

**CASE WESTERN RESERVE
UNIVERSITY
School of Medicine**

STUDENT HANDBOOK

Maintained by the Office of Student Affairs

July 2023

Introduction

The information and policies contained in this handbook apply to students in the University Program of the Case Western Reserve University School of Medicine. Students enrolled in the Cleveland Clinic Lerner College of Medicine (CCLCM) are referred to review the CCLCM program's handbook. University Program and CCLCM students are covered by the general policies of Case Western Reserve University which apply to all students at the University.

This publication has the limited purpose of providing information concerning the programs of the Case Western Reserve University School of Medicine. This publication should not be construed as an offer or contract between the University and any person. The University has the right to amend, add, or delete any information in this publication, including any course of study, program fee, or regulation of the University. **Policies and regulations listed in this handbook are subject to change at any time throughout the academic year.** Announcements of such changes are made on a routine basis within the University and the School of Medicine.

Further information regarding policies, programs, and support services can be found at the following sites:

- [School of Medicine Office of Student Affairs](#)
- [School of Medicine Office of the Registrar](#)
- [CCLCM Portal Login Page](#)

This Student Handbook is intended to provide a general overview, rather than an exhaustive description of student rights and responsibilities. It is the responsibility of each student to become familiar with all appropriate policies of the University and the School of Medicine, which are subject to review and revision.

Other sources of information include:

- [University Policies](#)
- [University General Bulletin](#)

University Code of Conduct

The [University Code of Conduct](#) covers behavioral expectations for all students including undergraduate, graduate, and professional students. This policy covers the following:

- Acts of dishonesty
- Inappropriate treatment of others
- Hazing
- Unauthorized access
- Violation of any federal, state, or local law
- Alcohol policy
- Guest responsibility
- Participating in a demonstration, riot, or activity that unreasonably disrupts
- Conduct that is disorderly, lewd, indecent, breach of peace, in violation of residence hall quiet hours or courtesy hours
- Disruption, tampering, misuse, or obstruction
- Theft, damage, vandalism, or littering
- Failure to comply with directions
- Violation of any University policy, rule, or regulation
- Drugs, narcotics, or other controlled substances
- CWRU Tobacco-free policy
- Weapons policy
- Gambling
- Violation of the University fire safety policy
- Theft or other abuse of computer facilities and resources
- Abuse of conduct system

Statement of Ethics

Universities seek to preserve, disseminate, and advance knowledge. At Case Western Reserve University, as elsewhere, we recognize that the ability to fulfill these purposes requires a norm of expected conduct shared by all in the University community and governed by truthfulness, openness to new ideas, and consideration for the individual rights of others, including the right to hold and express opinions different from our own.

The University's mission rests on the premise of *intellectual honesty* in the classroom, the laboratory, the office, and the solitary examination desk. Without a prevailing ethic of honor and integrity, not only in scientific pursuits, but in all scholarly activity, the very search for knowledge is impaired. In these respects, each of us – especially, but not exclusively, faculty – must regard oneself as a mentor for others.

These principles which we strive to uphold make it possible for the larger society to place trust in the degrees we confer, the research we produce, the scholarship we represent and disseminate, and the critical assessments we make of the performance of students and faculty, as well as judgments of staff and administrators.

To safeguard the standards on which we all depend, each of us must therefore accept individual responsibility for our behavior and our work and refrain from taking credit for the work of others.

The culture of a university also requires that the rights of all be protected, particularly by those entrusted with authority for judgment of the work of others.

The University, being a human community, is subject to human failings, ambiguities, and errors. It is therefore the responsibility of the bodies regulating the affairs of faculty, students, and staff to maintain processes for judging and resolving instances where these principles may have been violated. All such systems depend for their effectiveness, in turn, on the acceptance of common norms of conduct – the ties of trust which bind the University community together.

<https://case.edu/studentlife/university-policies>

Acknowledgements

The following individuals are gratefully acknowledged for their efforts in producing the School of Medicine Student Handbook:

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Molly Simmons, Director, Office of Student Affairs

PEOPLE AND DEPARTMENTS

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Office of the Dean and Vice Deans
Office of Student Affairs and Academic Societies
Office of Academic Advising
Office of Curricular Affairs
Office of Assessment and Program Evaluation
Office of Diversity, Equity, and Inclusion
Office of the Registrar
Office of Admissions
Office of Financial Aid
Office of Medical Student Research
School of Medicine University Technology (UTech)
CWRU Office of Accommodated Testing and Services
CWRU University Health and Counseling Services
CWRU Disability Resources
CWRU Division of Student Affairs
CWRU Office of Equity

Administrative Offices

Office of the Dean

BRB, Room 113 or HEC, Room 409

Stanton L. Gerson, MD, Dean, School of Medicine and Senior Vice President for Medical Affairs, is responsible administratively for all activities of the School of Medicine including academic, student, and faculty affairs. He serves *ex officio* on all student-related faculty committees.

Tina Balamenti, Administrative Operations Manager

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Office of Medical Education

HEC Room 409

Lia Logio, MD, Vice Dean for Medical Education, is responsible administratively for all medical education activities of the School of Medicine.

Kathy Miller, Senior Director of Medical Education Operations

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Office of Research Administration

BRB, Room 930

William (Bill) Schiemann, PhD, Vice Dean for Research in the School of Medicine, is responsible administratively for overseeing the Office of Medical Student Research, whose mission is to facilitate opportunities for medical students to develop their interests in research and scholarship.

Erica Paythress, Assistant Director of Research Administration

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Office of Diversity, Equity, and Inclusive Excellence

[VACANT] Vice Dean of Diversity, Equity, and Inclusion, is responsible for advancing diversity within the School of Medicine.

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A complete listing of other [senior leaders](#) and [administrative offices](#) can be found on the School of Medicine website.

Office of Student Affairs and the Academic Societies

The [Office of Student Affairs](#) and the Academic Societies is committed to student well-being, academic mastery, and attainment of student career goals. The Academic Societies are led by Society Deans who serve as advisors and mentors, helping students navigate the curriculum and providing students with advice and support for residency and career planning. The Society Deans function in a group practice model. Students work primarily with their Society Dean but are encouraged to use the resources of all Society Deans. The Societies aim to foster close relationships and a sense of community among students.

The Academic Societies are home for advising at the School of Medicine. There is a four- year curriculum for:

- Personal advising, support, and student well-being
- Academic advising and support
- Career advising and support.

The following table summarizes a four-year curriculum in personal, academic and career advising:

Years	Personal Advising/ Well-being	Academic Advising/Support	Career Advising/Support
1 & 2	<ul style="list-style-type: none"> • Society Dean 1:1 meetings • Referrals to UH&CS, Disability Services, Office of Equity • Reviewing attendance history • Creating community: Intersociety Council (ISC) • Celebrating milestones: Oath Writing Workshop, White Coat Ceremony; Student Clinician Ceremony; Match Day; Graduation 	<ul style="list-style-type: none"> • Society Dean 1:1 Meetings • Regular group meetings • Tutoring/Consult Tables • Remediation Planning • Timing of and preparation for USMLE exams • Match Timeline-starts in year 2 • Advising meetings to discuss research, clinical mentors, academic review, USMLE preparation, and planning ahead 	<ul style="list-style-type: none"> • Society Dean 1:1 Meetings • Faculty specialty panels • Interest Groups • AAMC Careers in Medicine • CV Preparation and review • Choices Workshop
3		<ul style="list-style-type: none"> • M4 Planning: choosing electives and AI's, meeting graduation requirements • Review Match Timeline 	<ul style="list-style-type: none"> • CWRU Roadmap to Residency • Residency application preparation: finding mentors, LOR's, CV Review • Sharing protected data: CWRU 3-year match, NRMP report of CWRU matched students • ERAS and NRMP messaging and support
4		<ul style="list-style-type: none"> • Review Audit Checklist for Graduation Requirements • Timing of and preparation for USMLE • Review Match Timeline 	<ul style="list-style-type: none"> • Preparing the MSPE • Letters of Recommendation strategy, reviewing personal statement • Personal Statement Workshops • Interviewing Workshops and mock interviews • ERAS and NRMP messaging and support • Assisting students in SOAP

Personal Advising & Student Well-being

The School of Medicine conducts education in a way that promotes student well-being. This stems from a deeply ingrained ethos that “students are junior colleagues” to the faculty. Structural innovations in education such as learning in groups, pass/fail grading, limited examinations, and academic societies have shown to improve student well-being. The school acknowledges that medical school is stressful, and the Society Dean is available as a confidential advisor to help a student develop a plan for success. The Office of Student Affairs also actively supports balancing programs at stressful times.

Academic Advising

The Society Deans monitor and support students throughout their time at the School of Medicine. This support takes the form of one-on-one meetings, small group meetings, and class meetings, preparation of timelines, USMLE preparation, and preparation of the clinical schedule. This culminates in the preparation of the Medical Student Performance Evaluation (MSPE). The Society Deans are assisted by the Office of Academic Advising, which provides tutoring and learning skills training.

Career Advising

The Office of Student Affairs coordinates a four-year curriculum to help students identify a specialty and secure a residency position. Activities range from one-on-one counseling, small group workshops, large group presentations, promotion of peer advisors and student interest groups, AAMC Careers in Medicine presentation, maintenance of the CaseMed Guidebook website, sharing national and school-specific data with students, Electronic Residency Application System (ERAS) education, and National Residency Matching Program (NRMP) education.

Society Assignments

Upon matriculation to the CWRU School of Medicine, all students are randomized into one of six Academic Societies that are named after important people in the history of the medical school. If a student wishes to change their Society Dean assignment, they must request a formal change from the Vice Dean for Medical Education.

[The Society Deans](#)

Jill Azok, MD, Assistant Dean for Student Affairs, Dean of the Satcher Society

Marjorie Greenfield, MD, Assistant Dean for Student Affairs; Dean of the H. Jack Geiger Society

Jason Lambrese, MD, Assistant Dean for Student Affairs, Dean of the Gerberding Society

Todd Otteson, MD, MPH, Assistant Dean for Student Affairs; Dean of the Blackwell-McKinley Society

Angelique Redus-McCoy, MD, Assistant Dean for Student Affairs; Dean of the Robbins Society

Steven Ricanati, MD, Associate Dean for Student Affairs; Dean of the Wearn Society

[Student Affairs Staff](#)

Molly Simmons

HEC Room 413C | 216.368.2831 | mag167@case.edu

Ms. Simmons is the Director for the Office of Student Affairs. She provides direct administrative support to the office, oversees office operations, and assists with student issues.

Nastasia Harris

HEC Room 411 | 216.368.3164 | nh2@case.edu

Ms. Harris is the Department Assistant for the Office of Student Affairs. She provides general support for the office, schedules student appointments, and serves as a point of contact for the office.

Akida Weir

HEC Room 413D | 216.368.2212 | axw528@case.edu

Ms. Weir is the Student Life Coordinator in the Office of Student Affairs. She coordinates major events including the Graduation Awards Ceremony, first year Orientation, class meetings, and activities of the school's chapter of the Alpha Omega Alpha Honor Medical Society.

Sarah Sells

HEC Room 411 | 216.368.3164 | sjl12@case.edu

Ms. Sells is the Program Manager for the Robbins Bridge Program, which is supported by the Joan C. Edwards Charitable Foundation. Ms. Sells works with high school students and Edwards Scholars throughout their tenure as students at Case Western Reserve University.

Career Planning Specialist (vacant)

Learning Specialists (vacant)

General inquiries and appointment requests can be directed to societydeans@case.edu.

Office of Academic Advising: Tutoring & Consult Services Program

Program Advisor: Steven Ricanati, MD, Associate Dean for Student Affairs

The Office of Academic Advising is committed to helping students master the medical school curriculum. **The Consult Services & Tutoring Program** has been developed to provide medical students with opportunities for learning assistance outside of class. The program offers individual and group study opportunities throughout the academic year.

- Consult tables: regularly scheduled drop-in sessions during the pre-clinical curriculum, staffed by a structure and block content specialist.
- Individual/group tutoring: students may arrange individual or group sessions which are sponsored by the school.
- Time management and Study Skills Counseling: to help students improve their personal productivity.

Consult Tables is a devoted weekly time for students to come in with questions or to work through assignments. Topics may vary and can include study tips, board prep, class assignments, and general topic review. Students should come with specific questions when possible, but group learning is also promoted, and students should feel welcome to come work on assignments, asking for assistance as needed.

The sessions are designed to meet the needs of first- and second-year medical students and can be modified to fit the content currently being covered in the curriculum. Consult Tables sessions provide a content expert for block materials as well as an expert for structure (anatomy). This organization works directly with the academic deans to ensure that students are receiving the assistance they need when they need it. Consult Tables leaders keep students updated by e-mailing Consult Table reminders and announcements on a regular basis.

Time-Management and Study Skills Counseling is an additional resource of the Office of Academic Advising. Ms. Judith Olson-Hammer meets with medical students to discuss strategies for time-management, studying, and note-taking relevant to our problem-based curriculum. Ms. Olson-Hammer has several designated appointments each week at the School of Medicine from July through the end of May. Students may self-schedule appointments with her or email her directly with questions or concerns at judithkayhammer3@gmail.com.

Office of Curricular Affairs

The purpose of the [Office of Curricular Affairs](#) (OCA) is to oversee and support curriculum development and implementation, and resources management related to these activities. The mission of the OCA is to build a collaboration of faculty, staff and students that is committed to the development and support of teaching and learning at the Case Western Reserve University School of Medicine.

To accomplish this mission, the OCA has the following goals:

1. Providing leadership and collaborating with faculty, staff and students to plan, implement, enrich, and revise the curriculum.
2. Providing educational support services to facilitate the planning and delivery of the ongoing basic science and clinical instructional activities.
3. Developing and implementing programs to assess learners and evaluate educational activities that will provide valid, reliable, and useful data on the processes and outcomes of teaching and learning.
4. Creating and implementing opportunities for teacher – learner development that will build educational excellence.
5. Seeking opportunities to work with faculty and students on educational scholarship and research about methods, assessment, teaching and learning in medical education and supporting the dissemination of findings at both local and national levels.
6. Building a communication network among faculty, staff and students to enhance the sharing of best practices and the commitment to quality improvement.
7. Providing support and expertise for seeking external funds to enable the piloting and development of educational innovations.

Curriculum Leadership

<p>Amy L. Wilson-Delfosse, PhD <i>Associate Dean for Curriculum</i> 216.368.3494 axw41@case.edu</p>	<p>Minoo Darvish Executive Director for Curriculum mxg86@case.edu</p>
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<p>Anastasia Rowland-Seymour, MD <i>Assistant Dean for Longitudinal Clinical Programs</i> axr668@case.edu</p>	<p>Simran Singh, MD Assistant Dean for Clinical Education-Cleveland VAMC simran.singh@va.gov</p>

[List of Pre-Clerkship Block Leaders and Clinical Clerkship Directors](#)

Curriculum Staff

<p>Celinda Brandt-Miller Assistant Director, Case Inquiry Program cbm61@case.edu</p>	<p>Sharon Callahan Administrative Director, Medical Student Research slc17@case.edu</p>
<p>Carol Chalkley <i>Administrative Director, Clinical Curriculum</i> cab26@case.edu</p>	<p>Elizabeth Day Course Manager, Blocks 3, 4, and 5 ead110@case.edu</p>
<p>Deidre Gruning Administrative Director, Educational Innovations & Health Systems Science Course Manager, Block 1 dx38@case.edu</p>	<p>Nivo Hanson <i>Assistant Director of Education Support Team</i> Course Manager, Blocks 2, 4, and 6 nah8@case.edu</p>
<p>Kurtis B. Hoffman, MA Patient-Based Program Manager Kbh22@case.edu</p>	<p>Jennifer Lennon <i>Administrative Director of Clinical Curriculum</i> jml32@case.edu</p>
<p>Amanda Monyak <i>Course Manager, Block 8</i> amm503@case.edu</p>	<p>Dawn Reid <i>Program Manager</i> dmb140@case.edu</p>
<p>Natalie Scala <i>Physical Diagnosis Program Manager</i> nas250@case.edu</p>	<p>Patti Quallich <i>Course Manager, Block 7</i> pvq@case.edu</p>

Student Assessment

Student assessment in the WR2 Curriculum is designed to accomplish the following:

1. facilitate the types of learning and inquiry that are goals for the WR2 Curriculum;
2. ascertain whether students attain the level of mastery necessary for graduation from Case; and
3. prepare students for the Multiple Choice Question (MCQ) USMLE exams.

These three goals are accomplished through multiple different assessment methods.

Independent study and inquiry are hallmarks of WR2 through assessment strategies that are formative and summative, focus on the synthesis of concepts, and promote student responsibility for the mastery of skills and material.

The WR2 Curriculum has a limited number of classroom hours, but expects that students will engage in self-directed learning outside the classroom to master the curriculum's learning objectives. The content of WR2, organized across biological systems, provides students with an integrated view of medicine and health and a clearer understanding of how the basic sciences and clinical practice relate to one another. The flexibility of WR2 permits students to explore in depth an area of interest to them alongside a mentor. The curriculum's focus on the social and behavioral context of health and disease as well as on population medicine prepares students for the challenges of today's health care system.

Xiaomei Song, PhD, Director of Student Assessment
xxs436@case.edu

Kathy Dilliplane, Administrative Director of Student Assessment
kxd348@case.edu

Program Evaluation

In the Foundations phase of the medical program, the School of Medicine emphasizes the importance of feedback from students. Formal survey periods are conducted where students provide feedback on the blocks, IQ faculty, and teaching faculty involved. Faculty evaluations are administered twice per block, allowing students to assess lecture, medium-sized groups, and IQ teams. IQ facilitators, who maintain a close educational relationship with their students, provide formative and summative assessments at mid-block and end-of-block periods. Students also engage in self and peer feedback for their IQ team members and FCM Seminar groups. At the end of each block, overall evaluations of the block and surveys of clinical immersion are conducted.

In Core Clinical Rotations, evaluations and assessments are administered at the end of each basic core rotation, with completion required prior to grades being submitted to the registrar. Students assess faculty members with whom they have interacted significantly during the rotation, including inpatient attendings, teaching attendings, and outpatient preceptors. The feedback process ensures a comprehensive evaluation of the educational experience and facilitates ongoing improvement.

Kelli Qua, PhD, Director of Medical Education Research, Program Evaluation, and CQI
kxr269@case.edu

Yifei Zhu, MS, Evaluation Manager
yxz828@case.edu

Brittany Higgins, Medical Education Accreditation Manager
bxh406@case.edu

Contact Information

The following email alias addresses are available for students with questions or concerns:

- Assessment: somexam@case.edu
- Attendance: som-attendance@case.edu
- GARLA: GARLA@case.edu
- IQ Program: SOM-IQ@case.edu
- PD and Inpatient Programs: SOM-PD@case.edu

Office of Diversity, Equity, and Inclusive Excellence and Office of Diversity, Equity, and Inclusion, Medical Education (DEI Med Ed)

[The Office of Diversity, Equity, and Inclusive Excellence \(DEIE\)](#) is responsible for many initiatives in the School of Medicine and works closely with faculty, school leadership, and staff.

The Office of Diversity, Equity, and Inclusion, Medical Education (DEI Med Ed) provides a wide range of support for all students, especially those who are minoritized or have been historically marginalized because of their race, ethnicity, age, ability, gender, sexuality, socioeconomic background, religion, and other identities that they might have. All students are welcome to this office.

Vision

DEIE and DEI Med Ed are committed to promoting a community where everyone can reach their full potential at the Case Western Reserve University School of Medicine. We provide resources that promote equitable treatment and opportunities for all people to achieve a prosperous society, as we advocate for policies that promote diversity and inclusion in the School of Medicine workforce. Our goal is to empower all members of our community to remove barriers throughout our campus caused by social injustice, inequality, and racial trauma. We are committed to engaging the voices of our community to promote equality and compassion for all.

Mission

We recognize the present social injustices and racism that still exist within our nation and embrace the rich perspectives and experiences that arise from racial, ethnic, socio-economic, sexual, gender, and religious diversity within our community.

We celebrate the multiple dimensions of diversity that each member of our community offers, including, but not limited to, race, ethnicity, sex, gender identity, sexual orientation, socioeconomic circumstance, national origin, geographic background, immigration status, ability and disability, physical characteristics, veteran status, political ideology, religious belief, and age.

[vacant]; Vice Dean, Diversity, Equity, and Inclusive Excellence

Tina Lining, MSSA; Director, Diversity, Equity, and Inclusive Excellence
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Monica Yepes-Rios, MD; Assistant Dean, Diversity, Equity, and Inclusion for Students, Med Ed
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Phillip Rowland-Seymour; Director, Diversity, Equity, and Inclusion, Med Ed
par77@case.edu

Project Manager (vacant)

Office of the Registrar

[The Office of the Registrar](#) for the School of Medicine maintains the active and permanent academic record for students in the MD, PA, and MSA programs. The office is responsible for registering students and for processing elective and clerkship registrations and add/drops, withdrawals, as well as recording final and permanent grades. In addition, the office is responsible for maintaining the confidentiality, accuracy, and integrity of student records and providing appropriate data to further the educational process of the School, including credentialing information.

The Office of the Registrar can access up-to-date name and address information for each student and provides official academic transcripts. The Registrar's Office provides, by student request, letters of good standing and enrollment verifications. The Office maintains the course catalog for all electives including clinical electives at affiliate hospitals. The Office of the Registrar also provides support to senior medical students applying for residency. Additionally, graduates in need of documentation to support the professional licensing credentialing process should contact the School of Medicine Office of the Registrar for more information.

Staff

- **Siu Yan Scott**, Registrar
- **Andrea Tryon**, Associate Registrar
- **Kathleen Anderson**, Verifications and Records Coordinator

HEC Room 413E

216.368.6137

som-registrar@case.edu

Office of Admissions

The primary function of the [Office of Admissions](#) is the oversight of the application and selection process for the School of Medicine entering class each academic year. The goal of the admissions process is to further the mission of the Case Western Reserve University School of Medicine, which includes excellence in medical education, discoveries in translational science, and improving community health. To best meet the needs of the diverse populations in Ohio and beyond, and to achieve the goals of the institution, the School of Medicine's admissions process uses a balanced and holistic approach that considers an applicant's academic metrics, experiences, and personal attributes to achieve the educational benefits of a diverse student body and future physician work force.

Lina Mehta, MD, Associate Dean for Admissions

Christian Essman, Senior Director of Admissions and Financial Aid

Tom McKenzie, Assistant Director of Admissions

Irene Williams, Admissions and Financial Aid Assistant

HEC 111

216.368.3450

casemed-admissions@case.edu

Office of Financial Aid

The Office of Financial Aid (part of the Office of Admissions) assists students in obtaining loans, grants, and scholarships from various federal, private, and school sources. Financial Aid staff works closely with students and their families to obtain funds from available financial aid resources for their medical education. The Office of Financial Aid is committed to providing students access to funds for which they qualify. Financial need, the principal consideration in determining how much total aid an individual receives, is determined by a national needs analysis service. To be considered for institutional funds, first-time financial aid applicants must complete the CWRU SOM Financial Aid Application, the Free Application for Federal Student Aid (FAFSA), the CSS Profile, and provide parent tax documents. Returning students must complete the CWRU SOM Financial Aid Application and the FAFSA each year in order to receive financial aid.

Throughout their education, students who receive financial aid must maintain contact with the Office of Financial Aid, keep the office informed of any changes in their financial situation, and adhere to financial aid deadlines and procedures. Individual budgeting, debt management, and credit counseling sessions are provided to students through our Money Matters Financial Wellness curriculum. Students will also have the opportunity (a requirement for all federal loan borrowers and students receiving need-based aid) to participate in Money Mentors, where they will have a one-on-one session with a Money Mentor to review their individual budgets and to plan the future funding of their medical education.

A Student Loan Exit Counseling session that summarizes total borrowing and repayment plans takes place prior to graduation.

A student is eligible for institutional financial aid for a maximum of four years of enrollment for the University Program and five years for the College Program, excluding time spent on approved leave of absence.

Staff

- **Rachel Tong**, Director of Financial Aid
- **Jennifer Toomey**, Assistant Director of Financial Aid & Financial Wellness Advisor

HEC 111
216.368.3666
medfinancialaid@case.edu

Office of Medical Student Research

Experiences in research and scholarship are required for all MD students. The [Office of Medical Student Research](#) guides students to research opportunities and helps facilitate the research and scholarship component of the curriculum. This office is responsible for coordinating all research activities for MD students, including elective summer research opportunities, the required 4-month research block, research electives, and opportunities for an additional year of research for those students interested in pursuing more research training. Mentored research experiences are the primary format through which students develop their interests and fulfill the research and scholarship requirements, including the MD thesis. Students are encouraged to identify and pursue their interests in any aspect of biomedical or social/behavioral research and are provided guidance and supervision through this office. This office also coordinates the review committee for submissions to the annual AOA Carolyn L. Kuckein Student Research Fellowship and Summer Research Fellowships. The Office of Medical Student Research also coordinates student credentialing for curricular research and approves non-curricular research.

Rosa K Hand, PhD, RDN, LD, FAND

Director, Medical Student Research & Scholarship

Sharon Callahan, MPA

Administrative Director for Medical Student Research

MedStudentResearch@case.edu

Technology Support at Health Education Campus (HEC) Samson Pavilion

The HEC has a UTech HEC Care Center (Tech Bar) located at the south end of the courtyard on the first floor of Samson Pavilion. The HEC Support team assists students with any computer problems, issues, repairs, or other technical support needs. There is also a limited supply of loaner laptops that students can request for use for a limited amount of time. The team provides technical support for all faculty, students, and staff in all schools in the HEC.

The HEC Support team provides computer orientation support along with the SOM Utech team when students matriculate.

The Tech Bar operates from 8:00am - 5:00pm, Monday - Friday. Students may also contact the team by emailing hecsupport@case.edu and someone will assist you. If you require remote assistance, you can connect to our online Zoom room: <https://bit.ly/2Dd5zZp> (8:00 am - 5:00 pm (EST), Monday - Friday). If you require assistance after hours, please contact the University Help Desk, by emailing help@case.edu or calling 216-368-HELP (4357).

The HEC has extensive wireless access for all users, including access to the internet and University software tools throughout the building. Students also have access to wireless printing kiosks located on the first and fourth floor of the building. The HEC provides the most advanced technology possible to enhance and accelerate education.

SOM UTech

The School of Medicine Utech team is located at the main campus. They provide application development support for many applications used by medical students including but not limited to ePortfolio, eAssessment, Scheduling, IQ Facilitators iPad app, many integrations with Elentra as well as applications that support Medical Education faculty and administration.

They are responsible for managing all academic and administrative servers in the School of Medicine and SQL database management. They provide all technology support needs of administrative faculty and staff, including orientation, hardware and software support, installations, and upgrades.

casemedhelp@case.edu

216-368-HELP (4357)

University Health & Counseling Service

Sara H. Lee, MD, Assistant Vice President and Chief Health Officer

University Health and Counseling Services, Division of Student Affairs

University Health & Counseling provides integrated medical, mental health and wellness services for students of Case Western Reserve University. We value a collaborative, holistic approach to treating the mind and body and promoting wellness. Our interdisciplinary team includes physicians, psychiatrists, psychologists, nurse practitioners, social workers, counselors, nurses, nutritionists, health promotion specialists, and medical assistants. Services include primary and episodic care, individual and group mental health counseling, psychiatric care, nutrition, travel medicine, substance use and recovery support, sexual and reproductive health, and care management. Wellness and health promotion programs include vaccinations and screenings, stress management and resilience, healthy sleep, and many other programs. University Health, Counseling and Wellness administrative staff coordinate the Student Medical Plan with Aetna Student Health. All services and records are confidential. Visits are at no cost to enrolled students.

Please see the [University Health and Counseling Service website](https://case.edu/studentlife/healthcounseling/) <https://case.edu/studentlife/healthcounseling/> for the most recent hours, locations, and other information.

Clinic Hours:

Monday through Friday, 9 am to 5 pm (closed from 12 pm to 1 pm)

After-Hours Care:

24/7 virtual visits for health or counseling through TimelyCare (<https://app.timelycare.com/auth/login>)

Counselor on-call: 216.368.5872

Nurse on-call: 216.368.2450

Emergencies: 911 (off-campus) or 216.368.3333 (on-campus)

Appointment Scheduling:

Same-day and next day appointments available for Health and Counseling through myhealthconnect.case.edu. If you are unable to find an appointment time that works for you, please call Health Services (216.368.2450) or Counseling Services (216.368.5872) during clinic hours.

Health Services

Students can access their UH&CS health screening and immunization records by logging into [myhealthconnect](https://myhealthconnect.case.edu) with their Case network ID and password and providing their date of birth. UH&CS coordinates with the SOM Office of Student Affairs to provide on-site annual TB testing and influenza vaccinations. Students can submit documentation of vaccination, titers or TB tests administered elsewhere via [myhealthconnect](https://myhealthconnect.case.edu) or at the UH&CS office.

Primary & Episodic Care

University Health Service is designed to help students become and stay healthy. We offer preventative care and treat a wide range of primary care and acute illnesses, including:

- Fever/cough/sore throats
- Rashes
- Sprains/cuts/injuries
- Allergies
- Urinary tract infections
- Headaches
- Weight-related problems
- Sleep difficulties
- Depression/anxiety

- Sexual health (including contraception, LGBTQ care, sexually transmitted infections, women's health care)

Occupational Health Care for Students

- TB testing
- Vaccinations (including Influenza)
- Immunity Titers
- Urine toxicology screening
- Form completion for clinical placement

Prescriptions/ Rx

Clinicians at UH&CS can continue to prescribe most medications for students. Certain medications may require a referral to a specialist. Students diagnosed with ADHD and taking medications can contact Counseling Services or visit <https://students.case.edu/wellness/services/counseling/adhd/>

Counseling Services

Counseling Services at UH&CS includes group counseling, skill-based workshops, support spaces, prevention and recovery services, psychiatry, individual counseling, crisis intervention and care management. Students can choose to make virtual or in-person appointments.

All students begin with a same- or next-day appointment, which can be scheduled online via myhealthconnect.case.edu or by calling (216) 368-5872. Students leave same-day appointments with an individualized plan of care that can include a course of brief individual counseling, group counseling, skill-based workshops, referrals to other types of health or mental health providers, or a combination of offerings.

Case Western Reserve University provides brief individual counseling to students through UH&CS and TimelyCare. Counseling is intended to be short-term and solution-focused, generally not exceeding 15 sessions within a year.

Students usually see their providers once every 2-3 weeks for individual counseling. Depending on a student's concerns, our providers may refer those needing more frequent, long-term counseling, or specialized care to community providers to ensure the best clinical fit.

Brief Individual Counseling

To serve and support as many students as possible, University Health & Counseling Services provides short-term individual counseling.

Short-term counseling is appropriate for many students, including students seeking help for:

- mild to moderate anxiety or depression
- adjustment and development concerns, including transition to college
- relationship concerns (with friends, family, roommates, romantic partners)
- identity development related to sexual, racial, ethnic, religious, gender, and other identities
- mild to moderate issues regarding eating and/or body image
- recent traumatic experiences, including experiences of discrimination

Some students require more services--or different kinds of services--than UH&CS is able to provide. For instance, students who need specialized therapy or prefer ongoing weekly sessions are more likely to receive such support within the broader community. In such situations, counseling services works with students to help determine the most relevant care options—and, from there, assists students with finding appropriate community providers.

Group Counseling

Therapy in a group setting can be a productive and supportive way to address common concerns. Students meet as a group with one or more clinicians to explore a specific topic and develop coping skills. Some groups are time limited, while others are ongoing. Group offerings vary each semester and lists are updated at the beginning of the semester.

Current offerings are on our website:

<https://students.case.edu/wellness/services/group/>

Get started: If you are currently meeting with a UH&CS counselor, speak to them directly about a referral to group. If you are not already seeing a UH&CS counselor, make a same-day or next-day appointment through [myhealthconnect](#) to talk with a counselor about joining a group.

Psychiatry Services

Psychiatry services are available at UH&CS for students currently taking or interested in starting medications for treatment of psychiatric conditions. Students who wish to see a psychiatrist should have an initial appointment with health or counseling to assess for referral. Please note: we do not offer emergency psychiatry services; emergencies are referred to local hospital emergency departments.

Student Wellness

Case Western Reserve University is committed to building a campus culture that supports your health and well-being. Numerous programs and workshops are offered throughout the year to keep our students healthy, happy and productive. Topics include resilience, stress management, financial wellness, sleep, mindfulness, health screening, vaccination and others. Check out our [CampusGroups](#) page for upcoming events.

CWRU Disability Resources

Students with a disability who desire accommodations should contact the Disability Resources office. The Associate Dean/Director of Disability Resources and staff will work with students to determine and implement accommodations. Information related to a student's disability is kept confidential by Disability Resources and is not shared with the School of Medicine unless disclosed by the student. Reasonable accommodations are determined for each student on a case-by-case basis.

To register with Disability Resources, go to [AIM](#) and complete the New Student Application. Documentation from a qualified care provider is required. To learn more about documentation requirements, please refer to the Disability Resources website under [Documentation Guidelines](#).

Eboni D. Porter, Associate Dean/Director of Disability Resources
Sears Building, Room 402
216.368.5230
disability@case.edu

[More Information](#)

CWRU Division of Student Affairs

The CWRU [Division of Student Affairs](#) is the administrative home to many of the University's student service offices and organizations; it brings together departments that are devoted to furthering the quality and ease of a student's academic, co-curricular, and social life at CWRU. **The Division of Student Affairs is also a central source of information about University Policies and Procedures** that affect students.

Care and crisis intervention. In addition to the School of Medicine Office of Student Affairs, students who have personal or family problems may also contact the Offices for Student Affairs and Dean of Students at 216.368.2020 to communicate their needs or concerns. The Student Affairs staff and deans are available to listen, consult, intervene if appropriate, and/or refer the student to other resources.

**110 Adelbert Hall
216.368.2020**

studentaffairs@case.edu and deanofstudents@case.edu

The Dean of Students Office offers a wide variety of support services for students including crisis intervention, student advocacy, care management, basic needs resources, and the Interreligious Council. More information on how the Dean of Students Office can support you can be found [on their website](#).

The Dean of Students Office is committed to providing assistance and support to all CWRU students. Basic needs resource lists covering Child Care & Parenting, Clothing & Laundry, Financial Stability, Furniture & Household items, Hygiene & Cleaning, Legal Assistance, Medicaid, Nutritious Food, Pets & Emotional Support Animals (ESA), Pregnancy & Parenting, Secure Housing, SNAP, Tax Preparation & Filing Assistance, Transportation, and Utilities [can be found on the resource lists page](#).

There are five on-campus food pantries. These include the Physical Resource Center, the Free Little Food Pantry, the Office of Multicultural Affairs Food Pantry, Feeding Success - Lunch Box Initiative, and the Office of Graduate Student Life Food Pantry. The pantries include a selection of non-perishable food items, hygiene products, cleaning products, and cosmetics. The Physical Resource Center also provides perishable food items and frozen food options. There are also many off-campus food pantries, including the Church of the Covenant located directly next to the Thwing Center. To learn more about the food pantries, see the [Dean of Students Office Access to Nutritious Foods resource page](#).

The Dean of Students Office also oversees CWRU's Swipe Out Hunger program. Students who are struggling with food security or consistently accessing nutritious foods [may request up to three meal swipes per semester](#) that can be used at Leutner Commons or Fribley Commons. Students may request more than three meal swipes but must meet with their Dean of Students for case management before approval of additional swipes to provide additional support resources.

The [Student Emergency Fund](#) was created by a generous gift from Candace and Vincent Gaudiani to assist Case Western Reserve University students who encounter an unforeseen financial emergency or event which would otherwise prevent them from continuing their education at Case Western Reserve University. These funds are not intended to be used for routine expenses or as a consistent supplement to a student's education funding sources. Requests must be urgent in nature. **These funds are not meant to cover costs typically addressed by financial aid.** An event or unforeseeable circumstance must be the cause of the loss of funds in order to be eligible for student emergency funds.

CWRU Office of Equity

The [Case Western Reserve University Office of Equity](#) supports students, employees, and other members of the CWRU community who are experiencing discrimination or harassment, including sexual harassment and sexual violence. This support is equally extended to students and employees who may be the subject of rumors or reports that they engaged in discrimination or harassment. The Office for Equity provides information, support and resources, and helps people identify their options and choices. The Sexual Harassment Policy covers student, employees, guests and visitors without regard to sexual orientation, gender, gender identity or expression or transgender status, or any other related identity.

The Office of Equity supports pregnant students so they can achieve academic success while pregnant, recovering from the birth of a child, caring for a newborn, and breastfeeding an infant. A pregnant student may also be entitled to reasonable accommodation. In this context, a “reasonable accommodation” is a change in the academic environment that enables an individual who is or was pregnant to attend or be successful academically.

Students can find more information about support for pregnant and newly parenting students on the [Office of Equity website](#) or in the Pregnancy and Parenting section of this handbook.

Rachel Lutner, Senior Associate Vice President, Office of Equity

equity@case.edu

216.368.3066

THE CURRICULUM

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WR2 Curriculum Overview

Curriculum Structure

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Western Reserve2 Curriculum

Programs Leading to an MD Degree

The Western Reserve2 Curriculum (WR2) has high expectations for self-directed learning and seeks to train physician scholars who are prepared to treat disease, promote health, and examine the social and behavioral context of health and illness. The WR2 Curriculum integrates basic, clinical, and health systems science to prepare students for the ongoing practice of evidence-based medicine in the rapidly changing healthcare environment of the 21st century.

Research and scholarship are central to the curriculum and are integrated throughout the four years of the program. The WR2 Curriculum fosters the development of self-directed, life-long learners with an educational environment that features:

1. Facilitated, student-centered learning teams (Case Inquiry Program)
2. Large group interactive sessions such as Team-Based Learning or didactic sessions that offer a framework or synthesis of a concept area
3. Anatomy sessions that offer opportunity for dissection and learning using holograms
4. Early and longitudinal clinical skills training
5. Patient-based activities
6. Community-based activities
7. Interprofessional collaboration

Curricular Structure of the University Program

Foundations of Medicine and Health	Advanced Clinical Experiences and Residency Preparation	
<u>Basic Sciences</u> and <u>Early Clinical Training</u>	<u>Core Clerkships</u> <u>Sciences and Art of Medicine Integrated</u> Electives and Board Study USMLE Step 1	<u>Acting Internships</u> Transition to Residency <u>Advanced Electives</u> Education Elective USMLE Step 2 (CK)
Health Systems Science Research and Scholarship & MD Thesis		



The University Program

The [Western Reserve2 Curriculum \(WR2\)](#) creates a system of learning that integrates the fields of health and medicine into a single program of study. Education throughout the four years is centered on:

1. Fostering experiential and interactive learning in a clinical context;
2. Stimulating educational spiraling by revisiting concepts in progressively more meaningful depth and increasingly sophisticated contexts;
3. Promoting integration of the biomedical and population sciences with clinical experience;
4. Transferring concepts and principles learned in one context to other contexts;
5. Enhancing learning through deliberate practice and providing learners with direct observation, feedback, and the opportunity to practice in both the clinical environment and in the School of Medicine's Skills and Simulation Center.

The Western Reserve2 Curriculum has 10 guiding principles:

1. The core concepts of health and disease prevention are fully integrated into the curriculum.
2. Medical education is experiential and emphasizes the skills for scholarship, critical thinking, and lifelong learning.
3. Educational methods stimulate an active interchange of ideas among students and faculty.
4. Students and faculty are mutually respectful partners in learning.
5. Students are immersed in a graduate school educational environment characterized by flexibility and high expectations for independent study and self-directed learning.
6. Learning is fostered by weaving the scientific foundations of medicine and health with clinical experiences throughout the curriculum. These scientific foundations include basic science, clinical science, population-based science, and social and behavioral sciences.
7. Every student has an in-depth mentored experience in research and scholarship.
8. Recognizing the obligations of physicians to society, the central themes of public health, civic professionalism and teamwork & leadership are woven through the curriculum.
9. The systems issues of patient safety, quality medical care, and health care delivery are emphasized and integrated throughout the curriculum.
10. Students acquire a core set of competencies in the knowledge, mastery of clinical skills and attitudes that are prerequisite to graduate medical education. These competencies are defined, learned, and assessed and serve as a mechanism of evaluation of the school's success.

Western Reserve2 Curriculum [Core Competencies and Educational Program Objectives](#):

Professionalism: Demonstrates commitment to high standards of ethical, respectful, compassionate, reliable, and responsible behaviors in all settings, and recognizes and addresses lapses in behavior

- Meets obligations in a reliable and timely manner
- Recognizes and addresses lapses in behavior
- Commonly demonstrates compassion, respect, honesty and ethical practices

Teamwork and Interprofessional Collaboration: Demonstrates knowledge, skills and attitudes to promote effective teamwork and collaboration with health care professionals across a variety of settings.

- Performs effectively as a member of a team
- Respects and supports the contributions of individuals on an Interprofessional health care team to deliver quality care

Reflective Practice: Demonstrates habits of ongoing reflection and analysis to identify learning needs, increase self-awareness, and continuously improve performance and personal growth.

- Demonstrates habits of ongoing reflection using feedback from others as well as self-assessments to both identify learning needs (cognitive and emotional) and practice continuous quality improvement.
- Demonstrates awareness of context of care, patients' values, and health care system resources in clinical decision-making.
- Applies principles of quality improvement and safety to patient care.

Interpersonal and Communication Skills: Demonstrates effective listening, written and oral communication skills with patients, peers, faculty and other health care professionals in the classroom, research, and patient care settings

- Effectively communicates knowledge as well as uncertainties in all settings
- Uses effective written and oral communication in clinical, research, and classroom settings
- Demonstrates effective communication with patients using a patient-centered approach

Knowledge for Practice: Demonstrates knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences as well as the application of this knowledge to patient care

- Demonstrates appropriate level of clinical, basic, and health systems science knowledge to be an effective starting resident physician.
- Demonstrates ability to apply knowledge base to clinical and research questions

Patient Care: Demonstrates proficiency in clinical skills and clinical reasoning; engages in patient-centered care that is appropriate, compassionate, and collaborative in promoting health and treating disease

- Obtains thorough and accurate information through an H&P adapting to the clinical setting
- Uses evidence from the patient's history, physical exam, and other data sources to formulate and prioritize clinical decisions
- Incorporates diagnostic, therapeutic, and prognostic uncertainty in clinical decision making and patient care discussions
- Identifies and critically analyses relevant literature and practice-based guidelines to apply best evidence of patient care and management
- Incorporates patient perspective, values, and goals into all aspects of the clinical encounter

Research and Scholarship: Demonstrates knowledge and skills required to interpret, critically evaluate, and conduct research

- Analyses and effectively critiques a broad range of research papers
- Demonstrates ability to generate a research hypothesis and formulate questions to test the hypothesis
- Demonstrates ability to initiate, complete and explain his/her research

Personal and Professional Development: Demonstrates the qualities required to sustain lifelong personal and professional growth

- Critically reflects on personal values, priorities, and limitations to develop strategies that promote personal and professional growth
- Recognizes when personal views and values differ from those of patients, colleagues, and other care givers and reflects on how these can affect patient care and research
- Identifies challenges between personal and professional responsibilities and develops strategies to address them

Systems-based Practice: Demonstrates an understanding of and responsiveness to health care systems, as well as the ability to call effectively on resources to provide high value care

- Applies principles of quality improvement and safety to patient care.
- Demonstrates awareness of context of care, patients' values and health care system resources in clinical decision-making.
- Applies knowledge of health care systems to patient care discussions.

Curricular Composition

The four years of the WR2 Curriculum are divided into four major components, each of which focuses on health as well as disease, and on the health of populations in addition to the health of individual patients.

Foundations of Medicine and Health:

This component is made up of 6 sequential and 2 longitudinally integrated curricular blocks.

- **Block 1 – Becoming a Doctor** - is five weeks in duration and gives students an understanding of health systems sciences and the doctor's role in society. Typically, students begin their medical education by studying basic science at the molecular level and are often not fully aware of the relevance that this knowledge has in their future education as physicians or how it relates to the actual practice of medicine. This curricular block focuses on how physicians can act as advocates for their patients in the health care system; how social and environmental factors impact health; and the importance of population health. Medical students participate in a variety of experiential, longitudinal, learning experiences designed to introduce them to key population health concepts including epidemiology, biostatistics, community assessment, health risk behavior, and social-environmental determinants of health.

Subsequent blocks in the Foundations of Medicine and Health are comprised of foundational science education and early contact with patients in clinical preceptorships and simulated clinical experiences. Subject matter is integrated across entire biological systems, which permits faculty in the different disciplines to leverage teaching time to convey content and concepts common to their disciplines.

- **Block 2 – The Human Blueprint** - is comprised of endocrinology, reproduction, development, genetics, molecular biology, and cancer biology.
- **Block 3 – Food to Fuel** - encompasses the gastro-intestinal system, nutrition, energy, metabolism and biochemistry.
- **Block 4 – Homeostasis** - includes cardiovascular system, pulmonary system, renal system, cell physiology, and principles of pharmacology.
- **Block 5 – Host Defense and Host Response** - focuses on immunology, microbiology, hematology/oncology, infectious diseases, rheumatology, dermatology, and the musculoskeletal system.
- **Block 6 – Cognition, Sensation and Movement** - is comprised of neurosciences and behavioral sciences.

Assessment Week is the final week of blocks 2-6. During this week, no new material is introduced. Review sessions will have been offered at some point preceding this week to help students review and consolidate concepts introduced earlier in the block by presenting these concepts again, sometimes in new contexts, and now integrated with other concepts previously learned. End of block assessment takes place during this final week of the block.

- **Block 7 – Structure** is the longitudinal block that includes two weeks of Gross Anatomy Bootcamp between Blocks 1 and 2, Histopathology, and Anatomy (HoloAnatomy), Radiology, and Living Anatomy (GARLA).
- **Block 8 – Foundations of Clinical Medicine** is the longitudinal clinical skills and experiences block that includes Tuesday Seminars, Physical Diagnosis, communications workshops, procedures workshops, and longitudinal preceptorship. These activities are described in more detail below.

Research and Scholarship:

The WR2 Curriculum encourages student career development in the areas of basic science, clinical, translational, quality improvement, and medical education research and scholarship. Research teaches students critical thinking that makes them better evidence-based physicians. The focus on research and scholarship provides medical students with opportunities to pursue individualized areas of interest in great depth. There is a required 12-week mentored research block that takes place during the summer between the M1 and M2 years. Leading up to that summer, students participate in the M1 Research and Scholarship course and, as part of this course, begin to acquire the intellectual tools needed to formulate research questions, critically assess scientific literature, and continue the life-long pursuit of learning that is a critical aspect in the careers of all physicians and physician-scientists. The mentored research project culminates in a thesis, which is written by the student in the format of a manuscript of the leading journal in the

particular area of interest. In addition to the formal 12-week requirement, students also may choose to complete up to an additional 12 weeks of research electives or may opt for a year off devoted to research, which would lead to a five-year curriculum.

Clinical Experiences:

The clinical curriculum cuts across all four years of the medical school curriculum and can be divided into the two major areas of involvement (also see Acting Internships in section 4 below).

- a. **Foundations of Clinical Medicine (Block 8):** This segment of the clinical curriculum runs longitudinally through the Foundations of Medicine and Health and seeks to develop a broad range of clinical and professional capabilities. Block 8 develops the necessary skill sets through four separate, but integrated, programs:
 1. **Tuesday Seminars:** Course continues the theme of "doctoring" begun in Block 1 through the Year 1 and Year 2 curriculum. Topics examined include the relationship between the physician and the patient, the family, and the community; professionalism; healthcare disparities; cultural competence, quality improvement; law and medicine; medical error/patient safety; development of mindful practitioners and end-of-life issues.
 2. **Communications in Medicine:** Course is comprised of seven workshops running through Year 1 and Year 2 that focus on the range of skills needed for effectively talking with patients, including the basic medical interview, educating patients about a disease, counseling patients for health behavior change, and presenting difficult news and diagnosis.
 3. **Physical Diagnosis:** Course runs throughout Year 1 and Year 2 and includes:
 1. **Physical Diagnosis 1:** introducing the basic adult exam to Year 1 students for one session per week for eight weeks.
 2. **Physical Diagnosis 2:** in-depth regional exams in various formats during Year 1 and Year 2.
 3. **Patient-Based Programs- Longitudinal Clinical Skills Program** (Classes of 2023 and 2024)-- Starting in the winter of Year 1 and continuing through Year 2, students will develop their clinical skills while working with real patients and care teams in the inpatient and outpatient setting, with complementary skill building assignments and Sim Center sessions.
- b. **Core Clinical Rotations:** The Core Clinical Rotations that begin after successful completion of Foundations of Medicine and Health are a part of the joint clinical curriculum that is shared by both the University Program and the Cleveland Clinic Lerner College of Medicine.

In all Core Clinical Rotations, students experience both the breadth and depth of health and disease, with opportunities to reinforce, build upon, and transfer knowledge and skills. Clinical learning is integrated across disciplines whenever possible, and the roles of basic science, civic professionalism, scholarship, and population health in clinical care are addressed. Students have patient care responsibilities that are progressive in complexity and increase as their level of clinical skill and knowledge increases. Learning objectives and assessment methods are the same for a given rotation, regardless of the clinical site.

University Program students have the option of participating in either the traditional Block Clinical Rotation schedule, in the MetroHealth Longitudinal Integrated Clerkship (Metro LIC) or in the Cleveland Clinic Longitudinal Clerkship (CCLC).

Traditional Core Clinical Rotation

Beginning in May after completion of the Foundations of Medicine and Health (pre-clerkship curriculum), students undertake their core clinical rotations: Core 1 (Family Medicine, Geriatrics, and Internal Medicine), Core 2 (Pediatrics and OB/Gyn), Core 3 (Neuroscience and Psychiatry), and Core 4 (Emergency Medicine and Surgery). Cores 1 and 2 are 12 weeks in duration and Cores 3 and 4 are 8 weeks. Each of these clinical rotations is offered at the School of Medicine's hospital affiliates: University Hospitals Cleveland Medical Center, MetroHealth Medical Center, and the Louis Stokes VA Medical Center.



Cleveland Clinic Longitudinal Clerkship (CCLC)

University Program students have the option of completing their clinical rotations as part of a 12-month longitudinal clerkship experience at the Cleveland Clinic. The educational learning objectives remain the same for all Case Western Reserve University students on their core rotations; however, the structure of the CCLC experience offers some unique features aimed at increased learning, longitudinal experiences with faculty, and creation of a longitudinal learning community. Students will complete all 40 weeks of their core rotations within the Cleveland Clinic Health System and have 8 weeks of electives that can be taken at other core hospitals in Cleveland or as a visiting student at another institution. The structure of the core rotations will differ from other sites in order to integrate a 12-week Longitudinal Ambulatory Block (LAB).

Inpatient Experience in three 12-week Blocks:

- Internal Medicine/Surgery: 12 weeks
- Pediatrics/Obstetrics & Gynecology: 8 weeks (+ 4 week elective – see below)
- Neurology/Psychiatry: 8 weeks (+ 4 week elective - see below)

Longitudinal Ambulatory Block (LAB) as fourth 12-week Block:

- Outpatient Experiences
- Additional Experiences (e.g., Palliative Care) and Flexible Time in the LAB weeks

Clinical Electives/Research (two 4-week blocks) – Any clinical site in the city or other institution

Longitudinal Didactics and Learning Groups – Students participate in a community of learning over the year. Topics such as quality/safety, high value care, and palliative medicine will be covered as part of a year-long curriculum.

Team Based Care 1 12 Week Rotation	Team Based Care 2 8 Week Rotation 4 Week Elective/Research	Team Based Care 3 8 Week Rotation 4 Week Elective/Research	Longitudinal Ambulatory Block (LAB) 12 Week Rotation
Inpatient ● Internal Medicine ● Surgery	Inpatient ● Pediatrics ● Obstetrics ● Gynecologic Surgery ----- Elective (any elective, any place) Research	● Neurology ● Psychiatry ----- Elective (any elective, any place) Research	Outpatient ● Internal Medicine ● Family Medicine ● Geriatrics ● Pediatrics ● Women’s Health Emergency Medicine
LONGITUDINAL LEARNING GROUP			
Sciences and Art of Medicine Integrated (SAMI)			

The **Longitudinal Ambulatory Block (LAB)** will include outpatient components of Family Medicine, Internal Medicine, Ob/Gyn, Pediatrics, Emergency Medicine, Palliative Medicine and Geriatrics. LAB will also provide exciting opportunities for students to explore disciplines and possible areas of career interest and establish longitudinal experiences by working a half-day a week with the same preceptor over 12 weeks.

12-week Longitudinal Ambulatory Block (LAB) Rotation					
Sample weekly student schedule in LAB. Will be developed individually for each student.					
Time	Monday	Tuesday	Wednesday	Thursday	Friday
12:00 pm	Internal Medicine	Pediatrics	Family Medicine	Women's Health	Rotation Didactics or LLG
					Rotation or Longitudinal Didactics
1:00 pm	Palliative Med or ER	FLEX TIME	Family Medicine	Geriatrics	SAMI

The MetroHealth Longitudinal Integrated Clerkship (MetroLIC): Students will have the option of completing their core clinical rotations as part of a 12-month longitudinal integrated clerkship experience in the MetroHealth System. The educational learning objectives remain the same for all Case Western Reserve University students on their core rotations, however, the structure of this experience will emphasize longitudinal and integrated experiences with faculty and patients in the diverse MetroHealth community. Students will complete 42 weeks of their core rotations within the MetroHealth System and have 6 weeks of electives that can be taken at other core hospitals in Cleveland or as a visiting student at another institution. The structure of the MetroLIC is rooted in a year-long, half-day/week, outpatient mentorship with a family physician, internist, pediatrician, surgeon, and obstetrician/gynecologist. The student will work with the same attending physician in each core specialty for the entire year and become an integral member of the clinic team. They will develop longitudinal relationships with patients of all age groups who they can help care for in the inpatient and outpatient settings and across specialties. Time is set aside each outpatient week for students to do surgeries and procedures, deliver babies, work on quality improvement, attend learning sessions, address health disparities, and participate in the care of their panel of patients. On weekends and at other convenient times, the students will be able to work in the emergency department and urgent care settings. Spread across the academic year at approximately four-week intervals, the MetroLIC students will engage in their inpatient core rotations. Each inpatient burst will last 2 or 3 weeks and the student will be a member of the inpatient teams on the internal medicine, pediatric, obstetric, surgical, neurology, and psychiatry services. During their inpatient bursts, they will be full members of the inpatient team caring for the hospitalized and diverse, urban, and underserved community served by the MetroHealth Medical Center.

Year 3 MHMC LIC Sample Schedule															
MAY - APRIL															
Outpatient (4 weeks)	Inpatient Internal Medicine (3 weeks)	Outpatient (4 weeks)	Inpatient OB/Gyn (2 weeks)	Outpatient (3 weeks)	Inpatient Surgery (3 weeks)	Outpatient (4 weeks)	Vacation (3 weeks)	Inpatient Pediatrics (2 weeks)	Outpatient (3 weeks)	Inpatient Psychiatry (3 weeks)	Outpatient (3 weeks)	Vacation (1 week)	Inpatient Neurology (3 weeks)	Outpatient (3 weeks)	Flex/Electives (6 weeks)

Advanced Clinical and Scientific Studies

Advanced clinical and scientific studies provide students with flexible learning opportunities that support ongoing professional development and residency preparation and planning:

- Acting Internships are intensive, inpatient experiences featuring primary patient care responsibility and direct reporting relationships with faculty and upper-level residents. Two Acting Internships are required for graduation and can be in any area of study.
- Students are encouraged to augment their interest in scholarship through rotations and activities that focus on sciences basic to medicine as well as clinical rotations.
- Students will complete a 2-week transition to residency course (starting with Class of 2025).
- Students will complete a 2-week education elective (starting with the Class of 2026)

Electives

Year 1 and 2 Electives (not required)

First and Second year electives are mini courses sponsored by CWRU faculty and students, that occur in the first and second year of the MD program. There is a wide variation in course format. Instructors are encouraged to provide narrative comments on student performance that may be used as excerpts in the Medical Student Performance Evaluation (MSPE). First- and Second- year electives are not required to meet graduation requirements and should be scheduled so as not to interfere with core curricular requirements.

First- and Second-year electives fall within two categories. The first category includes courses that are valuable enrichment opportunities, but they are not acknowledged on the transcript. The second category includes courses that meet the [Electives Policy](#) criteria and are known as “zero-credit” electives, so named because they are acknowledged on the transcript but for zero credits.

[More Information](#)

Year 3 and 4 Electives (required)

M3 and M4 electives fall within four categories: 1) patient care (clinical); 2) non-patient care; 3) research; and 4) education; they provide opportunities for students to pursue education in areas of personal interest. A description of the elective offerings and expectations for student performance is available in the [Elective Catalog](#) provided by the Registrar. Student performance is evaluated as meets or does not meet expectations, or in some less common cases, honors, commendable, satisfactory, or unsatisfactory. Any incomplete designations must be rectified. Instructors are encouraged to provide narrative comments on student performance.

Drop Policy: Students must secure their Society Dean's permission to drop an elective. No drops are permitted less than 30 days before the start of an elective rotation unless approval has been granted from the rotation leader or designee. See: [Drop/Add Policies \(Registrar's Office\)](#).

Scheduling Clinical Rotations

The scheduling process generally begins 4-6 months in advance of the start of the clerkship year when the Clinical Administrative Director confirms the maximum number of medical students that each site can accept without compromising available resources.

Students are given the opportunity to submit preference for the available clinical curriculum tracks: Traditional Core Curriculum, CC Longitudinal Curriculum, MHMC Longitudinal Integrated Clerkship. Once capacity has been confirmed for each track, students are randomly assigned to these tracks based on preference.

Students in the Tradition Core curriculum are randomly assigned a schedule (sites not yet determined), about 4 months in advance. Students with any extenuating circumstances may be accommodated prior to the random assignment of schedules as consideration is given to life events and other exceptions such as the need to accommodate military commitments. The number of students assigned to different group schedules are maximized so that an optimal number of students can rotate without jeopardizing available resources at any one time. After being assigned to an initial schedule, students will have the opportunity (1 month) to swap different parts or whole schedules with another student as long as all switches are direct switches (e.g. Student A with Schedule X switches with Student B with Schedule Y).

Students will have access to an online shared, secured document (i.e. a google doc) so that students can negotiate with peers and switch assignments after the initial assignment has been completed. After the swap deadline has passed, students will then have the opportunity (1 month) to enter and rank site preferences for Cores 1-4; options are UHVA and MHMC. Every effort is made to consider a student's first choice in terms of site preference. Capacity restraints can occur so that students will be assigned to their second choice when the first choice cannot be accommodated. Careful consideration is made so that no students receive their third choice for any rotation. Students also have another opportunity (1 week) to swap site locations with each other.

In the event that a student needs to request an alternative assignment before the start of the rotation and is unable to swap with another student, the student first must formally review the rationale with his/her Society Dean. The Society Dean will consider reasons (e.g., academic, personal, health) for the request change. Upon Society Dean approval, every effort will be made to work with clerkship sites to accommodate the students' request.

We understand that there may be exceptional circumstances after the beginning of a rotation that necessitates an alternative assignment. In the case of exceptional circumstances after a rotation has begun, students must formally speak with the site Clerkship Administrator who will work with the Clerkship Director to review the rationale. The Clerkship Director will work first to remedy the situation and/or determine if a change is warranted. Should the student not be able to continue with the rotation at that time or another time as determined by the Clerkship Director, the student will meet with the Society Dean and obtain an alternative assignment.

Students are informed of the process for an alternative assignment during the class meeting prior to the start of the scheduling process and also at orientation sessions for each rotation.

Dual Degree Programs

Medical Scientist Training Program (MSTP)

Alex Y.C. Huang, MD, PhD, Program Director

Heather Broihier, PhD, Associate Director

Agata A. Exner, PhD, Associate Director

Kimberly A. McBennett, MD, PhD, Clinical Associate
Director

Andrew Pieper, MD, PhD, Associate Director

David Wald, MD, PhD, Associate Director

Diane R. Dowd, PhD, Director of Admin Operations

Crista Moeller, Admissions, Enrollment, Alumni
Specialist

Katherine Donahue, Manager

Nationally known for a curriculum that integrates basic and clinical sciences, the Case Western Reserve University School of Medicine has provided superior MD/PhD training since 1956 for students aspiring to dual careers in academic medicine and biomedical research. The CWRU [Medical Scientist Training Program](#) (MSTP) has several distinctive features, including:

- Flexible time during the first two years that allows students to complete most PhD coursework and laboratory rotations;
- Personalized clinical instruction during the PhD research years;
- Elective time for special research and clinical experiences in the final year;
- Emphasis on professional development fostered through individual mentoring and group activities (monthly dinner meeting, retreat, etc.)

Typically, students apply to the programs below after acceptance to the medical school, as there is usually enough time after a medical school acceptance to begin the application process for one of these programs. Please contact the specific program directly to learn more about their processes.

MD/JD

The School of Law and the School of Medicine offer a specialized dual degree program that allows a student to complete both degrees in six years. A student may spend the first two years and the last two years at the medical school, and the two middle years at the law school. For more information about the JD portion of the program, call the law school admissions office.

216.368.8700

lawadmissions@case.edu

case.edu/law/admissions/jd-admissions

MD/MA in Bioethics

CWRU is home to one of nation's leading bioethics departments. The 27-credit-hour master's degree program, including a 12-hour foundations course taken during the first year of medical school, provides advanced training in bioethics while emphasizing the interdisciplinary and interprofessional nature of the field. In this program, medical students will participate in and contribute to the critical analysis of moral issues related to health, health care, and health policy at local, national and international levels. Medical school students complete the bioethics program while pursuing their medical degrees; no additional time is required.

Contact Marie Norris for more information.

216.368.8718

marie.norris@case.edu

case.edu/medicine/bioethics/

MD/MS in Applied Anatomy

Students seeking advanced training in the anatomical sciences may begin the 30-hour master's degree program in the fall or spring semester of the first year of medical school. Required graduate courses include the anatomical sciences core curriculum, completed during the first two years of medical school, and an advanced surgical anatomy course taken in the fourth year. Students earn the remaining credits through elective courses. Completion of a thesis is not required, but students may undertake independent research experiences as electives; a thesis-based program also is available. Interested medical students must apply to the master's program through the Department of Anatomy.

216.368.2433

case.edu/medicine/anatomy/curriculum

MD/MPH (Master of Public Health)

Graduates of this 5-year, 42-hour master's degree program are qualified to work in local and state health departments, universities and colleges, hospitals, ambulatory medical centers, non-profit organizations and the insurance and pharmaceutical industries. Areas of concentration include health promotion and disease prevention, population health research, health policy and management, global health, and health informatics.

216.368.2601

mph-info@case.edu

case.edu/medicine/pqhs/education/public-health

MD/MS in Biomedical Engineering

Medicine is undergoing a transformation based on the rapid advances in science and technology that are combining to produce more accurate diagnoses, more effective treatments with fewer side effects, and improved ability to prevent disease. The goal of the MD/MS in Biomedical Engineering is to prepare medical graduates to be leaders in the development and clinical deployment of this technology and to partner with others in technology based translational research teams. Current CWRU medical students in either the University Program (UP) or the Cleveland Clinic Lerner College of Medicine (CCLCM) may apply to the MD/MS in Engineering program.

Students must complete the normal requirements in either MD program. Portions of the medical school curriculum earn graded credit toward the MD/MS degree. Six credit hours can be applied to the MS component of the joint degree. The balance of 12 credit hours (four courses) must be graduate level engineering concentration courses that provide rigor and depth in a field of engineering relevant to the area of research. All students attend monthly seminars focusing on the integration of engineering and medicine, with the opportunity to present their own research and to hear and interact with other presenters. Students must also complete training in the responsible conduct of research. The thesis serves a key integration role for the joint degree, with both medical and engineering components. The thesis also fulfills the research requirement of the UP or CCLCM programs.

216.368.4063

bmedept@case.edu

MD/MS in Biomedical Investigation

The goal of the five-year joint MD/ Masters of Science in Biomedical Investigation program at Case Western Reserve University School of Medicine is to train medical students in basic or clinical research approaches so that the physician graduate may conduct research to advance health. The core activities for this degree include limited credit from the medical core curriculum, three to six graduate courses in specific tracks, participation in a common seminar series, scientific integrity training, and a requirement for a special problems project that reflects a full year of research (18 hours of 601 non-graded credits) culminating in a written report and examination. Students are anticipated to complete all graduate courses before entering the research year, allowing full focus on the research experience.

For students to receive graduate credit for medical coursework, they must register for IBIS credit (see below) in advance of the preclinical medical school semester. Students are likely to complete the required two semesters of research 601 after the pre-clinical years in medical school, although the research could occur in other years. Before initiating full time research, the trainee must submit a final Program plan to the Program Oversight Committee that summarizes the courses taken, the proposed thesis topic, and the names and credentials of the MS Thesis Committee. During the research period, the student is expected to participate in track-specific graduate activities including retreats, student talks, journal clubs and other program functions. Only under unusual circumstances will the student be allowed to satisfy the research requirement in non-contiguous semesters.

Each track within the joint MD/MS Program has specific course requirements, described in each graduate department MS section. Available tracks include: Biochemistry, Clinical Research (CRSP), Epidemiology, Nutrition, Pathology, Pharmacology, Physiology & Biotechnology. As a minimum, graduation requires successful completion of 9 graded credits of graduate courses, 6 graded credits of IBIS medical curriculum, 18 non graded credits of research, and additional non graded credits for departmental seminar and the exam and zero credits for scientific integrity training (IBMS 500 On Being a Professional Scientist: The Responsible Conduct of Research or CMED 500 Scientific Integrity in Biomedical Research) in the program. Students are required to pass an examination (IBIS 600 Exam in Biomedical Investigation) established for each student, generally reflecting the preparation and oral defense of a written report on the project.

216.368.1232

biochem_grad_programs@case.edu

MD/MBA in Business

There is a growing need for physicians with business skills to manage organizations such as corporate practices, hospitals, etc. Those who complete this 5-year program will be able to apply learned management principles and take leadership roles as they navigate through varying and increasingly complex healthcare environments.

casemed-admissions@case.edu or 216.368.3450

weatherhead.case.edu/degrees/masters/dual-degree/md-mba/

MD/MA in Anthropology

This 4-year dual degree program is an organized course of study for students with a range of medical anthropological interests, from ethnomedicine to international health, urban health, psychiatric anthropology, psychological anthropology, cross-cultural aging, human adaptation and disease, nutritional anthropology, etc. The program is designed for students who wish to pursue anthropology beyond the baccalaureate level and to become acquainted with professional work in anthropology and to meet the challenges of our increasingly globalized world.

MD Contact: casemed-admissions@case.edu or 216.368.3450

MA Contact: Linda LaPinta, 216.368.2264

anthropology.case.edu/graduate-programs/joint-programs/mdma-or-mdphd/

POLICIES AND PROCEDURES: Enrollment

IN THIS SECTION:

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OSHA and HIPAA Training

TECHNICAL STANDARDS

Case Western Reserve University School of Medicine Technical Standards Essential Abilities and Characteristics Required for the Completion of the MD Degree

Introduction

Candidates of Case Western Reserve University School of Medicine are selected on the basis of their academic, personal, and extracurricular dimensions. In addition, candidates must have the intellectual, physical, and emotional capacities to meet the requirements of the School's curriculum and of a successful medical career.

The Case Western Reserve University School of Medicine's MD degree is a broad, undifferentiated degree attesting to general knowledge in medicine and the basic skills required for the practice of medicine. Essential abilities and characteristics required for the completion of the MD degree require certain minimum physical and cognitive abilities, as well as sufficient mental and emotional stability to assure that candidates for admission, promotion, and graduation are able to complete the program and participate fully in all aspects of medical training. The School of Medicine intends for its graduates to become competent and compassionate physicians who are capable of entering residency training and qualifying for medical licensure. The stated intention of a candidate to practice only specific areas of clinical medicine, or to pursue a non-clinical career, does not alter the School of Medicine's requirement that all medical students achieve competence in the full curriculum required by the faculty.

The School of Medicine has a responsibility to train competent medical professionals and scientists who demonstrate critical judgement, extensive knowledge, and technical skills. Although students learn under the supervision of faculty, students interact with patients throughout their medical school education. Patient safety and well-being are therefore critical factors in establishing requirements involving the physical, cognitive, and emotional abilities of candidates for admission, promotion, and graduation. The necessary abilities and characteristics described below are also referred to as technical standards. They are defined in several broad categories including: observation, communication, motor-function, intellectual-conceptual, integrative, and quantitative abilities; and social and behavioral skills. All candidates must adhere to universal precaution measures and meet safety standards applicable to medical settings, and other professional activities. For the purpose of this document, impairment refers to any condition that interferes with an individual's ability to function in the capacity of a medical student meeting all requirements of the program. Impairment may exist in one or multiple domains including: psychomotor activity and skills, conceptual or factual recall, integrative or synthetic thoughts, processes, judgment, attentiveness, demeanor, and attitudes as presented in speech or actions, as well as any addiction to and/or physical dependence upon any chemical substance(s).

Case Western Reserve University School of Medicine will consider for admission any applicant who meets its academic and nonacademic criteria and who demonstrates the ability to perform the skills listed in this document, with or without reasonable accommodations, consistent with the Americans with Disabilities Act and the Rehabilitation Act. Candidates and current students who have questions regarding the technical standards, or who believe they may need to request reasonable accommodation(s) in order to meet the standards, are encouraged to contact Disability Resources.

Definition of technical standards is required for the accreditation of U.S. medical schools by the Liaison Committee on Medical Education (LCME). The following abilities and characteristics are defined as technical standards, and are requirements for admission, retention, promotion, and graduation.

Specific Standards

In addition to documented academic ability and other relevant personal characteristics, the Case Western Reserve University School of Medicine expects all applicants for admission to possess and be able to demonstrate the skills, attributes, and qualities set forth below, without unreasonable dependence on technology or intermediaries.

1. Observation

Candidates must be able to obtain information, and actively participate in, demonstrations and experiments in the basic sciences. Such experiments include, but are not limited to the dissection of cadavers, examination of specimens in laboratory settings, and the microscopic examination of specimens. Candidates must be able to accurately attain information from patients and evaluate findings. They must be able to perform a complete physical examination in order to assimilate findings based on this information and to cultivate an appropriate diagnostic and treatment plan. These skills require the use of vision, hearing, and touch or the functional equivalent.

2. Communication

Candidates must be able to communicate effectively, sensitively, and efficiently with patients, their families, health care professionals, colleagues, faculty, and staff. Candidates must be able to acquire the patient's medical history in a timely manner, interpret non-verbal information, and establish a therapeutic rapport with patients. Candidates are also required to record information accurately and clearly; and communicate efficiently in English with other health care professionals.

3. Motor-Function

Candidates, after appropriate training, must possess the capacity to perform physical examinations and diagnostics maneuvers. Candidates are required to respond to clinical situations in a timely and efficient manner while providing general and emergency care. These activities require some physical mobility, coordination of both gross and fine motor neuromuscular functions, and balance and equilibrium.

4. Intellectual-Conceptual, Integrative, and Quantitative Abilities

Candidates must be able to assimilate detailed and complex information presented in both didactic and clinical coursework. The candidate must be able to learn through a variety of methods including, but not limited to, classroom instruction, small group, problem-based learning groups, team and collaborative activities, individual study, preparation and presentation of reports simulations, and through the use of technology. Candidates are expected to possess the ability to measure, calculate, reason, analyze, synthesize, and transmit information.

5. Behavioral and Social Attributes

Candidates must exhibit the emotional stability required for full utilization of their intellectual abilities, which includes, but is not limited to, the exercise of good judgment, and the prompt completion of responsibilities associated with the diagnosis and care of patients. Candidates are expected to exhibit integrity, honesty, professionalism, compassion, and display a spirit of cooperation and teamwork. The candidate is expected to understand the legal and ethical aspects of the practice of medicine and function within the law and ethical standards of the medical profession. Candidates must interact with patients and their families, health care professionals, colleagues, faculty, and staff in a courteous, professional, and respectful manner. The candidate accepts responsibility for learning and exercising good judgment. Candidates are expected to contribute to collaborative, constructive learning environments; accept constructive feedback from others; and take personal responsibility for making appropriate positive changes. Candidates must possess the physical and emotional endurance to tolerate physically demanding workloads and function in a competent and professional manner in high stress, fast paced situations, adapt to changing environments, display flexibility, and manage the uncertainty intrinsic in the care of patients and the health care system.

Equal Access to the School of Case Western Reserve University's School of Medicine Educational Program

Case Western Reserve University's School of Medicine is committed to providing all students with opportunities to take full advantage of the educational and academic programs. The School of Medicine recognizes that students with documented disabilities may require reasonable accommodations in order to achieve this objective and/or meet the technical standards.

Should, despite reasonable accommodation (whether the candidate chooses to use the accommodation or not), a candidate or student's existing or acquired disability interfere with patient or peer safety, or otherwise impede the ability to complete Case Western Reserve University's School of Medicines undifferentiated program and advance to graduation, residency, training, or licensure, the candidate may be denied admission or may be separated, discontinued, or dismissed from the program.

It is the responsibility of a candidate with a disability, or a candidate who develops a disability, who requires accommodations in order to meet these technical standards, to self-disclose to Disability Resources and request accommodations. Candidates must provide documentation of the disability and the specific functional limitations to Disability Resources. Candidates who fail to register with Disability Resources or who fail to provide the necessary documentation to Disability Resources shall not be considered to be claiming the need for, or receiving, accommodations under the federal or state disability laws. Students are held to their performance, with or without accommodation. No candidate will be assumed to have a disability based on inadequate performance alone. Accommodations are not applied retroactively, and a disability-related explanation will not negate an unsatisfactory performance.

Requesting Disability Accommodations

Candidates are not obligated to self-disclose their disability to Disability Resources, other staff members, or faculty. However, students with disabilities who wish to obtain accommodations, auxiliary aids and/or services, must self-disclose their disability and direct their request(s) for accommodation(s) to the office of Disability Resources.

Disability Resources

Location: Sears Building, Room 402

Phone: 216.368.5230

Email: disability@case.edu

For more information: <https://case.edu/studentlife/disability/>

In order to proceed with a determination of eligibility for services and the provision of applicable and reasonable accommodations, students must disclose their disability by registering with Disability Resources through their webpage ("Getting Started"). Students are required to complete the "New Student Application" through the Accessibility Information Management (AIM) system. Once the application is complete, students must upload, email, or mail documentation of their disability to the office of Disability Resources.

While students can disclose a disability and request an accommodation at any time during their enrollment, students are encouraged to disclose the need for accommodation(s) as soon as possible. Time for documentation review and arrangement of accommodation(s) is necessary, and may take four to six weeks. Accommodations are not retroactive.

While the School of Medicine works in conjunction with Disability Resources to determine and coordinate reasonable accommodations, disability documentation and students' individual diagnoses remain confidential.

Temporary Disabilities (Illness & Injury)

Students should be aware that the University is not obligated to provide accommodations for students with temporary disabilities, illnesses, or injuries, but will attempt to do so when feasible.

As a courtesy, Disability Resources will attempt to provide services to students who experience acute illness or injury that will allow them to access the physical campus as well as the academic curriculum.

If the injury or illness necessitates accessible parking, and/or campus transportation services, the student should contact Disability Resources for assistance.

Ability to Meet the School of Medicine's Technical Standards

All candidates for the School of Medicine will be required to complete a Technical Standards Attestation form on a yearly basis. If at any point an enrolled candidate ceases to meet the technical standards of the School of Medicine, they must notify Disability Resources, who will determine what accommodations are reasonable.

If, after all reasonable accommodations are made, there is concern that the student remains unable to meet the technical standards, the student will be referred to the Committee on Students, who will review the student's performance. It is the responsibility of the Committee to determine whether a student can or cannot meet the described standards after reasonable accommodations have been made. The Committee on Students will determine any necessary actions on a case-by-case basis.

Students are expected to read and attest that they meet the technical standards on a yearly basis.

Approved by the Committee on Medical Education 12/10/2015

Revised 7/1/2021

Tuition Policy

Approved By:

Date Approved: 7/1/2013

Revision History: 7/1/2023

Review Period: Annual

Responsible Office or

Committee:

LCME Affiliated Elements: 12.1, 12.2

Policy Statement:

The policy of CWRU School of Medicine is that regardless of the learning modality, tuition and fees will remain the same, providing students with learning opportunities, academic credit, and certain non-academic services, and in cases where additional years are required for research, academic enrichment, or remediation, specific tuition rates and fees will apply.

Purpose of Policy:

The purpose of the policy is to inform students on policies regarding tuition for educational and certain non-academic services.

Scope of Policy:

This policy applies to all medical students enrolled in the School of Medicine at Case Western Reserve University, including students in the Cleveland Clinic Lerner College of Medicine (CCLCM) and the University Program.

Policy:

CWRU faculty and staff work diligently to provide courses during the academic year in modalities that will enable all students to continue to move toward completing their degree and achieving their academic goals. Regardless of the learning environment, tuition and fees will be the same. The tuition and fees are in exchange for learning, academic credit, and certain non-academic services that will be provided whether in person, in a hybrid environment, or entirely remotely. Furthermore, tuition and fee amounts will remain the same in the event the mode of course delivery changes during the semester.

For Medical Students in the University Program (exclusive of MSTP and other MD/PhD programs)

Students enrolled in the MD program or specified dual degree programs within the SOM (e.g., MD/MPH, MD/MA Bioethics, MD/MS) will be assessed four consecutive years of annual tuition or eight semesters, beginning with Year 1, as a requirement of graduation. There are instances when students can be required or may elect to take a fifth year:

Research and/or Academic Enrichment (additional graduate coursework)

1. Students matriculating **before Fall 2013** who take a fifth year to complete additional graduate school coursework or combined master/MD degrees within the SOM will be assessed four consecutive years of full MD tuition and will pay a Continuation Fee* in lieu of tuition during the fifth year.
2. Students matriculating **in Fall 2013** or later who take a fifth year to complete additional graduate school coursework or combined master/MD degrees within the SOM will be assessed four consecutive years of full MD tuition and will pay 25% of the then-current MD tuition rate during the fifth year.
3. Students who elect to extend their MD program by a fifth year to complete a research project or who participate in academic enrichment will be assessed four consecutive years of full MD tuition and will pay a Continuation Fee* in the fifth and final year.
4. Students enrolled in a dual degree program outside the School of Medicine (e.g., Dental Medicine, Law, Management) will have different tuition requirements based on the specified program. The semesters in which students are required to take a leave of absence from the medical school in order to complete program requirements in another school will not be assessed a Continuation Fee or medical school tuition.

Remediation

Students who must repeat Years 1 and/or 2 for academic reasons will be assessed four consecutive years of full tuition and will pay 50% of the then-current tuition for each additional year. Students who must repeat any year for any other reason (e.g., Disciplinary) must pay full tuition for the additional year and for all subsequent years until graduation at the then-current rate.

Tuition Refunds

Students who have withdrawn (or been dismissed) from the curriculum will receive tuition refund in accordance with Case Western Reserve University policy:

<https://case.edu/studentaccounts/tuition-fees/withdrawal-refund-schedule>

Other

Tuition adjustments related to personal or health issues for the student or spouse/domestic partner will be determined on a case-by-case basis.

* The Continuation Fee is 5% of the then-current annual MD tuition and maintains a full-time student enrollment status, malpractice insurance coverage and eligibility for health insurance. Tuition rates subject to annual review by the Office of the Dean.

Satisfactory Academic Progress

Approved By:

Date Approved:

Revision History:

Review Period: Annual

Responsible Office or Committee:

LCME Affiliated Elements: 10.3

Policy Statement:

Federal law and regulations require that students at Case Western Reserve University maintain Satisfactory Academic Progress to retain eligibility for federal and institutional aid consideration.

Purpose of Policy:

The purpose of the Satisfactory Academic Progress policy at CWRU School of Medicine is to ensure that students meet academic requirements and make timely progress towards earning their MD degree, as mandated by federal regulations and institutional guidelines.

Scope of Policy:

This policy applies to all medical students enrolled in the School of Medicine at Case Western Reserve University, including students in the Cleveland Clinic Lerner College of Medicine (CCLCM) and the University Program.

Policy:

Federal law and regulations (General Provision CFR 668.34) require that students at Case Western Reserve University maintain Satisfactory Academic Progress to retain eligibility for federal and institutional aid consideration. The academic requirements for the MD degree include the satisfactory completion of the MD curriculum at Case Western Reserve University School of Medicine; this includes the 4-year University Program and 5-year Cleveland Clinic Lerner College of Medicine. The progress of each student working toward the MD degree is monitored carefully and the determination of satisfactory academic progress is reviewed every semester. At the end of each academic year, students must have an academic standing consistent with Case Western Reserve University School of Medicine's curricular and graduation requirements.

Federal law and regulations require that all students receiving financial assistance maintain satisfactory academic progress. Satisfactory Academic Progress (SAP) is the successful completion of degree requirements according to established increments that lead to awarding the degree within published time limits. The following policy delineates the standards for

Satisfactory Academic Progress at Case Western Reserve University School of Medicine as it applies to all matriculated students, whether or not they are recipients of financial aid.

Qualitative Measures of SAP

Each student at Case Western Reserve University School of Medicine is required to successfully complete all of the School of Medicine's required courses, clerkships, examinations, and scholarly projects in order to graduate with the degree from their designated program. Case Western Reserve University School of Medicine UP and CCLCM programs do not measure academic progress by means of a cumulative grade point average, but rather with grades Meets Expectations or Unsatisfactory. For all programs, coursework receiving a grade that is not remediable is counted as courses attempted but not earned and counted toward the maximum time frame. Transfer credit hours (accepted for the student's academic program or degree) are counted as credit hours attempted when measuring the maximum time frame to complete the degree. Any term in which a student has enrolled and earned zero credit hours will be included in the evaluation of hours attempted and hours earned for completion rate. All instances of repeated coursework will be factored into the calculation of the completion rate. Courses graded on a Pass/Fail basis will be included in the calculation of completion rate. Financial assistance is not offered for audited courses and those hours will be considered in the Satisfactory Academic Progress review.

Maximum Time Frame

The normal time frame for completion of required coursework for the MD degree is four academic years for the University Program and five years for the Cleveland Clinic Lerner College of Medicine. Due to academic challenges, personal difficulties, or scholarly enrichment activities, a student may require additional time. In such situations, an academic plan will be established for every student that departs from the standard curriculum. This includes situations where an individual student may be asked to repeat any part or all of a year of study (i.e., to remediate incomplete or unsatisfactory course work or an approved leave). In order to qualify for satisfactory academic progress, students must complete the first two years of the curriculum by the end of the third year after initial enrollment in the University Program and Cleveland Clinic Lerner College of Medicine; the remaining requirements of the curriculum must be completed by the end of the fifth year after initial enrollment for the University Program and sixth year for the Cleveland Clinic Lerner College of Medicine. Requests for exceptions to these expectations are subject to review and approval by the Committee on Medical Students for University Program students (COMS; see below) and Medical Student Promotion and Review Committee for the Cleveland Clinic Lerner College of Medicine students (MSPRC). The maximum time permitted for completion of the MD degree is six years. A student is eligible for institutional financial aid for a maximum of five years of enrollment for the University Program and six years for the Cleveland Clinic Lerner College of Medicine, excluding time spent on approved leave of absence.

SAP and Leaves of Absence

A student may be granted a personal or medical leave of absence for a variety of reasons. The period of leave for which the student has been approved may be excluded from the maximum time frame in which an individual student will be expected to complete the program. Under no circumstances will a student be allowed to take more than 10 years from the time of

matriculation to complete the requirements for the MD degree, including leaves of absence. More information concerning leaves of absence can be found in the Student Handbook section of leaves of absence.

Review and Notification of Lack of Satisfactory Academic Progress

The annual review of each student's SAP is collectively performed by the Case Western Reserve University School of Medicine Registrar's Office, Student Affairs or Society Deans, and Assessment Director (or Medical Student Promotions and Review Committee for the Cleveland Clinic Lerner College of Medicine). The progression to the next academic year is based upon a review of all grades, including withdrawals, incompletes, and unsatisfactory grades. Any student who has not achieved a minimum of a satisfactory grade in all core courses/clerkships cannot progress to the next year.

The Case Western Reserve University School of Medicine COMS, Society Dean, Registrar's Office, and Director of Financial Aid, in consultation with the Vice Dean for Medical Education for the University Program and the MSPRC, Student Affairs Dean, Physician Advisor, Registrar's Office, and Financial Aid Officer for the Cleveland Clinic Lerner College of Medicine will annually notify, in writing, all students who have not met the standards for Satisfactory Academic Progress outlined above (Qualitative Measures and/or Maximum Time Frame). The notification will indicate the nature of the deficiency, any methods that may be available for correcting the deficiency, and any consequences that have resulted or may result. Consequences include: A student who fails to meet one or more of the standards for SAP (qualitative and/or time frame) is ineligible for financial aid beginning with the term immediately following the term in which the SAP requirements were not met, pending the results of the appeal process outlined below.

Appeals

Eligibility for continued financial aid will only be re-established if the student subsequently meets Satisfactory Academic Progress requirements, or if the student successfully appeals the decision to the COMS (University Program) or MSPRC (Cleveland Clinic Lerner College of Medicine). The appeal must state the reasons for failing to meet SAP requirements, including, if applicable, special circumstances that contributed to the student's failure to meet satisfactory academic progress (e.g., the death of a relative, injury or illness of the student, or other special circumstances), and the changes in circumstances that will allow the student to demonstrate Satisfactory Academic Progress at the next evaluation.

The assistance of the student's Society Dean may be sought in preparation of the appeal; for the Cleveland Clinic Lerner College of Medicine, assistance of the student's Physician Advisor and Dean Student Affairs may be sought in the preparation of appeal. A student may also be required to submit a course plan and/or letter from the Academic Society Dean (University Program) or Student Affairs Dean (Cleveland Clinic Lerner College of Medicine). All relevant materials will be presented to the COMS (University Program) and MSPRC (Cleveland Clinic Lerner College of Medicine). If the COMS or MSPRC determines that the student's appeal should be approved, the student's aid will be reinstated.

Financial Aid Probation

Once an appeal has been approved, a student is placed on financial aid probation and is eligible for financial aid. The Society Dean in conjunction with the student and the Registrar (University Program) as well as the Physician Advisor and Student Affairs Dean with the student (Cleveland Clinic Lerner College of Medicine) will develop an academic plan for the student that will ensure, if followed, that the student is able to meet Case Western Reserve University's School of Medicine's SAP standards by a specific point of time. Ordinarily, this time frame will be for a full academic year. The student is eligible for financial aid during the time frame stated in the academic plan. At the end of the time frame stated in the academic plan, the student must have met the SAP standards. A student who does not comply with each SAP standard by the end of the financial aid probationary period is suspended from financial aid eligibility. A student shall be reinstated for financial aid eligibility when he/she has satisfactorily completed sufficient coursework to meet the standards of progress within the maximum time frames delineated above.

Note: A student who has lost eligibility for financial aid due to deficiencies in satisfactory academic progress cannot automatically regain eligibility by paying tuition for a semester or by sitting out a term. Eligibility may be regained only by eliminating all SAP deficiencies at the student's expense until all requirements of this policy are met.

Withdrawal

Students who are withdrawn from Case Western Reserve University's School of Medicine are not making satisfactory academic progress and are not eligible to receive financial aid.

Enforcement

The Offices of the Registrar and Financial Aid, the Academic Societies (Physician Advisor and Student Affairs Dean), the Committee on Medical Students (University Program) and the MSPRC (Cleveland Clinic Lerner College of Medicine) collaboratively shall have the responsibility for monitoring and enforcing Satisfactory Academic Progress. The Case Western Reserve University School of Medicine Registrar will notify the Committee on Medical Students of any students who are not making satisfactory academic progress and communicate academic sanctions decisions as determined by COMS to the Financial Aid Office. The Society Dean (University Program) and Physician Advisor (Cleveland Clinic Lerner College of Medicine) will determine whether academic sanctions are warranted and will inform the student thus. The Student Affairs Dean for the Cleveland Clinic Lerner College of Medicine may refer the student to the MSPRC or Student Behavioral Committee. The Financial Aid Office will inform any student whose financial aid has been impacted.

Student Records and FERPA Policy

Approved By:

Date Approved:

Revision History: 6/21/2023

Review Period: Annual

Responsible Office or Committee: SOM Registrar

LCME Affiliated Elements: 11.5, 11.6

Policy Statement:

The Student Records Policy at Case Western Reserve University School of Medicine aims to safeguard the rights and privacy of individuals by ensuring the protection and confidentiality of student records.

Purpose of Policy:

The policy outlines procedures for students to access and review their educational files, request record amendments, and details the records that are retained in the student file.

Scope of Policy:

This policy applies to all medical students enrolled in the School of Medicine at Case Western Reserve University, including students in the Cleveland Clinic Lerner College of Medicine (CCLCM) and the University Program.

Policy:

Review of Records

The School of Medicine seeks to protect the civil, personal, and property rights of those using its student records resources and seeks to protect the confidentiality of those records stored in the office of the registrar.

In accordance with federal regulations and university policies, the following procedures will be observed when a student requests an opportunity to review the contents of his or her educational file stored in the Office of the Registrar, School of Medicine.

Certain materials are excluded from review as specified in FERPA. Among these are:

- Records that are created by, and that are sole possessions of, faculty, staff, and other personnel, and that are not accessible to any other persons except a substitute.
- Records created and maintained by law enforcement that are not made available to persons other than law enforcement officials of the same jurisdiction.

- Records created and maintained by a physician, psychiatrist, psychologist, or other professional or paraprofessional acting in that capacity in connection with the provision of treatment to a student. Such records can, of course, be reviewed by a physician or other appropriate professional of the student's choice.
- Employment records of a student made and maintained in the normal course of business.
- Financial records of a student's parents, or any information contained therein.
- Confidential letters and statements of recommendation placed in the file before January 1, 1975.
- Records for which the student previously waived his or her right to access.
- Records that contain only information about a person after that person is no longer a student, such as alumni records.

The registrar's office will seek to provide a photocopy of requested items from student files as long as the request does not exceed three items and as long as those items are not mentioned above.

The registrar's office will arrange an appointment (usually after 24 hours but not to exceed 45 days) for the student to review the file in the presence of a member of the office staff. This review should not exceed fifteen minutes in duration due to the personnel availability within the office.

If, during the course of this review, the student questions the accuracy of a record contained in the file, the staff member will attempt to resolve the problem informally. Should this attempt at resolution be unsuccessful, a formal hearing will be arranged, and a decision will be made by the Associate Dean of Student Affairs. At this hearing, the student will be given a full and fair opportunity to present evidence relevant to the issue under consideration, and the decision will be given in writing within a reasonable period of time after the hearing.

If, as a result of the hearing, the School of Medicine decides that the issue in question is inaccurate, misleading, or otherwise in violation of the privacy or other rights of the student, it will amend the educational records accordingly.

If, as a result of the hearing, the School of Medicine decides that the issue in question is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the student, it will inform the student of the right to place in the educational records a statement commenting on the information in the records or setting forth any reasons for disagreeing with the school's decision.

Additional information regarding access to files, release of personally identifiable records, student records, and directory information may be obtained by contacting the [Office of the Registrar](#).

FERPA Policy

The **Family Educational Rights and Privacy Act of 1974 (FERPA)** contains several provisions that are important to medical students, such as access to educational files, the release of personally identifiable records, directory information and transcripts.

1. The right to inspect and review the student's education records.
2. The right to request the amendment of the student's education records to ensure that they are not inaccurate, misleading, or otherwise in violation of the student's privacy or other rights.
3. The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent.
4. The right to file with the U.S. Department of Education a complaint concerning alleged failures by Case Western Reserve University to comply with the requirements of FERPA.

View the University's Interpretation of FERPA here:

<https://case.edu/registrar/general/ferpa/policy>.

Student Records

Access and Contents

In the transition to a paperless environment, paper records are no longer formally kept starting July 1, 2017 (Class of 2021). Paper records for graduates and alumni that are older than five years old are kept securely at [University Archives](#) on 11000 Cedar Avenue. Documents are released at the request of the School of Medicine Registrar. Additionally, student transcripts are stored electronically and protected by central computing in the Student Information System (SIS). Medical student academic records are now stored electronically through secure campus technology protocols using CWRU Single Sign On (SSO) and maintained by the School of Medicine Registrar located in Samson Pavilion, Room 413E. Any paper records less than five years old, if any, are stored in a locked cabinet within a locked room of The School of Medicine Registrar's Office. All medical student academic records in electronic form are housed in commercial systems or home-grown systems. The commercial systems are FERPA compliant and the home-grown system security is closely monitored by our internal Utech team.

Directory information is not released without consent from the medical student.

At the School of Medicine, the Dean and Vice Dean for Medical Education, the Executive Dean of the CCLCM, the Associate Deans of Student Affairs, and the student's Society Dean are the institutional officials who are authorized to examine or review student academic records as maintained by the School of Medicine Registrar, without the student's consent. The School of Medicine Registrar reviews and approves all requests to review a student's academic record so that they are available only to those individuals who are permitted to review the record.

In addition to the University Record Retention Policy and Record Schedules for record keeping and retention at University Archives, the School of Medicine Registrar also follows the **AAMC Guidelines for Maintaining Active and Permanent Records** which is available publicly from the website of the American Association of Medical Colleges (AAMC) for inclusion in record keeping.

Contents:

1. AMCAS Application (all contents of the application, except for letters of recommendation).
2. Secondary (CWRU) Application.
3. Official letter of acceptance.
4. Transcripts (all coursework prior to entrance to MD program).
5. Official transcript of medical school coursework.
6. Dates of enrollment in medical school (matriculation date, start and end dates of each academic year, dates of leaves of absence, withdrawal, dismissal and/or graduation date).
7. USMLE Examination scores, USMLE ID number, exam date and notation of pass/fail.
8. Student's final course performance evaluations. Medical Student Performance Evaluation (MSPE, formerly known as Dean's letter), including appendices.
9. Documentation of grade changes.
10. Documentation of grade appeals.
11. Change of status forms and letters related to leave of absence, extended academic schedule, academic remediation, name change, etc., as well as documentation of dismissal or withdrawal.
12. Final disposition of disciplinary action records (with or without sanctions).
13. Documents signed by the student, such as those related to Health Insurance Portability and Accountability (HIPAA) compliance, universal precautions training, BLS training, MSPE release waiver, and any other documentation in specific areas.
14. Institutional technical standard forms for admission and graduation.
15. Personal identification such as the student's photograph and the student's signature.
16. Copy of medical school diploma.
17. Criminal background checks conducted during period of matriculation.

International student documentation pertaining to their student visa status is maintained by the Office of International Student Services.

Criminal Background Checks

Approved By:

Date Approved:

Revision History:

Review Period: Annual

Responsible Office or Committee: SOM Office of the Registrar

LCME Affiliated Elements: 10.4

Policy Statement:

The CWRU School of Medicine conducts criminal background checks for all accepted applicants.

Purpose of Policy:

The purpose of this policy is to ensure a thorough assessment of the criminal backgrounds of accepted applicants to the CWRU School of Medicine, establish procedures for ongoing reporting of any criminal incidents by enrolled students, facilitate additional background checks as necessary, and provide guidelines for sharing background check information with affiliated hospitals.

Scope of Policy:

This policy applies to all medical students enrolled in the School of Medicine at Case Western Reserve University, including students in the Cleveland Clinic Lerner College of Medicine (CCLCM) and the University Program.

Policy:

The Case Western Reserve University School of Medicine participates in the AMCAS-sponsored criminal background check program for all accepted applicants. Acceptances are deemed contingent pending the results of the background check. A positive response on the background check will not automatically preclude admission, and all positive findings will be reviewed by an ad hoc committee on professionalism who will then make a recommendation to the Admissions Committee.

New students are required to notify the Office of Admissions with any changes that may have occurred once the criminal background check is completed. Once a Society Dean has been assigned during Orientation, current students are then required to notify their Student Affairs Dean of any arrest, misdemeanor (other than traffic violations), or felony charge and/or convictions at the time of the occurrence as well as military dishonorable discharges since matriculation. Any newly-discovered background check information may be reviewed by the Committee on Medical Students as part of their ongoing student assessments as detailed in this handbook.

Matriculated students may undergo additional criminal background checks according to policies of the school and affiliated hospitals. Students should forward a copy of additional background checks to the School of Medicine Office of the Registrar. The School of Medicine Office of the Registrar houses a copy of the background check for all medical students and are valid only for a period of five years. Medical students are responsible for renewing a background check as needed and will be contacted annually by the Medical School Registrar when a background check has expired.

All new students complete a “Consent to Release Information about the Background Check and Immunizations to Affiliate Hospitals”. Results of any of the Criminal Background checks may be shared with any of the affiliated hospitals at their request. Affiliated hospitals will use their discretion as to whether to permit students with positive findings on their criminal background checks to participate in clinical activities.

Individual State Medical Boards will also exercise their discretion as to whether to grant state licenses to applicants with positive findings on their criminal background checks. Successful graduation from the Case Western Reserve University School of Medicine does not guarantee licensure in all states.

OSHA and HIPAA Training

Approved By:

Date Approved:

Revision History:

Review Period: Annual

Responsible Office or Committee: CWRU Environmental Health and Safety

LCME Affiliated Elements:

Policy Statement:

Medical students are required to complete annual training in occupational health and safety (OSHA) and health insurance portability and accountability (HIPAA) training upon matriculation to the School of Medicine.

Purpose of Policy:

The purpose of this policy is to ensure that medical students receive comprehensive OSHA training during Orientation, and to ensure compliance with HIPAA regulations through training provided during the early years of medical school and hospital-specific training during clinical years.

Scope of Policy:

This policy applies to all medical students enrolled in the School of Medicine at Case Western Reserve University, including students in the Cleveland Clinic Lerner College of Medicine (CCLCM) and the University Program.

Policy:

OSHA: An Occupational Safety and Health Administration (OSHA) presentation is provided during first-year Orientation by the CWRU Environmental Health and Safety (EHS) department. The composite presentation includes Hazard Communication and Biosafety Training and **Laboratory Standard**. Attendance at the initial in-person training is a requirement. Students who miss the in-person training need to contact EHS to schedule an individual training session. For questions regarding training requirements or to schedule a training session, please see their website.

CWRU medical students must remain current on all required OSHA trainings; **re-training is required annually** for Hazard Communication and Biosafety Training, but after the first in-person session, the re-training can be completed online. Students will receive an annual email reminder from EHS to complete the re-training and check their training online at

Formaldehyde Training must be completed online by first-year students shortly after orientation and does not require annual re-training.

Medical Students who work in research laboratories must complete any other training required by the individual research group. (This does not apply to Clinical Laboratories.) Medical school instructors are charged, under the OSHA standards, to provide additional training on the use of personal protective equipment and other methods to mitigate the risks of hazard exposures when students are working in these labs (such as gross anatomy) and other times as appropriate. Affiliate hospitals can provide mask fit training for clinical activity.

HIPAA Training: HIPAA (Health Insurance Portability and Accountability Act) training is provided to students as a part of new student Orientation. The training is valid for the students' first two medical school years only. Rotation coordinators can provide information about hospital-specific HIPAA training to students beginning their clinical years.

POLICIES AND PROCEDURES: Conduct

IN THIS SECTION:

Teacher-Learner Relationship Policy

Professionalism

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Severe Weather Policy

Medical Liability

Mistreatment Complaint Procedures

Professional Attire in Clinical Settings

Protest and Free Speech

Smoke-Free Campus

Building Evacuation Policy

Teacher-Learner Relationship Policy

Approved By:	Committee on Medical Education
Date Approved:	
Revision History:	6/29/2023
Review Period:	Annual
Responsible Office or Committee:	SOM Mistreatment Working Group
LCME Affiliated Elements:	3.6, 12.5

Policy Statement:

The CWRU School of medicine promotes professional behaviors of teachers and students to promote flourishing and a safe learning environment. An underlying principle of the medical school is that students and teachers will work together as partners to ensure that students achieve their fullest potential and succeed in all aspects of the educational program.

Purpose of Policy:

The purpose of this policy is to outline the expectations for behavior for teachers and learners and describes procedures for reporting misconduct.

Scope of Policy:

This policy applies to all medical students enrolled in the School of Medicine at Case Western Reserve University, including students in the Cleveland Clinic Lerner College of Medicine (CCLCM) and the University Program.

Policy:

Respect

Teachers, including all faculty, residents, fellows, near-peer teachers, and other health care and research professionals, are committed to treating our students as professional colleagues with delineated privileges and responsibilities integrated throughout their education. Students and teachers are expected to demonstrate respect for others by upholding an atmosphere conducive to learning, interacting in a considerate and cooperative manner with others, judging colleagues fairly, and attempting to resolve conflicts respectfully. Students and teachers may neither practice nor tolerate discrimination on the basis of race, religion, age, sex, color, disability, sexual orientation, gender identity or expression, national or ethnic origin, political affiliation, status as a disabled veteran or other protected veteran under US federal law, or socioeconomic status.

Responsibility

Students and teachers must demonstrate responsibility by striving for excellence and professional growth, by recognizing their own limitations and seeking help when needed, by seeking frequent constructive feedback on their interactions with one another, and by conducting themselves professionally at all times in demeanor, language, and appearance in the classroom, with patients, and in health care settings. Teachers commit their time and effort to ensure appropriate delivery of an interactive curriculum. Students are expected to attend all required sessions for their own

learning, to enhance the learning environment for their peers, and out of respect for their teacher's effort. Teachers and students must demonstrate respect and professional concern by holding each other to the highest standards in learning, without abuse, humiliation, or harassment of any kind, by not exploiting a relationship for personal gain or advantage, and by demonstrating the highest standards of ethical conduct in all settings.

Drug-Free Environment

Using alcohol and other drugs in a way that could interfere with clinical or educational responsibilities of students and teachers is prohibited.

Intimate Relationships

Romantic or sexual relationships between teachers (including faculty, residents, fellows, near-peer teachers, and other health care and research professionals) and their students are prohibited while the teacher has direct supervision of or any influence on the student's assessment or academic progress. Any relationship which could **reasonably be perceived** as having any influence on the objective assessment of the student by the teacher must be **immediately disclosed** by the teacher to the appropriate education leadership (e.g. Clerkship Director).

Confidentiality

Teachers must exercise strict confidentiality when providing health care to students and complete impartiality when assessing student performance. The CWRU School of Medicine prohibits any faculty member or resident/fellow who has provided health services to a student from completing any formative or summative assessment of that student. Without exception, students must not ask any faculty or resident/fellow involved in their personal health care to provide any assessment of their performance.

Mistreatment, Harassment, and Neglect

Mistreatment is disrespectful behavior by a teacher that interferes with the learning process. Examples of mistreatment include public belittlement or humiliation, threats of physical harm or punishment, inappropriate requests to do personal services (shopping or babysitting), sexual harassment, and discrimination or harassment based on race, religion, ethnicity, gender, or sexual orientation. Neglect includes situations in which a student is openly ignored, is excluded from important decisions, or is made to feel "invisible." Neglect is different from overt mistreatment but can still interfere with the learning process.

Harassment, mistreatment, and neglect policies are discussed at new student orientation, orientation to year 2, and again prior to starting clerkships. Students who feel they have **experienced harassment, mistreatment, or neglect during the conduct of the curriculum, and are uncomfortable addressing this directly with the colleague involved are urged to discuss their concerns as soon as possible through one of the options detailed below.**

- Students in any phase of the curriculum may address their concerns with the course, block, or clerkship director, Assistant Dean charged with that phase of the curriculum, or the Associate Dean for Curriculum.
- Students in any phase of the program are strongly encouraged to bring the matter to the attention of their Society Dean, the Associate Dean of Student Affairs, or their Physician Advisor, or, because the deans work as a group practice, students may choose to speak to another Student Affairs dean if they feel more comfortable doing so.
- Alternatively, students have the option of contacting the Vice Dean for Medical Education, Dr. Lia Logio at lxl789@case.edu or Ms. Shirley Mosley, the Associate Vice President for Student Affairs & Dean of Students at the University. The University Student Affairs office is not part of the medical school administration. Students can e-mail Ms. Mosley at shirley.mosley@case.edu or call the office at 216.368.2020 to make an appointment. The office is located at 110 Adelbert Hall on Adelbert Road.
- Online Reporting:
 - The School of Medicine has established an online reporting mechanism by which students can report experiences of harassment, mistreatment, or neglect. These reports are confidential but not anonymous and will be reviewed by the appropriate staff and faculty member and may be referred to the Mistreatment Working Group for further investigation. The form is available online: [Mistreatment or Neglect Reporting Form](#).

- [A new reporting portal, the Accountability Management System, has been created for all members of the School of Medicine community, including students, faculty, and staff. Concerns about mistreatment, neglect, bias, and microaggressions can be reported in a confidential manner. The form is available online: Accountability Management System](#)
- **Box Reporting:** Both the University and College programs have established a hardcopy reporting system. Boxes are located outside the HEC 4th floor student learning spaces. These reports can be anonymous or confidential and will be reviewed by the appropriate Student Affairs dean. Note: Without specific and detailed information, the School may be limited in its ability to respond to the report.

What Happens When a Report is Made?

All reports are handled confidentially, and wherever possible, de-identified information about the event is used. The School of Medicine is obligated to follow federal guidelines (Title IX) for reporting sexual misconduct. For other situations, reports will be handled as follows:

1. Reports are collected by medical school staff in the Offices of Student Affairs.
2. If known, the reporting student will be contacted by a staff member, basic information verified, and additional information requested if needed.
3. The report is logged in the Office of Student Affairs on the University's Log of Student Complaints.
4. If appropriate, the report is redirected to the University (i.e., Title IX).
5. A de-identified report is reviewed by the Student Affairs Dean with the appropriate curricular leader.

Depending on the judged severity of the event and timing related to grades and evaluation, the Student Affairs Dean may determine if any of the following is appropriate:

- Report is shared with the professional involved
- Report is shared with course director, clerkship director and/or program director
- Report is shared with the professional's supervisor
- Report is shared with department chair (in the case of a faculty member)
- Report is shared with Dean
- Report is shared with Office of Faculty Affairs

When deemed appropriate, reported professionals and/or their supervisors are asked to create an action plan that is shared with the Mistreatment Working Group.

The Society Dean or Student Affairs Dean will post an incident report summary including outcome to the learning management system or student portal (without any identifying features) and, if known, send to the student who submitted the report.

Unprofessional behavior with learners that is egregious, severe, or continued despite feedback will result in removal from the teaching program and may be cause for dismissal from their residency or degree program in the case of trainees, or, for faculty members, termination for just cause as provided in the [CWRU Faculty Handbook](#).

Aggregated Reports

The School of Medicine reports aggregated de-identified data on learner mistreatment to each department chair and the Dean on a quarterly basis.

Discussion/Reporting Resources:

- Society Dean, Student Affairs Dean, or Physician Advisor
- Lia Logio, MD, Vice Dean for Medical Education: lx1789@case.edu
- Shirley Mosley, Associate Vice President for Student Affairs & Dean of Students: shirley.mosley@case.edu
- [Sexual Misconduct Policy](#)
- [Consensual Relationship Policy](#)
- [Community Concerns Reporting System \(CCRS\)](#)

Mistreatment Complaint Procedures

Approved By:	Committee on Medical Education
Date Approved:	
Revision History:	6/29/2023
Review Period:	Annual
Responsible Office or Committee:	SOM Mistreatment Working Group
LCME Affiliated Elements:	3.6

Policy Statement:

This document describes the process for addressing reports of student mistreatment in the CWRU School of Medicine. Written individual reports of student mistreatment can be received through a variety of mechanisms as described in the *Teacher Learner Relationship Policy*.

Purpose of Policy:

The purpose of this policy is to outline the procedures for reporting incidents of mistreatment, harassment, and neglect in the learning environment.

Scope of Policy:

This policy applies to all medical students enrolled in the School of Medicine at Case Western Reserve University, including students in the Cleveland Clinic Lerner College of Medicine (CCLCM) and the University Program.

Policy:

Initial Steps

- Determine if harm and safety are a concern. If yes, immediately refer to main campus student affairs (216) 368-2020, CWRU Police (216) 368-3333 (emergency) or (216) 368-3300 (non-emergency)
- Determine if this is a Title IX issue and refer to main campus Student Affairs (216) 368-2020
- Assess power structure: Grading/Assessor/Evaluator vs. Non-Grading/Non-Assessor
- Obtain additional information about the incident if indicated, including any prior history of mistreatment
- Recorded on Higher Learning Commission (HLC) log¹ maintained in the Office of Student Affairs (email Molly Simmons)

Next Steps

The CWRU SOM *Mistreatment Working Group (MWG)*, chaired by two faculty members, is comprised of Society Deans, CCLCM Associate Dean for Admissions and Student Affairs (or their designee), Associate Deans of Curriculum (or their designees), a clerkship directors, a faculty affairs representative, and a representative from University Student Affairs, as needed. The MWG reviews de-identified reports presented by the individuals above, determines the level of severity of the complaint, and develops an action plan to address the report. The MWG may elect to share the report with:

- The professional involved;
- The course director, clerkship director and/or program director who may, in extreme cases, elect to file a patient safety or disruptive physician report;
- The professional's supervisor/ Program Director;

- The division/department chair (in the case of a faculty member);
- The Dean;
- The Office of Faculty Affairs

The Mistreatment Working Group will develop an action plan, including the responsibility for implementing the plan, which may include any of the following:

- Embargo action until completion of educational activity;
- Deliver a written copy of Teacher-Learner Relationship Policy to the individual involved;
- Request a reflection/apology as indicated;
- Disregard grading comments and evaluation from teacher named in the complaint;
- Recommend teaching skills development;
- Set up a teaching monitoring plan;
- Recommend removal from medical student teaching

Reporting

- Responsible staff will post an incident report summary including outcome to the learning management system or student portal (without any identifying features) and if known, send to the student who submitted the report. As the Accountability Portal is rolled out, data on mistreatment, neglect, bias, and microaggressions will be stored in that system.
- The chair of the MWG sends a copy of the MWG action plan to the individual involved, the relevant curriculum dean(s), and the HLC log.
- The Vice Dean for Medical Education will present an aggregated report of student mistreatment for the prior academic year to students, faculty, school leadership, and staff..

¹The Higher Learning Commission accredits the University; the student complaint log is an accreditation requirement.

Professionalism

Approved By:

Date Approved:

Revision History:

Review Period: Annual

Responsible Office or Committee: Student Assessment Committee

LCME Affiliated Elements: 3.5

Policy Statement:

The School of Medicine is committed to promoting and maintaining professionalism among our medical students. This policy aims to address any lapses in professional behaviors and provide necessary support and coaching to enhance students' professional standards.

Purpose of Policy:

The policy outlines procedures for identifying and addressing lapses, as well as mechanisms for early recognition of exceptional professional behaviors.

Scope of Policy:

This policy applies to all medical students enrolled in the School of Medicine at Case Western Reserve University.

Policy:

Medical professionalism incorporates three essential characteristics: expert knowledge, self-regulation, and fiduciary responsibility to place the needs of the patient ahead of the physician's self-interest. The basis for the conscientious behavior curriculum is to offer students a supportive environment in which to learn the skills of medical professionalism. We describe the procedures in our curriculum to identify and help students with this competency focusing on a learning orientation rather than performance orientation.

At the end of each Block, the Conscientious Behavior Team (CBT) will review all lapses in conscientious behaviors as part of the final Block assessment (e.g., failure to complete assignments, evaluations, or assessments by the due date; lack of responsiveness to email requests pertaining to the curriculum; attendance and or tardiness at required activities). The following steps are taken when the CBT identifies a lapse in a student's performance during a Block:

1. 1st lapse: CBT will send an email to the student regarding the specifics, with a copy to the student's Society Dean. The student will be asked to acknowledge receipt of the email, explain what happened regarding the lapse in a reply email, and schedule to meet with his/her Society Dean to discuss this.
2. 2nd lapse: The student is assigned an "Incomplete" for the Block, referred to the Professionalism Working Group (PWG), and the student's Society Dean is notified. PWG

will assign the student to a coach who will work with the student to identify the behaviors surrounding the lapse and help the student develop steps to correct them. [The Society Dean will address issues of life stressors, health, illness or disability as part of the advising relationship. The Society Dean will ensure that the student receives support from learning specialists, Tutoring/Consult Tables, UHS/UCS, and Disability Services.] Coaching will commence as soon as possible and continue for a time typically not to exceed 3 months. The coach may give the student an assignment or ask for a reflection and may follow-up for a defined time to determine that the student is on track. If an assignment or reflection is part of coaching, it will be forwarded to PWG, and PWG will determine if the assignment/reflection meets criteria. Upon meeting criteria, the “Incomplete” will be changed to “Meets”. If the assignment does not meet criteria, the student will be given an opportunity to revise and resubmit. If after the second request, criteria are not met, the student’s grade will be changed to “DNM” whereupon PWG will review progress and recommend next steps.

3. 3rd lapse: If coaching is still in progress, a grade of “Incomplete” may be assigned. If the student has completed coaching and this is another lapse, the student receives a “DNM” with referral to PWG and notification of his/her Society Dean.
 - a. The Society Dean will ensure that the student has support from learning specialists, Tutoring/Consult Tables, UHS/UCS, and Disability Services.
 - b. PWG will discuss the situation and decide to provide more intense coaching or to refer the student to the Committee on Medical Students (COMS).

In addition to identification of professionalism issues during the academic blocks, students may be referred to PWG for the following reasons:

1. For identified deficiencies in interpersonal and communication skills.
2. For identification through an Early Concern Form* which is one part of a larger longitudinal professional behaviors and relationships curriculum. When an Early Concerns Form is filed, PWG discusses the issues (with the student de-identified) and identifies a plan to support the student in meeting professional standards in a constructive framework.
3. Through referral by the Committee on Medical Students. When a student is presented to COMS as a result of a lapse in Professionalism, COMS may refer the student to PWG for evaluation and development of an improvement plan and tracking the outcomes.

PWG supports students in their professional development towards becoming a physician and develops an individualized plan for coaching the students. The procedures to address lapses in conscientious behaviors are described above. Some lapses in professionalism may result in immediate referral to COMS and consideration for dismissal, such as dishonesty, cheating, falsifying patient information, to name just a few examples.

Early Praise

Students are expected to adhere to high standards of professional behaviors throughout their medical school education. For times when a student's actions go above and beyond expectations of professional behavior, an Early Praise Reporting Form may be submitted by anyone in the School of Medicine community. The purpose of this reporting form is to identify students and recognize them for their extraordinary effort. Early Praise Forms are reviewed by PWG and disclosed to the student through the student's Society Dean. The Early Praise may be included as evidence in the student's ePortfolio. The identity of the individual filing the early praise form is confidential and is not disclosed at any time.

Early Concern

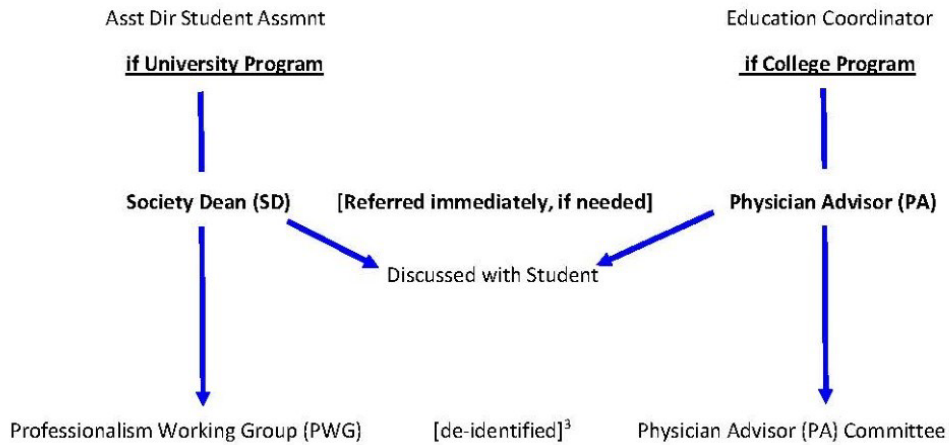
We take a quality improvement approach to professional behaviors – students are learning professional behaviors and how to maintain them under stressful conditions in the profession of medicine. We have included an Early Concern component to the curriculum so that concerns – small or big - can be identified at early stages and assistance provided. This component builds upon similar programs at other medical schools and upon recommendations by focus groups of CWRU SOM students. Professional relationships and behaviors and their lapses can occur across a broad range of interactions and venues – with peers, with faculty, with staff; in class, in offices, in hospitals, in clinics, in personal interactions, etc.

§ [Early Concern Reporting Form](#)

§ [Early Praise Reporting Form](#)

Early Concern Flow Diagram¹

Form Submitted; receipt acknowledged²



Possible actions:

1. No further action required
2. Recorded in student's working file
3. Assigned to a PWG member for remediation
3. Referred to Student Affairs Dean
4. Referred to COS
4. Referred by Student Affairs Dean to MSPRC or Behavioral Health Committee

[Refer to Student Handbook for COS – MSPRC possible actions]

¹ The Early Concerns form provides opportunity to document, evaluate and act upon professional behavior concerns in a supportive and constructive framework.

² The identity of the person filing the early concerns form is not disclosed to anyone beyond acknowledgment of receipt.

³ At this point, for the PA and PWG committees, the identity of the student about whom the early concern was filed is not revealed.

Professional Attire in Clinical Settings

Approved By:	Affiliate Hospitals
Date Approved:	
Revision History:	
Review Period:	Annual
Responsible Office or Committee:	SOM Office of Student Affairs
LCME Affiliated Elements:	

Policy Statement:

The CWRU School of Medicine requires medical students to adhere to professional attire guidelines in clinical settings, emphasizing neatness, personal hygiene, and appropriate clothing choices that promote a respectful and professional appearance, fostering positive patient interactions, and ensuring high-quality patient care.

Purpose of Policy:

This policy provides guidelines on professional attire for medical students who rotate through clinical spaces.

Scope of Policy:

This policy applies to all medical students enrolled in the School of Medicine at Case Western Reserve University, including students in the Cleveland Clinic Lerner College of Medicine (CCLCM) and the University Program.

Policy:

These guidelines outline the standards of professional attire for medical students in a clinical setting at the Case Western Reserve University School of Medicine. Students should follow these guidelines in all settings where real or standardized patients are present.

Medical students are expected to be groomed and dressed in a manner that presents a neat and professional appearance to patients. Maintaining personal hygiene and wearing appropriate attire help to establish rapport with patients, demonstrate respect, and are important to good patient care.

Guidelines for professional dress code include:

- Clothing should allow for an appropriate range of movement and should not be flashy or draw attention.
- White Coats should be well maintained: ironed and free from stains.

- Collared shirts (with or without neckties), professional tops, or blouses should be worn and should avoid low-cut necklines. Tank tops, T-shirts, or sweatshirts are not appropriate. The midriff should not be exposed.
- Pants, slacks, khakis, skirts, or dresses are appropriate. Do not wear jeans or shorts.
- Dress shoes, low heels, or flats should be worn. Avoid open-toed shoes, flip-flops, tennis shoes, or porous shoes per OSHA standards.
- Fingernails should be short trimmed; obscuring nail color should be avoided.
- Clothing should not have rips, tears, or frayed edges.
- Moderation in jewelry, cosmetics, and other accessories is encouraged. Fragrances or perfumes should not be worn.

Information about institutional policies of major affiliates will be provided prior to starting curricular activities at those sites.

General Appearance Policy for CWRU Affiliate Hospital Sites

Fingernails

Fingernails are required to be clean and well-manicured at all times, being kept to a reasonable length.

- less than ¼ inch (MetroHealth, VA Hospital).
- Should not interfere with performance of duties or operation of equipment (VA Hospital).

Nail polish may be worn on natural nail & maintained without chips. Any chipped nail polish must be removed immediately

- Nail polish is defined as polish that is easily removable with nail polish remover and does not require 100% acetone or soaking
- If nail polish is worn, hands must be covered by intact gloves while providing patient care (VA Hospital).

For anyone who provides services in a patient area:

- No acrylic materials on nails are allowed
- No artificial nails of any kind

Artificial Nails or Nail Extenders are defined as substances or devices applied or added to the natural nails to augment or enhance the wearer's nails. Examples include:

- Bonding
- Extensions
- Tips
- Wraps (i.e.: Color Street)
- Acrylic overlays
- Tapes
- Gel polish
- Powders, dips, or glitter
- Sticker, jewels (rhinestones), charms

Hair and Facial Hair

Hair must be clean, well groomed, appropriate for working in patient care areas and contained so as to not dangle/interfere with patient care field.

Additional standards per site are as follows:

- Cleveland Clinic:
 - Colors unnatural to human hair (e.g.: purple, pink, green, blue, etc.) are not permitted.

Facial hair, if not prohibited due to area, should be neat, clean, well-trimmed and able to meet respiratory fit test requirements. Additional standards per site as listed below:

- University Hospitals:
 - For anyone wearing respirators, including N-95 filtering face-pieces, facial hair that interferes with the seal must be shaven prior to donning the respirator (exceptions will be made for employees willing to wear a powered air purifying respirator)
- MetroHealth:
 - Facial hair must be short ($\frac{1}{4}$ of an inch) and must be covered:
 - When entering restricted areas (Operating Rooms, Ambulatory Surgery Center Operating Rooms, Labor & Delivery Operating Rooms, Endoscopy, Cardiology Lab B and Lab C, Clean core and scrub sink areas located in these areas)
 - When in a sterile processing area

Clothing

Clothing should be clean, in good repair and properly fitted. Additional standards per site as listed below:

- University Hospitals:
 - Torso skin is not to be visible
- VA Hospital:
 - Extreme clothing, sweat suits, warm up outfits, casual shorts, stretch pants, leggings, yoga pants, denim clothing and tee shirts (including anything with slogans), evening/party attire, sheer, revealing, tight fitting, stained, wrinkled, frayed or torn is inappropriate and should not be worn
- Cleveland Clinic:
 - Prohibited attire includes: attire with political endorsements, provokes debate over social issues, conveys a message contrary to Cleveland Clinic's policies against discrimination or harassment or conveys anything vulgar, obscene, threatening, intimidating or harassing.
 - Reasonable accommodations will be made for dress of grooming directly related to religion, culture or disability, unless this accommodation poses an undue hardship or risk to the safety or health of the individual or others
 - Departments may implement policies, further define standards of dress, grooming and appearance relative to the job and will be responsible for determining adherence to these standards.

Jewelry and Piercings

Excessive jewelry should not be worn. Additional standards per site as listed below:

- Cleveland Clinic:
 - No more than two pair of simple earrings may be worn per ear, small nose stud piercings are permitted with the exception of septum or rings.
 - Ear gauges that are visible should have solid, skin-colored plugs in place.
- University Hospitals:
 - Jewelry (including piercings) must be professional, unobtrusive and deemed safe in patient care areas (i.e. small stud or ≤ 1 inch hoop earrings and one non-dangling necklace).
 - Rings are not permitted on any visible part of the body except fingers and ears
 - Certain areas can have stricter requirements such as the NICU, Perioperative Areas, Newborn Nursery, that restrict the wearing of rings, bracelets, long charms, or necklaces.
 - Nose studs are acceptable
- VA Hospital:
 - Employees working in patient care areas should avoid dangling earrings and long beads or necklaces.

Shoes and Hats

Shoes should be appropriate for the work environment and must always be worn. Additional standards per site as listed below:

- VA Hospital:
 - Sandals and clogs are not authorized anywhere on the medical center property
 - Rubber heeled shoes should be worn in patient care areas to maintain a quiet environment
 - Open-toed shoes and open-back shoes without straps are not permitted

Hats, caps, and head covers should not be worn while on duty unless they are part of a uniform, religious attire, or safety/sanitation gear.

Cosmetics, Perfumes, and Tattoos

Cosmetics should be in good taste and should not bring undue attention to oneself. Perfumes, colognes, aftershave, or other fragrances may be offensive or cause allergic reactions for patients or other co-workers. Avoid using these products.

Tattoos are permitted as long as they are not deemed offensive to others. If deemed inappropriate, management may require tattoos to be covered while on site. Additional standards per site as listed below:

- Cleveland Clinic:

Tattoos that convey messages inconsistent with Cleveland Clinic values must be covered at all times.

Social Media Policy

Approved By:	Committee on Medical Education
Date Approved:	5/27/2021
Revision History:	N/A
Review Period:	Annual
Responsible Office or Committee:	SOM Office of Student Affairs

LCME Affiliated Elements:

Policy Statement:

This policy addresses the importance of professional communication for medical students, particularly regarding the use of social media.

Purpose of Policy:

The purpose of this policy is to promote professionalism among medical students by setting guidelines for appropriate communication on social media platforms.

Scope of Policy:

This policy applies to all medical students enrolled in the School of Medicine at Case Western Reserve University.

Policy:

As emerging healthcare professionals, standards and expectations surrounding your communication have changed. The words that you use reflect on yourself, your classmates, your school, and your profession. Abuse of social media is a leading cause of disciplinary action in residency training. As future residents, we emphasize the need for students to develop the habits of healthcare professionals to avoid future challenges.

Social networking sites (including but not limited to Facebook, Twitter, YouTube, GroupMe, Instagram, Snap Chat, Reddit, and Student Doctor Network) are used by students to communicate with each other and external audiences. Given the immediate and wide dissemination as well as the permanency of published material on the web and our professional goals of protecting the privacy and security of our patients, the medical school, our classmates, and our hospitals, CWRU SOM has a strict policy about posting information on social media sites including reposting, liking, and replies.

The following categories are not permitted:

1. Any personal health information (PHI) including but not limited to photos, images, text, or video without documented patient consent;
2. Confidential personal information of others without consent;
3. Comments that reflect racial, ethnic, gender, or sexual orientation bias;
4. Activities and behaviors that do not meet the standards of the medical profession and/or the School of Medicine;
5. Bullying, slandering, or intimidation;

6. Confidential academic and curricular information (e.g., exams, IQ cases, clinical skills scenarios).

Failure to follow this policy is a serious matter and will result in referral to the Professionalism Working Group with consequences that can include disciplinary action including dismissal from the medical school.

Protest and Free Speech Policy

Approved By:

Date Approved:

Revision History: 6/25/2023

Review Period: Annual

Responsible Office or Committee: SOM Office of Student Affairs

LCME Affiliated Elements:

Policy Statement:

The University respects free speech and the policies of its hospital affiliates.

Purpose of Policy:

The purpose of this policy is to make students aware of their rights and responsibilities regarding free speech and protest.

Scope of Policy:

This policy applies to all medical students enrolled in the School of Medicine at Case Western Reserve University, including students in the Cleveland Clinic Lerner College of Medicine (CCLCM) and the University Program.

