



## Special Educational Experience (SEE)

### SKILLS ENHANCEMENT

### Application and Approval Form

Skills enhancement SEEs are practical activities that are designed to enhance a specified skill e.g. venous access, POCUS. These will normally be organised as a supervised group activity involving more than one student.

Approval Process: This form needs to be completed and signed by the student(s). Approval is to be obtained by the faculty supervisor and the UME Administrative Manager, Educational Resources. Submit completed and signed form to Learner Records ([records@nosm.ca](mailto:records@nosm.ca)) who will obtain appropriate approval from Phase Lead. *Student(s) MAY NOT begin SEE before approval is obtained from Phase Director.*

1. Student(s) Name(s): *List of attendees may be submitted to Learner Records following completion of the SEE:*

---

---

---

---

2. Campus: \_\_\_\_\_ Year: \_\_\_\_\_

3. Student Contact Information (Group Leader): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ NOSM I.D.: \_\_\_\_\_

4. Student Interest Group Name: \_\_\_\_\_

5. Faculty Supervisor Name : \_\_\_\_\_

6. Faculty Supervisor Title & Qualifications: \_\_\_\_\_

7. Faculty Supervisor Contact Information

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

8. Does a close personal or professional relationship exist between the student and supervisor? Yes/No

If yes please describe the nature of the relationship:

---

---

9. SEE Dates and Times: \_\_\_\_\_

10. NOSM Rooms Required for Booking: \_\_\_\_\_

11. Resources (e.g. Equipment, Staff) Needed: \_\_\_\_\_

12. Will this SEE receive financial support (including 'in-kind') from any source?

Yes \_\_\_ No \_\_\_ (select the correct answer). If Yes:

a. Detail the source and amount of funding and attach relevant correspondence from the funder

---

---

13. Will this SEE be 'sponsored' by any person or organisation which is external to NOSM?

Yes \_\_\_ No \_\_\_ (select the correct answer). If Yes:

a. Detail the nature of the sponsorship (e.g. name, nature of sponsorship) and attach relevant correspondence from the funder:

---

---

b. Will the sponsors logo or name be shown on promotional material?

---

c. Please read and accept the terms of the NOSM Conflict of Interest with Commercial Entities Policy as indicated by your signature below: *(Electronic signature accepted)*

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Activity Description**

In the space below, please describe: 1) how your activity supplements the curriculum; 2) how your activity is appropriate for medical students at your stage of learning; 3) the role of your faculty supervisor; 4) how any health and safety concerns have been addressed; and 5) how all relevant NOSM policies and procedures are being followed (e.g. Lab Access Rules and Regulations, Lab Safety Procedures, Peer Physical Examination and Laboratory Skills Practice, etc.)

**Please send the completed form with signatures to the Student Records and Electives Officer**

**Students (add more Student Names [below] as required)**

As NOSM students, we agree to abide by the rules and procedures for working in the lab and/or with NOSM equipment, supplies, or other resources. We agree to follow the directions of the faculty supervisor at all times during the activity. We will report any injuries to our faculty supervisor, immediately.

Student Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Student Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Student Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Agreement of SEE Supervisor**

As the faculty supervisor for this activity, I have read and agree to the information in this application form. I acknowledge and agree to the role of supervisor and the responsibility for all of the students involved. I understand that I will not be compensated by NOSM as a SEE Supervisor. *(E-mail stating consent is accepted)*

Faculty Name (Please print): \_\_\_\_\_

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approvals**

**UME Administrative Manager, Educational Resources:**

Are all resources for the proposed activity in place? \_\_\_\_\_ Yes \_\_\_\_\_ No

I, \_\_\_\_\_, have read, and if necessary, discussed the above SEE – Skills Enhancement application with the students and I approve of this activity. *(E-mail stating consent is accepted)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

**Assistant Dean, Phase 1 or Phase 3 Clerkship Director:**

Is the activity beneficial to the student’s medical education? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is the activity appropriate for the student’s stage of learning? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is the activity properly supervised? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have any health and safety concerns been sufficiently addressed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have any perceived or actual conflicts of interest been declared and addressed? \_\_\_\_\_ N/A \_\_\_\_\_ Yes \_\_\_\_\_ No

I, \_\_\_\_\_, have read, and if necessary, discussed the above SEE – Skills Enhancement application with the student and/or faculty supervisor, and I approve this activity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_