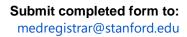


NEW CLERKSHIP PROPOSAL FORM

1. PREPARER INFORMATION					
Name:		Date	:		
Email:		Rela	tionship to Clerk	ship:	
2. CLERKSHIP INFORMATION					
Department:		Loca	tion of Clerkship		
Clerkship Title:			Clerkship Num		
Clerkship Director:	Email:			Phone:	
Clerkship Coordinator:	Email:		Phone:		
Prerequisites:				Max # o	f Students per period:
Clerkship Type:					
Elective Selective I Selective II					
Length of Clerkship:					
2-weeks 4-weeks 8-weeks					
Available During Periods:					
Call Code:					Percentage of time
spent: 0 = No call, no weekends 1 = No call, but rounds on weekends					spent.
2 = Other (please provide explanation) 3 = Call every third night				Inpatient	
4 = Call every fourth night 5 = Call ev			y fifth night		Outpatient
Mothod(a) of Student Evaluations					
Method(s) of Student Evaluation:					
Oral Examination Written Examination Shelf-Exam Case Presentations					
Clinical Performance Oral Presentation Paper Attendance					
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:
le this playlishin anan to visiting students?
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
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Upon completion of this clerkship, students should be able to



medregistrar@stanford.edu



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:					