



THE UNIVERSITY OF
CHICAGO
PRITZKER SCHOOL
OF MEDICINE

Elective Proposal Form

General Information

Please note that most information on this page is **required**.

| | |
|--------------------------|----------------------|
| Course Title | <input type="text"/> |
| Course Director | <input type="text"/> |
| Primary Instructor | <input type="text"/> |
| Primary Instructor Email | <input type="text"/> |
| Primary Instructor Phone | <input type="text"/> |
| Additional Instructors | <input type="text"/> |
| Contact Person | <input type="text"/> |
| Contact Email | <input type="text"/> |
| Contact Phone | <input type="text"/> |

Department

- | | |
|--|---|
| <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Pathology |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Family Medicine | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Human Genetics | <input type="checkbox"/> Radiation Oncology |
| <input type="checkbox"/> Medicine | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Neurology | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Obstetrics/Gynecology | <input type="checkbox"/> Other <input type="text"/> |
| <input type="checkbox"/> Orthopaedic Surgery and Rehabilitative Medicine | |

If this course is cross-listed, please list the relevant departments.

Department #1:

Department #2:

Please indicate what type of course you are proposing:

- Elective Clinical
- Elective Non-clinical
- Sub-Internship
- Basic Science

Should this course be included in the Senior Course Lottery (if unsure, contact Lori Orr, 773-702-5306)?

- Yes
- No
- Unsure

Should this course be included in Medreg (student online registration)?

- Yes
- No

Does the student require permission to drop this course?

- Yes
- No

Is the student required to find a replacement to drop this course?

- Yes
- No

Is this course open to Visiting Students?

- Yes
- No

Location of course (if unknown, use TBA)

Location to report on first day (if unknown, use TBA)

Competencies and Fourth Year Interface (FYI)

Part 1

For each of the six [Competencies and accompanying Learning Objectives](#), please characterize your course on a scale of 0 to 3 using the benchmarks in the graph provided below.

| | 0 | 1 | 2 | 3 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Competency 1 : Patient Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Competency 2 : Medical Knowledge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Competency 3 : Practice-based Learning and Improvement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Competency 4 : Interpersonal and Communication Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Competency 5 : Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Competency 6 : Systems-based Practice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part 2

Please select one to five [keywords](#) that best describe the content of your course.

- | | |
|---|---|
| <input type="checkbox"/> Ambulatory Care | <input type="checkbox"/> Multidisciplinary Care |
| <input type="checkbox"/> Anesthesiology | <input type="checkbox"/> Nephrology |
| <input type="checkbox"/> Biostats/Epidemiology | <input type="checkbox"/> Neurology |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Obstetrics/Gynecology |
| <input type="checkbox"/> Cardiothoracic Surgery | <input type="checkbox"/> Ophthalmology |
| <input type="checkbox"/> Consultation Service | <input type="checkbox"/> Orthopaedic Surgery |
| <input type="checkbox"/> Critical Care | <input type="checkbox"/> Palliative Medicine |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Pathology |
| <input type="checkbox"/> Diagnostic Testing | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Physical Medicine & Rehabilitation |
| <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Physiology |
| <input type="checkbox"/> Ethics | <input type="checkbox"/> Plastic/Reconstructive Surgery |
| <input type="checkbox"/> Evidence-based Medicine | <input type="checkbox"/> Primary Care |
| <input type="checkbox"/> Family Medicine | <input type="checkbox"/> Procedures |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Genetics & Molecular Biology | <input type="checkbox"/> Pulmonary Medicine |
| <input type="checkbox"/> Geriatrics | <input type="checkbox"/> Quality/Safety |

- Global Health
- Health Economics & Financing
- Health Policy & Law
- Hematology/Oncology
- Immunology
- Infectious Diseases
- Internal Medicine
- Medical Education
- Radiation Oncology
- Radiology
- Rheumatology
- Surgery
- Transplantation
- Urology
- Vascular Surgery

Course Description, Objectives and Evaluation

Course Overview

Objectives (List the skills/behaviors students should learn while taking this course)

Evaluation of Performance

Course Limits

Maximum # of Students

Minimum # of Students

Prerequisites and Eligibility (check all that apply)

- None
- Consent of Instructor or Coordinator
- Pritzker Students Only (MS1)
- Pritzker Students Only (MS2)
- Pritzker Students Only (MS4)
- Fourth Year Visiting Students
- Other

Special Requirements

Course Scheduling

Please select only one of the following: Quarterly, Monthly, Biweekly, or Other. Please note that MS1 are only able to take electives in the Spring; monthly courses are only relevant for MS4 as they are the only students on a monthly schedule; biweekly is intended only for MS4 courses. Biweekly courses meet from 1-15th of the month or from 16th-end of month. If your course does not fit these time constraints, please select Other.

- Quarterly (Goes to Quarterly Section)
- Monthly (Goes to Monthly Section)
- Biweekly (Goes to Biweekly Section)
- Other (Goes to Other Section)

Course Scheduling – continued – Quarterly Section

Please select the quarter(s) that your course is offered:

- Summer
- Autumn
- Winter
- Spring

Course Scheduling – continued – Monthly Section

Please select the month(s) that your course is offered:

- | | |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> July |
| <input type="checkbox"/> February | <input type="checkbox"/> August |
| <input type="checkbox"/> March | <input type="checkbox"/> September |
| <input type="checkbox"/> April | <input type="checkbox"/> October |
| <input type="checkbox"/> May | <input type="checkbox"/> November |
| <input type="checkbox"/> June | <input type="checkbox"/> December |

Course Scheduling – continued – Biweekly Section

Please select the month(s) that your biweekly course is offered:

- | | |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> July |
| <input type="checkbox"/> February | <input type="checkbox"/> August |
| <input type="checkbox"/> March | <input type="checkbox"/> September |
| <input type="checkbox"/> April | <input type="checkbox"/> October |
| <input type="checkbox"/> May | <input type="checkbox"/> November |
| <input type="checkbox"/> June | <input type="checkbox"/> December |

Please select the block that applies to your course (you may select both if you offer the course twice per month):

- 1st-15th of month
- 16th-end of month

Course Scheduling – continued – Other Section

If the course does not meet for a full quarter, is not a monthly offering, or meets at times other than biweekly, please list the dates it is offered (dd/mm/yyyy).

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Course Scheduling - continued

Please include any additional notes about the course schedule that may be of use to students.

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Please enter meeting times for your course. Estimates are acceptable. You may select up to two different start and end times per day, should your course meet for more than one session per day. If your class does not meet at a set time, you may select ARR to arrange the schedule with the student(s).

| | Start Time 1 | End Time 1 | Start Time 2 | End Time 2 |
|-----------|--------------|------------|--------------|------------|
| Sunday | | | | |
| Monday | | | | |
| Tuesday | | | | |
| Wednesday | | | | |
| Thursday | | | | |
| Friday | | | | |
| Saturday | | | | |

On Call Schedule, if any (please describe):

| |
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Credit Calculations

Credit calculations are done through a combination of the number of hours spent directly with faculty and the number of hours in independent study or supplementary work. Help us to calculate the credits by indicating how many times the course is offered in a week, for how many hours, and for how many weeks both with faculty and in independent work.

Time with Faculty

days or sessions per week

hours per session

weeks

Independent Work

hours per week

weeks

Describe any factors to consider with determining credit (e.g. required or optional paper)