



Basic
Science

Research

Clinical
Medicine

Art and Practice of Medicine

Cleveland Clinic Lerner College of Medicine
of
Case Western Reserve University

Overview of the Five-Year Curriculum and Assessment

*Fostering a passion for scientific inquiry,
skills for critical thinking, and clinical expertise*

**Cleveland Clinic Lerner College of Medicine
of
Case Western Reserve University**

Overview of the Five-Year Curriculum

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Curriculum Committee Structure and Workflow

Foundations of Clinical Medicine

- Communication Skills
- Physical Diagnosis
- Longitudinal Clinic
- CSEs
- Pediatrics, Geriatrics and Acute Care experiences

Art and Practice of Medicine

- APM 1 -5
- Longitudinal Learning Groups
- Longitudinal Didactics

Clinical Education Committee

- Clerkships
- Electives and AIs
- ½ day clinic/week during research year
- Friday Didactics

Basic Science Education Committee

- Foundations of Molecular Medicine
- Organ/System Blocks
- PBL, PSS, Seminars, Clinical Correlations

Research Education Committee

- Year 1 basic sci research
- Year 2 clinical research
- Year 4 thesis research
- Year 2 Biostats and Epi course
- ARM Year 1-5
- Journal clubs, Project presentations

College Assessment & Outcomes Committee

Curriculum Steering Council

CWRU SOM Committee for Medical Education



Cleveland Clinic Lerner College of Medicine of Case Western Reserve University

Overview of the Five-Year Curriculum

Introduction

Cleveland Clinic Lerner College of Medicine of CWRU (CCLCM or the Lerner College Program) is one of three distinct programs leading to the MD degree in the Case Western Reserve University (CWRU) School of Medicine. CCLCM builds on the strengths of two leading academic institutions in Cleveland: Cleveland Clinic, which is one of the top five hospitals in the United States¹ with a history of excellence in clinical care of patients, training health professionals, and research, and CWRU School of Medicine, ranked in the top tier among US medical schools for NIH funding and its educational programs². In 2002, Cleveland Clinic and CWRU formed a historic partnership to collaborate in education and research through creation of the CCLCM with the support of a transformational donation from Al and Norma Lerner. The mission of the Cleveland Clinic Lerner College of Medicine is to educate students to become physician investigators who advance biomedical research, deliver exceptional clinical care and promote health. ***Every aspect of CCLCM— from admissions criteria and goals for financial aid to curriculum structure, student assessment, student advising, curricular evaluation, the learning environment, and faculty development programs— has been specifically designed to create the physician investigators of tomorrow.*** Our goals are to select students with a desire to pursue careers as physicians and researchers, to educate them to be excellent doctors, to nurture their curiosity about science and medicine, to provide them with substantive research experience and core research skills, and to offer financial support to ensure that excess debt does not preclude their ability to follow careers in research and medicine.

Training the Physician Investigators of Tomorrow: A Synopsis of the Program *Curricular Philosophy*

Recognizing the critical shortage of physicians engaged in research, our faculty created an educational program that provides medical students with the necessary skills and knowledge to enter academic residencies and pursue successful careers as expert doctors and basic, translational, or clinical investigators— without requiring them to complete an advanced degree in addition to the MD. We expect our graduates to be scientifically inquisitive, to be life-long learners, to be independent thinkers with excellent teamwork skills, to have broad-based research knowledge and skills as well as strong clinical acumen, and to be reflective practitioners of medicine and science who take a critical approach to self-assessment and self-improvement. All four components of the curriculum: basic science, clinical research, research, and the art and practice of medicine

(Figure 1)—in addition to the advising and assessment processes have been created to support the development of these attributes in our medical students.

Basic Science Curriculum

The **basic science curriculum** begins in July of the first summer with a core curriculum (Foundations of Molecular Medicine) in basic biochemistry, cell biology, molecular biology, and pharmacology (Figure 2b), which is taught using interactive small group problem-solving sessions, along with focus topics and journal clubs. In September, the curriculum then progresses to the organ-system blocks, which apply adult learning principles in a graduate education setting, building on problem-based learning (PBL) to create an early link between clinical problems and basic science learning and to help students develop their skills in hypothesis generation, self-identification of learning objectives, oral presentation, and teamwork. Almost all faculty-student contact time involves some form of active learning—graduate school-style seminars and problem sets requiring student preparation rather than lectures, case-based interactive anatomy sessions using fresh tissue prosections, imaging, virtual reality, computer-based applications, and simulations rather than demonstrations, as well as journal clubs. To support this educational model, curriculum schedules provide extensive time for independent study (Figure 2a). The basic science curriculum is organ-system based, with the disciplines of anatomy/embryology, bioinformatics, biostatistics/epidemiology, cell biology, ethics and humanities, evidence-based medicine, genetics, health care systems, histology, imaging, immunology, microbiology and infectious disease, nutrition, oncology, pathology, pharmacology, and physiology designated as curricular threads woven through every organ-system-based course. Learning objectives for the basic science disciplines were used to determine the organ system curriculum structure in the first two years, with the goal of providing a logical, coherent seventeen-month curriculum in each of the threads basic to medicine. Courses in Year 1 focus on normal human structure and function; in Year 2, courses focus on pathophysiology of disease. Later, in Years 3 through 5, students revisit advanced basic science concepts in their core clinical rotations, clinical electives, and CCLCM-specific sessions on Friday afternoons.

Clinical Curriculum

The **clinical curriculum** begins at the same time as the first organ system course in Year 1. At its foundation is a longitudinal teaching and learning experience with a primary care preceptor and their patients throughout the first two years. Students spend one half-day every other week in Year 1 and one half-day every week in Year 2 with the same Internal Medicine or Family Practice preceptor. During Year 1, students learn core clinical skills in doctor-patient communications and physical diagnosis in sessions linked to the organ system courses (e.g., learning the cardiac and lung exams during the Cardiovascular and Respiratory Sciences course) and then hone these skills with real patients in their preceptors' offices on alternate weeks. Once they have mastered the basics of history and physical examination, they begin to apply their skills to more complete evaluations of ambulatory adult, pediatric, and geriatric patients with direct observation and feedback from their preceptors.

In Year 2, students spend a half-day every week with their preceptor and a second half-day each week in sessions focused on building advanced clinical skills or clinical activities designed to complement concomitant basic science systems topics (e.g., a

rotation in heart failure clinic lab during the week devoted to learning about heart failure). By the end of Year 2, students can perform a complete history and physical and confidently evaluating adults with common outpatient problems and are well prepared to start required clinical rotations. In Year 3, all 32 CCLCM students participate in the Cleveland Clinic Longitudinal Clerkship (CCLC) with approximately 48 students from the CWRU's University Program. The CCLC consists of 4 blocks of 12 weeks each. One of these is a Longitudinal Ambulatory Block where students spend 12 weeks with the same preceptor in outpatient clinics in family medicine, internal medicine, Geriatrics and pediatrics for a true longitudinal experience. Additional clerkship experiences expose students to the disciplines of Surgery, Emergency Medicine, Obstetrics and Gynecology, Neurology and Psychiatry. Friday afternoon sessions in Years 3-5 bring CCLCM students together regardless of clinical or research location and focus on CCLCM-specific topics in research, human values, and professional development as physicians and researchers.

Research Curriculum

The **research curriculum** begins on the first day of medical school with the basic and translational research block and extends throughout all five years of the CCLCM curriculum (Figure 1). Every student participates actively in a “bench” or “dry lab” project in the first summer and develops a mock research proposal that extends the summer research project to the next research question. At the end of the summer, students formally present their summer research project and findings to students and preceptors describing the project in the format used at most scientific meetings. In addition, students learn the basic principles of research design and data analysis and critical appraisal and interpretation of the basic science research literature in a journal club. Each student reads and interprets a research article related to the topic of the week working with a faculty content expert. The student summarizes key points of the article and presents a critique followed by an open discussion with the other students and faculty in the group. The goals of the journal club are to increase understanding in a specific area of research linked to the basic science curriculum, provide students with the skills to critically review the literature, and to present literature in an organized and thoughtful way.

