
Department:	Location of Clerkship:		
Clerkship Title:		Clerkship Number:	
Clerkship Director:	Email:	Phone:	
Clerkship Coordinator:	Email:	Phone:	
Prerequisites:		Max # of Students per period:	
Clerkship Type: <input type="checkbox"/> Elective <input type="checkbox"/> Selective I <input type="checkbox"/> Selective II			
Length of Clerkship: <input type="checkbox"/> 2-weeks <input type="checkbox"/> 4-weeks <input type="checkbox"/> 8-weeks <input type="checkbox"/>			
Available During Periods:			
Call Code: <input type="checkbox"/> 0 = No call, no weekends <input type="checkbox"/> 2 = Other (please provide explanation) <input type="checkbox"/> 4 = Call every fourth night		Percentage of time spent: <input type="checkbox"/> 1 = No call, but rounds on weekends <input type="checkbox"/> 3 = Call every third night <input type="checkbox"/> 5 = Call every fifth night <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient	
Method(s) of Student Evaluation: <input type="checkbox"/> Oral Examination <input type="checkbox"/> Written Examination <input type="checkbox"/> Shelf-Exam <input type="checkbox"/> Case Presentations <input type="checkbox"/> Clinical Performance <input type="checkbox"/> Oral Presentation <input type="checkbox"/> Paper <input type="checkbox"/> Attendance <input type="checkbox"/> Other (please specify): _____			



3. ADDITIONAL CLERKSHIP INFORMATION

Clerkship Description:

Please provide a description of no more than 100 words to be included in the course catalog. This description should indicate scheduling details, expectations of students on the clerkship, and any unique opportunities available to students enrolled in this rotation:

Sample schedule for the week:

Reporting instructions and time on the first day of the clerkship:

Is this clerkship open to visiting students?

Yes No

Clerkship Objectives:

The clerkship objectives will not be included in the catalog but will be used by the Office of Medical Education for review of the clerkship and its content and may be used for reporting purposes. Objectives should be measurable, student focused and linked to the overall objectives of the School of Medicine

Upon completion of this clerkship, students should be able to...

School of Medicine Competencies:

Please indicate which SOM competencies are addressed through the objectives listed above

- 1. Patient Care
- 2. Knowledge for Practice
- 3. Practice-Based Learning and Improvement
- 4. Interpersonal and Communication Skills
- 5. Professionalism
- 6. Systems-Based Practice
- 7. Interprofessional Collaboration
- 8. Personal and Professional Development
- 9. Discovery

<http://med.stanford.edu/md/mdhandbook/section-2-general-standards.html>

Clerkship Director:

Department Chair:

Sponsoring Faculty Member Name (required if
Clerkship Director is not a member of Stanford
University faculty):

Sponsoring Faculty Member Signature:

Assistant Dean for Clerkship Education Approval: