



Northern Ontario School of Medicine

Northern Ontario School of Medicine (UME)

Elective/Special Educational Experience (SEE) Approval Form: FORM 1

This form is to be completed by NOSM students when final arrangements have been made. Please indicate if your placement is Mandatory or a SEE by selecting **one** of the following:

1. **Elective** Type A Type B
MANDATORY Type C Type D (Faculty Sponsored Approval Form attached)

OR

2. **Special Educational Experience (SEE) (authorized placement)** Clinical Non-clinical
(This is an optional, non-mandatory experience only)

Student Information: (PLEASE PRINT)

Student Name: _____ NOSM ID #: _____
(Surname) (Given Name)

NOSM campus: West East

Current MD Program: Year 1 Year 2 Year 3 Year 4

Student Phone No: (____) _____ Email: _____

Geographic Location

This Elective or SEE is coordinated through:

- Northern Ontario Electives Program (NOSM) Yes No
- Rural Ontario Medical Program (ROMP) Yes No
- Southwestern Ontario Medical Education Network (SWOMEN) Yes No
- Eastern Regional Medical Education Program (ERMEP) Yes No
- Other (Canada) Yes No
- Other (International) Yes No
- Independent Source (for SEE of < 4 week block only) Yes No

Hospital/Clinic Name (no abbreviations): _____ City: _____

Elective Title: _____ Specialty: _____ Sub-Specialty: _____

Date of Elective/SEE:

SEE or Phase 3 Family Medicine Longitudinal Placement

Fixed Time Placement
Start Date: _____ End Date: _____
dd/mm/yy dd/mm/yy

OR

On-going SEE OR **Family Medicine Placement**
Start Date: _____
dd/mm/yy

Supervisor Information: (PLEASE PRINT)

Supervisor(s) Name: _____
(Title) (Surname) (Given Name)

University/Medical School (e.g. UBC) _____

Supervisor Address: _____

City: _____ Prov/State: _____ Postal Code: _____ Country: _____

Telephone: (____) _____ Fax: (____) _____ Email: _____

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Form 1 (page 2)

Student Name: _____ Date: _____

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Student Learning Objectives: must be reviewed and approved by NOSM Faculty Advisor and set in consultation with the supervisor prior to the Elective (Required for **Mandatory Elective only**. List here - attach additional sheet if required)

NOSM Departmental Elective Approval (Student to obtain from NOSM Faculty Advisor. Required for approval for NOSM mandatory Elective only) NOSM Faculty Advisor Name: (please print): _____	
Student Advisor Signature	Date (dd/mm/yyyy)

Disclosure Note: By signing this form, I hereby certify that there is no conflict of interest which may result in the submission of a biased assessment of my performance while on elective/SEE (e.g. family member, close personal friend, etc)

Student Signature: _____ Date: _____
(dd/mm/yyyy)

It is the student's responsibility to **return** this **completed** form to the Learner Affairs office, NOSM, West campus, prior to commencement of elective/SEE. Please return to:

Sarena Knapik, NOSM Registrar
NOSM, West Campus, Lakehead University
955 Oliver Road
Thunder Bay, ON P7B 5E1

Fax: 807-766-7485
Email: sarena.knapik@normed.ca

Note: Personal information on this form is collected and will be used to process a request for approval of an undergraduate elective for the named student. Any questions on this collection should be directed to the NOSM Registrar using the contact information noted above.

NOSM Type D Elective – Faculty Sponsored Approval Form: FORM 2

(to be completed in consultation with NOSM Faculty Sponsor)

Student Name: _____ NOSM ID#: _____

Date(s) of Elective: _____ Location: _____
Start End

Description of Elective:

Goals:

Methods of Teaching:

Number of Patients to be Seen:

Supervision Level:

Basis for Assessment:

Sponsoring Faculty Name Signature Date

Student Name Signature Date

Note: Personal information on this form is collected and will be used to process a request for approval of an undergraduate elective for the named student. Any questions on this collection should be directed to the NOSM Registrar using the contact information noted below.

**Please return to Sarena Knapik, NOSM Registrar, Learner Affairs Office, NOSM West Campus,
sarena.knapik@normed.ca Fax: 807-766-7485**



NOSM Assessment of Student Performance During Elective: **FORM 3**

Student Name: _____ NOSM ID #: _____

Current MD Program: Year 1 Year 2 Year 3 Year 4

Hospital/Clinic Name (no abbreviations): _____ City: _____

Elective Specialty: _____ Sub-Specialty: _____

Start Date: _____ End Date: _____ Number of Weeks: _____

Areas of Evaluation as Applicable	Out-standing	Above Average	Average	Inadequate	Not evaluated
1. Clinical Performance					
2. Knowledge					
3. Interviewing Skills					
4. Physical Examination					
5. Problem-solving Ability					
6. Therapeutics and Management					
7. Motivation					
8. Professional Behaviour					
9. Communication & Interpersonal Interactions					
10. Initiative					
11. Literature Review Skills					
12. Statistical Skills					
13. Clinical Appraisal Skills					
14. Questionnaire Development Skills					
15. Presentation Skills					
16. Report Writing Skills					

COMMENTS (A grade of Fail must include specific documentation of the reasons for failure)

Overall Performance: Grade: Pass () Fail ()

Supervisor(s) Name *(please print)* _____ Signature _____ Date *(dd/mm/yy)* _____

Student Signature _____ Date *(dd/mm/yy)* _____

Note to student: All Type D Electives require the approval of a NOSM Faculty Sponsor. The student assessment of performance during this elective must be signed/co-signed by the NOSM faculty sponsor.

Note: Personal information on this form is collected and will be used to record assessment of NOSM student performance during elective on the student record. Any questions on this collection should be directed to NOSM Registrar using the contact information noted below.

**Please return to Sarena Knapik, NOSM Registrar, Learner Affairs Office– sarena.knapik@normed.ca
Fax: 807-766-7485, NOSM West Campus, Lakehead University, 955 Oliver Rd., Thunder Bay, ON P7B 5E1**



NOSM Student Evaluation of Elective Form: FORM 4

Please evaluate your elective experience.

Student Name: _____ Student Signature _____

Class of: 20____

E-mail:

Dates of elective: _____ to _____ Hours per week:

Number of Weeks:

Elective location:

Elective preceptor name, address, telephone, e-mail:

Primary area of work/study/research (check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Family Medicine | <input type="checkbox"/> OB-Gyn | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Psychiatry | <input type="checkbox"/> Intensive care | <input type="checkbox"/> Emergency Medicine |
| <input type="checkbox"/> Public Health | <input type="checkbox"/> Radiology | <input type="checkbox"/> Maternal child health |
| <input type="checkbox"/> Other: | | |
| <input type="checkbox"/> Internal Medicine/IM Subspecialty_____ | <input type="checkbox"/> Surgery/Surgery Subspecialty_____ | |

Describe your experience in detail including number of patients per shift, type of illnesses seen, working conditions, participation in rounds, conferences and seminars, presentations given, other components of your elective:

Assess the supervision and teaching you received?

Resources available at site?: i.e. Reference books, Equipment, Transportation, Computers, Other

Describe where you stayed during your elective.

Do you recommend these accommodations to other students?

Were other housing opportunities available?

Continued on next page

NOSM Student Evaluation of Elective Form: FORM 4

(continued, page2)

Student Name: _____ Student Signature: _____

Dates of elective: _____ to _____ Hours per week:

Elective location:

Would you recommend the available housing opportunities or other housing options?

Were there opportunities to travel during the elective?

If you traveled, where did you go?

Describe the elective's strengths.

Describe the elective's weaknesses.

How was this elective funded?

What budget would another student need for a similar experience?

What advice would you give another student about appropriate preparation (visa, immunizations, time needed to arrange everything, clothing, and equipment to bring) and how to maximize the experience.

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Note: Personal information on this form is collected and will be used to update related information of the NOSM electives program. Any questions on this collection should be directed to NOSM Registrar using the contact information noted below.

Please Note: Complete and return a copy of **NOSM Student Evaluation of Elective Form** (for mandatory electives only) **within 2 weeks from the date of completion** of the elective to:

Sarena Knapik, NOSM Registrar, Learner Affairs Office, NOSM West Campus,
sarena.knapik@normed.ca Fax: 807-766-7485