The second summer is devoted to clinical research. Course work focuses on applied medical biostatistics and clinical epidemiology including appropriate design and analysis of various kinds of clinical research protocols (Figure 2b). Each student participates actively in an ongoing clinical research project and designs an original clinical research protocol to extend the summer research project to the next research question, prepares an oral presentation describing the proposed research protocol, and formally presents this proposal at the end of the summer. Each student also presents a research article in the Year 2 clinical research journal club in a process similar to the basic science journal club in Year 1.

During Years 1 through 5, students participate in Advanced Research in Medicine (ARM), a weekly series of highly interactive research seminars linked to the content of the basic science courses. In Year 1, ARM is designed to provide students opportunities to interact with a wide range of successful investigators to help them understand the sequence of hypotheses, experiments, links to prior studies or other fields of investigation, serendipities, successes, and failures that lead to new research findings primarily in the basic sciences. ARM 1 also helps students appreciate the interaction between basic and clinical research— how basic science discoveries translate into changes in the clinical care

of patients and how clinical observations, or research findings result in new directions in basic science research. In ARM 2, students participate in presentations that are linked to the basic science content each week but are more focused on clinical research projects. In ARM 3 during the third year, seminars build on prior knowledge and skills developed in ARM 1, summer research science courses, and ARM 2 to offer students opportunities to study in more depth tools necessary for success in conducting research. Faculty facilitators present advanced topics under themes of communication, methodology, innovation, and ethics. The goal of the ARM 4 “Hot Topics in Research” series is to provide students with information on novel topics involving innovations resulting from the interaction of clinical investigation and basic science research. Students are invited to meet some of the accomplished clinical, translational, and basic scientists from the Cleveland Clinic community, who will offer a peek beyond the immediate horizon, of what may affect medical practice in the future. ARM 5 addresses pathways for a career as a physician investigator engaged in basic science or clinical research.

In the first years of the curriculum, each student experiences basic and clinical research firsthand, meets a large number of investigators with different research interests, develops essential research skills, and identifies a mentor and area of basic, translational, or clinical research on which to focus during the fourth year, 48 weeks dedicated to research. Research Education Committee must approve the project and Thesis Committee composed of the project advisor and two or more basic science and clinical investigators who supervise and monitor the progress of the research. During the research year, every student will continue to engage in clinical experiences at least one half-day per week during his/her research year. This helps to ensure that students maintain clinical skills and contact with patients, develop a deeper appreciation of the connection between advances in biomedical research and patient care, and have the opportunity to reflect on their ongoing development as *both physicians and researchers*. A final master's-level thesis must be defended within three months of completing the Research Thesis block and before December 1st of Year 5. The final revised thesis and signed paperwork are due no later than two weeks after the defense.

Throughout all five years of medical school, research topics are integrated with basic science and clinical content. Learning objectives for Problem-Based Learning (PBL) cases in the basic science courses include identifying the latest advances in the basic science underlying a specific disease, with students encouraged by their facilitators to think about how they could go about finding answers to relevant questions. Some of the core basic science concepts are learned from studying journal articles rather than textbooks, so students appreciate the research that led to current accepted basic science knowledge. Evidence-based medical practice is emphasized in the clinical curriculum, and students are expected to identify clinical questions for which the evidence is lacking and think about ways in which to obtain it.

Many US medical schools require students to complete a scholarly or research project or thesis for graduation, and there is evidence that participation in some kind of research in medical school is a predictor of pursuing a career in academic medicine. Combined MD-PhD training programs have been successful in creating academic physicians, but the course of study extends over 7 to 9 years, and the majority of those graduates pursue basic science rather than clinical or translational research. By creating a

medical school program that *not only* requires a substantive research project and master's-level thesis *but also* incorporates a comprehensive integrated curriculum in research, we provide our students with an environment that fuels their enthusiasm for scientific inquiry and the practical research skills that will prepare them for successful careers as physician investigators.

The Art and Practice of Medicine

The other key component of the curriculum extending over all 5 years is the Art and Practice of Medicine seminar series. This course focuses on principles of professionalism and ethics and their application to medical practice, the role of humanities in medicine, and an understanding of health care systems, thereby providing a setting for students to reflect on their experiences and observations of the health care system.

