



Policy on Approving Elective Clerkship Sites

INTRODUCTION:

Saint James School of Medicine has 32 weeks of elective clerkships and has affiliation with many teaching sites in the United States. Students are strongly encouraged to do their elective clerkships at ACGME approved facilities. Saint James has entered into affiliation agreements with more than 20 elective clerkship sites. Many of which are ACGME approved, where students may fulfill elective clerkship requirements. However, students may also explore other opportunities and SJSM will facilitate these efforts after they have been evaluated and approved by the Office of the Dean of Clinical Sciences.

MAIN OBJECTIVE:

To identify the process of evaluating student's requests to do an elective clerkship in facilities which are not yet affiliated with SJSM.

METHOD:

Students are encouraged to undergo training in ACGME accredited institutions and/or facilities affiliated with SJSM. However, students who would be interested in exploring opportunities of undergoing elective clerkship training in facilities not yet affiliated with SJSM will need to submit an APPLICATION FOR ELECTIVE CLERKSHIP IN AN EXTERNAL INSTITUTION. Students are expected to apply at **least 6 weeks** prior to the intended start date of the clerkship. Each elective clerkship shall be for 4 weeks unless otherwise approved by the Dean of Clinical Sciences.

When a student requests in writing to do a clerkship at a prospective facility, the Office of Dean of Clinical Sciences does the primary evaluation. The method of approval of the clerkship and/or facility is outlined on the CLERKSHIP APPROVAL FORM. The clerkship facilities are approved or rejected by the Dean of Clinical Sciences and/or his/her designee. Once a facility and/clerkship is approved, the approval is valid for two years unless there is major change in curriculum. Preceptors are given the goals and objectives for the elective clerkship and these are expected to be met during the training process.

EVALUATION:

Preceptors are expected to evaluate the student by completing the "End of Clerkship Evaluation Form".



Common Elective Clerkships in SJSM:

Category	Elective Clerkships
Internal Medicine	Cardiology
	Critical Care
	Emergency Medicine
	Gastroenterology
	Endocrinology
	Geriatrics
	Hematology/Oncology
	Infectious Disease
	Internal medicine Sub-I
	Nephrology
	Neurology
	Pulmonary
	Rheumatology
	Urgent Care
Surgery	Cardio-Thoracic Surgery
	Interventional Cardiology
	Orthopedic Surgery



	Plastic Surgery
	Spinal Surgery
	Surgery Prep
	Surgery
	Thoracic Surgery
	Trauma
	Urology
	Vascular Surgery
Ob/Gyn	Maternal Fetal Medicine
Pediatrics	Neonatology
Uncategorized	Pain Management
	Physical Medicine and Rehabilitation
	Clinical Research

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APPLICATION FOR ELECTIVE CLERKSHIP IN AN EXTERNAL INSTITUTION

Student Name: _____

Student ID#: _____

Phone: _____

Email: _____

Elective Rotation: _____

Physician responsible for signing
Assessment Form (Preceptor): _____

Contact information of the Preceptor

Phone: _____

Email: _____

Hospital/Clinic information

Name: _____

Address: _____

Phone: _____ Email: _____

Type of Institution:

___ ACGME accredited facility (Please attach a copy of elective clerkship description from the host institution)

___ Non-ACGME facility (Provide a description the site including infrastructure, clerkship goals and objectives, student responsibilities, and the oversight provided by the preceptor)



To be completed by the Office of the Dean of the Clinical Sciences:

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|----|--|-----|----|
| A. | Is the facility an ACGME approved
(or equivalent) hospital/
LCME accredited teaching hospital? | Yes | No |
| B. | Is preceptor a licensed physician
in the USA/Canada? | Yes | No |
| C. | Has the preceptor been provided with
and acknowledged receipt of the Goals
and Objectives/Syllabus for the course? | Yes | No |
| E. | Was preceptor provided a copy of the school's
Teaching and Assessment Manual? | Yes | No |
| F. | Is affiliation agreement signed
by the preceptor/hospital and SJSM? | Yes | No |

Based on the above, the extramural clinical clerkship site is:

___APPROVED ___REJECTED: Reason_____

Dean of Clinical Sciences (or designee; sign/date): _____/_____