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. Lauren Cohn. 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:** Lauren Cohn, MD

**Director’s Email:** lauren.cohn@yale.edu

**Length of Rotation:** This is the equivalent of a 2-week fulltime elective, therefore should be at least 12 half-day ambulatory sessions (or 8 OR sessions) and 12 hours of didactics. The specific rotation dates will be determined by the Elective Director.

**Scheduling Restriction:** None

**Student's Class Level:** (Yale MD-PhD Students Only)
The student must have completed: 6 months of clerkships.

**Prerequisite:** A completed proposal (below) with specific specialty learning objectives must be signed by student and preceptor and submitted to the Elective Director.

**Grading Scale:** Pass/Fail

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**Longitudinal Elective PROPOSAL**

**Plan for elective:**
Time Period : ___________(month-month, year)
Frequency of sessions: __________(times per month/week)
Type and number of sessions: __________ (ambulatory 1/2 day blocks, OR sessions didactics)

**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 patients with _____ diseases.
2. Physical examination skills: Complete a pertinent physical examination. The student should demonstrate the ability to perform physical examination of ______ patients while being observed by at least one attending or fellow.
3. Knowledge/diagnostic and treatment skills: Know about common conditions seen in ______ patients.
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 ________ (specialty).

I ____________ will complete the longitudinal ________(Specialty) elective on a (choose 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.

_________________________                     ____________________
Name (printed)                                 Name (printed)

_________________________                     ____________________
MD/PhD candidate                      date                     Elective Preceptor                      date