Assessment

CCLCM uses a unique approach to **student assessment** designed to enhance student learning and to promote self-directed learning. There are no grades for any course or rotation and no class ranking. Instead, each student is expected to attain defined milestones of achievement and accompanying educational program objectives in each of nine competencies. CCLCM's defined competencies include "Research and Scholarship," "Personal and Professional Development," and "Teamwork and Interprofessional Collaboration" in addition to the six core competencies defined for all US residency programs by the ACGME (Accreditation Council for Graduate Medical Education). Starting on the first week of medical school, students begin collecting evidence of their progress in each of the nine competencies and reflecting on how the evidence demonstrates their development as doctors and researchers—the two interrelated professional roles for which they are preparing.

We recognize that assessment drives learning—but that a curriculum designed to foster self-directed learning and achievement of competencies will be ineffective if assessment focuses on what the "teacher" said in class and factual recall. We have, therefore, chosen a student-centered, student-driven approach to assessment with strong support from faculty members (the physician advisors) who know the students well and guide them as they develop skills and self-confidence as self-directed learners. Each physician advisor works with a limited number of students and follows those same students throughout all five years of the program.

Students gather a broad range of types of evidence over their five years of study and work as partners with their physician advisors to review the evidence and their reflections, to create individual learning plans to address areas of relative weakness, and to tailor their learning experiences to build on their areas of particular strength. Evidence of achievement and reflections on progress in their professional development are collected in electronic student portfolios and used to document readiness for promotion within and graduation from the program. By training our students in accurate self-assessment and helping them develop their reflective ability, we intend to prepare them for the kind of independent, self-directed learning habits that will be required of them as residents and throughout the rest of their professional careers.

Mentoring and Advising

Our faculty identified close **mentoring and advising** relationships as critical in their own career development and designed the advising system to help ensure that students have multiple opportunities to develop such relationships. At the beginning of medical school, each student is assigned a physician advisor who serves as the student's coach in navigating and mastering the curriculum throughout all five years.

In addition, entering CCLCM students are assigned to a research advisor who serves as a resource for students to guide them in choosing research experiences including choice of Year 2 summer research preceptor, thesis project, etc. The research advisor follows a student's research from a distance but is available for advice and guidance.

Curriculum Timeline: Years 1 and 2

Year 1 Summer Research

- First Week of Orientation
 - Welcome to the Profession
 - Meet with Summer Research Preceptor
 - Meet with Physician Advisor
 - Introduction to Summer Curriculum
 - Introduction to Assessment system and ePortfolio
 - CCLCM laptop, orientation to Information technology
 - Introduction to Dual Degree
 - White Coat ceremony with University Program Students
- 10 weeks Translational Research Block
 - Foundations of Molecular Medicine
 - Cell biology, molecular biology, biochemistry, and pharmacology
 - Theme of the week with detailed learning objectives
 - Small group interactive problem-solving sessions (PSS) M, W, T
 - 2-hour focus topic seminars on Tuesday AM
 - Friday journal clubs
 - Research Curriculum
 - Hands on experience in lab of summer research preceptor
 - Work on defined projects and lab meetings, and other lab activities
 - Develop mock research proposal due week 9
 - Oral presentation on summer research project week 10
 - Self-care and Wellness curriculum
 - 2-hour sessions on several Mondays
 - Meeting with physician advisors
 - Review evidence in ePortfolio (feedback from peers and faculty).
 - Problem-solving sessions
 - Journal Club
 - Lab work
 - Mock grant proposal
 - Oral presentation
 - Reflection on their professional development.
 - Develop learning plans

Year 1 Organ-System Blocks

Basic Science courses are organized in organ-system blocks e.g., Cardiovascular and Respiratory (6 weeks), Gastroenterology (3.5 weeks), Endocrinology and Reproductive Biology (4 weeks), Renal (3 weeks), Musculoskeletal (2 weeks), Neurosciences (5 weeks), Hematology, Immunology and Microbiology (7 weeks) and Behavioral Sciences (3 weeks) with interwoven threads (e.g. Anatomy, embryology, physiology, histology, genetics etc.).

