



**David Geffen School of Medicine at UCLA  
Clinical Elective Proposal Form/Application  
for the  
2008-09 Academic Year**

**INSTRUCTIONS**

Complete this application by providing your course profile information in the boxed areas below. **Please type or print clearly.** Refer to the SAMPLE course Profile and the *Guidelines for Clinical Elective Course Development* enclosed for guidance. If you have Word 6.0 (or a higher version) and would like to complete this application on your computer, please contact Gezelle Miller at (310) 825-3848 or gmiller@mednet.ucla.edu.

**Character Limit** = All information on this application is placed in a template with a limited amount of space. Please limit your information to the shaded areas.

**A. COURSE NUMBER:** *(assigned by the Medical Education Committee)*

**B. COURSE TITLE:** Please limit the length of the course title to 55 characters (including spaces) for computer database purposes.

*Plastic and Reconstructive Surgery Sub-Internship*

**C. LOCATION:** Type one of the following location codes from the list below. \*When using ASSOC code, follow with the actual location in parentheses, e.g. ASSOC (Lanternman State Hospital).

*CS (Cedars-Sinai Medical Center)*

- \*ASSOC            Used for independent facilities other than the UCLA affiliated hosp. listed on the left, i.e. L.A. Free Clinic, Lanternman State Hosp, Jewish Home for the Aging, etc.
- BVA                Brentwood VA
- CHS                Center for Health Sciences (UCLA)
- CS                 Cedars-Sinai Medical Center
- HARBOR          Harbor-UCLA Medical Center
- KAISER            Kaiser Permanente facilities (Sunset/W.L.A.)
- KERN              Kern Medical Center, Bakersfield
- MARIPOSA        Mariposa, California (Private Hospital)
- MULTIPLE        Many locations in one rotation
- KDMC             King/Drew Medical Center
- NORTHRIDGE     Northridge Hospital (San Fernando Valley)
- OVH                Olive-View Medical Center
- REHAB            Rehab. & Chronic Diseases Center (UCLA)
- S.MONICA         Santa Monica-UCLA Medical Center
- SFVMP             San Fernando Valley Medical Program (SVA & OVH)
- SHRINERS         Shriners Hospital for Crippled Children, Los Angeles
- ST.MARYS        St. Mary's Medical Center, Long Beach
- VENTURA        Ventura County General Hospital
- WVA                West Los Angeles VA Medical Center

\*When using the ASSOC code, follow with the actual location in parentheses, e.g. ASSOC (Lanternman State Hospital).

**D. TYPE OF COURSE:** Please check **one** of the following categories:

**In-Depth (ID):** (Seminar type/self-study) In-Depth electives explore the basic science as well as the clinical aspects of an organ system and its disease states or focus on a particular field of study. Though required clerkships may not be necessary prerequisites for these electives, they are likely to be of great benefit to the student after clinical understanding & appreciation has been achieved through substantial exposure to the required clinical clerkships. Research experiences will not be listed as individual course offerings. Students may receive credit for six weeks of In-Depth electives and/or research electives. **In-Depth Non Clinical electives do not have a significant amount of patient contact, therefore they are not "clinical" and do not count toward California licensing.** Although research is not listed in the Handbook of Courses, Fran Kissel (310-825-8020 or [fkissel@mednet.ucla.edu](mailto:fkissel@mednet.ucla.edu)), in the Student Affairs Office, will be glad to post any research announcements in the office and on the research web site (<http://www.research.medsch.ucla.edu/>).

**Advanced Clinical Clerkship:** (Primarily consult services)  
These courses should allow the student to utilize and build on the fundamental information and skills acquired during the required specialty rotations of the third year and emphasize the practical approach rather than relying largely on textbooks and theoretical skills alone. They should be structured to provide students with deeper insight into complex medical problems and should stress development of the students' intellectual process by which decisions are made and how the data for them are acquired.

Subinternship Electives: There are two types of subinternships: Subinternships and Subinternship/Inpatient. All subinternships should meet the following requirements:

- Students should work-up at least five new patients per week (at least 15 per rotation).
- Students should be actively participating in the ongoing care of the patient.
- Severity of patient illness as well as diversity of patient population are important factors for subinternship approval. Students should not be treating significantly "well" patients.
- Courses with only one focus, i.e., an orthopedic course focusing on one particular part of the body, are too specialized and would not provide a full experience to the student, and would probably not be approved at the subinternship level.
- Students must have substantial patient responsibility, and not just see patients in consultation
- Minimum prerequisites: All subinternship courses must list at least the required Inpatient Internal Medicine, Ambulatory Medicine & Surgery rotations as prerequisites.

