Clinical Longitudinal Elective

The student will participate as an active member of the designated inpatient and/or outpatient service, participating in appropriate clinical cases at YNHH and/or the VA. The preceptor and student will submit specialty specific learning objectives to Dr. Taddei. The student will attend regularly scheduled specialty conferences (to be determined by the student and his/her clinic preceptor). Assignment may be made weekly, twice monthly, or monthly as determined by the student’s laboratory responsibilities and in association with the clinic preceptor.

Director: Tamar Taddei, MD
Director’s Email: tamar.taddei@yale.edu
Telephone: 203-737-6060
Length of Rotation: This is the equivalent of a 2-week full time elective. The specific rotation dates will be determined by the Elective Director.
Scheduling Restriction: None
Student's Class Level: (Yale Students Only) The student must have completed 6 months of clerkships.
Prerequisite: A proposal (see example below) signed by student and preceptor. A completed proposal with specific specialty learning objectives must be submitted to the Elective Director.
Grading Scale: Pass/Fail

Learning Objectives (general):
1. **History skills:** Gather the important information that is needed for the clinical history and complete a history in the medical record for identified patients.
2. **Physical examination skills:** Complete a pertinent physical examination. The student should demonstrate the ability to perform this pertinent physical examination while being observed by at least one attending or fellow.
3. **Knowledge/diagnostic and treatment skills:** Know about common specialty conditions.
4. **Attitude:** Demonstrate professional responsibility in working as a team member with other members of the care team, patients and families.
5. **Career/context:** Know the training/career pathway for the identified specialty.

Required Longitudinal Elective Proposal:
I ____________ will complete the longitudinal Specialty Name elective on a (circle one) weekly, twice monthly, or monthly basis with Dr. ____________, who has agreed to be my preceptor and/or oversee my clinical endeavors and complete my evaluation in MedHub. I and Dr. ____________ attest that we have discussed a didactic plan that includes my attendance at ____________ regularly scheduled conferences over the duration of this longitudinal experience. Specific learning objectsives for the elective will be submitted to Dr. Taddei.

__________________________    _________________________
MD/PhD candidate        Preceptor