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)

☐ Prerequisites Required:

Complete Core Clerkships in (check all that apply):

☐ Family Medicine   ☐ Obstetrics/Gynecology   ☐ Psychiatry

☐ Internal Medicine   ☐ Pediatrics   ☐ Surgery

☐ Aging/Geriatrics   ☐ Neuroscience   ☐ Emergent Care

☐ 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)**:**

☐ All CWRU Students (Both Programs)   _____# of spots available (if applicable)
☐ University Program Students Only   _____# of spots available (if applicable)
☐ College Program Students Only   _____ # of spots available (if applicable)
☐ non-CWRU Medical Students   _____# of spots available (if applicable)
Please specify the number of domestic vs. international   _____

Rotations:

☐ Offered as a 2-week   ☐ Offered as a Zero-Credit Elective
☐ Offered as a 4-week

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)

<div style="border:1px solid black; height:180px;"></div>

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

<div style="border:1px solid black; height:180px;"></div>

7. **What is the grading scheme for this elective?**
   - ☐ Honors (H), Commendable (COM), Satisfactory (S) or Unsatisfactory (U)
   - ☐ Meets Expectations (M) or Unsatisfactory (U)*

   All electives offered for zero credit must use the M/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.):