Policy:

The University respects free speech and the policies of our hospital affiliates.

The school policy on free speech rights in public protest forums is as follows:

- Students are **welcome to wear their white coats with the CWRU logo.**
- Students are **NOT** permitted to wear white coats with **hospital symbols** or wear **hospital badges** from our affiliates without written permission of the hospital affiliates, as this may be in violation of individual hospital policies. This also extends to images shared on social media.

More information on student rights and responsibilities regarding free speech and protest can be found here:

[Freedom of Expression](#)

[University Code of Conduct](#)

[Proscribed Conduct](#)

Occasionally, participation in demonstrations or protests may result in legal action. Please be aware that criminal convictions, even in the spirit of civic activism, must be reported to the medical school, and by national standard, must be disclosed on the residency application. The [AAMC](#) has advised residency programs and medical schools to consider protest-related arrests within the context of all relevant facts and the current national circumstances.

Drug and Alcohol Policy

Approved By:	CWRU Division of Student Affairs
Date Approved:	6/10/2019
Revision History:	6/25/2023
Review Period:	Annual
Responsible Office or Committee:	CWRU Office of Student Affairs, Dean of Students

LCME Affiliated Elements:

Policy Statement:

It is the policy of Case Western Reserve University to discourage the unlawful use of controlled substances and the misuse or abuse of alcohol by its students at any time.

Purpose of Policy:

The purpose of this policy is to define the policy regarding drug and alcohol use by students in the medical education program.

Scope of Policy:

This policy applies to all medical students enrolled in the School of Medicine at Case Western Reserve University.

Policy:

Case Western Reserve University has implemented policies related to the use of drugs and alcohol that apply to all students. The full [Alcohol Policy and Guidelines](#) and the [Drug-Free School Notification](#) can be found on the CWRU [Division of Student Affairs](#) policy webpage.

Tobacco-Free Policy

Approved By:	CWRU Office of the President
Date Approved:	7/1/ 2017
Revision History:	10/15/2019
Review Period:	5 years
Responsible Office or Committee:	CWRU Office of Human Resources – Wellness

LCME Affiliated Elements:

Policy Statement:

CWRU's tobacco-free policy prohibits the use of all tobacco products, including cigarettes, cigars, smokeless tobacco, and electronic cigarettes, in all university buildings, facilities, vehicles, and outdoor spaces to promote a healthier and smoke-free environment for the university community.

Purpose of Policy:

The purpose of the CWRU tobacco-free policy is to create a healthier and smoke-free environment on campus by prohibiting the use of tobacco products and promoting the well-being of the university community.

Scope of Policy:

This policy applies to all medical students enrolled in the School of Medicine at Case Western Reserve University, including students in the Cleveland Clinic Lerner College of Medicine (CCLCM) and the University Program.

Policy:

CWRU prohibits the use of tobacco products at all times on campus property. "Tobacco" refers to any product containing tobacco in any form. Tobacco products include, but are not limited to, cigarettes (clove, bidis, kreteks, e-cigarettes); cigars and cigarillos; pipes; all forms of smokeless tobacco; any other smoking devices that use tobacco, such as hookahs; and any other existing or future smoking, tobacco or tobacco-related products. "CWRU Property" refers to all interior space owned, rented or leased by CWRU and all outside property or grounds owned or leased by CWRU, including parking areas and private vehicles while they are on CWRU property and CWRU vehicles.

View the full policy here: <https://case.edu/tobaccofree/policy>

Find information on cessation programs at <https://case.edu/tobaccofree/>.

Severe Weather Policy

Approved By:

Date Approved:

Revision History: 9/15/2021

Review Period: Annual

Responsible Office or Committee: CWRU Division of Public Safety

LCME Affiliated Elements:

Policy Statement:

Case Western Reserve University School of Medicine's severe weather policy ensures the continuity of education and clinical activities during severe weather conditions, allowing flexibility for faculty, staff, and students while recognizing the unique responsibilities of clinical programs.

Purpose of Policy:

The purpose of this policy is to ensure the continued operation of Case Western Reserve University School of Medicine during severe weather conditions, accommodating clinical program participation while allowing for early departures or delayed arrivals as determined by individual departments.

Scope of Policy:

This policy applies to all medical students enrolled in the School of Medicine at Case Western Reserve University, including students in the Cleveland Clinic Lerner College of Medicine (CCLCM) and the University Program.

Policy:

An important component of the education at Case Western Reserve University School of Medicine involves participation in clinical programs, for which responsibilities increase and take on unique characteristics as a result of severe weather conditions. In recognition and support of these activities, the School of Medicine may remain open during severe weather conditions, even under conditions where the University closes. This will apply to students, faculty, and staff.

Should the onset of severe weather occur during regular operating hours, the decision may be made by individual departments to allow faculty, staff, or students to leave up to two hours early. Should severe weather conditions adversely affect travel time, individual departments may allow faculty, staff, and students to arrive up to two hours late.

More information about the CWRU Severe Weather policy can be found on the [Public Safety website](#).

All students, faculty, and staff are encouraged to download the Spartan Safe app, which allows the university to disseminate important information in a timely manner. The Spartan Safe app is available to all CWRU community members; check out the [Public Safety website](#) for more information.

Building Evacuation Policy

Approved By:

Date Approved:

Revision History: 9/15/2021

Review Period: Annual

Responsible Office or Committee: CWRU Division of Public Safety

LCME Affiliated Elements:

Policy Statement:

This policy outlines the procedures for evacuating the School of Medicine main campus and the Health Education Campus Samson Pavilion during emergencies.

Purpose of Policy:

The purpose of this policy is to ensure the safety of individuals in the School of Medicine main campus and the Health Education Campus Samson Pavilion by providing guidelines for evacuating the buildings during emergencies, emphasizing the use of alarms, evacuation, and adherence to safety procedures.

Scope of Policy:

This policy applies to all medical students enrolled in the School of Medicine at Case Western Reserve University, including students in the Cleveland Clinic Lerner College of Medicine (CCLCM) and the University Program.

Policy:

The School of Medicine main campus is an active research center with many potential biochemical and other flammable hazards. A system of alarms has been installed to warn and protect people in the building in the event of a chemical spill or fire. Occasionally, the inherent hazards will result in the sounding of the fire alarms. All students, faculty, and staff are required to exit the building when the fire alarms sound in their area. There are no exceptions to this rule. When fire alarms are sounded, exit the building as quickly as possible, using stairways instead of elevators.

The Health Education Campus Samson Pavilion is a busy interprofessional education center for students in the medical, nursing, and dental health professions. During an emergency, there may be a need to evacuate the building. When doing so, remember the following:

1. Remain calm.
2. Exit the building immediately.
3. Use the stairs (not elevators).
4. Accompany and assist individuals with disabilities.
5. Only take essential personal items.
6. Move in an orderly manner out of the building taking care not to push or shove others.
7. Once outside, move 300 feet away from the building.

More information on CWRU Emergency Management policies can be found on the [Public Safety website](#).

POLICIES AND PROCEDURES: Assessment

IN THIS SECTION:

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Foundations of Medicine and Health

Approved By:	WR2 Curriculum Committee
Date Approved:	
Revision History:	6/26/2023
Review Period:	Annual
Responsible Office or Committee:	Student Assessment Committee
LCME Affiliated Elements:	9.4

Policy Statement:

Our policy requires students to satisfactorily complete all components of the educational program, promoting a balanced and coherent experience. We assess student performance through various methods, including IQ groups, SEQs, SSEQs, practical exercises, MCQs, CATs, and clinical evaluations.

Purpose of Policy:

The purpose of this policy is to outline the assessment methods used in the Foundations of Medicine and Health Curriculum to drive learning and inquiry, assess mastery levels, and prepare students for medical licensure.

Scope of Policy:

This policy applies to all medical students enrolled in the School of Medicine at Case Western Reserve University.

Policy:

Assessment of Student Performance

Students must satisfactorily complete all components of the educational program to be eligible for promotion and graduation. In keeping with the goal of a balanced and coherent educational program, the Case Western Reserve University School of Medicine seeks to identify potential academic problems early and to provide interventions as necessary to assist all students in meeting academic standards.

Foundations of Medicine and Health Curriculum

Student assessment in the WR2 Curriculum is designed to accomplish three goals: 1) drive the types of learning and inquiry that are goals for the WR2 Curriculum; 2) ascertain whether students attain the level of mastery set as a goal for graduates of Case Western Reserve University School of Medicine; and 3) prepare students for medical licensure. These three goals are accomplished through multiple assessment methods.

Student performance is assessed by a variety of formative and summative methods with special emphasis on scientific reasoning, comprehension, and problem solving (e.g., synthesis essay questions, multiple-choice, laboratory practical). Performance of each component within the Block is designated as "Meets" or "Does Not Meet Criteria." Students who do not meet criteria are identified to their Society Deans and the Block Leader (see the Remediation of Foundations of Medicine and Health Curriculum section). Information concerning examination performance and class rankings is not part of the student's permanent record. However, examination scores are recorded for students participating in the Medical

Scientist Training Program. The following assessments are used in the Foundations of Medicine and Health:

1. **Assessment of students' participation in weekly Case Inquiry (IQ) groups** by faculty facilitators, based upon observable behavior and focused on contributions to the group content, skills at critical appraisal of resources, and professional behaviors.
2. **Synthesis Essay Questions (SEQs)**. Weekly, formative, open-book synthesis essay questions are assigned in which students are given a brief written clinical problem and are asked to describe its occurrence and explain its scientific foundations. Throughout a teaching block, students are expected to study the content of both weekly SEQs, but they are required to submit only one of two SEQs at the end of each week. They then compare their answers to an ideal answer. Students are expected to construct answers in their own words independently. The practice of "copy and paste" verbatim from various online sources defeats the purpose of the SEQ assignment, results in lost learning opportunity, and wastes IQ faculty time, and is thus discouraged.
3. **Summative Synthesis Essay Questions (SSEQs)** are designed to measure medical knowledge at specific points in the curriculum. SSEQs are closed-book assessments with no more than 5 scenarios that, collectively, take approximately 4 hours to complete. SSEQs are based on the synthesis essay questions (SEQs) that students completed in an open-book fashion throughout the block. In the final week of the block, SSEQs present concepts from previous exercises in new contexts and require a more sophisticated level of concept integration. These summative assessments are scheduled at the end of each large teaching module (every 3-4 months) and are graded by faculty who are content specialists.
4. **Structure Practical Exercises**. These assessments generally occur in the final week of blocks 1-6 and integrate anatomy, histopathology, and radiology through clinical scenarios and questions that ask for anatomic localization and histopathologic identification. Students are required to demonstrate mastery in gross anatomy and histopathology separately, i.e., poor performance in one area does not compensate for high performance in the other.
5. **Self-Assessment Multiple Choice Questions (MCQs)**. Students may use these MCQs throughout the block as study aids and self-assessment.
6. **Cumulative Achievement Tests (CAT)**. At the end of Blocks 2-5, students complete a secure formative MCQ achievement test, based on content covered in the current teaching block as well as on content from previous block(s). These exams are designed using test question resources available through the National Board of Medical Examiners (NBME). These formative tests enable students to gain perspective on their overall progress and preparedness for the USMLE Step 1.
7. **Student progress in Foundations of Clinical Medicine** is measured by small group facilitator assessment in the Tuesday Seminar course, direct observation, and preceptor(s)' evaluation of clinical skills and patient-based activities, required FCM assignments, and OSCE examinations.

Test Administration

Approved By: SOM Committee on Medical Education

Date Approved:

Revision History: 7/1/2023

Review Period: Annual

Responsible Office or Committee: SOM Office of Student Assessment

LCME Affiliated Elements: 9.4

Policy Statement:

This policy requires students to complete Foundations of Medicine and Health SSEQs and NBME Tests independently in proctored classrooms, adhering to scheduled dates and assigned facilities. Illness or emergencies necessitating exam deferral should be promptly reported to the Society Dean for approval.

Purpose of Policy:

The purpose of this policy is to outline the policy and procedures for test administration.

Scope of Policy:

This policy applies to all University Program students enrolled in the School of Medicine at Case Western Reserve University.

Policy:

Foundations of Medicine and Health end of block Summative Synthesis Essay Questions (SSEQs) are administered in proctored classrooms, and answers are expected to represent each student's own work. All National Board of Medical Examiners (NBME) Tests are administered following NBME guidelines. Students are required to sign an Integrity Acknowledgement Form before the first examination is administered. All students must take the examinations in the assigned facility on the scheduled examination date and time. Students who are not able to take a Foundations of Medicine and Health Curriculum examination at the scheduled date and time because of illness or emergency must contact their Society Dean before the examination. When an acute illness or other emergency arises less than 24 hours before an examination, students should contact their Society Dean to report the situation. When deemed appropriate, the student will be granted official approval to defer the examination, and personnel will be notified.

Integrity Acknowledgement Form

Incoming students are required to sign and submit the following form:

WR2 Curriculum
Case Western Reserve University
School of Medicine
Integrity Acknowledgement Form

I acknowledge that the curriculum unfolds at specified points in time. Specifically, the learning objectives pertaining to small group cases are revealed at the end of each week's deliberations. I will not seek to obtain the case-specific learning objectives from students who have already completed the curriculum. Additionally, at no time, will I provide case-specific learning objectives to future students.

I hereby acknowledge that all curricular materials including assignments and assessments that accompany the CWRU WR2 curriculum are owned and copyrighted by the Case Western Reserve University School of Medicine. I will not copy any part of these assignments or assessments for purposes of distribution to other classes or outside entities. All content submitted or presented by me is solely my own work and is not generated by artificial intelligence (AI) or other individuals. I take full responsibility for the integrity of the content and the references that substantiate it.

I will take tests that are owned and copyrighted by the School of Medicine and owned and copyrighted by the National Board of Medical Examiners. I acknowledge that any reproduction of these materials, or any part of them, through any means, including, but not limited to, photocopying, photographing, downloading, and reconstruction through memorization, or dictation, and/or dissemination of these materials or any part of them, is strictly prohibited. I will not retain, copy, distribute, or attempt to reproduce any part of these secure examinations.

I will demonstrate honesty and integrity in all aspects of my education. I commit myself to knowing, understanding, and preserving professional ethics as I grow in my understanding of its meaning. I will not cheat, plagiarize the work of others, use unauthorized materials, misrepresent my work, falsify data, or assist others in the commission of these acts. I will not purposefully mislead others.

By acting with honesty, integrity, fairness, and respect for others, we foster a community built on trust. Behavior that deviates from these principles jeopardizes this achievement, and, in some circumstances, patient safety. As such, I understand it is my professional obligation to confront and report such behavior.

Name: _____

Signature: _____ Date: _____

Required Assessments

Approved By: SOM Committee on Medical Education

Date Approved:

Revision History: 7/1/2023

Review Period: Annual

Responsible Office or Committee: SOM Office of Student Assessment

LCME Affiliated Elements: 9.4

Policy Statement:

The Foundations of Clinical Medicine (FCM) emphasizes early patient exposure, faculty observation, and assessment of clinical skills. It includes clinical training, patient-based experiences, seminars, and workshops. Students receive ongoing evaluations and a final designation of "Meets Expectations" or "Does Not Meet Expectations" for FCM.

Purpose of Policy:

The purpose of this policy is to provide a structured and comprehensive approach to clinical skill development, patient exposure, and assessment in the early stages of medical education

Scope of Policy:

This policy applies to all medical students enrolled in the School of Medicine at Case Western Reserve University.

Policy:

Foundations of Clinical Medicine (FCM) encompasses the pre-clinical curriculum. The guiding principle is that early exposure to patients, with direct observation by experienced faculty physicians, is optimal for both professional development of students as doctors and for assessment of clinical skills. FCM has four interrelated components: clinical skills training (Physical Diagnosis 1-3), patient-based experiences (LCSP), the Tuesday Seminar course, and Communication Workshops.

Students are evaluated formatively throughout the year on each aspect of FCM. Summative evaluations are employed as well and include preceptor evaluations, peer reviews, and objective structured clinical examinations. At the end of each block of the Foundations of Medicine and Health Curriculum, students receive a designation of "Meets Expectations" or "Does Not Meet Expectations" for FCM. These designations are approached in a manner consistent with assessment in Foundations of Medicine and Health.

Required Assessment Tools to Measure Achievement of Learning Goals in WR2

During the Block <i>Purpose: Ongoing Self-check of Learning</i>	End of the Block <i>Purpose: Cumulative Achievement & Pass-Fail Determination</i>	End of the Block <i>Purpose: Ongoing Self-check of Learning Retention and Board Preparation</i>	End of Blocks 4, 6, & in 4th Year <i>Purpose: Mastery of 9 Competencies for Promotion and Graduation</i>
Learning Objectives	IQ Group Facilitator Assessment	Cumulative Achievement Test	Learning Portfolio
Weekly Multiple Choice Questions (MCQs)	Summative Synthesis Essay Questions (SSEQs)		
Weekly Synthesis Essay Questions (SEQs)	Structure Practical Exercise		
Peer Feedback	Foundations of Clinical Medicine Assessment		
	Clinical Immersion Exercise		

Narrative Assessment Policy

Approved By:	Committee on Medical Education
Date Approved:	6/22/2023
Revision History:	N/A
Review Period:	Annual
Responsible Office or Committee:	Student Assessment Committee
LCME Affiliated Elements:	9.5

Policy Statement:

The curriculum provides students with opportunities to receive narrative written feedback, both formative and summative, on their performance in an effort to monitor and document their academic progress. Narrative assessment should include comments about student strengths and areas for improvement, citing specific examples whenever possible. Faculty, residents, graduate students, postdoctoral fellows, and other non-faculty instructors play an essential role in providing narrative feedback.

Purpose of Policy:

The purpose of this policy is to ensure students receive narrative feedback, including information about non-cognitive achievements, to help guide their academic progress.

Scope of Policy:

This policy applies to all medical students enrolled in the School of Medicine at Case Western Reserve University, including students in the Cleveland Clinic Lerner College of Medicine (CCLCM) and the University Program.

Policy:

Elements of performance described in narrative assessments should be grounded in the foundational competencies, milestones, and educational program objectives. These may include but are not limited to knowledge, behaviors, attitudes, and skills related to

- research and scholarship
- knowledge for practice
- interpersonal and communication skills
- professionalism
- personal and professional development
- patient care
- teamwork and interprofessional collaboration
- systems-based practice
- reflective practice

During pre-clerkships, students receive narrative feedback when there are appropriate teacher-student ratios and adequate interactions. During clerkships, students receive formative narrative feedback at mid-rotation and summative written feedback at the completion of all core clerkship rotations.

The School of Medicine reserve the right to make exceptions, modify or eliminate this policy and or its content. This document supersedes all previous policies, procedures, or guidelines relative to this subject.

Summative ePortfolio

Approved By:	Committee on Medical Education
Date Approved:	
Revision History:	6/26/2023
Review Period:	Annual
Responsible Office or Committee:	Office of Student Assessment
LCME Affiliated Elements:	9.4

Policy Statement:

The WR2 curriculum at CWRU School of Medicine follows a competency-based approach, encompassing 9 Core Competencies and 25 Education Program Objectives that students are expected to achieve by graduation. The Competencies and Educational Program Objectives can be found on the curriculum website. The achievement of these competencies is assessed through various means, including written exams and narrative essays accompanied by supporting evidence in a portfolio.

Purpose of Policy:

The purpose of this policy is to outline the assessment process through Summative ePortfolio essays, aiming to evaluate students' progress, provide feedback, and ensure their readiness for the MD degree by meeting the designated expectations.

Scope of Policy:

This policy applies to all medical students enrolled in the University Program at the CWRU School of Medicine.

Policy:

The WR2 curriculum is a competency-based curriculum with **9 Core Competencies and 25 Education Program Objectives** that students are expected to have achieved upon graduation from the School of Medicine.

Competencies – The knowledge, skills and behaviors a student must demonstrate to meet the performance standards for an MD degree from CWRU. The Competencies and Educational Program Objectives may be found on the [Western Reserve2 Curriculum website](#).

Achievement of competencies is demonstrated in a variety of ways; some by written exam performance, others through narrative essays accompanied by supporting **evidence in a portfolio**.

Summative ePortfolio: Narrative essays are written by students with accompanying evidence and shared with faculty reviewers for purposes of **assessment**. These essays are accompanied by supporting evidence to demonstrate how a student is progressing with respect to meeting the milestones aligned to the **Educational Program Objectives** of the CWRU SOM curriculum.

Students submit Summative ePortfolio essays at 3 points of time during the WR2 curriculum: at the end of Year 1, at the end of Year 2 (as they enter their clinical or research years), and after core clerkship rotations.

Students submit an essay on each assigned competency. Each essay must:

- Discuss each **milestone** for the competency for that time-point.
- Include reflection on **strengths** and **areas for improvement**.
- **Provide evidence**, wherever possible, to support the discussion.
- Develop a plan for personal improvement and further growth related to each milestone.

The essays are reviewed by faculty reviewers using the following criteria:

- Have all milestones for the competency been addressed?
- Has the student met each milestone based on the essays and evidence?
- Is the essay balanced, i.e., includes areas of strength and areas for improvement?
- Is the essay consistent with the evidence?
- Is this a thoughtful, insightful essay?
- Is the essay organized and information communicated clearly and convincingly?
- Are the plans for personal improvement and further growth clear and insightful?

Reviewers provide feedback/comments and one of three possible ratings for each essay: Meets Expectations, Meets Expectations with Targeted Areas for Improvement, or Does Not Meet Expectations. A rating of “Does Not Meet Expectations” for any essay will result in an overall rating of “Does Not Meet” expectations. Students are provided an opportunity to revise any essays that do not meet expectations, working with their Society Dean, faculty and administrative support staff, as appropriate. Successful completion of each of the 3 portfolios, i.e., achieving the designation of “Meets Expectations,” is a requirement for the MD degree from the School of Medicine.

Core Clinical Rotations

Approved By:	Committee on Medical Education
Date Approved:	2/1/2011
Revision History:	9/12/2016
Review Period:	Annual
Responsible Office or Committee:	Office of Student Assessment
LCME Affiliated Elements:	9.4

Policy Statement:

Students in Core Clerkships will be evaluated based on two components, Clinical Performance and NBME subject examination performance, with grades ranging from Honors to Unsatisfactory. Clinical performance is assessed across various dimensions, and failing the written exam on the first attempt may render students ineligible for honors. Additional clinical requirements and mandatory seminar participation are expected, and students not meeting expectations in either performance aspect must undergo remediation. Passing the shelf exam is necessary to complete the clerkship, and multiple failures may lead to referral for further action.

Purpose of Policy:

The purpose of this policy is to establish clear guidelines and criteria for evaluating students' performance in Core Clerkships.

Scope of Policy:

This policy applies to all medical students enrolled in the University Program of the CWRU School of Medicine.

Policy:

Students in Core Clerkships will receive a grade of Honors, Commendable with Clinical Distinction, Commendable, Satisfactory, or Unsatisfactory based on performance on two components: (1) Clinical Performance and (2) NBME subject examination performance.

Clinical Performance

A. Dimensions of clinical performance that are assessed: Patient Care, Knowledge for Practice, Interpersonal and Communication Skills, Professionalism, Teamwork and Interprofessional Collaboration, Research and Scholarship, and Reflective Practice. Student performance is observed and assessed by attending physicians, fellows, and residents in the inpatient and ambulatory settings. Clinical performance is assessed as "Outstanding", "Above expectations", "Meets expectations", or "Substantial Room for Improvement". Students who fail the written exam on the 1st attempt are not eligible for honors. Students who fail the written exam twice in the same discipline or who fail the written exam in more than one discipline are reported to the Committee on Medical Students. Students identified for lapses in professionalism appear before the Committee on Medical Students.

B. Additional clinical requirements

Completing and logging the identified core clinical conditions as part of the clerkship is a requirement for completing the clerkship. Students who have not completed this requirement will receive a grade of “Incomplete” until this requirement is satisfied. Some clerkships may have additional clinical requirements that must be met to pass the clerkship. These are described during orientation. Attendance and participation in the Friday afternoon seminar series is required.

Remediation

Students who do not meet (DNM) expectations in either the clinical performance or shelf exam requirement must successfully remediate that requirement.

Shelf Exam Policy for the Core Clerkships

Students must pass the shelf exam in order to pass the clerkship.

1. If a student DNM on the shelf exam (and is ineligible to receive Honors for the clerkship), they must retake the exam at a time that is set by the Director of Assessment and the Society Deans. The Clerkship is listed as Incomplete pending this retake.
2. If a student DNM on the shelf exam a second time, the grade will remain incomplete and a referral will be made to the Committee on Medical Students in consultation with the Society Deans. The Clerkship Directors in the discipline involved will make a recommendation to the Committee on next steps for the student.

Clinical Skills Examinations

Approved By:	Committee on Medical Education
Date Approved:	6/24/2021
Revision History:	6/26/2023
Review Period:	Annual
Responsible Office or Committee:	Office of Student Assessment
LCME Affiliated Elements:	9.4

Policy Statement:

The Clinical Skills Exam (CSE) evaluates 3rd/4th/5th year students' clinical skills and readiness for internship. It assesses history-taking, physical examination, communication, clinical reasoning, and differential diagnosis.

Purpose of Policy:

The purpose of this policy is to outline the administration and objectives of the Clinical Skills Exam (CSE) for 3rd/4th/5th year students.

Scope of Policy:

This policy applies to all medical students enrolled in the School of Medicine at Case Western Reserve University.

Policy:

An eight-station Clinical Skills Exam (CSE) is administered to students in the 3rd/4th/5th year of the curriculum. This examination has several aims:

1. To assess 3rd/4th/5th year students' skills of history-taking, physical examination, doctor-patient communication, on-the-fly clinical reasoning, the distillation of a differential diagnosis in ranked likelihood, as well as the documentation of this important analysis and synthesis of medical thinking.
2. To allow early detection and intervention with students who have not achieved an acceptable level of proficiency in their clinical skills
3. To identify strengths and areas that needs greater emphasis in the clinical curriculum.

The CSE is the primary way for the school to certify that each student is prepared for the next step of their career- internship and residency.

The Standardized Patients (SPs) assess students' skills in performing a physical examination, and communicating with the patient. Students write a patient note that allows assessment of their focused history-taking ability, ability to write a coherent patient note as well as their ability to formulate a reasonable differential diagnosis and to identify a plan to further narrow the differential diagnosis. Students are given 15 minutes to complete each patient encounter and 10 minutes for the note. Total exam time per student is about 4 hours.

CSE3 Expected Behaviors

Horizontal and vertical sharing of CSE3 content damages learning and the integrity of our assessment process.

The Clinical Skills Exam during 3rd/4th year is an important milestone for each of our students. As a graduation requirement, it allows us to assess the key doctoring skills of each student, assuring that each student is prepared for the next step of internship.

The skills assessed are history taking, physical exam skills, on-the-fly clinical reasoning, the distillation of a differential diagnosis in ranked likelihood, as well as the documentation of this important analysis and synthesis of medical thinking.

It is important that each student get the experience of an undifferentiated patient for each case, so as not to alter their clinical reasoning and hypothesis testing processes.

The CSE3 is scheduled over many months to get every student through the eight stations. It is critically important that the information of each case is kept strictly confidential. It is not to be shared in any way among individuals. It is expected that each student keeps all details of the eight stations to themselves so as not to compromise this milestone for their classmates.

Students will be reminded of these expected behaviors through attestations during the CSE3 testing process.

Research and Scholarship

Approved By:

Date Approved:

Revision History: 6/26/2023

Review Period: Annual

Responsible Office or Committee: Office of Medical Student Research

LCME Affiliated Elements: 9.4

Policy Statement:

Medical students are required to complete a 12-week research block as part of their curriculum, during which they must identify a research mentor and submit a written research proposal for approval.

Purpose of Policy:

This policy sets out specific requirements to ensure students meet the academic and scholarly expectations of the program.

Scope of Policy:

This policy applies to all medical students enrolled in the School of Medicine at Case Western Reserve University.

Policy:

Medical students identify a research mentor for their 12-week required research block. A written research proposal must be approved by their research mentor and the Director of Research and Scholarship and should be submitted six (6) weeks before the start of the research block. Requirements for the mandatory research block include submitting research dates, submitting a research proposal, submitting two progress reports, completing the MD Thesis, and completing the 4th year survey.

The MD Thesis should be written as a scientific paper appropriate for the field. The MD Thesis is due on February 28 of the 4th year. For detailed description of the requirements and a complete rubric please send an email to medstudentresearch@case.edu. The student MD Thesis is reviewed by a faculty panel.

Participation and Attendance Policy

Approved By:	Committee on Medical Education
Date Approved:	7/26/2018
Revision History:	6/26/2023
Review Period:	Annual
Responsible Office or Committee:	WR2 Curriculum Committee
LCME Affiliated Elements:	

Policy Statement:

At CWRU School of Medicine, students are considered junior colleagues. Here, student professionalism is valued equally as highly as mastery of the basic sciences and clinical skills; therefore, participation and attendance in WR2 are fundamental to meeting these professional and curricular responsibilities.

Purpose of Policy:

The purpose of this policy is to inform students about policies related to attendance and participation in the curriculum.

Scope of Policy:

This policy applies to all medical students in the University Program.

Policy:

When the SOM confers the MD degree, the faculty is attesting not only that the student has achieved a level of competency as measured by performance on tests, but that the student has shown a commitment to professional responsibility and has also participated in the entire educational experience that is defined by the curriculum, the LCME, and the state of Ohio.

Attendance is required in all instances where students collaborate or patients are involved. When students collaborate in the process of learning, the quality of what goes on depends on the contributions and interactions among the participants. Failure to attend and collaborate harms the knowledge exchange for the individual student and the group. Because the group setting involves putting one's thoughts into words to teach others, students can advance their learning in a group setting in ways that are not possible when studying independently.

Attendance at patient-based activities is required out of respect for the individuals that allow us to learn from their lives. In all instances, students must be on time and well prepared.

Foundations of Medicine and Health (Pre-Clerkship Curriculum)

On time attendance is required at:

- Classes and venues that require student collaboration
 - IQ groups
 - FCM Seminars
 - Team Based Learning sessions/Medium Sized Groups
 - Anatomy Sessions with cadavers and GARLA sessions
 - Musculoskeletal week
 - IPE activities
 - Procedures workshops
 - Other activities as indicated in Canvas
- Classes and other venues involving patient participation
 - CPCP
 - Physical Diagnosis
 - Communication Workshops
 - Medical Interviewing Sessions
 - Clinical Immersion - Attendance is required at all sessions during the week

Consequences: Failure to attend or repeated tardiness is a failure of professionalism

The Office of Curricular Affairs tracks attendance and tardiness for required learning experiences.

Attendance

- Students who have any unapproved absences will receive a designation of “**Does Not Meet**” for that activity of the Block. A student who receives a “Does Not Meet” designation in any activity of a block will receive an overall Block decision of **Does not Meet Expectations**.
- A student who “Does Not Meet Expectations” in any block meets with his/her Society Dean and with a coach from the Professionalism Working Group who will work with the student to develop a remediation plan that may include subsequent meetings around professionalism, required research, writing, and reflection on professionalism and development of an educational contract. Upon successful completion of the remediation plan, the student’s grade will convert to “**Meets Expectations**”.
- A pattern of professionalism lapses can result in referral to the Committee on Students.

Tardiness

- Repeated instances of tardiness are considered a professionalism lapse and may result in assignment of “**Does Not Meet Expectations**” for a block and referral to the Professionalism Working Group for coaching.

*Approved by WR2 Curriculum Committee 6/21/2018;
Approved by Committee on Medical Education 7/26/2018*

Collaborative Practice I Attendance

Collaborative Practice I (CP I) sessions are cancelled when students from most or all of the programs are away, including major holidays. Attendance is mandatory for all other scheduled learning sessions in order to maintain momentum and progress on the team project. We recognize that program-specific requirements (such as block examinations or breaks outside the university calendar) may rarely necessitate that students from a program miss a required Collaborative Practice I session. Therefore, this attendance policy was developed to address these situations while ensuring equity among the students regarding their participation in CP I.

