

Faculty Designed Special Topic Courses

Before designing and submitting please read some basic a guidelines

- 1) The faculty designed special topic must have a UAB Heersink School of Medicine faculty director. This director must oversee and hold students accountable to the course objectives as they are stated on the form.
- 2) Faculty must submit the design form at least 30 days before the respective course is to begin. Students may submit as early as 4 months before the course begins.
- 3) Faculty should not expect approval for self-designed forms that are incomplete.
- 4) Faculty designed special topics are not approved that rely on self-study (self-directed research, study, data entry etc.)
- 5) Special topics need to at least 20 hours of engaged learning activity. This time needs to be spread over a 5 day period within the special topic week.
- 6) Basic definitions for sections of the course design form:
 - A) **Learning Objectives** are statements (usually concise) of an element to be learned. Please review the information in this link if you have never written a course objective. http://usagso-sg.tripod.com/22_learning_objectives.pdf
 - B) **Course Description** – Explains, in general terms, the high level overview of the experience.
 - C) **Assessment** – In terms of designing a course, the Assessment section of the form should explain how the student will demonstrate that a learning objective has been met. Example: **If the Learning Objective reads:** The student will learn how to perform a complete Neurological physical exam, **then the Assessment should include:** The student will be assessed on their performance of a Neurological physical exam.
 - D) **Schedule:** give a brief day to day schedule of activities
Example of a schedule in terms of completing a self-design form:
 - **Mon: 8am - 2pm** Round with Dr. Doe on morning rounds and then complete a write-up and treatment plan on one morning patient to be presented/given to Dr. Doe in the early afternoon
 - **Tues. 8am - 2pm** Round with Dr. Doe on morning rounds and attempt to read any radiology in the patient files with Dr. Doe's direction
 - **Wed. 8am - 12pm** Round with the Chief Resident and present at least patient and get feedback
 - **Thursday 8am - 12pm** Round with the Chief Resident and present at least patient and get feedback
 - **Friday 8am -12pm** Round with Dr. Doe and get feedback on areas of needed growth.
- 7) Once the course is approved you will be notified and given an opportunity to make final edits to the catalog page.

Request Form for Special Topics

Submit no later than 30 days prior to the first day of the proposed course.

RETURN FORM TO:

Amber Watts
Undergraduate Medical Education
VH 633 asinclair@uab.edu

| | |
|--------------------|--|
| COURSE NAME | |
| DEPARTMENT | |
| CAMPUS | |

1. Indicate the duration of the course, check all that apply:

| | |
|--|---------------|
| | 1 Week |
| | 2 Weeks (Max) |

2. Indicate when the course will be offered, the following list depicts upcoming special topic weeks:

| Week | Start date | End date | Student Year |
|------|-------------------|-------------------|-----------------|
| | April 22, 2024 | April 28, 2024 | MS3 & MS4 Only |
| | June 3, 2024 | June 9, 2024 | Rising MS2 Only |
| | June 10, 2024 | June 16, 2024 | Rising MS2 Only |
| | June 17, 2024 | June 23, 2024 | Rising MS2 Only |
| | June 24, 2024 | June 30, 2024 | Rising MS2 Only |
| | July 1, 2024 | July 7, 2024 | Rising MS2 Only |
| | July 8, 2024 | July 14, 2024 | Rising MS2 Only |
| | July 22, 2024 | July 28, 2024 | Rising MS2 Only |
| | October 14, 2024 | October 20, 2024 | MS2, MS3, & MS4 |
| | December 16, 2024 | December 22, 2024 | MS2, MS3, & MS4 |
| | April 28, 2025 | May 4, 2025 | MS3 & MS4 Only |

3. State course capacity:

| Minimum | Maximum |
|---------|---------|
| | |

4. For student designed course please list the student(s) expected to participate:

8. Student Requirements (The student requirements must align with the overall learning objectives):

9. Assessment (How will you verify the student has met the course objectives to the level required?)

| | |
|---|---------------|
| 10. General schedule of planned activities (Needs to span the entire 5 day week) | |
| | |
| 11. <u>Course Director:</u> | |
| Course Director Name: | |
| Course Director Department: | |
| Email: | Phone: |
| Co-Course Director: | |
| Course Director Name: | |
| Course Director Department: | |
| Email: | Phone: |
| Grade & Schedule Contact (Responsible for submitting grades) | |
| Name: | |
| Email: | Phone: |

12. Director Initials here: _____ I will hold the student(s) accountable to the course objectives, assessments measures, and requirements as stated in this form.

Please make note: Grade submission/Catalog change queries should be directed to scheduler@uab.edu

 Signature of **Course Director/Faculty** (Must be UAB Heersink SOM Faculty) Date

13. Student: By signing the student agrees to complete the proposed activities/assignments as stated on the form in the timeframe indicated.

 Signature of **Student** (ONLY if student-designed) Date

14. COURSE APPROVED BY (you do not need to get this signature, we will secure this approval after submission):

 Signature of **Associate Dean for Undergraduate Medical Education** Date