- Theme of the week
 - Provides a framework for all sessions and threads
 - Humanities, ethics, and health care systems
 - Communication skills
 - Physical diagnosis
- Problem-based learning sessions
 - 8 students with 1 faculty preceptor
 - 2-hour sessions on MWF in the AM
 - Collaboratively develop learning objectives and teach each other while solving a clinical case over one week.
- Anatomy, imaging, and embryology
 - Case Directed Anatomy Sessions on Tuesday AM
 - Presentation of surgical anatomy using clinical case
 - Fresh cadaver prosections
 - Virtual dissection using Sectra Tables
 - Virtual Anatomy using Virtual Reality, mobile apps
 - Ultrasound simulations
 - Online self-directed learning
- Histology
 - Virtual microscopy
 - Seminars
- Advanced Research in Medicine (ARM 1)
 - Friday PM
 - Interactive discussions with accomplished investigators
 - Topics linked to organ-system curriculum
 - Relationship between basic and clinical research
- Foundations of Clinical Medicine (FCM 1)

All sessions are coordinated with the content of the Organ-System curriculum

- Clinical Skills Training
 - One ½ day every other week (Tue PM)
 - Communication skills and Physical Diagnosis (total ~ 3.5 hours)
 - Learn skills with standardized patients in small groups

- Longitudinal Clinic
 - One ½ day every other week with Internal medicine or family medicine primary care preceptor – longitudinal ambulatory clinic
 - Practice clinical skills with real patients – one on one with faculty preceptor.
 - Additional clinical experiences in pediatrics outpatient clinic
- Clinical Skills Examination (CSE) 1 Clinical Skills Exam
 - At end of year 1
 - Feedback on mastering core clinical skills.
- Art and Practice of Medicine (APM 1)
 - 2-hour interactive seminars on Tue AM covering topics in:
 - Professionalism and Professional Identity Formation
 - Humanities in medicine
 - Ethics
 - Health care systems
 - Longitudinal qualitative investigation in the community with a presentation at the end of Year 1 (Devising Healthy Communities).
- Formative Portfolio 1
 - November
- Formative Portfolio 2
 - March
- Summative Portfolio
 - Due at end of Year 1

Year 2 Summer Research

- 8-week Clinical Research Block
 - Clinical Research Curriculum
 - Work with preceptor in active clinical research project
 - Design and present a clinical research study
 - Journal Club every Friday – application of knowledge gained from Biostatistics and Epidemiology courses to clinical research literature.
 - Medical Biostatistics and Clinical Epidemiology Course
 - 2 hours each day
 - Formulation of scientific questions
 - Study design

- Conducting clinical trials
- Using statistical software to analyze real data sets
- Legal and ethical issues in research

Year 2 Organ-System Blocks

Organized similar to Year 1 organ-system courses – Musculoskeletal (2 weeks), Neurosciences (3 weeks), Endocrinology and Reproductive Biology (3.5 weeks), Cardiovascular and Respiratory Sciences (6 weeks), Hematology (4 weeks), Renal (2 weeks) and Gastrointestinal (4 weeks) with interwoven content from Immunology, pathology, oncology, infectious diseases/microbiology and biostatistics and epidemiology threads.

- The key differences from year 1 are:
 - Anatomy and embryology sessions are less frequent
 - The Longitudinal clinic is ½ day every week (instead of every other week).
 - Addition of clinical experiences in geriatrics, women's health, urology, and acute care settings.
 - Clinical correlation sessions to enhance learning by application of content covered during the seminars and PBLs
 - There are 2 CSEs Clinical Skills Exams– one at the beginning of the year to identify skills to address over the year and one at the end of Year 2 to document skills for the ePortfolio.
 - The year ends early to give students 6 weeks to prepare for the USMLE Step 1 Examination.
 - Formative Portfolio 1
 - January
 - Summative Portfolio
 - Due at end of Year 2
 - USMLE Step 1
 - Complete before starting year 3

Curriculum Timeline: Year 3

Year 3 Curriculum

- Cleveland Clinic Longitudinal Curriculum (CCLC)

All CCLCM students take their required core clinical rotations at the Cleveland Clinic these include internal medicine, family medicine, pediatrics, surgery, obstetrics and gynecology, psychiatry, neurosciences, emergent care and geriatrics. In addition, approximately 48 university program students also participate in CCLC.

