

Year Three Individually Designed Selectives Policy

- The Individually-Designed Selective (IDS) option is available in the Personalized Education Plan (PEP) period to students who are interested in a course or topic for which a regular selective does not exist. Students must submit request under approval of their Advisor, responsible faculty of whom will be evaluating the experience and PEP Director of the department.
- A student must be in good academic standing (determined by Student Progress Committee) to enroll and participate in an IDS experience.
- You must submit a completed Approval Request for Individually-Designed Selective form together with your proposal.

The completed request and proposal must be submitted to the Y3/Y4 Registrar AT LEAST **THREE (3) WEEKS prior to the start of the selective.**

IDS proposals are reviewed for approval on a case-by-case basis by the Y3/4 Coordinator and the Year Three Director.

- IDS must be **clinically** based under the supervision of **SIUSOM** faculty.
- **Approval Process:** The **signatures of the your Advisor, responsible course faculty evaluating the experience, and department PEP Director of the selective offering being sought** must be obtained **before** submitting the course proposal and signature page to Y3/Y4 Registrar, Office of Education and Curriculum. The faculty who will directly supervise and evaluate you must sign as responsible faculty.

You must provide a complete course description in the format noted below to your Advisor, responsible faculty, and departmental PEP Director when requesting their approval.

Correspondence via email directly from the faculty stating her/his approval to Y3/Y4 Registrar, Cherie Forsyth, will suffice.

- The following **format** should be used when preparing a proposal for an Individually-Designed Selective.
 - **Title:** Choose an appropriate name for the selective.
 - **Description:** Provide a brief but detailed narrative describing the purpose, content area, activities planned, and logistics of your proposed selective experience. Include any special information or arrangements (e.g., if the experience is designed in conjunction with other experiences, community agencies or other departments, etc.) that will help us understand what you propose to do. Please describe the patient care activities you will undertake.
 - **Objectives:** Outline the specific learning objectives you plan to accomplish. Ensure they are measurable, realistic and practical. This section and the course description section create the information base upon which your proposal will be evaluated.
 - **Evaluation:** Describe the method(s) faculty will use to evaluate your performance (observation, written exam, oral exams, discussion with faculty, etc.). This section should parallel your activities and objectives. **A one page reflective report for clinical experiences is required.**
 - **Faculty:** Name of the faculty member who has agreed to supervise you in the selective. Provide complete contact information of the faculty mailing address, email address, and telephone number.
 - **Dates:** Indicate the length (number of weeks) of the experience (**Maximum 4 wks**) and the dates when the selective will be taken.
- **Students MUST adhere to the deadline in submitting the appropriate documentation. Lack of attention to this detail will result in denial of experiences.**