

Urology Resident Elective Policy – Clinical/Research

(Applies to On-Service Urology Residents)

Eligibility and Review

- Research and Clinical Electives will be granted only to residents in good standing within the program.
- The resident's standing will be reviewed 2-3 months before the scheduled elective. If the resident is not in good standing, the elective may be cancelled, and the resident will be placed back into the rotation schedule at one of the Urology hospital sites.

Elective Proposal Submission

- Proposed electives must be submitted in writing to the PD/APD and the Program Administrator for approval at least eight (8) weeks before the start of the elective.
- Each proposal must include:
 - a. A defined set of objectives for the elective.
 - b. The name and email address of the elective supervisor.
 - c. Proof of agreement from the elective supervisor, which must include a statement confirming:
 - i. Acceptance of your elective request.
 - ii. Agreement to complete and return an evaluation upon completion of the elective.

Special Elective Requests

- Elective requests that do not encompass a full block (e.g., concurrent clinical electives, split time between research and clinical work) must be pre-approved a minimum of 8 weeks (about 2 months) in advance by the Program Director, Assistant Program Director, and the elective supervisor.

Research Electives

- For research electives, a mid-elective progress report must be provided to the elective supervisor and Program Director for review.
- An end-of-elective report detailing the work accomplished is also required.
- A four (4) week reading/study block is not an acceptable substitute for a dedicated research rotation.

Vacation During Electives

- Any vacation during a research or clinical elective must be approved according to the vacation policy.
- Approval from the elective preceptor for the vacation time is also required.

Attendance and Participation During Research Electives

- During research electives, the resident must remain in the city and be available to:
 - a. Attend all educational events.
 - b. Participate in call duties.
 - c. Regularly check in with their preceptor.

See next page for form to be submitted

Division of Urology

UROLOGY RESIDENT ELECTIVE (Clinical or Research) REQUEST FORM

Resident Name	
PG Year	
Dates of Requested Elective	
Location of Requested Elective	
Submission Date of Elective Request to Program	

List Objectives for this Elective:

Name of Preceptor for this Elective	
Email Address of Preceptor	
Date of Signature	
Signature of Preceptor	
As Preceptor of this elective, I agree to complete (and return) an evaluation form for this rotation	Yes or No

	Date	Signature
Resident		
Program Director/ Assistant Program Director		