McMaster University GI Training Program

Elective Request Form

Name of Resident: ______________________________________________________

Name of Supervisor: ______________________________________________________

Elective Title: ______________________________________________________

Elective Date: ______________________________________________________

Elective Location: ______________________________________________________

Description of the Elective:

Summary of Activities: Provide a detailed description and daily itinerary of activities in which the resident will participate (e.g. clinics, endoscopy, inpatient coverage, rounds).

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<thead>
<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
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<td>AM</td>
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Goals and Objectives: List between 5 and 10 specific skills and/or areas of knowledge the resident will be expected to gain or improve over the elective period. This list is extremely important, as it will be used in resident evaluations. The resident is also expected to fulfill all CANMEDS2000 competencies.

Signature of Resident: ___________________________ Date: ______
Signature of Supervisor(s): ___________________________ Date: ______
Signature of Program Director: ___________________________ Date: ______