**Subinternships** These courses are either in-patient, emergency, or out-patient experiences giving the student increased responsibility for decisions made for the total care of the patient. In general, the student would be expected to function more nearly as an intern than as a third year student. UCLA students are required to take 9 weeks of electives at this level (3 of which must come from the Subinternship\Special Inpatient category below) to meet graduation requirements.

**Subinternship\Inpatient:** There is a special category of subinternship courses in which all of the above criteria for the regular subinternship apply except that these courses must be 90% or above inpatient experience. Students are required to complete 3 weeks of the 6 required subinternship courses from this category to offset the increasing amount of ambulatory care in the required clerkships.

**E. COURSE CHAIR:** The course chair **must** have a UCLA faculty appointment, and has the ultimate responsibility for grading the student's performance.

**Randy Sherman, MD**

**COURSE CHAIR'S PHONE NUMBER:**

**310-423-8353**

**F. SUPPORTING FACULTY:** Faculty lists should be limited to those faculty members who have **major** teaching responsibility in the elective. If the course being submitted is a "multi-disciplinary" course, the supporting faculty and their respective departments should be listed.

*Randy Sherman, John Reinisch, Sheryl Lewin, Joel Aronowitz, David Kulber, Andrew Cohen*

**G. STUDENT COORDINATOR:** Give the person's name who will handle students on a day to day basis with respect to scheduling, evaluations, and dropping/adding courses. The Student Coordinator is usually an administrative support person to the course chair who will be readily available to students.

**Sheila Yancy**

**STUDENT COORDINATOR'S PHONE NUMBER:**

**310-423-3544**

**H. REPORT TO:** Give explicit information as to where, when, and to whom the students should report to on the first day of the elective rotation. If your facility is not one of the major UCLA affiliated hospitals, please give your full address.

Call the Fellow on Plastic Surgery the day before to arrange time and place to meet on first day. Also, meet Sheila Yancy in Thaliens Bldg W221 at 8:30am on your first day to get your paperwork, badge, parking, scrubs, etc.

**I. PREREQUISITES:** List which of the Required Clinical Courses a student should have taken before he/she takes your elective. The Required Clinical Clerkships are Inpatient Internal Medicine (8 weeks), Psychiatry/Neurology (Psychiatry (5 weeks) and Neurology (3 weeks)), Family Medicine (4 weeks), Ambulatory Internal Medicine (4 weeks), Surgery (12 weeks), Obstetrics and Gynecology (6 weeks), Pediatrics (6 weeks) and Radiology (Longitudinal). Inpatient Internal Medicine and Surgery are required prerequisites for subinternship electives.

*Completed required Surgery Clerkship with at least a Pass grade. Completed core Year III Clerkships and is student in good standing at medical school.*

**J. AVAILABLE TO EXTERNS:** (Students from other schools): Circle "Yes" if you are willing to offer your course to students from other medical schools. Otherwise circle "No." If "Yes", your course will be listed in the Externship Packet that is sent out to all non-UCLA students requesting course offering information. UCLA students will be enrolled

(Please check one)  **YES** or  **NO**

**K. STUDENTS PER PERIOD:** **Minimum**--In almost all cases, the minimum is "1" student per rotation. Courses listing minimums higher than "1" should be aware that it is often difficult to meet larger minimums which causes the cancellation of some rotations. **Maximum**--List the maximum number of students you can accommodate consistently throughout the year per rotation. Consider at which point you would be diluting the individual experience with too many students per rotation. This "maximum" will be listed in the computer to control student enrollment during the computer scheduling process.

**Minimum # of students:**

**Maximum # of students:**

**L. DURATION:** The duration may be two, three, or six weeks. Most electives will be two or three weeks in duration since most students and faculty find the 2 or 3 week time block an adequate exposure to a topic.

<i>3 weeks</i>
<i>4-week blocks allowed for outside schools.</i>

**M. ELECTIVE BEGINS:** List the week numbers that correspond to the dates that you would like your elective to begin. When establishing starting dates for your course, refer to the enclosed Calendar of Weeks to find corresponding week numbers. List the week numbers, not the dates to indicate starting times. For example, a course that is offered every three weeks would list 2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45, 48. If your elective will be offered at King/Drew Medical Center, write "By Arrangement" regardless of the dates or the week numbers the course will be offered (Drew students enroll in KDMC electives before the computerized enrollment occurs.)

<i>2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45, 48.</i>
<i>For outside schools, please contact Student Coordinator to confirm dates.</i>





**R. PERCENTAGE OF PATIENTS EVALUATED IN AN "INPATIENT" OR "OUTPATIENT" SETTING BY STUDENT:**

Estimate the percentage of patients evaluated by students in each of the two settings: inpatient and outpatient. They should total 100%. If this is an In-Depth elective and there is no patient contact, you can type "N/A" or "Not Applicable" in the space provided on the form.

