

Electives for MUSC Students

In their fourth year, students are required to successfully complete five 4-week electives, one externship, and two (medicine and surgery) core rotations. Over 95 elective courses are offered at MUSC, providing an opportunity for students to be exposed to a variety of experiences in the clinical sciences while strengthening skills and building knowledge.

Students also have the option of pursuing an area of interest outside of the MUSC system and receiving credit. This is termed a 'student specific elective' and can be an elective/externship at an LCME accredited institution or an elective/externship with a private physician or hospital.

All electives/externships outside of the MUSC system require preapproval.

The experience can be considered as an elective if it provides a student with opportunities which:

- Build upon previous experiences in the basic and clinical sciences
- Allow for the care and treatment of patients in different settings
- Expand his/her knowledge and skill set, e.g., reading x-rays, assessing the unstable patient, reading EKGs, designing and/or conducting research, etc.
- Assist the student in making career path decisions.

The experience can be considered an externship if it meets the requirements for an elective and:

- Exposes the student to intern-level responsibilities for patient care
 - Allows the student to perform clinically while under close scrutiny
 - Offers night-time hospital activities and procedures
 - Includes experiences in the life of an intern
 - Increased responsibility and accountability for patient assessment, care and decision-making
 - Expanded work hours in the hospital
 - Management of potential sleep deprivation
1. The location is a hospital inpatient service that cares for severely ill patients.
 2. Student acts as an intern in every way (no special consideration regarding time in hospital or work load.)
 3. The number of patient workups and case load are the same as for interns on service.
 4. Night call is the same as for interns, but no less than 5 on-call nights during a 4 week service.
 5. It is a 4 week experience.

Student Specific Elective

This form is to be completed and approved prior to the elective rotation.

Student Name:

First name

Middle initial

Last name

Course Director/Physician Mentor:

First name

Last name

Degree(s)

Institution or Practice Name:

Mailing Address:

Street

City

State

Zip

Telephone/Fax Number:

Telephone (+ area code)

Fax (+ area code)

Email Address:

Contact Person (If different from above):

First name

Last name

Degree(s)

Telephone/Fax Number:

Telephone (+ area code)

Fax (+ area code)

Email Address:

FOURTH-YEAR STUDENT-CREATED ELECTIVES

Medical University of South Carolina

This form is to be completed and approved prior to the elective rotation:

COURSE/ROTATION NAME:

Submitted for approval as (please check one):

- 2 week elective
- 4 week elective
- 4 week Externship

ROTATION DATE:

Start Date	End Date	Block
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Is call required? YES NO

If yes, describe the frequency of call or night shifts:

Course Description: (75 - 100 words)

Course catalog and objectives can be attached if available.

LEARNING GOALS AND OBJECTIVES: What are the new knowledge, skills or attitudes that the 4th year student will be able to demonstrate as a result of successfully passing this elective?

1.

2.

3.

ACTIVITIES PERFORMED DURING THE ELECTIVE: What are the specific tasks that the student will perform while on the rotation that will lead to achievement of the learning goals and objectives?

1.

2.

3.

EVALUATION METHODS: How will the student's performance be evaluated by the supervising physician(s)?

1. Completion of the MUSC College of Medicine evaluation form.

2.

3.

EVALUATION: Student evaluations are due upon completion of the elective and are required before credit is given to the student. Please initial to indicate that you agree with the following statement.

Initial _____ Fourth year elective rotations are graded on a Pass/Fail grading system. I agree that sufficient contact time will be invested in the education process to allow at a minimum the assignment of Pass or Fail **and** a narrative description of the student's performance.

SUPERVISING PHYSICIAN:

Signature of course director/physician mentor

date

Signature of Dean or Designee for course approval:

Donna Kern, MD

Associate Dean for Curriculum Integration and Implementation, Clinical Sciences

date