



New Elective/Course Proposal

(Processing time is 2-3 weeks for internal review and approval.)

Please attach supporting materials as needed in support of your proposal with this form.

1. Faculty Sponsor (responsible for completion of grading): _____
 Email Address: _____ Telephone: _____
 Department/Affiliated Hospital: _____

2. Alternate Faculty Sponsor (optional): _____
 Email Address: _____ Telephone: _____
 Department/Affiliated Hospital: _____

3. Course Coordinator: _____
 Email Address: _____ Telephone: _____
 Department/Affiliated Hospital: _____
 Responsibilities include scheduling, onboarding, sickness/emergency, primary point of contact

Elective title (maximum 30 characters, including spaces):

Type of Elective: (check all that apply):

- Pre-clerkship/zero-credit elective offered to: Year 1 Year 2
- Clinical Elective/Patient Contact offered to: Year 3 Year 4 Year 5
- Non-Clinical Elective offered to (check which also applies below): Year 3 Year 4 Year 5
 - Research Elective
 - Medical Education Elective
 - Other (example: simulated patients, exam preparation)



**CASE WESTERN RESERVE
UNIVERSITY
School of Medicine**

Prerequisites Required:

Complete Core Clerkships in (check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Family Medicine | <input type="checkbox"/> Obstetrics/Gynecology | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Aging/Geriatrics | <input type="checkbox"/> Neuroscience | <input type="checkbox"/> Emergent Care |
| <input type="checkbox"/> Other _____ | | |

Is this elective Remote/Virtual Learning?

Is this request for an International elective? If yes, students must meet the requirements as outlined on the SOM Registrar website under the International Electives link (<https://case.edu/medicine/students/registrar/scheduling/international-electives>).

This elective is available to (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> All CWRU Students (Both Programs) | _____ # of spots available (if applicable) |
| <input type="checkbox"/> University Program Students Only | _____ # of spots available (if applicable) |
| <input type="checkbox"/> College Program Students Only | _____ # of spots available (if applicable) |
| <input type="checkbox"/> non-CWRU Medical Students | _____ # of spots available (if applicable) |

Please specify the number of domestic vs. international _____

Rotations:

- | | |
|---|--|
| <input type="checkbox"/> Offered as 2-week only | <input type="checkbox"/> Offered as both 2- and 4-week |
| <input type="checkbox"/> Offered as 4-week only | <input type="checkbox"/> Offered as a Zero-Credit Elective |

Credit	Contact Prep Time +
Zero (0)*	≥ 30 hours
2-weeks	60 hours
4-weeks	120 hours
*Minimum time/effort requirement for a zero credit elective to be added to a transcript is 30 hours.	

1. What is the attendance policy? (will the students be required to sign in daily, who do they report to if absent, sick or missed days. Will someone take attendance?)

***Reminder:** Student must fill out absentee form and submit to CWRU. Standard policy- student may be excused up to 3 days for a 4-week course.



2. Goals of the elective: (Please refer to the appendix materials for guidance on writing goals)

3. Learning Objectives (i.e., What will the learners be able to do upon completion of the course? Please refer to the appendix materials for guidance on writing goals):

4. Elective Description (Consider: environment, patient population, conditions seen, team composition, what the day-to-day looks like, general role of the student.)



5. Student Duties and Responsibilities: (Consider: daily hours; night call; weekends; who they report too; patient load; skills likely to be performed; presentations; note writing; level of involvement in team/consults, expectations-preparation for the elective and preparation on during elective; didactics)

6. How will the students be assessed? On what are the students being assessed? (All students must use CAS throughout a clinical rotation to receive credit for the elective and a grade for their transcript.)

- Assessment should be linked to learning objectives
- Student should be evaluated on the level of independence they achieve with each of the learning objectives
- Include who will be providing feedback that is considered in the final grading
- Include who will provide mid-course feedback

7. What is the grading scheme for this elective?

- Honors (H), Commendable (COM), Satisfactory (S) or Unsatisfactory (U)
 Achieves or Exceeds Competencies (AE) or Unsatisfactory (U)*

**All electives offered for zero credit must use the AE/U grading option.*

8. Are you using CAS? If yes, see question 9 below (not applicable to Year 1-2, zero-credit courses)? Yes No

9. Who will complete the End of Rotation (EOR) Assessments in CAS?

- Will all EORs in CAS be assigned to the faculty course sponsor only? Yes No N/A
 If no, will students be able to choose the faculty to assess their performance? Yes No N/A
 Or will a coordinator assign the assessors in CAS and send the EOR links? Yes No N/A

Please provide additional names of evaluators if known: _____



10. What information should students be aware of when scheduling the rotation (How far in advance, what months are excluded etc.):

11. Special Instructions for Starting the Rotation (When/where do students check in on first day, attire, parking, etc.):