



VCU

Elective Opportunities Policy

Policy Statement and Purpose

The Liaison Committee on Medical Education (LCME) has established standards regarding the availability of elective opportunities within the curriculum for students. To support compliance with these standards and ensure students have adequate time to pursue elective curricular opportunities, the Virginia Commonwealth University School of Medicine has defined a number of weeks of elective time that all students must meet, and created standard procedures regarding the development and approval of elective courses to ensure adequate elective opportunities are available.

Stakeholders

The faculty, staff, and students of the VCU School of Medicine are responsible for knowing this standard operating procedure, its contents, and provisions.

Definitions

VCU SOM: Virginia Commonwealth University School of Medicine.

CC: Curriculum Council.

LCME: Liaison Committee on Medical Education. The group with authority to accredit medical education programs leading to the MD degree in the United States and Canada.

Elective: A Curriculum Council approved two (2) or four (4) week learning experience that is not part of the core, required curriculum.

IDE: Individually Designed Elective. This is an elective opportunity, designed by the student and qualified health care professional, that offers content that is not already available through an approved elective. IDE courses are intended as one-time offerings, and upon approval will **not** become part of the approved elective catalog.

OME: Office of Medical Education.

ADME: Assistant/Associate Dean for Medical Education.

ADCME: Assistant/Associate Dean for Clinical Medical Education.



VCU School of Medicine

Responsibilities

Students: Students are responsible for ensuring they have completed the minimum required number of weeks of clinical elective time, as well as ensuring they do not exceed the maximum number of weeks of non-clinical elective time. Students are responsible for selecting electives from the elective catalog, or working with faculty members to utilize the procedures within this document to create individually designed electives that meet institutional standards.

CC: The CC is responsible for reviewing all New Course Request Forms and offering final approval before new electives are created.

OME: Assistant Deans for Medical and Clinical Medical Education in the OME are responsible for providing initial review of all submitted New Elective Request Forms and IDE Requests. These individuals, with administrative support from the OME, are also responsible for ensuring communication as outlined in these procedures with requestors submitting forms for review and approval.

Faculty: Faculty or affiliate faculty who wish to develop new electives, or who agree to act as preceptors for IDE requests by students, are responsible for submitting requests as outlined in the procedures of this document, as well as ensuring all electives meet institutional standards.

Procedures

Student Elective Requirements

M3 Year

- Students in the third (3rd) year of the curriculum must complete four (4) weeks of elective time

M4 Year

- Students in the fourth (4th) year of the curriculum must complete forty-four (44) weeks of elective time
 - A minimum of twenty-four (24) weeks must be clinical electives
 - No more than twenty (20) weeks may be non-clinical time
 - See the elective catalog for a comprehensive listing of all non-clinical options

Vacation Time

- Students may take additional electives in lieu of vacation time
- Students may take up to four (4) weeks of vacation time
 - Up to two (2) weeks may be taken in the M3 Year
 - Students may take any unused vacation time in the M4 Year, up to the four (4) week maximum
 - Vacation time will count toward the maximum of twenty (20) weeks of non-clinical time

Selection of an Elective

- Electives should be selected from the electives catalog
 - This catalog contains all CC approved electives



- Students should consult with the OME to determine availability of the approved elective, as not all electives are offered at all times
- Students who wish to pursue an elective opportunity that is not currently listed in the approved elective catalog may submit an IDE Request by following the procedures listed under the 'Requesting an IDE' section of this document

New Elective Requests and Approvals

Requesting a New Elective

- Faculty, affiliate faculty, or students who have an interest in developing a new elective course for students should:
 - Complete the New Elective Request Form
 - The form must be completed by the proposed elective director who must be a faculty or affiliate faculty member
 - Submit the completed form electronically to vcuome@vcuhealth.org
 - Incomplete forms will be returned to the original requestor for completion prior to review

Approval Process for New Elective Requests

- Requests for new elective courses received by the OME will:
 - Be reviewed by the ADCME and ADME
 - Requests that are missing information or that do not meet minimum content standards will be returned to the original requestor for revision and resubmission
 - The ADCME and ADME will advance successfully completed forms to the CC for review and final approval
 - The CC will review the request form during a regularly scheduled CC meeting
 - If the request is approved, the OME will:
 - Notify the original requestor of the approval within two (2) business days
 - Create the official course in the system for future registrations
 - Publish the course to the approved elective catalog
 - Work with the elective director for the course to determine when and how many students may register for the elective
 - If the request is denied, the OME will:
 - Notify the original requestor of the denial within two (2) business days
 - Work with the original requestor to address deficiencies in the request that substantiated the denial by the CC
 - Facilitate the resubmission of the request to the CC upon receipt of a revised form



IDE Requests and Approvals

Requesting an IDE

- Students who wish to pursue an elective opportunity that is not currently listed in the approved elective catalog may submit an IDE Request by:
 - Complete the Individually Designed Elective (IDE) Request
 - The form should be completed by the student and faculty or affiliate faculty member who will be directing the IDE
 - The student is responsible for identifying a director for the IDE and may only complete and submit an IDE request with the support of a qualified director willing to oversee the elective
 - Submit the completed form electronically to vcuome@vcuhealth.org at least thirty (30) days prior to the start date of the block in which the student plans to enroll in the IDE
 - Incomplete forms will be returned to the student for completion prior to review
- Students are permitted to enroll in up to eight (8) weeks of approved clinical IDE time
- IDE requests that mirror or closely resemble an already established catalog elective will not be approved
 - The OME will direct students to the approved elective course which aligns with their IDE request in instances where an approved elective already exists for enrollment
- Students who wish to pursue an elective opportunity that is not two (2) or four (4) weeks in length must receive special permission from the Assistant Dean of Medical Education prior to submitting the IDE request.

Approval Process for IDE Requests

- Requests for IDE's received by the OME will:
 - Be reviewed by the ADCME and ADME
 - Requests that are missing information or that do not meet minimum content standards will be returned to the student for revision and resubmission
 - IDE request forms will be reviewed for each block on dates established by the OME
 - The ADCME and ADME will advance successfully completed forms to the CC's Vice Chair of Clinical Curriculum for review and final approval
 - The CC's Vice Chair of Clinical Curriculum or their designee will review the request upon receipt
 - If the request is approved, the OME will:
 - Notify the student of the approval within two (2) business days
 - Register the student for the IDE
 - If the request is denied, the OME will:
 - Notify the student of the denial within two (2) business days
 - Work with the student to address deficiencies in the request that substantiated the denial
 - Facilitate the resubmission of the request to the CC's Vice Chair of Clinical Curriculum upon receipt of a revised form



Related Policies

Review Cycle and Revision History

The policy is reviewed and may be revised by the Curriculum Council as necessary, but at least every three years.

Current Revision Approved: 03.23.2022

Applicable Laws, Regulations & Standards

LCME Standards for Accreditation of Medical Education Programs Leading to the MD Degree:

- LCME Standard 6, Element 5



New Elective Request Form

Name of Person Submitting Request	Click or tap here to enter text.
Date Submitted	Click or tap here to enter text.

Elective Director	Insert the name and title of the Elective Director
Elective Coordinator	Insert the name of the Coordinator for the course—this may be the Elective Director, or a different individual.
Contact Information	Insert email, phone number, and office location for Elective Director
Elective Title	Insert the preferred title of your elective. Please note this is the title that will be reflected on student transcripts.
Elective Location	Insert address of rotation or name of facility where rotation will take place.
Elective Description	Insert a detailed course description here. This should be done in paragraph form. This description should include a summary of the course activities and what students can expect to gain from the course. This is the description that will appear in the course catalog.
Educational Objectives	<p>List specific, measurable, and attainable learning objectives designed for this elective. These objectives should be linked to the institutional learning objectives and may relate to any of the core competency domains including patient care, knowledge for practice, practice-based learning and improvement, systems-based practice, interpersonal and communication skills, or ethics and medical professionalism.</p> <p><i>*A minimum of 3 educational objectives are required. These should be constructed using Blooms Taxonomy. Please contact The Office of Medical Education with any questions or if assistance is needed in drafting these objectives. Additional information explaining the use of Blooms Taxonomy in constructing educational objectives can be found here.</i></p> <ul style="list-style-type: none"> • Objective 1 • Objective 2 • Objective 3 • Continue to insert bullets as needed for remaining objectives
Elective Activities	Provide detailed information about the activities a student will be required to complete including specific expectations for clinical and non-clinical duties, including conference attendance, and weekend, night, and all other requirements. Include the number of hours in clinic, laboratory work, conferences weekly schedule, etc.



	All electives must comply with the VCU SOM duty hour policy, and are expected to constitute a minimum of 30 hours per week across all requirements of the course.
Required Readings	Insert a list of all required texts, readings, and websites used in the course. Include appropriate citation of each item
Elective Assessment	Describe the method(s) by which you will determine that the students have achieved the course objectives, by whom the assessment will be completed, and the percentage of the final grade. Examples of assessment methods may include direct observation, oral exam, written exam, logbook entries, case presentation, oral presentation, written essay, discussion with faculty, etc. Describe how students will receive mid-course, formative feedback of their performance.
Schedule Requirements	Insert a brief description of any on-call requirements for the elective. List the times students will need to be available for this elective.
Service Learning	Does not require a service-learning component <input type="checkbox"/> Requires a service-learning component <input type="checkbox"/> If the elective does require a service-learning component, please insert an explanation of the components required for the elective.
Interprofessional Collaboration	Does not include opportunities for interprofessional collaboration <input type="checkbox"/> Does provide opportunities for interprofessional collaboration <input type="checkbox"/> If the elective does provide opportunities for interprofessional collaboration, please insert an explanation of the opportunities available.

Duration	2 Weeks <input type="checkbox"/>	4 Weeks <input type="checkbox"/>	Either <input type="checkbox"/>
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Level of Elective	M3 <input type="checkbox"/>	M4 <input type="checkbox"/>	Both <input type="checkbox"/>
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Designation	Clinical <input type="checkbox"/>	Non-Clinical <input type="checkbox"/>	Acting Internship <input type="checkbox"/>
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Special Permission	Permission Required <input type="checkbox"/>	No Permission Required <input type="checkbox"/>
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Grading	Competency Achieved/Not Achieved <input type="checkbox"/>	Honors/High Pass/Pass/Fail <input type="checkbox"/>
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Certification Statement



By entering my name in the box below I certify that this elective will be directed by the identified Elective Director or Preceptor, who is a member of the faculty of the VCU School of Medicine or has otherwise been approved to direct this activity. I also certify that this elective has been approved by the department chair and the department will provide the needed resources to conduct this rotation.

Certified By:	
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**Submit completed form to the Office of Medical Education at VCUOME@vcuhealth.org. All forms should be submitted electronically and in Word format.*

***Requests will be reviewed and approved by the Assistant Dean of Medical Education and Assistant Dean for Clinical Medical Education before advancing to the Curriculum Council for final review and approval.*

****Incomplete forms will not be accepted. Any form missing information will be returned for completion.*

For Internal Use Only:

Approved Elective Title	
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OME Approved Date	Click or tap to enter a date.
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CC Approved Date	Click or tap to enter a date.
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Individually Designed Elective Request

A completed form must be submitted no less than 4 Weeks/1 Block prior to the anticipated start date of the elective

Student Name and ID	Click or tap here to enter text.
Date Submitted	Click or tap to enter a date.