- CCLC is organized into four 12 week blocks as follows:
 - Longitudinal Ambulatory Block – outpatient longitudinal experiences with the same preceptor in internal medicine, family medicine, pediatrics with experiences in geriatrics and emergency medicine.
 - Team Based Care 1 – inpatient experiences in internal medicine and surgery
 - Team Based Care 2 – inpatient experiences in pediatrics (4 weeks) and obstetrics, gynecology and outpatient women's health (4 weeks)
 - Team Based Care 3 – inpatient and outpatient experiences in neurosciences and psychiatry (4 weeks each)
 - Team Based Care 2 and 3 allow for 4 weeks of elective time each. These electives can be completed at any of CWRU's affiliated medical centers or medical centers outside of Cleveland/Ohio.
 - Each rotation has defined learning objectives, core clinical conditions that students need encounter (e.g. Diabetes), observed clinical activities (e.g. patient-centered interviewing) and procedures.
 - Students track these in an online Clinical Assessment System (CAS) along with reflections on what they learned from each case they encountered.
 - Friday didactic sessions on core topics in clinical medicine

- Longitudinal Learning Groups

Explore the role of physicians in society. Small (8 -10 students) group sessions with 2 faculty facilitators per group. 8 Student led sessions on Fridays (Topics may vary year to year):

- Physician activism
- Opioid Crisis
- Gun Control
- Disabilities

- Race and Gender inequities
- Climate Change and Health
- Longitudinal Didactics
 - Occur twice every 12-week Clerkship Block (8 a year)
 - Interactive Seminars on:
 - Health Systems Science
 - Laboratory Medicine
 - Palliative Medicine
 - Reflective writing to capture students' experiences related to health systems science in their clinical rotations
 - Quality improvement proposal
- APM and ARM sessions continue on Friday afternoons

Curriculum Timeline: Year 4

Year 4 Curriculum

- Research project and master's level thesis 12-15 months
 - Area of focus:
 - Traditional: Basic/translational or clinical research
 - Can also focus on health services, biomedical ethics or other areas for advancement of biomedical sciences and care of patients.
 - Approval of research proposal by Research Education Committee prior to start of year
 - Faculty research advisors at Cleveland Clinic or CWRU (except for students receiving specific fellowships at NIH, Okinawa Institute for Science and Technology, Sarnoff, or Fulbright)
 - Complete thesis research block and thesis defense by December first of year 5.
 - Complete revisions of the thesis and submit signed paperwork no later than two weeks after the defense.
- ARM sessions
 - 4 Friday afternoons
 - Covers Hot Topics in Research
- APM sessions
 - Friday afternoons every 8-12 weeks
 - Focus on professional identity and Career planning
- Clinical Experience
 - ½ day of clinical experience each week during research thesis block.
- Summative Portfolio
 - Due by end of Year 4