**Inpatient**  %

**Outpatient**  %

**S. PERCENTAGE OF TIME SPENT EVALUATING PATIENTS IN "CONSULTATION" OR "PRIMARY CARE" ROLES:**

Estimate the percentage for the two roles: primary care and consultation. They should total 100%. If not applicable, type "N/A" in the space provided on the form.

Consultation  %      Primary Care  %

**T. NUMBER OF PATIENTS EVALUATED:**

Answer the two statements with a number value. If not applicable, type "N/A" in the space provided on the form.

Approximate number of patients evaluated each rotation by the student:

Total number of patients evaluated each month by the entire service:

**U. TYPICAL WEEKLY SCHEDULE:** Please list the activities occurring throughout the week that the student will be expected to participate in: work rounds, attending rounds, lab rounds, other rounds, clinical conferences, journal club, special seminars, and library/research. If there is no activity for a particular block of time, list "Independent Study Time" or "Free Time". No block of time should be left empty. Keep items short; listing names of individuals with whom students will be meeting or specific room number is **not** necessary.

Hour	Monday	Tuesday	Wednesday	Thursday	Friday
AM	6:30-7:15 Team rounds 7:15-noon OR	6:30-7:15 Team rounds 7:15-noon OR	6:30-7:00 Team rounds 7:00-8:00 Surgery Grand Rounds 8:00-noon OR	6:30-7:00 Team rounds 7:00-8:00 Resident/med student teaching conf 8:00 - 9:00 M+M Matrix Conference 9:15-10:15 Breast Multi-disciplinary Conference 10:15-noon Clinic	6:30-8:00 Plastic Surgery Grand Rounds and M+M conference 9:00-noon OR
PM	1:00-4:00 Clinic	12:00-5:00 OR	12:00-5:00 OR	1:00-4:00 Independent Study	1:00-4:00 Clinic

**V. ON-CALL SCHEDULE & WEEKEND ACTIVITIES:** If no on-call, list "NONE". Keep the amount of text to a minimum.

*Student is not expected to take overnight in-house call. The student is expected to participate in weekend rounds for routine patient care. At the same time, the student shall abide by ACGME work hours requirements and not exceed 80 work hours/week in the hospital; the student will have 1 full day off per week.*

**W. ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:** This section is OPTIONAL. State briefly any other important concepts or activities that define your course, or any other requirements that students should be informed about, e.g., stipends, housing, on-call rooms, parking, meal tickets.

Return this application with the AUTHORIZATION FORM to the address below.

*Gezelle Miller*  
*Clinical Curriculum Coordinator*  
*Student Affairs Office*  
*UCLA School of Medicine*  
*Los Angeles, California, 90095-1720.*  
*Internal Mail Code: Room 12-159 CHS, 172016*  
**FAX Number: (310) 794-9574**

**Proposed Elective Authorization Form**  
**UCLA School of Medicine - Academic Year 2008-09**

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**Course Title:** Plastic and Reconstructive Surgery Sub-Internship

**Course Chair Information**

The chair must have UCLA faculty status and is responsible for course content as well as submitting the written student evaluation.

**Name:** Randy Sherman, MD c/o Shirin Towfigh, MD

**Dept/Service:** Department of Surgery

**Hospital:** Cedars-Sinai Medical Center

**Mail Code:** \_\_\_\_\_

**Street/Rm#:** 8700 Beverly Blvd, 8215 North Tower

**City & Zip:** Los Angeles, CA 90048

**Phone # & FAX:** 310-423-8353 & 310-423-5454

**e-mail:** Shirin.towfigh@cshs.org

**Student Coordinator/Contact Person Information**

The student coordinator/contact person handles all administrative duties associated with student enrollment: maintains the course roster, records drop/adds, and assists in collecting comments for the evaluation process.

**Name:** Sheila Yancy

**Dept/Service:** Department of Surgery

**Hospital:** Cedars-Sinai Medical Center

**Mail Code:** \_\_\_\_\_

**Street/Rm#:** 8730 Alden Drive, Thaliens Bldg W221

**City & Zip:** Los Angeles, CA 90048

**Phone # & FAX:** 310-423-3544 & 310-423-5454

**e-mail:** sheila.yancy@cshs.org

Medical Director or Department Chair's Name: Bruce L Gewertz MD

Approval Signature \_\_\_\_\_

*Internal Use Only*

**College Chair Committee:**  Approves  Does not approve

**Medical Education Committee on Electives**  Approves  Does Not Approve