1. **CP I Session Absence:** Each student may be absent from two (2) required sessions each semester (fall/spring), and an absence from CP I for any planned reason requires the utilization of a CP I absence. To use a CP I absence, the student should notify the team and the CP I staff (see below) of the date of the absence in advance. The team as a whole should work together to coordinate team member absences such that the team is able to meaningfully participate in TBL session, progress on the project continues in a timely and effective manner, and the team's commitments to their community site are honored. Students can miss a class (TBL session) or community-based project session. If they miss a class (TBL) session, they should complete the preparation materials, but they are not expected to take the individual and team readiness assurance tests.
2. **Absences due to illness or other unexpected circumstances:** Typically, excused absence from a class session (other than the discretionary absences described above) will be granted only in situations that are beyond the student's control (for example, student illness, a death in the family). Students should follow their school's/program's protocol for documentation of an absence (for example, provision of documentation from a healthcare provider).

Reporting Absences: When a student is absent for any reason, it is the student's responsibility to contact:

- The other members of their team to notify them of the absence
- Laura Huffman, Program Manager for the Collaborative Practice I
- Melissa Mick, Program Manager for Community-Based Experiences.

Life events

The medical school acknowledges that unpredictable events affecting attendance can and do occur. When these situations (such as medical emergencies, important changes in life circumstances, parenting issues, etc.) arise, the faculty will work with the student to find a solution. As soon as a student becomes aware of a situation that might affect fulfilling course obligations and attendance requirements, or influence the course of study, it is the responsibility of the student to consult promptly with their Society Dean.

Religious Practices

The CWRU SOM policy on religious observations follows that of the University which states that any student in an educational institution who is unable, because of their religious beliefs, to attend classes or to participate in any examination, study or work requirement on a particular day shall be excused from any such examination, study or work requirement. The student shall be provided with an opportunity to make up such examination, study or work requirement that they may have missed because of such absence on any particular day, provided that such makeup examination or work does not create an unreasonable burden upon the school. The school expects students to use careful discretion in judging the importance of a particular observance. It is the responsibility of the student to inform their Society Dean in advance as to whether or not she will be absent due to a particular religious observance.

Vacations

Student vacations are limited to the periods specified by the official academic calendar.

Student Managed Flex Days

The attendance and participation policy respects individual student needs for some flexibility in scheduling academic and personal responsibilities. All students therefore have flex days that they may request at their discretion. If there is a need for flexibility beyond the flex days, students can work with their Society Deans to find solutions that address their individual circumstances.

Students have the opportunity for up to **3 flex days** in year 1 [Blocks 1-4] and **2 flex days** in year 2 [Blocks 5-6]. Examples of flex day absences include weddings, family occasions, social obligations, summer job interview, family illness, child's school conference, etc. Students need not provide a reason for requesting a flex day. Flex days do not carry over from year 1 to year 2.

Flex days may not coincide with the final IQ week of a block, clinical immersion, examination days, or be utilized immediately preceding or following vacations ("bookending").

Requesting Flex Days and Other Absences

There are important limitations to requesting flex days: 1) flex day absences will not be granted to "bookend" any official school vacations or holidays (including 3-day weekends), during clinical immersions, on examination days, or during the final IQ week of a block; 2) the curriculum contains several categories of unique small group sessions that are part of Block 8 and not feasible to recreate (clinical preceptorships, simulation sessions, communications workshops, physical diagnosis sessions, procedures workshops, etc.). Because these required sessions are so difficult to recreate, it is likely that students will not be able to miss these sessions. Where possible, student requests to reschedule may be supported, with advance communications that include all parties. Otherwise, such sessions are not eligible for "excused" or "flex day" absences.

Absences other than flex days must be approved by the Society Deans to be considered excused. Some examples of other approved absences include personal illness, personal or family emergency, religious observance, or presenting at a conference. These absences will generally not be approved during clinical immersion week, on examination days, or to "bookend" any official school vacations or holidays.

***** *Out of respect, the student should discuss their planned absence with all faculty and students involved once approval for a flex day or other absence is received.* *****

Amended 10/1/2020 by CWRU WR2 Committee

Procedure for Submitting a Request for Flex Days and Other Absences

A student who needs to miss scheduled/required activities must request approval at least **THREE working days in advance**. **The request must be made by submitting an Absence Request Form, available in WR2 Essentials section of Foundation of Medicine and Health course in Canvas.**

- Requests for **flex days** can be made by completing an Absence Request Form and submitting it for approval at least three working days in advance. In the event that a student unexpectedly would like to request a flex day, he/she should submit the request immediately and email som-attendance@case.edu to ask to be considered for a delayed approval.

Procedure for Submitting a Request for Excused Absences (non-Flex Day)

- Requests for an absence other than flex a day must be approved by the student's Society Dean. The student can complete an Absence Request Form prior to the date or up to two weeks after the absence. The student may wish to discuss the request with their Society Dean. The request will be sent electronically to the student's Society Dean for approval.
- **Unexpected illness and other personal or family emergencies** will be handled in a different time frame, but with the same process, i.e. **requests for approval of absences due to illness and other personal or family emergencies must be made using the Absence Request form and choosing the Request for Approved Absence option on the form, even if the submission is made after the affected sessions have occurred.**

Please note that individual faculty leaders for any Foundations of Medicine and Health (Blocks 1-8) activity are not authorized to approve absences.

Policy for Clinical Rotations

Attendance and punctuality during all aspects of clinical rotations are expected and considered an important part of a student's evaluation. **Unless the absence in question is entirely unanticipated (death or serious illness in the family), students should enter their requests at least 30 days before the proposed absence. This policy applies to all clinical rotations (Cores, Acting Internships, and Electives).**

Students must discuss their absences with the appropriate people before submitting the form (see guidelines below). This policy applies to all clinical rotations (Core Clerkships, Acting Internships, and Electives). The **Absence Request Form for Clinical Rotations** and the **Instruction Sheet** are available in the Canvas course, "SOM Y3 Essential Information", under SOM Clerkship Policies.

Note, flex days do not apply to clinical rotations – all absences must be requested in advance.

Limited absence that can be approved by the Clerkship/Elective Director:

- Limited to 3 days per Core or 4-week elective, and 1-2 days per 2-week elective; and
- Involve clear-cut reasons such as meeting presentation, major events involving close family (weddings, etc.)
- Missed curricular content (such as case conference, simulation, etc.) would need to be made up at the discretion of the director
- Absence that affects the Friday afternoon curriculum needs to be approved by the appropriate course directors for either the College or the University Program. ***Please note that all of these Friday absences must be approved separately from any conversation with the clerkship director.***

Absence that would require discussion with the Clerkship/Elective Director, Assistant Dean for Clinical Education, and Society Dean/Physician Advisor:

- Repeated absence in one Core, Acting Internship or Elective for any reason or absence greater than three days, or 1-2 days in the case of 2-week electives.
- In the event that any leave beyond 3 days is approved, both the content and time of this additional leave would need to be made up in a fashion acceptable to the rotation or elective leadership.

Sciences and Art of Medicine Integrated Attendance Policy

For University Program students rotating on any clerkship model [1], attendance at all Sciences and Art of Medicine Integrated (SAMI) sessions in their entirety is mandatory. Students on electives or research are not expected to attend SAMI sessions during their elective or research blocks.

Unapproved absences will result in referral to the Professionalism Working Group.

Absences may be approved for the following reasons according to the following procedures:

FLEX Day: Students are permitted to take one SAMI FLEX day to miss one session during the SAMI program which is scheduled on Friday afternoons for University Program students. Note that this means a single FLEX day for the entire third year SAMI program. Requests for use of SAMI Flex days must be entered into the [online SAMI attendance system](#), indicating "FLEX day" as the reason for the absence request.

The FLEX day is to be used at the discretion of the student with the following stipulations. The FLEX day...

- applies to missing all or part of a SAMI session.
- applies only to a Friday on which SAMI is scheduled. Other Friday afternoon absences will be handled by the student's clerkship director.
- does not apply to absence from a clerkship. All absences involving clerkship duties must be arranged through the clerkships and follow clerkship attendance guidelines.
- should be submitted for approval at least 14 days in advance of the date being requested.

Presentations at Conferences: Students may request to be absent from SAMI to present at a regional, national, or international conference.

- Students should describe details about the meeting and their role in the conference within the [online SAMI attendance system](#).

Personal or Family Emergencies: A student who requests to be absent from SAMI to attend to a personal or family emergency will be asked to seek approval from their society dean. Students who have been granted permission to miss SAMI for an emergency are then asked to:

- Submit the request in the [online SAMI attendance system](#).
- Students should indicate "Personal or Family Emergency" as the indication for the absence.

Automatic Trigger for Make-Up Work:

- Students who are granted a 2nd excused absence for any of the above reasons (with the exception of illnesses below) will be required to make up the 2nd session.
- If a student reaches 3 missed SAMI sessions for any combination of reasons, including illnesses, they will be required to make-up the 4th (and all subsequent) sessions.

Illness: Students who are ill enough to miss clinical activities should not attend in-person SAMI sessions. Students may attend remotely, at their discretion. Students must enter an absence request if they do not attend in-person SAMI; remote attendance due to illness will not be counted as an absence. Absence requests must be entered into the [online SAMI attendance system](#) as soon as possible but not more than 48 hours following the missed session.

- A student may miss two SAMI sessions due to illness.
- A 3rd missed session for illness (and all subsequent sessions missed due to illness) will require make-up work, and SAMI leadership will notify the student's society dean.

Make-Up Work:

- Students will be contacted by SAMI leadership with the work to complete to make up a session. Make-up work will reflect all components of the SAMI session.
- All make-up work must “Meet Expectations” as determined by the SAMI directors.
 - Work which “Does Not Meet Expectations” will constitute an unexcused absence and be referred to the Professionalism Working Group.

[1] Models include the traditional block model, CCLC, and Metro LIC.

Leave of Absence or Extension

Approved By:

Date Approved:

Revision History: 6/26/2023

Review Period: Annual

Responsible Office or Committee: SOM Office of the Registrar

LCME Affiliated Elements:

Policy Statement:

The CWRU School of Medicine has established guidelines for requesting an extension or leave of absence, allowing students the opportunity to pursue research, academic enrichment, or address health-related concerns.

Purpose of Policy:

The purpose of the guidelines for requesting an extension or leave of absence is to provide students with the flexibility and support they need to engage in activities outside of the curriculum while ensuring compliance with the necessary procedures and maintaining accountability for degree completion and financial responsibilities.

Scope of Policy:

This policy applies to all medical students enrolled in the School of Medicine at Case Western Reserve University, including students in the Cleveland Clinic Lerner College of Medicine (CCLCM) and the University Program.

Policy:

Requests for an Extension:

Students may choose to extend medical school beyond four years. In consultation with their Society Dean, they must submit a written proposal/request for extension or leave form that is available from the registrar. These extensions fall into three categories or a combination:

1. Extension for Research: research and up to three clinical electives at CWRU, may pursue more at other institutions

2. Extension for Academic Enrichment: remediation or additional academic work (up to three electives at CWRU, may pursue more at other institutions)
3. Extension for Health Reasons: time spent focusing on personal or family health issues

While on an Extension, a student is fully enrolled at the School of Medicine.

- The student is eligible for student health insurance
- The student is covered under the University medical malpractice liability insurance
- The student is responsible for the financial aid ramifications

A student may request an extension by meeting with their Society Dean, crafting a proposal for the additional time, and submitting a Request for Extension/Leave of Absence form to the Registrar.

An additional year may be requested in a written proposal to the Committee on Medical Students. The section on Tuition explains the financial ramifications.

The MD degree must be awarded within six (6) calendar years of first matriculation, except for those students in the Medical Scientist Training Program (MSTP).

Requests for a Leave of Absence:

A leave of absence must be approved by the student's Society Dean (University Program) or the Associate Dean for Admissions and Student Affairs (CCLCM). Students can encounter a variety of circumstances that can lead to a leave of absence. Students can submit a request for leave of absence in writing to their Society Dean for approval.

Students returning after a leave of absence for elective reasons will pay tuition at the level of the class they join as outlined in the Tuition Policy. Students on any kind of leave of absence are responsible for clearing all their financial obligations (loans, health insurance, computer, other) through the Office of Financial Aid.

Students on a leave of absence who have not completed one full semester should note that during the leave of absence they are:

- Not eligible for the University sponsored student medical plan,
- Not covered under the University medical malpractice liability insurance,
- Responsible for arranging for any applicable loan repayment grace period.

All students on a leave of absence must notify their Society Dean of their intent to re-enter school by the April 1 preceding the academic year of re-entry.

The MD degree must be awarded within six (6) calendar years of first matriculation, except for those students in the Medical Scientist Training Program (MSTP).

Pregnancy and Parenting Accommodations

Approved By:	Committee on Medical Education
Date Approved:	5/5/2022; 5/26/2023
Revision History:	N/A
Review Period:	Annual
Responsible Office or Committee:	SOM Office of Student Affairs
LCME Affiliated Elements:	12.4

Policy Statement:

The policy of the CWRU School of Medicine, through the CWRU Office of Equity and the SOM Office of Student Affairs, is to provide comprehensive support and reasonable accommodations to pregnant and parenting students, promoting their academic success by ensuring access to necessary adjustments, resources, and protections against unfair treatment, in accordance with Title IX and the Americans with Disabilities Act (ADA).

Purpose of Policy:

The purpose of the Case Western Reserve University School of Medicine's policy on supporting pregnant and parenting students is to ensure that these students are provided with necessary accommodations, resources, and protections, allowing them to successfully navigate their academic journey while fulfilling their parental responsibilities.

Scope of Policy:

This policy applies to all medical students enrolled in the School of Medicine at Case Western Reserve University, including students in the Cleveland Clinic Lerner College of Medicine (CCLCM) and the University Program.

Policy:

Case Western Reserve University School of Medicine, through both the Office of Equity and the Office of Student Affairs, supports pregnant and parenting students so they can achieve academic success while pregnant, recovering from the birth of a child, caring for a newborn, and/or breastfeeding.

Students should meet with their Society Dean/Student Affairs Dean to map out a detailed plan of adjustments and accommodations as early in pregnancy as feasible. The Office of Equity can help support students by identifying available pregnancy and parenting accommodations and serves as an additional resource. All pregnant students are strongly encouraged to contact the [Office of Equity](#) to understand the scope of available accommodations and options.

A Student Affairs Dean will work with the teaching faculty to determine what accommodations are reasonable and promote the full attainment of the curricular learning objectives and technical standards. This plan will be reviewed and approved by a committee including all the Society Deans/ Student Affairs Deans and the Assistant Dean for Diversity Equity and Inclusion. The plan will be communicated to the

Office of Curricular Affairs and other parties as necessary for implementation of the plan, acknowledging that the care of a pregnancy and newborn are unpredictable, and adjustments to the plan are likely.

Adjustments to Promote Student Success:

Title IX (federal legislation to eliminate gender discrimination against students) prohibits schools from penalizing students because they need time off or other reasonable accommodations due to pregnancy, childbirth, or caring for an infant. The Office for Civil Rights (OCR) within the United States Department of Education is responsible for enforcing Title IX, which states: “No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity”^{1,2}

A pregnant student may also be entitled to reasonable accommodation under the Americans with Disabilities Act (ADA) for serious health conditions arising from pregnancy or conditions that constitute a disability and arise from an exacerbation, due to pregnancy, of an existing impairment.

Under Title IX and the ADA, a reasonable accommodation includes a change in the academic environment, or the way things are customarily done, that enables an individual who is or was pregnant or is caring for a newborn, to complete the essential elements of a course with or without an accommodation, attend and/or be successful in class, or enjoy equal benefits and privileges of education.

Student Accommodations:

Reasonable accommodations cover pregnant students and co-parents, regardless of gender. For pregnancy, this includes pregnancy symptoms and complications, infertility, miscarriage, termination of pregnancy, recovery from any of these events, and parenting an infant.

All academic requirements must be met before graduation. Reasonable accommodations may result in the extension of time needed to complete the MD degree.

Individualized support and reasonable accommodations may include the following:

- Academic support (extended deadlines, flexible exam scheduling, ability to take breaks during exam, excused absences, grades of incomplete, remote learning)
- Temporary parking in a closer location
- Modification of policies, including attendance policies
- Modified clinical schedules
- Leaves of absence
- Access to nursing/lactation sites on campus and at the hospital affiliates
- Frequent breaks for nursing/lactation or to manage fatigue
- The ability to eat in class, if necessary, to manage health conditions arising from pregnancy

Other reasonable accommodations, designed to support students but not discussed here, may be available based on individual circumstances.

Unfair Treatment

Students who feel they are being treated unfairly because they are pregnant or parenting should contact the Office for Equity for assistance. Possible concerns about unfair treatment may include:

- Instructors not fully implementing accommodations

- Someone questioning a student's accommodations (remember, pregnant and parenting students do not have any obligation to tell their story or share information with anyone except the Office for Equity to communicate the student's eligibility for an accommodation)
- Someone singling out a student because of the student's pregnancy or status as a parent

Students with concerns about discrimination should contact the Office for Equity for information about options for reporting and help with problem solving or other strategies.

References:

<https://www2.ed.gov/about/offices/list/ocr/docs/pregnancy.html>

OCR's pamphlet, "Supporting the Academic Success of Pregnant and Parenting Students," Under Title IX of the Education Amendments of 1972, states:

Title IX protects students in all of the academic, educational, extracurricular, athletic, and other programs or activities of schools. This includes prohibiting discrimination against pregnant and parenting students . . .

To ensure a pregnant [or parenting] student's access to its educational program, when necessary, a school must make adjustments to the regular program that are reasonable and responsive to the student's . . . status . . .

For example, a teacher may not refuse to allow a student to submit work after a deadline that she missed because of absences due to pregnancy or childbirth [or parenting] . . .

As required by Title IX, [schools must] assist pregnant and parenting students who have excused absences by providing them with make-up assignments and exams. As long as the absences are excused, schools should allow pregnant [and parenting] students to make up the work that they missed.

<https://www2.ed.gov/about/offices/list/ocr/letters/colleague-201306-title-ix.html>

A "Dear Colleague Letter" published by OCR states:

We as a nation need to do more to help the hundreds and thousands of young people who become mothers and fathers each year graduate . . . To help improve the . . . graduation rates of young parents, we must support pregnant and parenting students so they can stay in school and complete their education, thereby building better lives for themselves and their children.

Disabilities and Accommodations

Approved By:

Date Approved:

Revision History: 6/23/2023

Review Period: Annual

Responsible Office or Committee: CWRU Office of Disability Resources

LCME Affiliated Elements: 10.5

Policy Statement:

Accommodations and services are available for students with a variety of disabilities.

Purpose of Policy:

The purpose of this policy is to provide procedures and information for those students that require accommodations.

Scope of Policy:

This policy applies to all medical students enrolled in the School of Medicine at Case Western Reserve University.

Policy:

The School makes accommodations available to those students who, because of a documented disability, require accommodations. Students who seek accommodations must follow procedures outlined in the Technical Standards. More information is available on the [Disability Resources website](#).

Remediation

Approved By:	Committee on Medical Education
Date Approved:	7/28/2016
Revision History:	6/23/2023
Review Period:	Annual
Responsible Office or Committee:	Office of Student Assessment
LCME Affiliated Elements:	9.4

Policy Statement:

The end-of-block ratings include various components. Students who meet all criteria receive a satisfactory rating, while those who don't require targeted remediation. Incomplete ratings are given in case of illness or emergency. Referral to the Committee on Medical Students may occur for consistent underperformance.

Purpose of Policy:

The purpose of this policy is to assess student performance, provide targeted remediation when needed, and ensure competency attainment in each curriculum block.

Scope of Policy:

This policy applies to all medical students enrolled in the School of Medicine at Case Western Reserve University.

Policy:

The Following components make up the end of block ratings (note that some components will not be represented in some blocks):

1. SSEQs
2. Structure Practical Exercise
3. Cumulative Achievement Test
4. Final Case Inquiry Faculty Assessment
5. Medium Group Faculty Assessment
6. Foundations of Clinical Medicine
7. Clinical Immersion Exercise / Field Experiences
8. Professional Learning Plan / Society Dean Advising Meeting

Definitions and consequences of end-of-block ratings:

Achieves or Exceeds competencies; overall satisfactory achievement of criteria: the student has met expectations for all components of the block.

Does Not Meet criteria: 3 possibilities

- **Targeted remediation required** - Students will receive this rating if they do not meet criteria for any of the following:
- Structure Practical Exercise (Gross Anatomy / Radiology and Histopathology)
- Final Case Inquiry Faculty Assessment
- Medium Group Faculty Assessment
- Foundations of Clinical Medicine
- Clinical Immersion / Field Experiences
- Professional Learning Plan / Society Dean Advising Meeting

Students are required to meet with their Society Dean to discuss the process of remediating targeted component(s). For an overview of the targeted remediation process, please see the Targeted Remediation Process document.

Deadlines: Targeted remediation for Blocks 1-4 must be completed prior to the start of Block 5. Targeted remediation for blocks 5 and 6 must be completed before the student can continue with any curricular activities beyond the Foundations of Medicine and Health at the end of Block 6. Note that the Structure Practical Exercise is a component of each of blocks 1-6. Exceptions to this timing must be approved by the student's Society Dean and the Director of Student Assessment.

2. **SSEQ remediation** - Students who do not meet criteria for the SSEQ examination are required to remediate. All students are required to pass a parallel form of the assessment designed by block faculty.

Deadlines: Block 1 **SSEQ remediation** must be completed by the end of winter break of the same academic year. **SSEQ remediation** for Blocks 2-4 must be completed prior to the start of Block 5. **SSEQ remediation** for Blocks 5 and 6 must be completed before the student can continue with any curricular activities beyond the Foundations of Medicine and Health at the end of Block 6. Exceptions to this timing must be approved by the student's Society Dean and the Director of Assessment and Evaluation.

3. **Incomplete** - Student is unable to achieve the objectives of the block due to illness or emergency. Students will work with their Society Dean and corresponding block faculty/staff to develop a suitable schedule for fulfilling block requirements.

Referral to Committee on Medical Students (COMS):

A student record will be provided to COMS if identified ("Does Not Meet" expectations) in the same assessment component or competency twice throughout Foundations of Medicine and Health (SSEQ, Structure, IQ, professionalism, etc.), or if a student is identified in 3 or more different assessment components. After the review, COMS may request to see the student at a subsequent meeting.

For complete COMS policies, see the Committee on Medical Students section in the Student Handbook.

Grade Appeal Policy

Approved By:	Committee on Medical Education
Date Approved:	7/28/2016
Revision History:	6/23/2023
Review Period:	Annual
Responsible Office or Committee:	Office of Student Assessment
LCME Affiliated Elements:	9.4

Policy Statement:

Students can appeal a grade received in a block, clerkship, or AI rotation by first meeting with the director(s), and if unresolved, filing a formal written appeal with the Student Assessment Committee and, if needed, with the Vice Dean for Medical Education and the Dean of the School of Medicine on procedural grounds.

Purpose of Policy:

The purpose of this policy is to provide a structured process for students to appeal their grades in blocks, clerkships, or AI rotations, ensuring fairness and accountability in the evaluation and grading procedures.

Scope of Policy:

This policy applies to University Program medical students enrolled in the School of Medicine at Case Western Reserve University.

Policy:

1. A student wishing to appeal the grade¹ received in a particular block, clerkship, or AI rotation should first attempt to resolve the matter by meeting with the block, clerkship, or AI rotation director(s). The request for a meeting should occur within 10 business days of release of the student's grade to the student.
2. If the student has attempted resolution via the block, clerkship, or AI rotation director(s) without success and would like to pursue the matter further, the student may file a formal written appeal with the Co-Chairs of the Student Assessment Committee who will gather the facts and work to resolve the matter. The appeal must be made within 25 business days of release of the student's grade to the student, and must follow the format below². The Co-Chairs of the Student Assessment Committee (or designees) shall investigate the matter and make a decision to sustain the appeal or deny the appeal.
3. If the student is not satisfied with the resolution after following the above processes, then the student may appeal the decision. The student should forward the formal written appeal to the Vice Dean for Medical Education of the School of Medicine (or designee) within 10 business days from the time the decision was conveyed to the student. The Vice Dean will consider the student's arguments and may either adjudicate the appeal themselves or appoint an appeal panel. Witnesses may be called at the discretion of the chair of the appeal panel. No legal counsel is permitted in the appeal hearing. However, a student may request that a faculty member or another student be

present in the capacity of an advisor to provide the student advice but may not represent the student or directly question or cross-examine witnesses. A family member may not serve in this role. The appeal panel will make a recommendation to the Vice Dean. The Vice Dean will make a decision to sustain or deny the appeal.

4. If, after being notified of the decision, the student feels that the School of Medicine did not properly follow its established procedures, then an additional written appeal may be forwarded to the Dean of the School of Medicine within 10 business days and may only appeal on the basis of procedural issues. This step exhausts the student's appeal options and the Dean's determination is final.

¹ Note that this policy applies to University Program students since grades are not assigned to students in the Cleveland Clinic Lerner College of Medicine.

² Submit a Word document to SOMgradeappeal@case.edu containing the following:

Your name:

The block, clerkship, or AI rotation:

Site (if applicable):

Date that you completed it:

Your attempts to resolve the matter with the block, clerkship, or AI rotation director:

Grade received:

Grade you believe you earned:

Justification and rationale for this assertion:

Comment Appeal Policy

Approved By:	WR2 Curriculum Committee
Date Approved:	3/2/2023
Revision History:	N/A
Review Period:	Annual
Responsible Office or Committee:	Student Assessment Committee
LCME Affiliated Elements:	9.5

Policy Statement:

In cases where a student wishes to appeal the end of rotation comments received in a clerkship, a formal appeal process is in place that ensures a fair and thorough review.

Purpose of Policy:

The purpose of the appeal process for end of rotation comments in clerkships is to provide a fair and transparent mechanism for students to address concerns and seek resolution.

Scope of Policy:

This policy applies to all medical students in the University Program.

Policy:

A student wishing to appeal the end of rotation comments received in a clerkship should first attempt to resolve the matter by meeting with the clerkship director(s). The request for a meeting should occur within 10 business days of release of the student's end of rotation comments to the student.

If the student has attempted resolution via clerkship director(s) without success and would like to pursue the matter further, the student may file a formal written appeal with the Co-Chairs of the Student Assessment Committee who will gather the information. The information will be sent to the Comments Appeal Committee composed of the four Assistant Deans for Clinical Education. The appeal must be made within 25 business days of release of the student's EOR comments to the student. The Assistant Dean for Clinical Education at the corresponding clinical site will investigate the matter and make a decision to sustain the appeal or deny the appeal.

If the student is not satisfied with the resolution after following the above processes, then the student may appeal the decision. The student should forward the formal written appeal to the Vice Dean for Medical Education of the School of Medicine (or designee) within 10 business days from the time the decision was conveyed to the student. The Vice Dean will consider the student's arguments and may either adjudicate the appeal their self or appoint an appeal panel. Witnesses may be called at the discretion of the chair of the appeal panel. No legal counsel is permitted in the appeal hearing. However, a student may request that a faculty member or another student be present in the capacity of an advisor to provide the student advice

but may not represent the student or directly question or cross-examine witnesses. A family member may not serve in this role. The appeal panel will make a recommendation to the Vice Dean. The Vice Dean will make a decision to sustain or deny the appeal.

If, after being notified of the decision, the student feels that the School of Medicine did not properly follow its established procedures, then an additional written appeal may be forwarded to the Dean of the School of Medicine within 10 business days and may only appeal on the basis of procedural issues. This step exhausts the student's appeal options and the Dean's determination is final.

POLICIES AND PROCEDURES: Advancement

IN THIS SECTION:

Promotion Guidelines

USMLE Step 1 expect

USMLE Step 2 CK

Medical Student Performance Evaluation

Committee on Medical Students

COMS: What to Expect

Graduation Requirements

Licensure Considerations

Promotion Guidelines

Approved By:	Committee on Medical Education
Date Approved:	
Revision History:	6/27/2023
Review Period:	Annual
Responsible Office or Committee:	
LCME Affiliated Elements:	10.3

Policy Statement:

In order to successfully complete the Foundations of Medicine and Health curriculum, students are required to attain satisfactory grades in all its components.

Purpose of Policy:

The purpose of this policy is to provide promotion guidelines.

Scope of Policy:

This policy applies to all medical students enrolled in the School of Medicine at Case Western Reserve University.

Policy:

Students must achieve passing marks in all components of the Foundations of Medicine and Health curriculum. If a student does not meet expectations in any block, remediation is required.

The Committee on Medical Students approves all student promotions and approves students for graduation.

Committee on Medical Students

Approved By:	SOM Faculty Council
Date Approved:	
Revision History:	11/18/2022
Review Period:	Annual
Responsible Office or Committee:	Committee on Medical Students
LCME Affiliated Elements:	9.9, 10.3

Policy Statement:

The Committee on Medical Students (COMS) is responsible for reviewing the performance of medical students in the School of Medicine, making decisions on student standing and promotions, and recommending candidates for the award of the MD Degree, with adherence to the Student Code of Conduct and the consideration of various competencies. The COMS operates through regular meetings, ensures confidentiality, and allows for student requests for reconsideration and appeals, ultimately aiming to uphold the standards of medical education and maintain fairness and accountability.

Purpose of Policy:

The purpose of this policy is to outline the responsibilities, procedures, and decision-making authority of the Committee on Medical Students (COMS) in reviewing and assessing the performance of medical students in the School of Medicine. It also establishes the processes for student promotions, degree award recommendations, reconsideration requests, and appeals, ensuring fairness, accountability, and adherence to the standards of medical education.

Scope of Policy:

This policy applies to all medical students enrolled in the School of Medicine at Case Western Reserve University.

Policy:

The Committee on Medical Students (COMS) is a standing committee of the Faculty of Medicine charged with the responsibility of reviewing the total performance of all medical students in the School of Medicine. By approval of this charge, the Faculty of Medicine delegates to the COMS the authority for decisions on student standing and student promotions. The COMS will recommend candidates for the award of the degree of Doctor of Medicine to the Faculty of Medicine. A summary of the actions of the COMS will be reported to the Faculty Council annually.

There are differences in the curricular structure and assessment between the two CWRU programs: the Cleveland Clinic Lerner College of Medicine (CCLCM) and the University Program. Therefore, the Committee on Medical Students delegates the review of Case Western Reserve University students enrolled in the CCLCM to its subcommittee, the Medical Student Performance Review Committee (MSPRC). The MSPRC will provide the COMS with an annual report of its recommendations for promotion and remediation. In the case of recommendations for dismissal or repetition of an entire academic year, the Chair of the MSPRC will present these cases and recommendations at the next

scheduled COMS meeting. The COMS will be responsible for either approving or not approving the recommendations of the MSPRC. If the COMS does not approve a decision of the MSPRC, the COMS will direct the MSPRC to take an alternative action.

Medical school education entails the mastery of a designated set of competencies which include Research and Scholarship, Knowledge for Practice, Interpersonal and Communication Skills, Professionalism, Personal and Professional Development, Patient Care, Teamwork and Interprofessional Collaboration, Systems-based Practice, and Reflective Practice. The COMS reviews an identified student's total performance in the attainment of these competencies. This includes not only the usual indices of formal grades and evaluations but also the professional attitudes and behavior manifested by the student. The COMS acts on behalf of the Faculty of Medicine in disciplinary matters involving medical students and upholds the Student Code of Conduct as described in the Case Western Reserve University Undergraduate Student Handbook.

The COMS meets at regular intervals according to a schedule set by the Chair at the beginning of each academic year. Additional meetings may be called by the Chair. The presence of a simple majority of voting members is considered a quorum, and official decisions of the COMS require the presence of a quorum. A motion is adopted when affirmed by a simple majority of voting members present.