Curriculum Timeline: Year 5

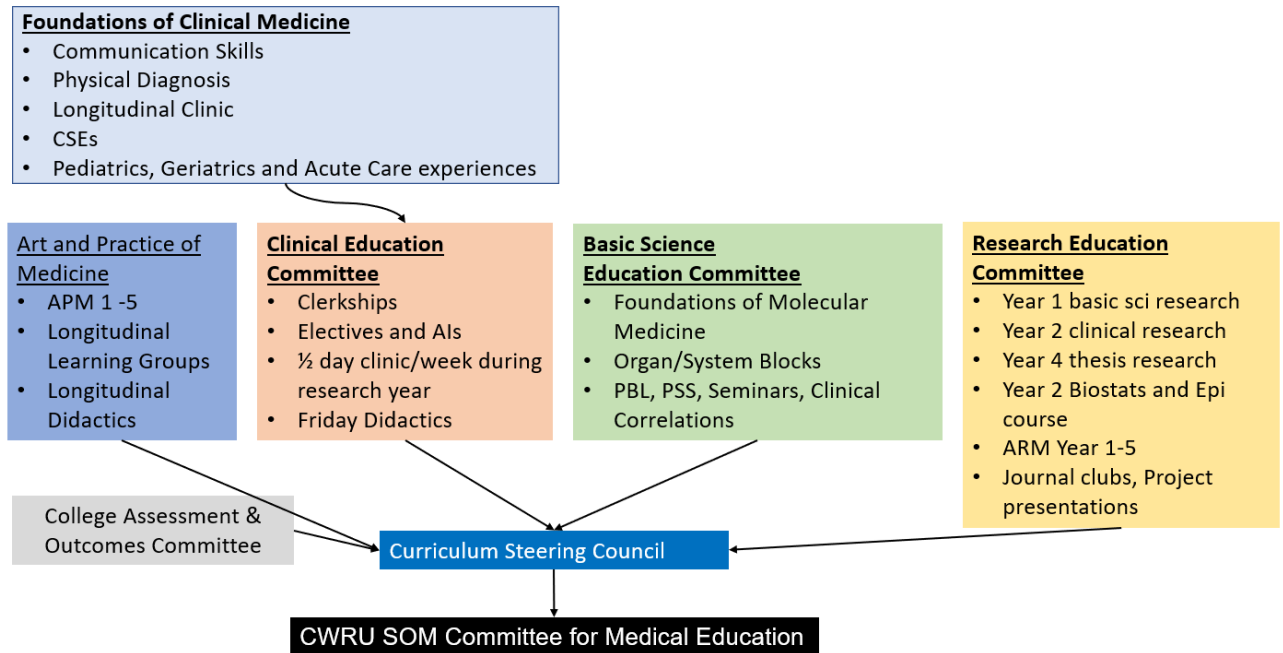
Year 5 Curriculum

The final year of the curriculum allows students the flexibility to customize their experiences by scheduling acting internships and electives.

- Acting Internships (AI)
 - Students should complete two AI's: with at least one completed at one of the CWRU - affiliated medical centers
- Electives
 - Students have flexibility in selecting electives and Acting Internships (AI's) in consultation with their physician advisors. Students are responsible for ensuring that all graduation requirements are completed.
 - Between years 3, 4, and 5, students are required to have a minimum of 40 weeks of electives (out of these 40 weeks, a minimum of 20 weeks must be patient care electives)
 - The additional 20 weeks can be a mix of patient care or non-patient care electives (dedicated time for USMLE Step 2 study is considered a non-patient care elective)
- ARM sessions
 - Friday afternoons
 - Covers topics on career pathways for physician-investigators
- APM sessions
 - APM 5 sessions are focused on transitioning to residency
 - Covers topics on career pathways for physician-investigators
- Capstone
 - 2 weeks in March of year 5
 - Scheduled around Match Day and Research Day
 - Practical skills to prepare students for Internship
 - APM 5 sessions are focused on transitioning to residency.
 - ARM 5 sessions are focused on the development of a career as a physician investigator.
 - Students must defend their Research Thesis by December 1st of year 5.
- Research Day
 - Year 5 students present their thesis research projects
 - All other students are required to attend

- Exams
 - Take USMLE Step 2 CK by February 28th of Year 4
 - Take CWRU clinical skills examination.
 - CWRU clinical skills examination (should take *after* completing year 3 clerkships/during year 4).

Curriculum Committee Structure and Workflow



Legend

- APM = Art and Practice of Medicine
- CSE = Clinical Skills Exam
- AI = Acting Internship
- PBL = Problem-based Learning
- PSS = Problem-solving sessions
- ARM = Advanced Research in Medicine
- Biostats = Medical Biostatistics
- Epi = Clinical Epidemiology

The Student Portfolio: Competency-Based Assessment and Reflective Practice

CCLCM's approach to student assessment is based on two key educational concepts – “competency-based assessment” and “reflective practice.” Competency-based assessment emphasizes the need for every student to achieve specified milestones by participating in learning experiences, utilizing helpful resources, and reviewing regular feedback. Students are not compared to one another but to faculty-defined standards of achievement. A full range of assessment methods are used to assess student achievement. Reflective practice emphasizes that learning is dependent upon the integration of reflection and experience. Professionals learn by reflecting on their experiences and by using these reflections to identify learning needs and implementing plans to develop new knowledge and skills. We have designed an assessment process that helps our students develop their reflective practice skills – the ability to accurately describe, analyze and evaluate their performance and to identify and follow through on effective learning plans. We are committed to helping every student achieve our competency milestones and educational program objectives while developing reflective practice skills through frequent formative assessments and close advising. Thus, the student assessment system is an integral component of the curriculum and supports the learning process; it is not just an intermittent step to determine if a student is ready to progress to the next level of learning.