Student Contact Information	Insert student phone number, street address, and pager number
Student Email Address	Insert VCU student email address
Elective Course Title	Insert the preferred title of your IDE. Please note this is the title that will be reflected on student transcripts.
Elective Location	Insert address of rotation and name of facility where rotation will take place. Please include the telephone number* as well.
Preceptor Information	Insert the name and email for the preceptor
Preceptor Qualifications	Insert a brief explanation of the Preceptor's qualifications to teach this course.
Elective Description	Insert a detailed course description here. This should be done in paragraph form. This description should include a summary of the course activities and what students can expect to gain from the course. Examples of course descriptions may be found in the elective catalog.
Educational Objectives	<p>List specific, measurable, and attainable learning objectives designed for this elective. These objectives should be linked to the institutional learning objectives and may relate to any of the core competency domains including: patient care, knowledge for practice, practice-based learning and improvement, systems-based practice, interpersonal and communication skills, or ethics and medical professionalism.</p> <p><i>*A minimum of 3 educational objectives are required. These should be constructed using Blooms Taxonomy. Please contact The Office of Medical Education with any questions or if assistance is needed in drafting these objectives. Additional information explaining the use of Blooms Taxonomy in constructing educational objectives can be found here.</i></p> <ul style="list-style-type: none"> • Objective 1 • Objective 2 • Objective 3 • Continue to insert bullets as needed for remaining objectives



Elective Activities	<p>Provide detailed information about the activities a student will be required to complete including specific expectations for clinical and non-clinical duties, including conference attendance, and weekend, night, and all other requirements. Include the number of hours in clinic, laboratory work, conferences weekly schedule, etc.</p> <p>All electives must comply with the VCU SOM duty hour policy. IDE's are expected to constitute a minimum of 30 hours a week.</p>
Required Readings	<p>Insert a list of all required texts, readings, and websites used in the course. Include appropriate citation of each item</p>
Elective Assessment	<p>Describe the method(s) by which you will determine that the students have achieved the course objectives, by whom the assessment will be completed, and the percentage of the final grade. Examples of assessment methods may include direct observation, oral exam, written exam, logbook entries, case presentation, oral presentation, written essay, discussion with faculty, etc.</p> <p>Describe how students will receive mid-course, formative feedback of their performance.</p>
Schedule Requirements	<p>Insert a brief description of any on-call requirements for the course. List the times students will need to be available for this course.</p>

Duration	2 Weeks <input type="checkbox"/>	4 Weeks <input type="checkbox"/>
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Elective Start Date	Click or tap to enter a date.	Elective End Date	Click or tap to enter a date.
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Designation	Clinical <input type="checkbox"/>	Non-Clinical <input type="checkbox"/>
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Grading	Competency Achieved/Not Achieved <input type="checkbox"/>	Honors/High Pass/Pass/Fail <input type="checkbox"/>
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Preceptor Certification Statement

By entering my name and license number in the boxes below I certify that I am the identified Course Director or Preceptor who is member of the faculty of the VCU School of Medicine or has otherwise been approved to direct this activity. I certify that the department will provide the needed resources to conduct this elective during the rotation blocks shown. I further certify my acknowledgement of the students continued adherence to the VCU School of Medicine policies and procedures during this rotation.

For Preceptors holding an MD or DO: I certify I have successfully completed a residency program.

Preceptor Signature	Click or tap here to enter text.
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License Number	Click or tap here to enter text.
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Student Certification Statement

By entering my name in the box below I certify that I will be supervised by a licensed physician or doctoral level instructor who is not an immediate family member. I also certify my acknowledgement of my continued adherence to the VCU School of Medicine policies and procedures during this rotation.

Student Signature	Click or tap here to enter text.
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**Submit completed form to the Office of Medical Education at VCUOME@vcuhealth.org. All forms should be submitted electronically and in Word format.*

***Requests will be reviewed and approved by the Assistant Dean of Medical Education and Assistant Dean for Clinical Medical Education before advancing to the Curriculum Council's Vice-Chair for Clinical Curriculum for final review and approval.*

****Incomplete forms will not be accepted. Any form missing information will be returned for completion.*

For Internal Use Only:

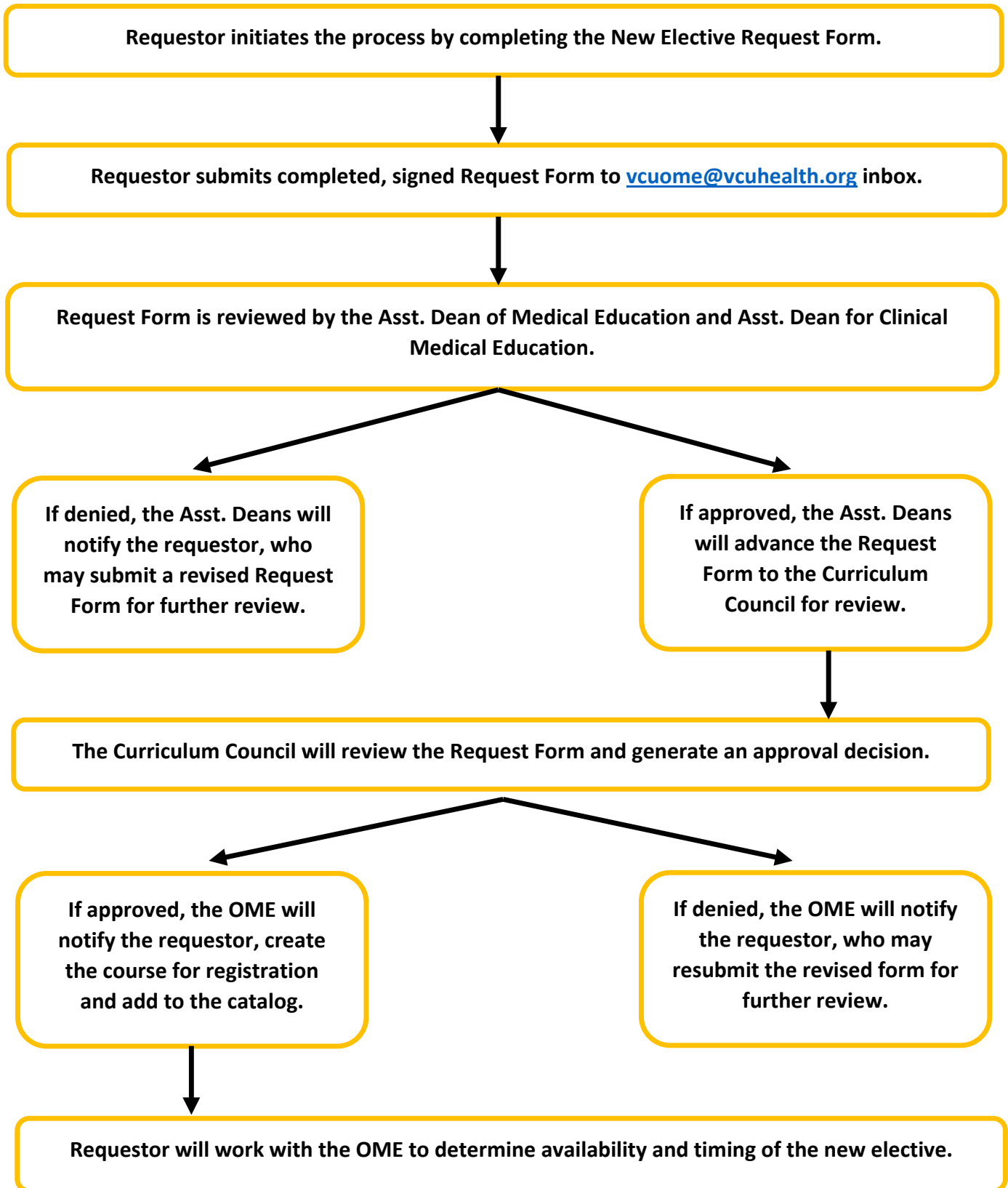
Approved Elective Title	Click or tap here to enter text.
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OME Approved Date	Click or tap to enter a date.
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Vice Chair of CC Approved Date	Click or tap to enter a date.
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New Elective Course Request Process



Individually Designed Elective Request Process