The Chair is responsible for creating the agenda and arranging for its dissemination to all committee members prior to the meetings. The Chair (or designee) presides over meetings, and the secretary is responsible for recording the minutes. Minutes of the prior meeting are approved and/or revised as the first order of business. The Office of Assessment and the Society Deans are responsible for the presentation of specific information concerning the performance of students.

Reasonable efforts are made to contact each student whose performance is to be reviewed so that the individual has the opportunity to present pertinent information. All members, voting and non-voting, may participate in discussions. All proceedings of the COMS are strictly confidential and may not be discussed outside of committee membership. When any member of the COMS has any relationship with a student that is likely to interfere with the committee member's ability to remain impartial in making a decision about that student, that committee member must recuse themselves from any involvement in the student's case. The recused member shall not be present for review of documents, committee discussions, or voting procedures related to the individual student.

All communications concerning actions of the COMS come through the Associate Dean of Student Affairs or their designee and are communicated to the student by letter within three business days.

Students have the right to request reconsideration of decisions made by the COMS, including those recommended by the MSPRC. Notice to request reconsideration must be presented in writing to the Associate Dean of Student Affairs (University Program) or the Associate Dean for Student Affairs (College Program) within ten days of the student's receipt of the initial decision. The formal written request should include a statement of the student's reason/s for requesting reconsideration and may identify faculty who can provide pertinent information in support of the reconsideration. The reconsideration will be scheduled for the next regular meeting of the COMS. The student is expected to be available to address the COMS and respond to questions. The student has the right to have a faculty advocate appear with them before the COMS. No other advisor or advocate, other than the CWRU faculty member designated by the student, will be permitted to accompany the student to the reconsideration. The advocate may not be a family member. The student and advocate will not be present during the committee deliberation and vote. The Associate Dean of Student Affairs or their designee will communicate the decision to the student in writing within three business days after the reconsideration.

A student may appeal a decision of the COMS for the following reasons:

1. The Committee failed to follow its own policies and procedures when reaching a decision
2. New evidence is available that could impact the Committee's original decision

A student may appeal the reconsideration decision of the COMS. Appeals must be requested in writing by the student within fourteen days of the final decision of the COMS and should be addressed to the Dean. The appeal will be made to an independent, three-member appeals panel, consisting of (i) one block leader appointed by the Dean or their designee, (ii) one clinical clerkship director appointed by the Dean or their designee, and (iii) a faculty member chosen by the Assistant Dean for Diversity, Equity, and Inclusion for Students. Members of the COMS are excluded from sitting on the appeals panel.

Prior to proceeding with the appeals hearing, the student will be notified in writing of the individuals appointed to the panel. Any student concerns regarding the composition of the appeals panel may be raised by the student to the Dean via formal written communication at least seven days prior to the scheduled appeals hearing. In such circumstances, the Dean will be the final authority on the panel composition.

During the appeals process, the COMS chair will present the facts of the case as well as the original ruling of the COMS. The student will be allowed to present their reasons for appealing the decision including any and all supporting evidence that form the basis for the appeal. The decision of the appeals panel will be according to majority vote and will be communicated to both the Dean and the Chair of the COMS in writing within three business days of the hearing. A copy of the appeals panel's decision will be conveyed in writing to the student via the student's Society Dean within seven business days of the appeals panel hearing.

The COMS is a standing committee of at least nine voting members, including a chairperson who is appointed in accordance with the bylaws of the Faculty of Medicine. Nine members will be elected by the Faculty of Medicine from among its membership. The Dean of the School of Medicine may appoint up to four additional voting members at their discretion. At least four voting members must represent the basic science departments and at least five voting members must represent the clinical departments. The following will serve as ex officio members without voting privileges: the Associate/Assistant Deans of Student Affairs (University Program), the Chair of the Committee on Medical Education, the Vice Dean for Medical Education, the Associate Dean for Curriculum (University Program), the Assistant Dean for Basic Science Education (University Program), the Assistant Deans for Clerkship Education, and the Chair of the MSPRC or their designee. The Registrar of the School of Medicine will serve as secretary. The COMS Chair may choose to invite guests based upon required expertise.

The term of office of voting members is five years. Elections will be staggered so that at least one member will be replaced or re-elected each year. An elected member who resigns during a term of office will be replaced through an appointment made by the Chair of the Faculty Council. An appointed member who resigns during a term of office will be replaced through an appointment made by the Dean of the School of Medicine or their designee. The Chair may vacate the term of a voting member who misses more than two scheduled meetings during an academic year.

COMS: What to Expect

Approved By:	SOM Faculty Council
Date Approved:	11/16/2015
Revision History:	6/21/2023
Review Period:	Annual
Responsible Office or Committee:	Committee on Medical Students
LCME Affiliated Elements:	9.9, 10.3

Policy Statement:

The Committee on Medical Students (COMS) is responsible for reviewing the total performance of all medical students in the School of Medicine, making decisions on student standing and promotions, and recommending candidates for the Doctor of Medicine degree. The policy outlines the roles of students, the rationale for the policy's necessity, and its role in program administration.

Purpose of Policy:

The policy ensures comprehensive review of student performance and adherence to the designated set of competencies required for medical school education, including research, knowledge, interpersonal skills, professionalism, patient care, teamwork, and more.

Scope of Policy:

This policy applies to all medical students enrolled in the School of Medicine at Case Western Reserve University, including students in the Cleveland Clinic Lerner College of Medicine (CCLCM) and the University Program.

Policy:

The Committee on Medical Students conducts detailed reviews of the total performance of any student referred to it. The COMS also makes decisions regarding promotion and graduation, including reviewing the needs for alternative schedules. Review of student performance within the curriculum may include scores from examinations and performance in the clinical clerkships, as well as professional attitudes and behavior and compliance with the university's [Student Code of Conduct](#). The [Student Code of Conduct Process Flowchart](#) is described in the Student Conduct and Community Standards.

Students may be referred to the Committee on Medical Students in several ways:

1. Poor performance in any of the School's competencies (see: Curriculum)
2. Early concerns submission, if deemed appropriate by the Professionalism Working Group
3. Concern of violation of any of the University's Standards of Conduct
4. Need for scheduling accommodations that would extend medical school (excluding graduate study) beyond 5 years

If a student is referred to the COMS, the Society Dean shall inform the student in writing in advance of the meeting. The referral letter will inform the student of the issue(s) to be addressed by the Committee and

the possible range of sanctions. The student shall be advised in writing that any information they want to submit should be submitted in writing to the Committee before its meeting.

At the meeting, the Committee will review the student's complete academic record and any information provided by the Society Dean and student. The Committee shall have the discretion to hear from the student at any point in the review process, and to question the student on any matter relevant to the student's academic performance, Student Code of Conduct violations, professional behavior or attitudes. The Committee also has the discretion to consider and review any other evidence, including any documents or testimony from witnesses. Formal rules of evidence are inapplicable to the Committee's meetings. The Committee has the discretion to determine whether the student may be present and/or participate in the meeting, but the student does not have such a right. The review process is done in order to determine the best course of action for each individual student. This Committee is responsible for all determinations of promotion and graduation, repetition of a portion of the curriculum, and any sanctions including dismissal from the School. The Committee's decision on a student need not be unanimous, but is by majority vote. Actions from the Committee on Medical Students are noted in the student's permanent record as well as the Society Dean's working file and in some cases may appear on the Medical Student Performance Evaluation and official transcript of the School. The Society Dean shall notify the student in writing within three business days of the Committee's decision and actions taken.

Appeals Process

Students have the right to request an appeal hearing for reconsideration of a decision made by the Committee on Medical Students concerning themselves. Notice to request a hearing must be presented in writing to the Society Dean within ten business days of the Committee's initial decision for transmittal to the Committee on Medical Students. The formal written request should be supplemented by a statement of the student's reason(s) for requesting an appeal and faculty who can provide pertinent information in support of the reconsideration. If the request for appeal is approved, the appeal hearing will be scheduled for the next regular meeting of the COMS. At the reconsideration hearing, the student is expected to be available to address the Committee and respond to questions. The student has the right to have a faculty advocate appear before the Committee. The faculty advocate may not be a family member nor a Society Dean. No other advisor or advocate, other than the CWRU faculty member designated by the student, is permitted to accompany the student to the Committee hearing. The student and advocate are not present during Committee discussion and vote. The Committee may choose to either sustain or alter the original decision. The Society Dean or their designee shall notify the student in writing within three business days of the Committee's decision regarding the appeal.

A student may make one further appeal to the Dean of the School of Medicine only on the basis of the use of inappropriate procedures. Any appeal to the Dean must be made in writing, including the basis for the appeal, and submitted to the Office of the Dean no later than ten business days from the Committee on Medical Students' decision. If not received by the Dean's Office within that time, the right to an appeal is forfeited. If the Dean finds the student's appeal to have merit, the Dean may then request that the Committee reconsider the case and relate the reasons for the request. The Committee will then reconsider the case and either sustain or alter the original action. The Society Dean shall notify the student in writing of the Committee's decision in any matter where the Dean has asked for reconsideration. The Dean may, but is not required to, personally meet with the student. The Dean has the discretion to review the record before the Committee and, where the Dean deems it appropriate, consider any other evidence relevant to the student.

University Sanctions

The medical school, through the Office of the Vice Dean for Medical Education and the Office of Student Affairs, reserves the right to suspend any student (through Interim Separation) whose behavior indicates that his or her continued presence on campus or at academic/clinical sites constitutes a danger or disruptive force to the normal functions of the institution, the sites, to property, to others, or to the student him/herself. The process for this separation involves the following steps:

1. To the extent reasonably appropriate, the student will be notified in writing of the interim suspension and the reasons for the action.
2. To the extent reasonably appropriate, the student will be provided with a preliminary meeting with the Vice Dean for Medical Education, the Senior Associate Dean for Students, the Associate Dean for Student Affairs, and the Chair of the COMS (either in person or via teleconference).
3. The student may be required to have a psychological evaluation, the results of which may be used in the hearing.
4. The formal meeting with the COMS will follow the procedure outlined under the normal disciplinary process.

USMLE Step 1

Approved By:	Committee on Medical Education
Date Approved:	9/23/2022
Revision History:	N/A
Review Period:	Annual
Responsible Office or Committee:	Student Assessment Committee
LCME Affiliated Elements:	

Policy Statement:

The University Program requires all students to take the USMLE Step 1 by December 31st of the calendar year they complete Year 2, with successful passage being a graduation requirement. Extensions can be sought with proper approval, and students failing the exam on subsequent attempts will have specific protocols for retaking the exam and continuation of curricular activities, but failure on the third attempt may result in a formal recommendation for dismissal, as outlined by the Committee on Medical Students.

Purpose of Policy:

The purpose of this policy is to outline the requirements, procedures, and consequences related to the USMLE Step 1 examination for students in the University Program, ensuring their understanding and application of essential medical science concepts and facilitating their progression towards graduation and competent medical practice.

Scope of Policy:

This policy applies to all medical students enrolled in the University Program of the School of Medicine at Case Western Reserve University.

Policy:

USMLE Step 1 assesses whether students understand and can apply important concepts of the sciences basic to the practice of medicine, with special emphasis on principles and mechanisms underlying health, disease, and modes of therapy. Step 1 ensures mastery of not only the sciences that provide a foundation for the safe and competent practice of medicine in the present, but also the scientific principles required for maintenance of competence through lifelong learning. Step 1 is constructed according to an integrated content outline that organizes basic science material along two dimensions: system and process.

Visit the [United States Medical Licensing Examination](https://www.usmle.org/) website for more details.

All students in the University Program must take the USMLE Step 1 by December 31st in the calendar year that they complete Year 2. Successful passage of USMLE Step 1 is required for graduation.

Students must apply for an extension if they are not able to take USMLE Step 1 by December 31 in the calendar year that they complete Year 2. Students must first meet with their Society Dean to discuss the reason for the extension. After meeting, if deemed appropriate, students must complete and submit their extension application to their Society Dean and the Director of Student Assessment for approval. The

deadline for submission of the extension application is November 1. Students who do not adhere will be referred to the Committee on Medical Students.

Students who do not pass USMLE Step 1 on the **1st attempt** will:

- Meet with Society Dean
- Will retake the exam (attempt number 2) after passing a practice exam
- May continue with curricular activity (e.g. research* or clinical rotation) in consultation with the Society Dean and determination by the Committee on Medical Students
- The student may continue with curricular activity while awaiting a score.

Students who fail USMLE Step 1 on the **2nd attempt** will:

- Meet with Society Dean and the Committee on Medical Students
- Will finish the current block of curricular activity (e.g., research* or clinical rotation)
- Will retake the exam (**attempt number 3**)
- Will **NOT** restart the curriculum until a passing score has been achieved

Students who fail USMLE Step 1 on the 3rd attempt will:

- Meet with Committee on Medical Students with a formal recommendation for dismissal

* If a student is participating in a Research Block, they must proceed with exam study after the block is completed.

USMLE Step 2 CK

Approved By:	Committee on Medical Education
Date Approved:	9/23/2021
Revision History:	N/A
Review Period:	Annual
Responsible Office or Committee:	Student Assessment Committee
LCME Affiliated Elements:	

Policy Statement:

This policy mandates that students in the University Program must take the USMLE Step 2 Clinical Knowledge (CK) by December 31st of their final academic year, with successful passage being a requirement for receiving the MD Degree.

Purpose of Policy:

The purpose of this policy is to establish the requirements, guidelines, and consequences pertaining to the USMLE Step 2 Clinical Knowledge (CK) examination for students in the University Program, ensuring their ability to apply medical knowledge, skills, and clinical science in patient care and facilitating their progression towards the MD Degree.

Scope of Policy:

This policy applies to all medical students enrolled in the University Program of the School of Medicine at Case Western Reserve University.

Policy:

USMLE Step 2 Clinical Knowledge (CK) assesses whether students can apply medical knowledge, skills, and understanding of clinical science essential for the provision of patient care under their supervision and includes emphasis on health promotion and disease prevention. Step 2 ensures that due attention is devoted to principles of clinical sciences and basic patient-centered skills that provide the foundation for the safe and competent practice of medicine.

Students are required to take the USMLE Step 2 CK by December 31st of their final academic year.

Students must apply for an extension if they are not able to take USMLE Step 2 CK by December 31 of their final academic year. Students must first meet with their Society Dean to discuss the reason for the extension. After meeting, if deemed appropriate, students must complete and submit their extension application to their Society Dean and the Director of Student Assessment for approval. The deadline for submission of the extension application is November 1. Students who do not adhere will be referred to the Committee on Medical Students.

USMLE Step 2 CK Policy:

- Successful passage of USMLE Step 2 CK is required to receive the MD Degree
- Students have three attempts, within six years of passing USMLE Step 1, to pass USMLE Step 2 CK. Consistent with NBME policy, a 4th [and final] attempt may be granted by the Committee on Medical Students.

USMLE Step 2 CS was officially discontinued by the Federation of State Medical Boards (FSMB) and National Board of Medical Examiners (NBME) on January 26, 2021. It is no longer a graduation requirement at CWRU School of Medicine.

Graduation Requirements

Approved By:	Committee on Medical Education
Date Approved:	10/23/2014
Revision History:	5/20/2017
Review Period:	Annual
Responsible Office or Committee:	Committee on Medical Students
LCME Affiliated Elements:	9.9, 10.3

Policy Statement:

Students are approved to graduate only if they meet all academic degree requirements and professional standards of the School of Medicine.

Purpose of Policy:

This policy details the graduation requirements for the Case Western Reserve University School of Medicine Education Program.

Scope of Policy:

This policy applies to all medical students enrolled in the School of Medicine at Case Western Reserve University.

Policy:

Graduation Requirements

Students who receive the MD degree from the Case Western Reserve University School of Medicine will:

1. Satisfactorily complete all educational program objectives of the School of Medicine curriculum
2. Pass the USMLE Step 1 and USMLE Step 2 CK
3. Pass the School of Medicine Clinical Skills Exam (CSE)*
4. Satisfactorily complete the MD Thesis
5. Meet financial obligations to the University
6. Be approved to graduate by the Committee on Medical Students

Medical Student Performance Evaluation

Approved By:

Date Approved:

Revision History: 6/29/2023

Review Period: Annual

Responsible Office or Committee: SOM Office of Student Affairs

LCME Affiliated Elements: 11.4

Policy Statement:

It is the policy of CWRU School of Medicine to provide each graduating student with a Medical Student Performance Evaluation that includes information on their academic performance, noteworthy characteristics, clinical experiences, and research endeavors.

Purpose of Policy:

The Medical Student Performance Evaluation is provided for students who wish to apply for residency positions.

Scope of Policy:

This policy applies to all medical students enrolled in the School of Medicine at Case Western Reserve University, including students in the Cleveland Clinic Lerner College of Medicine (CCLCM) and the University Program.

Policy:

All graduating medical students are provided a Medical Student Performance Evaluation (MSPE) letter. This is a letter of evaluation, not a letter of recommendation. It is written and compiled in a transparent collaborative process between the student and their Society Dean. The MSPE has several parts:

1. **Noteworthy Characteristics** – This section describes the student's honors, awards, leadership, and volunteerism activities and highlights the most essential components of a student's application. It is written collaboratively by the Society Dean and the student.
2. **Academic History** – This section lists the date of matriculation, graduation, dual degree programs and any repeated courses and adverse actions taken by the school.
3. **Preclinical Curriculum** – The first and second years of medical school are graded pass/fail. Since only students who pass are eligible for an MSPE, this paragraph simply states these facts.
4. **Dual Degree Programs or Pathway Programs (if applicable)** – This section describes any additional degree(s) earned or Pathway programs completed by the student while in medical school.
5. **Clinical Clerkships & Electives** – The third- and fourth-year curriculum is graded Honors, Commendable with Clinical Distinction, Commendable, Satisfactory, or Unsatisfactory, or in some cases, M (Meets Expectations) or DNM (Does not Meet Expectations). This section contains a paragraph for each clinical discipline and lists the grade and summative comments supplied by the clerkship director.

6. **Research** – This section describes the student’s research endeavors, including the four-month research block. It is written collaboratively by the Society Dean and the student.
7. **Summary** – This is a brief concluding paragraph written by the Society Dean.
8. **Appendix** – These pages describe the curriculum at the CWRU School of Medicine.

The MSPE is signed by the Society Dean and the Vice Dean for Medical Education.

A student may request to work with a Society Dean other than their own to prepare the MSPE. Such a request should be made in writing to the Society Dean whom the student has chosen to prepare the MSPE. Please note that changing the Society Dean who helps prepare the MSPE does not change the formal Society Dean assignment for other advising and monitoring purposes.

Adverse actions taken by the institution may appear on a student’s MSPE. In such cases, the decision to annotate the MSPE will be discussed and voted upon by the Committee on Medical Students. If the Committee on Medical Students votes to annotate the MSPE, the verbiage of the annotation will be formulated by the Vice Dean for Medical Education and presented to the Committee on Medical Students for final approval.

The Medical Student Performance Evaluation (MSPE) must be reviewed by the student within the Office of Student Affairs at the Case Western Reserve University School of Medicine, under the supervision of a staff member. If a student wishes to contest an entry in their MSPE, the student must make a request in writing to the Vice Dean for Medical Education.

(See also: [Medical Student Performance Evaluation Preparation](#))

Licensure Considerations

Relationship to Licensure

The degree of Doctor of Medicine awarded by Case Western Reserve University is an academic degree and does not provide a legal basis for the practice of medicine. Licensure to practice medicine in the United States and its territories is a privilege granted by the individual licensing authorities of the states and territories. The licensing authority of each individual jurisdiction establishes its policies, eligibility, and requirements for the practice of medicine within its boundaries pursuant to statutory and regulatory provisions. It is the responsibility of each graduate to meet the requirements of the specific state or territory in which they may wish to practice medicine and make certain that their individualized course of study meets the academic requirements of that jurisdiction.

[Federation of State Medical Boards](#)

Special Rule for Ohio Licensure (MSTP students take special note)

Current Ohio eligibility requirements for receiving an Ohio license to practice medicine include the passage of USMLE within a ten-year period, achieving a recognized passing performance on each step or level. The State Medical Board of Ohio may grant a good cause waiver to any applicant that does not meet this requirement, if the applicant demonstrates good cause, as determined by the Board, for not having passed all three steps or levels within the ten-year period, and otherwise meets the eligibility requirements set forth by the Board.

[State Medical Board of Ohio](#)

MSTP students taking additional time to complete their PhD work and who wish to practice in Ohio may need to request a good cause waiver. They should also note that almost all states have some regulations regarding the time period within which USMLE exams must be passed and may differ in the exceptions they are willing to make. MSTP students should learn the rules applicable in the state in which they plan to practice initially and may consult with the [MSTP program office](#) for advice and assistance.

POLICIES AND PROCEDURES: Health and Well-being

IN THIS SECTION:

Immunization Policy

Infectious Diseases Policy

Communicable Diseases Policy

Needle Stick Injury and Occupational
Exposures

Student Medical Plan

Disability Insurance Plan

Tuberculosis Screening

Reportable Infectious Diseases in Ohio

Student Medical Plan

Approved By:	CWRU Division of Student Affairs
Date Approved:	
Revision History:	
Review Period:	Annual
Responsible Office or Committee:	CWRU University Health and Counseling Services
LCME Affiliated Elements:	12.6

Policy Statement:

All medical students are provided access to health insurance through the CWRU Student Medical Plan.

Purpose of Policy:

The purpose of this policy is to ensure that students and their dependents have access to health care while they are enrolled.

Scope of Policy:

This policy applies to all medical students enrolled in the School of Medicine at Case Western Reserve University, including students in the Cleveland Clinic Lerner College of Medicine (CCLCM) and the University Program.

Policy:

Students registered for one or more credit hours are automatically enrolled in the Case Western Reserve Student Medical Plan. The Medical Plan fee is automatically billed each semester (fall and spring) at the time the student registers. To effectively waive the CWRU Student Medical plan, students must log into the Student Information System (SIS), select 'Waive Optional Fees' and answer several Yes/No questions regarding their current health insurance plan. Once submitted, waivers are irrevocable for the semester.

Information about the Student Medical Plan can be found at

<https://students.case.edu/wellness/medicalplan/>

The University offers an Optional Dependent Medical Plan for dependent spouses, domestic partners, and children of students. Spouses and dependents are not eligible for care at the University Health & Counseling Services.

Disability Insurance

Approved By:	SOM Office of Student Affairs
Date Approved:	2/1/2006
Revision History:	5/2017
Review Period:	Annual
Responsible Office or Committee:	SOM Office of Student Affairs
LCME Affiliated Elements:	12.6

Policy Statement:

Disability insurance is made available to all medical students while they are enrolled.

Purpose of Policy:

The purpose of this policy is to inform students about their access to disability insurance should they become disabled and not be able to finish their education and enter the workforce.

Scope of Policy:

This policy applies to all medical students enrolled in the School of Medicine at Case Western Reserve University, including students in the Cleveland Clinic Lerner College of Medicine (CCLCM) and the University Program.

Policy:

All medical students enrolled in MD programs in the School of Medicine have access to disability insurance. The plan, Med Plus Advantage Group Disability Income Protection, sponsored by the American Medical Association, offers students financial benefits should they become sick or disabled and not be able to continue their education and enter the workforce.

Students receive information on the Disability Insurance Plan at orientation and it is also available on demand in the Office of Student Affairs.

Immunization Policy

Approved By:

Date Approved:

Revision History: 6/26/2023

Review Period: Annual

Responsible Office or Committee: University Health and Counseling Service

LCME Affiliated Elements: 12.7

Policy Statement:

The School of Medicine requires all students to follow CDC ACIP recommendations and get vaccinated prior to matriculation in order to protect themselves and patients from communicable diseases during clinical rotations, with exceptions for religious beliefs or valid medical reasons.

Purpose of Policy:

The purpose of this policy is to ensure the protection of students and patients from communicable diseases by following the recommendations of the CDC ACIP and requiring students to be vaccinated before starting their clinical rotations. It aims to create a safe and healthy environment within the School of Medicine and prevent the spread of preventable illnesses.

Scope of Policy:

This policy applies to all medical students enrolled in the School of Medicine at Case Western Reserve University, including students in the Cleveland Clinic Lerner College of Medicine (CCLCM) and the University Program.

Policy:

The School of Medicine follows all recommendations from the Centers for Disease Control Advisory Committee on Immunization Practice (CDC ACIP). These are important in protecting students and patients from communicable diseases during their clinical rotations. In order to assure that all students are protected against preventable communicable illness, we encourage students to get these vaccinations done at home, prior to arrival, so their protection will be effective. These requirements must be met **prior to matriculation**.

- Requirements for medical students can be found on the University Health Service website: <https://students.case.edu/wellness/info/newstudents/immunization.html>
- Upload copies of your official immunization record in English to [myhealthconnect](#). You may use a completed Vaccination Record Worksheet as your official immunization record if it has been signed by your healthcare provider.
- Complete the additional online forms via [myhealthconnect](#): Privacy Statement, Medical History

Students who have not been immunized because of religious beliefs or valid medical reasons must provide documentation certifying that fact **prior to matriculation**. In the event of an outbreak of such diseases, these individuals could be excluded from academic and clinical activities.

NOTE: Tuberculosis screening may be completed after a student arrives on campus. Additionally, annual influenza immunization is completed each fall.

For more information on required immunizations for medical students and other FAQs, click [HERE](#).

Infectious Diseases Policy

Approved By:

Date Approved:

Revision History: 6/26/2023

Review Period: Annual

Responsible Office or Committee: University Health and Counseling Service

LCME Affiliated Elements: 12.8

Policy Statement:

This policy emphasizes the commitment of physicians and medical students to provide compassionate care for patients with infectious diseases, while also highlighting the importance of education, precautions, and responsible management of personal communicable diseases to protect patients, peers, and faculty.

Purpose of Policy:

This policy aims to maintain a competent, ethical, and humane approach to infectious disease care within the educational program and affiliated hospitals.

Scope of Policy:

This policy applies to all medical students enrolled in the School of Medicine at Case Western Reserve University, including students in the Cleveland Clinic Lerner College of Medicine (CCLCM) and the University Program.

Policy:

Physicians and medical students have a long and honored tradition of caring with compassion and courage for patients afflicted with infectious diseases. That tradition is highly valued at CWRU, and CWRU students and faculty will continue to uphold it. The School of Medicine provides education in the biological, clinical, and psychosocial aspects of infectious diseases, such as AIDS, tuberculosis, hepatitis, and influenza. Students are taught to use precautions that should avoid or minimize risk. The faculty and affiliated hospitals care for such patients in a competent, ethical, and humane manner. In their educational program students participate in the care of infectious patients and must be aware of the risks stemming from contact with the blood or secretions of such patients. Students are expected to participate with appropriate safeguards in the care of every patient whose care and condition is within the students' current realm of responsibility and competence even though the patient may be infectious. Students are not expected to learn procedures known to present some inherent hazard on patients known to present some unusual risk. Students should advise their supervisors when the combination of their level of expertise and the disease state of the patient constitute a greatly increased level of risk to themselves or their patients.

Students who themselves have a communicable disease have a responsibility to their patients, peers, staff, and faculty to take all steps to prevent the spread of disease. These individuals must obtain the care of a physician who is qualified to treat the disease or infection and its complications. Students must identify themselves as medical students to the treating physician, explaining the extent of their patient care responsibilities. These individuals should report their disease state to the Office of Student Affairs. Student Affairs holds this information in the strictest of confidence but may not allow the student to care for patients when such contact might place patients at risk. It is the responsibility of the students to follow the advice of their physician and the School of Medicine and to follow all current guidelines for health care workers provided by the Centers for Disease Control.

Know Your ABCs: A Quick Guide to Reportable Infectious Diseases in Ohio

From the Ohio Administrative Code Chapter 3701-3; Effective August 1, 2019

Class A:

Diseases of major public health concern because of the severity of disease or potential for epidemic spread – report immediately via telephone upon recognition that a case, a suspected case, or a positive laboratory result exists.

- Anthrax
- Botulism, foodborne
- Cholera
- Diphtheria
- Influenza A – novel virus infection
- Measles
- Meningococcal disease
- Middle East Respiratory Syndrome (MERS)
- Plague
- Rabies, human
- Rubella (not congenital)
- Severe acute respiratory syndrome (SARS)
- Smallpox
- Tularemia
- Viral hemorrhagic fever (VHF), including Ebola virus disease, Lassa fever, Marburg hemorrhagic fever, and Crimean-Congo hemorrhagic fever

Any unexpected pattern of cases, suspected cases, deaths or increased incidence of any other disease of major public health concern, because of the severity of disease or potential for epidemic spread, which may indicate a newly recognized infectious agent, outbreak, epidemic, related public health hazard or act of bioterrorism.

Class B:

Disease of public health concern needing timely response because of potential for epidemic spread – report by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known.

- Amebiasis
- Arboviral neuroinvasive and non-neuroinvasive disease:
 - Chikungunya virus infection
 - Eastern equine encephalitis virus disease
 - LaCrosse virus disease (other California serogroup virus disease)
 - Powassan virus disease
 - St. Louis encephalitis virus disease
 - West Nile virus infection
 - Western equine encephalitis virus disease
 - Yellow fever
 - Zika virus infection
 - Other arthropod-borne diseases
- Babesiosis
- Botulism
 - infant
 - wound
- Brucellosis
- Campylobacteriosis
- *Candida auris*
- Carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-CRE)
 - CP-CRE *Enterobacter* spp.
 - CP-CRE *Escherichia coli*
 - CP-CRE *Klebsiella* spp.
 - CP-CRE other
- Chancroid
- *Chlamydia trachomatis* infections
- Coccidioidomycosis
- Creutzfeldt-Jakob disease (CJD)
- Cryptosporidiosis
- Cyclosporiasis
- Dengue
- *E. coli* O157:H7 and Shiga toxin-producing *E. coli* (STEC)
- Ehrlichiosis/anaplasmosis
- Giardiasis
- Gonorrhea (*Neisseria gonorrhoeae*)
- *Haemophilus influenzae* (invasive disease)
- Hantavirus
- Hemolytic uremic syndrome (HUS)
- Hepatitis A
- Hepatitis B (non-perinatal)
- Hepatitis B (perinatal)
- Hepatitis C (non-perinatal)
- Hepatitis C (perinatal)
- Hepatitis D (delta hepatitis)
- Hepatitis E
- Influenza-associated hospitalization
- Influenza-associated pediatric mortality
- Legionnaires' disease
- Leprosy (Hansen disease)
- Leptospirosis
- Listeriosis
- Lyme disease
- Malaria
- Meningitis:
 - Aseptic (viral)
 - Bacterial
- Mumps
- Pertussis
- Poliomyelitis (including vaccine-associated cases)
- Psittacosis
- Q fever
- Rubella (congenital)
- *Salmonella* Paratyphi infection
- *Salmonella* Typhi infection (typhoid fever)
- Salmonellosis
- Shigellosis
- Spotted Fever Rickettsiosis, including Rocky Mountain spotted fever (RMSF)
- *Staphylococcus aureus*, with resistance or intermediate resistance to vancomycin (VRSA, VISA)
- Streptococcal disease, group A, invasive (IGAS)
- Streptococcal disease, group B, in newborn
- Streptococcal toxic shock syndrome (STSS)
- *Streptococcus pneumoniae*, invasive disease (ISP)
- Syphilis
- Tetanus
- Toxic shock syndrome (TSS)
- Trichinellosis
- Tuberculosis (TB), including multi-drug resistant tuberculosis (MDR-TB)
- Varicella
- Vibriosis
- Yersiniosis

Class C:

Report an outbreak, unusual incident or epidemic of other diseases (e.g. histoplasmosis, pediculosis, scabies, staphylococcal infections) by the end of the next business day.

Outbreaks:

- Community
- Foodborne
- Healthcare-associated
- Institutional
- Waterborne
- Zoonotic

NOTE:

Cases of AIDS (acquired immune deficiency syndrome), AIDS-related conditions, HIV (human immunodeficiency virus) infection, perinatal exposure to HIV, all CD4 T-lymphocyte counts and all tests used to diagnose HIV must be reported on forms and in a manner prescribed by the Director.



