

## NEW CLERKSHIP PROPOSAL FORM

<b>1. PREPARER INFORMATION</b>			
Name:		Date:	
Email:		Relationship to Clerkship:	
<b>2. CLERKSHIP INFORMATION</b>			
Department:		Clerkship Location:	
Clerkship Title:		Clerkship Number:	
Clerkship Director:	Email:	Phone:	
Clerkship Coordinator:	Email:	Phone:	
Clinical Prerequisites (other than pre-clerkship courses):		Max # of Students per period:	
Clerkship Type:		Open to visiting students?	
Elective	Selective I	Selective II	Core
		Yes	No
Length of Clerkship:			
3-weeks	6-weeks	Other duration:	
Periods available (indicate P1-P16, or individual periods when offered):		Summer P1-P4 Autumn P5-P8 Winter P9-P12 Spring P13-P16	
Call Code:		Percentage of time spent:	
___ 0 = No call, no weekends	___ 1 = No call, but rounds on weekends	___ Inpatient	
___ 2 = Other (please provide explanation)	___ 3 = Call every third night	___ Outpatient	
___ 4 = Call every fourth night	___ 5 = Call every fifth night		
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:**

**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: