




**Proposed Individually Arranged Elective/Research**

Student Name: <b>Laura O'Donohue</b>		UMID: <b>98272179</b>
Branch (if applicable):		Is this experience part of your Capstone for Impact Project: <input checked="" type="radio"/> Yes <input type="radio"/> No
Dates: <b>8/05/19 - 9/01/19</b>	Duration: <b>4 weeks</b>	Type of experience: <b>Research</b>
Department: <b>Radiology</b>		Hospital: <b>University of Michigan Health System</b>
Responsible Faculty Member: <b>Prasad R. Shankar, MD</b>		Faculty Member's Signature: 
Responsible Faculty Member's Contact Info: <b>pshankar@med.umich.edu</b>		

**Estimated Distribution of Student's Time**

Percentage (must equal 100% in 5% increments)	Category	Description
	Outpatient Clinical Care	Clinical Care is categorized as to where the patient is, not the student (i.e. in radiology if a student is reading films on inpatients, then choose "inpatient clinical care.")
	Inpatient Clinical Care	
	Emergency Department Clinical Care	
	Service Learning	Service learning is experiential education where students apply their learning to community problems, while reflecting on their experience. Please include patient care portions of service learning in the clinical care categories above.
	Conference/Lectures/Seminars	
	Basic Science Research	
	Simulation	Includes simulation center & standardized patient experiences.
<b>100</b>	Clinical Research	
	Independent Study	
	Other (please be specific)	
<b>100%</b>	<b>MUST TOTAL 100%</b>	

Average number of patients the student sees each week 0

On-call responsibility occurs every 0 day(s)

Where and when to report first day of course/clerkship: N/A

**Elective Clerkship Objectives:** *(please check those that apply)*

To enhance knowledge and skills pertaining to:

interviewing, physical examination and other patient interactions

interpretation of data

clinical judgment

procedures *(please specify)*

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therapy and advice to patients

Student will be evaluated on each of the following: (please check those that apply)

- quality of care given (including clinical judgment)
- the number of patients given care
- participation and performance in conferences
- level of knowledge (including new knowledge)
- level of skills
- other (please specify) progress and engagement in research

Methods to be used in student evaluation include: (please check those that apply)

- observation of performance by faculty
- observation of performance by house officers
- assessment of write-ups/reports
- written/oral tests
- other structured skills testing
- other (please specify) assessment of progress in research

Description of experience: (attach separate sheet if needed)

This quality improvement assessment aims to understand the impact of a FDA policy requiring patients to receive information on the unknown nature of gadolinium deposition prior to their MRI. Understanding factors leading to contrast cancellation before and after policy implementation has the potential to help radiology workflow, operations, and ensure patients receive the best quality imaging for their clinical indication.

Research experience will include: conducting a retrospective review of the UMHS EMR for patients who had gadolinium-based contrast cancellations during a period before and after policy implementation, identifying reasons for cancellations, and statistical analysis of findings.

### UMMS CLERKSHIP DIRECTOR MUST COMPLETE


Section to be completed by Departmental Clerkship Director

By signing this form I approve this elective for the corresponding amount of credit from the University of Michigan Medical School. Clerkship Directors must check one of the three spaces below (meets clinical, non-clinical, or research credit).

clinical (50% or > patient care)     non-clinical (< 50% patient care)     research only credit

CLERKSHIP DIRECTORS – PLEASE CHECK TYPE OF CREDIT ABOVE BEFORE RETURNING THIS FORM

Endorsed by (print Clerkship Directors name): Leslie Quint

Clerkship Director's Signature:  Date 6/30/2019

Please return to:

Gretchen Aland, Scheduling Coordinator  
Office of Medical Student Education  
6310 Taubman Health Sciences Building  
Email: [gretchea@umich.edu](mailto:gretchea@umich.edu)  
Phone: 734-763-7184  
Fax: 734-936-3510

### FOR OMSE USE ONLY

Course Title Assigned \_\_\_\_\_

Catalog Number \_\_\_\_\_ Course ID \_\_\_\_\_