Department
of Health

Know Your ABCs (Alphabetical Order)

Effective August 1, 2019

Name	Class	Name	Class
Amebiasis	B	Measles	A
Anthrax	A	Meningitis, aseptic (viral)	B
Arboviral neuroinvasive and non-neuroinvasive disease	B	Meningitis, bacterial	B
Babesiosis	B	Meningococcal disease	A
Botulism, foodborne	A	MERS	A
Botulism, infant	B	Mumps	B
Botulism, wound	B	Other arthropod-borne diseases	B
Brucellosis	B	Outbreaks: community, foodborne, healthcare-associated, institutional, waterborne, zoonotic	C
Campylobacteriosis	B	Pertussis	B
<i>Candida auris</i>	B	Plague	A
Carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-CRE)	B	Poliomyelitis (including vaccine-associated cases)	B
Chancroid	B	Powassan virus disease	B
<i>Chlamydia trachomatis</i> infections	B	Psittacosis	B
Chikungunya	B	Q fever	B
Cholera	A	Rabies, human	A
Coccidioidomycosis	B	Rubella (congenital)	B
Creutzfeldt-Jakob disease (CJD)	B	Rubella (not congenital)	A
Cryptosporidiosis	B	<i>Salmonella</i> Paratyphi infection	B
Cyclosporiasis	B	<i>Salmonella</i> Typhi infection (typhoid fever)	B
Dengue	B	Salmonellosis	B
Diphtheria	A	Severe acute respiratory syndrome (SARS)	A
<i>E. coli</i> O157:H7 and Shiga toxin-producing <i>E. coli</i> (STEC)	B	Shigellosis	B
Eastern equine encephalitis virus disease	B	Smallpox	A
Ehrlichiosis/Anaplasmosis	B	Spotted Fever Rickettsiosis, including Rocky Mountain spotted fever (RMSF)	B
Giardiasis	B	St. Louis encephalitis virus disease	B
Gonorrhea (<i>Neisseria gonorrhoeae</i>)	B	<i>Staphylococcus aureus</i> , with resistance or intermediate resistance to vancomycin (VRSA, VISA)	B
<i>Haemophilus influenzae</i> (invasive disease)	B	Streptococcal disease, group A, invasive (IGAS)	B
Hantavirus	B	Streptococcal disease, group B, in newborn	B
Hemolytic uremic syndrome (HUS)	B	Streptococcal toxic shock syndrome (STSS)	B
Hepatitis A	B	<i>Streptococcus pneumoniae</i> , invasive disease (ISP)	B
Hepatitis B (non-perinatal)	B	Syphilis	B
Hepatitis B (perinatal)	B	Tetanus	B
Hepatitis C (non-perinatal)	B	Toxic shock syndrome	B
Hepatitis C (perinatal)	B	Trichinellosis	B
Hepatitis D (delta hepatitis)	B	Tuberculosis (TB), including multi-drug resistant tuberculosis (MDR-TB)	B
Hepatitis E	B	Tularemia	A
Influenza A – novel virus	A	Varicella	B
Influenza-associated hospitalization	B	Vibriosis	B
Influenza-associated pediatric mortality	B	Viral hemorrhagic fever (VHF)	A
LaCrosse virus disease (other California serogroup virus disease)	B	West Nile virus infection	B
Legionnaires' disease	B	Western equine encephalitis virus disease	B
Leprosy (Hansen disease)	B	Yellow fever	B
Leptospirosis	B	Yersiniosis	B
Listeriosis	B	Zika virus infection	B
Lyme disease	B		
Malaria	B		

Communicable Diseases Policy

Approved By:

Date Approved:

Revision History: 6/26/2023

Review Period: Annual

Responsible Office or Committee: University Health and Counseling Service

LCME Affiliated Elements: 12.8

Policy Statement:

The School of Medicine prioritizes the prevention and management of communicable diseases through comprehensive education, appropriate precautions, and responsible care to ensure the safety and well-being of patients, students, faculty, and staff.

Purpose of Policy:

This policy aims to establish procedures, responsibilities, and guidelines for the effective management and prevention of Communicable Diseases affecting the Case Western Reserve University community.

Scope of Policy:

This policy applies to all medical students enrolled in the School of Medicine at Case Western Reserve University, including students in the Cleveland Clinic Lerner College of Medicine (CCLCM) and the University Program.

Policy:

Mission of the Communicable Disease Policy

- To assure that patients in a hospital or clinical setting are not at risk when cared for by students infected with Hepatitis B (HBV), the human immunodeficiency virus (HIV), or other communicable diseases.
- To minimize the risk to students of infection with HBV or HIV when placed in a hospital or clinical setting for clerkships.
- To minimize the risk of HIV-infected students developing serious complications from clinical assignments.
- To provide students infected with HBV or HIV with counseling on medical and career options.
- To respect the privacy rights of students and facilitate students' voluntary cooperation by keeping all medical information on students confidential to the extent possible.
- To require self-reporting of HBV or HIV by students to a confidential Review Panel, similar to the self-reporting that is required by law for physicians licensed in the State of Ohio.

Summary of Policy for Hepatitis B, HIV and Other Communicable Diseases

- All medical students must provide documentation verifying that they are protected from acquiring or passing on HBV, in accordance with the procedures set out in Section IIIA, Hepatitis.
- The School of Medicine encourages all students to know their HIV status.
- This communicable disease policy and the self-reporting requirements apply to all students in the Medical School, regardless of year.

- All students must self-report chronic infection with HBV or HIV to the School of Medicine's Communicable Disease Review Panel ("the Review Panel"). This requirement is intended to assure that students' clerkships in a hospital or clinical setting are tailored so as to protect patients from risk when cared for by these students and so that students receive appropriate counseling on medical care and career options. The Review Panel and/or the student will notify the student's attending physician and the hospital(s) or clinic(s) to which the student is assigned of the student's medical condition, so that the clerkship can be adjusted if necessary. The Review Panel considers each case on an individualized basis.
- Medical students who test positive or contract a communicable disease *other than HBV or HIV* that is reportable to the Ohio Department of Health, must report the illness to the University Health Service. The University Health Service will consult with the student, the student's attending physician, and the hospital(s) or clinic(s) can take steps to minimize the risk of spreading the disease to patients.

Policy and Procedures

Hepatitis B

Requirements for all medical students

All medical students must be protected from acquiring or passing on Hepatitis B (HBV). Medical students can fulfill this requirement by using one of the methods set out below:

1. Receive the series of 3 HBV vaccinations (usually given at birth in the U.S.).
2. Show documentation of immunity with a blood test.

These requirements **MUST** be completed before any student will be permitted to begin any clinical experience involving patient contact.

All documentation shall be submitted to the University Health Service. The University Health Service will keep all medical testing and results confidential to the extent possible. Medical students should be aware that evidence of current infection with HBV is by law reportable to the Department of Health.

The University Health Service shall ensure that all laboratory tests are conducted by an accredited laboratory at the lowest possible cost to the student.

Requirements for Students with Previous HBV Infection

For those medical students with previous HBV infection, the following applies:

1. If the student documents a positive Hepatitis B surface antibody test (HBSAb), nothing further needs be done.
2. If a student is a chronic carrier of HBV, each case will be reviewed on an individual basis.
3. A student who tests positive for Hepatitis B surface antigen must have further testing (such as testing for Hepatitis e-antigen and HBV DNA), performed either at the University Health Service or by their treatment physician, to determine the level of infection.
4. If the student is found to be e-antigen positive or otherwise believes or has reason to believe that he or she is infectious, the student must self-report this fact within a week to the Associate Dean for Student Affairs, who is a member of the Review Panel.
5. Medical students who learn that another medical student is infected with HBV shall advise the infected medical student of the duty to report the fact to the Associate Dean for Student Affairs.
6. Students who are chronic carriers may be referred to hepatologists in the community for further evaluation and treatment of this condition.

HIV Policy

1. For protection of patients, to assist infected medical students with obtaining appropriate medical guidance and career counseling, and to minimize serious complications for the infected student, the Medical School encourages all medical students to know their HIV status.

2. HIV screening is available from the University Health Service or at other testing sites in Cleveland.
3. All HIV-related testing is conducted in accordance with Ohio law, and health care consent policies for HIV testing.
4. Medical students who believe or have reason to believe that they are infected with HIV must self-report that fact within twenty-four (24) hours to the Medical School's Communicable Disease Review Panel ("the Review Panel"). Students should do this by notifying the Associate Dean for Student Affairs, who is a member of the Review Panel. See procedures for governing Review Panel below.
5. Medical students who learn that another medical student is infected with HIV shall advise the infected medical student of the duty to report the fact to the Review Panel.
6. Medical students who believe or have reason to believe that they are infected with HIV should seek immediate medical care. If requested, students who are infected with HIV may be referred to physicians in the community or at the University Health Service for further evaluation and treatment of this condition.

Review Panel Procedures

1. Each medical student infected with HBV or HIV must participate in a confidential review and monitoring process conducted by the Communicable Disease Review Panel. The Review Panel will handle each infected medical student's situation on an individual basis. Through this review process, the Review Panel will tailor the infected student's clinical clerkship program so as to attempt to minimize the risk to patients for whom the student will be caring and minimize the risk of serious complications for the infected student.
2. The Review Panel generally will consist of the Director of the University Health Service, the Senior Associate Dean for Students, the Associate Dean for Student Affairs, the Vice Dean for Medical Education, and other faculty members in health sciences with expertise in infectious disease and/or infection control. The student's treating physician and a representative of the University Attorney's Office will be consulting, but not voting, members of the Review Panel.
3. The Review Panel will conduct a confidential review of the student's condition, the student's clinical schedule, and the possible impact the condition may have on the student's patients and clinical work.
4. In order for the Review Panel to make appropriate recommendations as to the infected student's medical school program, the infected medical student will be asked to identify in writing his or her treating physician, and to notify the Review Panel as to any change in treating physician. The infected student will be asked to authorize release of medical information to the Review Panel and to the hospital(s) or clinic(s) where the student will be performing clerkships or clinical work. The Review Panel will consult with the student's treating physician as part of its review process.
5. The Review Panel will make recommendations on any restrictions that should be placed on the student's clerkships and/or precautions that must be taken during clerkships or other clinical work. Such limitations may include that all third-year rotations be done at a single hospital, that the student perform non-invasive clerkships first before performing invasive clerkships (e.g., surgery and obstetrics and gynecology), or that the student not be permitted to engage in invasive procedures during clerkships such as surgery and obstetrics and gynecology.
6. The Review Panel will, when appropriate, advise the student and make recommendations on appropriate infection control techniques and universal precautions.
7. Before notifying the student of its recommendations, the Review Panel will forward its proposed recommendations to the Dean of the School of Medicine, who may make modifications to those recommendations. As part of this process, the Review Panel may disclose, to the extent necessary, information concerning the student's status and the Panel's recommendations to the Dean, so that the Dean will have adequate information to review the situation.

8. Following the Dean's approval and/or modifications, the Review Panel will document the restrictions or precautions to be placed on the student and notify the student as to the restrictions or precautions in writing. The Review Panel or its designee will then take steps to assure that these restrictions or precautions are implemented in arranging the student's clerkships or other clinical work.
9. The Review Panel or its designee shall report to the hospital(s) or clinic(s) to which the student is assigned the student's HBV or HIV status and of the Review Panel's recommendations for precautions or restrictions, if applicable. The Review Panel will make this report and submit other documentation as appropriate to the Hospital Epidemiologist or Infection Control Review Panel for the hospital(s) or clinic(s). The hospital's epidemiologist or infection control review panel can then determine precautions or restrictions, if any, that should be implemented during the clerkships. The Review Panel will advise the hospital(s) or clinic(s) on the confidentiality of the information disclosed.
10. The Review Panel may also conduct a review to determine whether any patients treated by the student were at a significant risk of exposure to HBV or HIV.
11. The infected student shall not perform or participate in any invasive or exposure-prone invasive procedures without the approval of the Review Panel through the review process set out above. Medical students with HBV or HIV must adhere to universal precautions when performing any invasive procedure in a clerkship or clinical work.
12. The Review Panel or a designee of the Review Panel (such as the Associate Dean for Student Affairs of the School of Medicine) will meet with the infected student periodically to assure that the student is complying with the restrictions placed on his or her clerkships and program of study, and to discuss any problems the student may be experiencing. Alternatively, the Review Panel may require the student to submit periodic confidential written reports updating the Review Panel on clerkship activities and clinical work and any problems the student may be experiencing. The Review Panel also may consult with the student's treating physician to obtain updated information on the student's condition.

Confidentiality and Career Counseling

1. The Review Panel will, to the extent possible, hold in strict confidence all information in its possession relating to the HBV or HIV status of a medical student. The Review Panel may disclose information relating to a student's HBV or HIV status, to the extent necessary, to the hospital or clinical setting at which the student is performing clerkships in order for the hospital's epidemiologist or infection control review panel to tailor the medical student's clerkships or clinical work. The Review Panel also may disclose, to the extent necessary, such information to the Dean making a final decision under this policy or hearing an appeal filed by a student. The Review Panel also may disclose, to the extent necessary, such information to other administrators or faculty within the medical school in connection with a disciplinary action involving the student's violation of this policy. Medical students should be aware that evidence of infection with HBV or HIV is by law reportable to the Department of Health.
2. When possible, the Review Panel will not discuss the name of the infected student during their review, but instead will discuss the situation anonymously.
3. Medical students should also be aware that the University Health Service may be obligated to inform the Review Panel of a student's HBV or HIV status if the University Health Service believes that the student poses a threat to patients under the particular circumstances of the case.
4. Students may obtain career counseling regarding their HBV or HIV status from the Review Panel, at the University Health Service or at the Medical School, if the student wishes to divulge this information to those offices.

Sanctions for Violation of the Policy

1. If the Medical School learns that a medical student is aware of their infection with HBV or HIV but has failed to report this status to the Review Panel as required above, the medical student may be subject to disciplinary action, up to and including expulsion from the School of Medicine.
2. The Review Panel has the right to require the student to enter into the confidential review and monitoring process as set according to the established policy.
3. If an infected medical student fails to a) follow the restrictions or recommendations of the Review Panel, b) use universal precautions, c) conform to minimal standards of care, or d) otherwise take steps to ensure patient safety, the Review Panel may notify the medical school's Associate Dean for Student Affairs, who may take appropriate disciplinary action, including but not limited to oral or written warning, suspension from clinical exposure and referral to the Committee on Students for disciplinary action.

Tuberculosis Screening

Approved By:

Date Approved:

Revision History: 6/26/2023

Review Period: Annual

Responsible Office or Committee: University Health and Counseling Service

LCME Affiliated Elements: 12.8

Policy Statement:

This policy aims to maintain a safe environment within the CWRU community by implementing tuberculosis screening, testing, and education protocols based on CDC recommendations, while also addressing the reporting and management of other communicable diseases among medical students, with potential disciplinary actions for non-compliance.

Purpose of Policy:

The purpose of this policy is to maintain a safe environment for students, faculty, staff, and patients by reducing the risk of tuberculosis transmission based on current U.S. Centers for Disease Control and Prevention (CDC) Recommendations.

Scope of Policy:

This policy includes all students, faculty, and staff at CWRU who serve in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air.

Policy:

Procedure: Consistent with the CDC Guidelines: www.cdc.gov/tb/topic/testing/healthcareworkers.htm

1. Baseline TB Screening and Testing:

All CWRU HCP should be screened for TB upon matriculation and/or hire (i.e., preplacement). TB screening is a process that includes:

- A baseline individual TB risk assessment
- TB symptom evaluation,
- A TB test (e.g., TB blood test or a TB skin test), and
- Additional evaluation for TB disease as needed.

Information from the baseline individual TB risk assessment should be used to interpret the results of a TB blood test or TB skin test. CWRU health care personnel with a positive TB test result should receive a symptom evaluation and a chest x-ray to rule out TB disease. Additional workup may be needed based on those results.

CWRU health care personnel with a documented history of a prior positive TB test should receive a baseline individual TB risk assessment and TB symptom screen upon hire (i.e., preplacement). A repeat TB test (e.g., TB blood test or a TB skin test) is not required.

2. Annual Screening, Testing, and Education

Annual TB testing of health care personnel is **not** recommended unless there is a known exposure or ongoing transmission at a healthcare facility. All health care personnel should receive TB education annually. TB education should include information on TB risk factors, the signs and symptoms of TB disease, and TB infection control policies and procedures.

- CWRU HCP will receive an annual TB symptom screen and TB education.
- CWRU HCP who complete a negative symptom screen and receive the education module will be marked compliant annually.
- CWRU HCP with TB symptoms or a known exposure will receive additional evaluation and testing as indicated.

Students who are required by a specific rotation site or other clinic location to have a TB test (skin or blood test) after matriculation will be accommodated.

Policy Concerning Other Communicable Diseases

1. If a medical student is engaged in any Type A clinical elective or clerkship or otherwise has patient contact and tests positive for any other communicable disease other than HBV or HIV that is reportable to the Department of Health and is listed on Appendix III, that student must report the disease to the University Health Service
2. The University Health Service will consult with the student to advise the student on requirements for minimizing the spread of the communicable disease.
3. When appropriate, the University Health Service also will advise the student of the need to notify the hospital(s) or clinic(s), and the attending physician, to which the student is assigned of the student's condition, so that the hospital(s) or clinic(s) can determine what restrictions, if any, need to be placed on the student's interaction with patients or what precautions the student must take. The University Health Service will work with the student to assure that the hospital(s) or clinic(s) receive(s) notice of the communicable disease either by the student self-reporting the disease or the University Health Service reporting the disease to the hospital(s) or clinic(s).
4. The student must follow the restrictions or precautions set out by the University Health Service and/or the hospital(s) or clinic(s) at which the student is performing the clerkships or clinical work.
5. Failure of a student to report one of the listed communicable diseases to the University Health Service may result in disciplinary action, including but not limited to oral or written warning, suspension, or expulsion. In addition, failure of a student to follow the restrictions or precautions placed on him or her by the University Health Service and/or the hospital or facility at which clinical work is performed may result in disciplinary action.
6. The Review Panel reserves the right to review and monitor students with communicable diseases other than HBV and HIV when the Review Panel determines that patients may be at risk because of the condition or that additional precautions are necessary to assure patient safety.

Appeals

Students may request reconsideration of any decision or recommendations of the Review Panel by requesting in writing that the Review Panel by requesting in writing that the Review Panel reconsider the decision or recommendations. The request for reconsideration must be submitted to the Review Panel

within five (5) working days of the Review Panel's decision. If the student seeks reconsideration, the student is permitted to appear before the Review Panel to present information on the issue. The Review Panel may affirm its prior decision and/or recommendations or modify them. Before notifying the student of its decision on the reconsideration request, the Review Panel will forward its proposed decision to the Dean of the School of Medicine for approval and/or modifications. The Review Panel will provide to the student in writing the decision on the reconsideration request, including any modification in its decision and/or recommendations.

Any decision of the Review Panel or any other decision made pursuant to this Policy can be appealed to the Dean of the School of Medicine. The appeal must be submitted in writing within ten (10) working days of the date of the decision being appealed. The decision of the Dean is final.

Needle Stick Injuries and Occupational Exposures

Approved By:

Date Approved:

Revision History: 6/26/2023

Review Period: Annual

Responsible Office or Committee: University Health and Counseling Service

LCME Affiliated Elements: 12.8

Policy Statement:

CWRU's needle stick injuries and occupational exposures policy includes guidelines for prompt reporting, medical evaluation, and follow-up measures.

Purpose of Policy:

The purpose of this policy is to outline what to do in case of a needle stick injury and exposure to biohazards.

Scope of Policy:

This policy applies to all medical students enrolled in the School of Medicine at Case Western Reserve University, including students in the Cleveland Clinic Lerner College of Medicine (CCLCM) and the University Program.

Policy:

Students, who in the course of their clinical experiences or laboratory work experience a needle stick injury or occupational exposure to biohazards, should follow the advice on the University Health and Counseling Services [needle stick and bloodborne pathogen exposure](#) website:

Students can call 216.368.2450 anytime to speak with a nurse on-call.

The student on a clerkship or clinical elective in one of the affiliated hospitals should, in addition, contact the designated individual, usually infection control personnel or an infectious disease staff member, for up-to-date medical advice at the time of the occurrence. The University Health Service can provide ongoing information and advice following the acute incident. The student's Student Affairs dean should be informed of these occurrences, so that they can offer information, advice, and support for the student. Reporting of injuries and occupational exposures is also critical to the development of effective policies and procedures.

SERVICES AND AMENITIES

IN THIS SECTION:

Student and Society Lounges

Prayer and Meditation Space

Email Communication

CWRU Bookstore

Athletic Facilities

Student Lockers

Information Kiosks

University Libraries

Parking

Student and Society Lounges

Approved By:	Office of Interprofessional and Interdisciplinary Education
Date Approved:	5/1/2019
Revision History:	6/26/2023
Review Period:	Annual
Responsible Office or Committee:	SOM Office of Student Affairs
LCME Affiliated Elements:	5.11

Policy Statement:

Student relaxation spaces and society lounges are available for student use on the fourth floor of the Health Education Campus Samson Pavilion.

Purpose of Policy:

The purpose of this policy is to outline the student relaxation spaces and society lounges available for medical student use.

Scope of Policy:

This policy applies to all medical students enrolled in the School of Medicine at Case Western Reserve University.

Policy:

Located on the fourth floor of the Health Education Campus Samson Pavilion, the student lounges feature a variety of relaxation and study space, including tables and chairs, couches, games, and study carrels. Two kitchenettes are available each on the north and south end of the building and are equipped with microwaves, coffee makers, and small refrigerators.

Study space is available on the second floor of Samson Pavilion in the library and several open tables throughout the Courtyard balcony area. Small kitchenettes are also available on the north side of the second floor of Samson Pavilion.

Student Lockers

Approved By:	Office of Interprofessional and Interdisciplinary Education
Date Approved:	5/1/2019
Revision History:	6/26/2023
Review Period:	Annual
Responsible Office or Committee:	SOM Office of Student Affairs
LCME Affiliated Elements:	5.11

Policy Statement:

CWRU's student locker policy for medical students provides secure storage spaces for personal belongings, ensuring convenience and privacy while adhering to designated guidelines and regulations set by the university.

Purpose of Policy:

The purpose of this policy is to define the policy regarding student lockers.

Scope of Policy:

This policy applies to all medical students enrolled in the School of Medicine at Case Western Reserve University.

Policy:

First and second year students are assigned lockers in the Health Education Campus Samson Pavilion to securely store their valuables. The School of Medicine is not responsible for student possessions in the event of loss or theft

Prayer and Meditation Space

Approved By:	Office of Interprofessional and Interdisciplinary Education
Date Approved:	6/1/2021
Revision History:	6/29/2023
Review Period:	Annual
Responsible Office or Committee:	SOM Office of Student Affairs
LCME Affiliated Elements:	5.11

Policy Statement:

The School of Medicine provides space for students, faculty, and staff for quiet meditation and prayer and space for maintaining personal well-being.

Purpose of Policy:

The purpose of this policy is to inform all CWRU community members of the availability of dedicated space for prayer, meditation, and personal well-being.

Scope of Policy:

This policy applies to all students, faculty, and staff in the Health Education Samson Pavilion.

Policy:

The Health Education Campus has established both a Prayer/Meditation and Wellness Room at Samson Pavilion. The Prayer/Meditation Room is room 213N1 and the Wellness Room is room 213N2. These spaces are open to all students, staff and faculty for quiet prayer, meditation, reflection, and wellness activities. The furniture/equipment in these rooms should not be removed or moved from one space to the other.

Information Kiosks

Approved By:	Office of Interprofessional and Interdisciplinary Education
Date Approved:	5/1/2019
Revision History:	6/26/2023
Review Period:	Annual
Responsible Office or Committee:	SOM Office of Student Affairs
LCME Affiliated Elements:	5.11

Policy Statement:

This policy informs the campus community of ways of communicating information to the broader community of health professionals schools.

Purpose of Policy:

This policy provides information on sharing of information to the broader community of health professionals schools.

Scope of Policy:

This policy applies to all students at the Health Education Campus Samson Pavilion.

Policy:

School information, announcements, and other pertinent information is displayed on numerous monitors throughout the building. If you would like content to be displayed on those monitors, please email CWRUTeamImpact@case.edu.

Email Communication

Approved By:	SOM Office of Student Affairs
Date Approved:	
Revision History:	7/1/2023
Review Period:	Annual
Responsible Office or Committee:	SOM Office of Student Affairs
LCME Affiliated Elements:	

Policy Statement:

Students are expected to check and respond to email communications as appropriate.

Purpose of Policy:

The purpose of this policy is to inform students on expectations regarding email communication.

Scope of Policy:

This policy applies to all medical students enrolled in the School of Medicine at Case Western Reserve University, including students in the Cleveland Clinic Lerner College of Medicine (CCLCM) and the University Program.

Policy:

Students and all other members of the CWRU community are assigned a Network User ID upon enrollment at Case Western Reserve University. The online CWRU Directory lists e-mail addresses of students, faculty, and staff. All official email from the University, including mail from faculty and administrators, will be sent to students using the CWRU email address. Students are expected to check email regularly and respond promptly when appropriate.

More information about setting up and accessing CWRU email can be found on the [University Technology website](#).

University Libraries

Approved By:

Date Approved:

Revision History: 6/29/2023

Review Period: Annual

Responsible Office or Committee: Cleveland Health Sciences Library

LCME Affiliated Elements: 5.8

Policy Statement:

The libraries of Case Western Reserve University are committed to supporting the educational and research needs of the university community by providing access to a comprehensive collection of volumes, electronic databases, and journals, available to all faculty, staff, and students.

Purpose of Policy:

The purpose of this policy is to inform students of library resources available for use during their medical education.

Scope of Policy:

This policy applies to all medical students enrolled in the School of Medicine at Case Western Reserve University, including students in the Cleveland Clinic Lerner College of Medicine (CCLCM) and the University Program.

Policy:

All Case Western Reserve University libraries support the university's undergraduate, graduate, and professional programs. Combined, their collections contain over 3 million volumes. Collections of electronic databases and electronic journals are available for all university faculty, staff, and students through the campus network or authorized remote access. The libraries include the Kelvin Smith Library, the Cleveland Health Sciences Library, the Judge Ben C. Green Law Library, and the Harris Library at the Mandel School of Applied Social Sciences.

The [Cleveland Health Sciences Library \(CHSL\)](#) is the dedicated library for the School of Medicine. It has two locations: the Allen Memorial Medical Library and the Health Education Campus Library.

- The [Health Education Campus Library](#) is located in the Samson Pavilion, on the second floor, where Faculty and students can collaborate with librarians on their information or research needs, pick up/check out library resources like course reserves or OhioLINK requests, or study in the 24/7 quiet study space.
- The [Allen Memorial Medical Library](#) is the collections and administrative hub of the library. The building contains quiet study spaces, the circulating collections, print serials, and special collections, including rare medical texts and the history of medicine collection. The building is also home to the [Dittrick Medical History Center's](#) archives and medical artifacts.

CWRU Bookstore

Approved By:	N/A
Date Approved:	N/A
Revision History:	7/1/2023
Review Period:	Annual
Responsible Office or Committee:	CWRU Bookstore
LCME Affiliated Elements:	N/A

Policy Statement:

This policy includes information on the CWRU Bookstore.

Purpose of Policy:

The purpose of this policy is to inform students about the amenities available at the CWRU Bookstore.

Scope of Policy:

This policy applies to all CWRU community members, including students, faculty, and staff.

Policy:

The CWRU [Barnes & Noble University Bookstore](#) is located at 11434 Uptown Ave, Cleveland, 44106 or online. The bookstore has a variety of apparel, textbooks, supplies, and more. The phone number for the bookstore is (216) 368-2650.

Visit their website to shop online, see their store hours, and find more information.

Parking

Approved By:	N/A
Date Approved:	N/A
Revision History:	7/1/2023
Review Period:	Annual
Responsible Office or Committee:	CWRU Access Services
LCME Affiliated Elements:	N/A

Policy Statement:

Parking privileges for CWRU lots are available to registered students based on space availability and are managed through Access Services and/or the education offices of affiliate hospitals (for third- and fourth-year students).

Purpose of Policy:

The purpose of this policy is to inform students about the availability of parking privileges, the process of obtaining permits, and the specific arrangements for parking during medical clerkships at various hospitals.

Scope of Policy:

This policy applies to all medical students enrolled in the School of Medicine at Case Western Reserve University, including students in the Cleveland Clinic Lerner College of Medicine (CCLCM) and the University Program.

Policy:

Parking privileges are offered, as space permits, to all registered students. Students may obtain information about campus parking, fees, and purchasing permits from the CWRU Office of Access Services. Please [see their website](#) for their location, business hours and how to reach them.

For third- and fourth-year medical students assigned to clerkships at University Hospitals or the Louis Stokes VA Medical Center (Wade Park), parking is arranged through Access Services. Permits are usually obtained on the first day of the rotation. The SOM Office of the Registrar submits a list to Access Services of all students doing rotations at the above-mentioned hospitals. Parking for rotations at MetroHealth Medical Center and the Cleveland Clinic are arranged through their respective education offices.

Athletic Facilities

Approved By:	N/A
Date Approved:	N/A
Revision History:	7/1/2023
Review Period:	Annual
Responsible Office or Committee:	CWRU Division of Student Affairs
LCME Affiliated Elements:	5.11

Policy Statement:

The University provides a range of physical fitness facilities for use by registered students with a valid student ID.

Purpose of Policy:

The purpose of this policy is to ensure that students have adequate access to relaxation space.

Scope of Policy:

This policy applies to all medical students enrolled in the School of Medicine at Case Western Reserve University, including students in the Cleveland Clinic Lerner College of Medicine (CCLCM) and the University Program.

Policy:

A variety of physical fitness facilities are available for each registered student with a valid student ID. The Veale Convocation, Athletic and Recreation Center is the home of Case athletics, physical education, and intramural programs. The Veale Center houses four multi-purpose courts (that are frequently used for activities such as basketball, tennis, soccer, and volleyball), a six-lane indoor track (8 laps = 1 mile), and a multipurpose aerobics room. A cardio exercise room, (with treadmills, elliptical trainers, stair-step machines, rowing machines, a gravitron and stationary bikes), a weight room, (three separate rooms, main, power lift, and hammer strength), nine racquetball courts, two squash courts, a rock-climbing wall, Horsburgh Gym (used for basketball and volleyball), plus Veale Natatorium and Donnell Pool complete the facility.

Veale (along with Van Horn Field, which is located directly outside of Veale), Adelbert Gym, (adjacent to Van Horn) and Freiburger Field, (located on the corner of East Boulevard and Bellflower), are used for athletics, recreation, intramural programs, and physical education.

Graduate and professional students are enrolled automatically as members of 121 Fitness Center at a discounted rate. Students who do not wish to use this benefit, must opt out in their SIS account each fall. Students who wish to use financial aid to pay this fee must grant the Office of Financial Aid permission to deduct the fee from their financial aid refund.

Other athletic facilities on campus include Adelbert Gymnasium (basketball), Carlton Courts (tennis), DiSanto Field (football and track & field), Mather Park (softball), Nobby's Ballpark (baseball), and Wyant Athletic and Wellness Center (weights and fitness equipment). In addition, the university-owned Squire Valleevee and Valley Ridge Farms provide space for cross-country running, hiking, and a variety of other outdoor activities. The University Farms are located in Hunting Valley, Ohio, a short drive east of

the University. The 400-acre property encompasses a variety of deciduous forests, ravines, waterfalls, meadows, ponds and a self-contained natural watershed.

More information on CWRU athletic facilities can be found [on their website](#).



**CASE WESTERN RESERVE
UNIVERSITY**
School of Medicine

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