Evidence of achievement for each of CWRU School of Medicine's competencies (Figure 4) is collected and managed in an electronic portfolio. Students and their advisors share access to the e-Portfolio database of evidence and thus can track and document student progress in meeting the milestones in our nine competencies. A broad range of types of evidence are collected from the learning experiences in the research, basic science, and clinical curriculum (Figure 5).

For example, during research blocks, research preceptors, journal club facilitators, other members of the lab team, problem solving session facilitators, and student peers provide written assessments of both individual work and teamwork in the lab, written and oral presentations, and critical thinking and reasoning skills. Written research proposals and reports and the final thesis are also included in the e-Portfolio database.

During the basic science courses, students complete online quizzes called **Self-Assessment Questions (SAQs)** that cover the breadth of knowledge for each week's theme at the level of factual recall and simple application of the facts. Faculty design the SAQs so that students who are actively participating and studying should expect to know at least 80% of the answers; the individual results of the SAQs are available only to each student, but students are encouraged to contact the course director for help with any difficulties they are having. Students have the option of repeating the SAQs to assess their retention of this basic science knowledge. At the end of each week, students complete one open book **Concept Appraisal (CAPP)** designed to determine if they have mastered the concepts for that week well enough to apply them to new or different problems or situations in a brief, well-organized, clearly written essay. CAPPs are designed to assess depth of knowledge in key concept areas. A faculty-trained assessor reads each CAPPs response anonymously and provides comments to each student about the strengths and areas of

improvement related to the student's response. PBL facilitators and peers provide assessments of performance in PBL sessions and self-assessments are also collected.

Assessments in the clinical curriculum include written feedback on performance from preceptors and other faculty physicians and residents, results of clinical skills exams, patient logs documenting breadth of clinical exposure, self-assessments of videotaped interviews with patients (both standardized and real), and feedback from patients, peers, and other health care providers.

Students are expected to meet regularly with their physician advisors to discuss their progress. Several times each year in Years 1 and 2, they are required to review their assessment evidence in relation to expected levels of milestone achievement in the nine competencies and write Formative Portfolios composed of structured reflective essays on how the evidence demonstrates their development as doctors and researchers. Based on this analysis, they develop learning plans to address areas needing improvement. The essays include judgments on whether previously established learning goals have been achieved and reflections on the process of achieving these goals. Students discuss these materials with their physician advisors during regularly scheduled meetings. During the last three years, students submit learning plans and meet with their physician advisor to review their progress. Students are expected to assume more and more responsibility and independence in accurate self-assessment, in developing learning plans and following through on addressing their own learning needs, and in recognizing and building on their own strengths.

At the end of Years 1, 2 and 4, students assemble a Summative Portfolio for review by the Medical Student Performance Review Committee that determines if the evidence presented by the student indicates a level of achievement sufficient for promotion to the next year of the program (or graduation). Students are expected to choose not only the best examples of their work but, more importantly evidence demonstrating their growth in specific competencies across the first four years of medical school. We want to reward students who recognize areas needing improvement, identify an approach to addressing them, and can show that they have achieved that skill as well as those students who excel in specific areas throughout the year. Graduates of CCLCM not only achieve a defined level of achievement of each of the nine competencies, they also develop the ability to accurately assess their own strengths and areas needing improvement. The assessment process is designed to enhance student learning and the portfolio process enables students to document their progress in the achievement of defined competencies.

Graduation Requirements Summary

To graduate from CWRU School of Medicine with the MD degree (or the MD degree with Special Qualifications in Biomedical Research for students in the Cleveland Clinic Lerner College of Medicine program), students must:

1. Satisfactorily complete all Program-Specific Requirements and Educational Program Objectives of the School of Medicine
2. Pass the USMLE Step 1 and USMLE Step 2 CK
3. Pass or remediate the School of Medicine's Clinical Skills Exam
4. Satisfactorily complete the MD Research Thesis
5. Meet financial obligations to the University
6. Be approved to graduate by the Committee on Medical Students Promotion and Advancement.

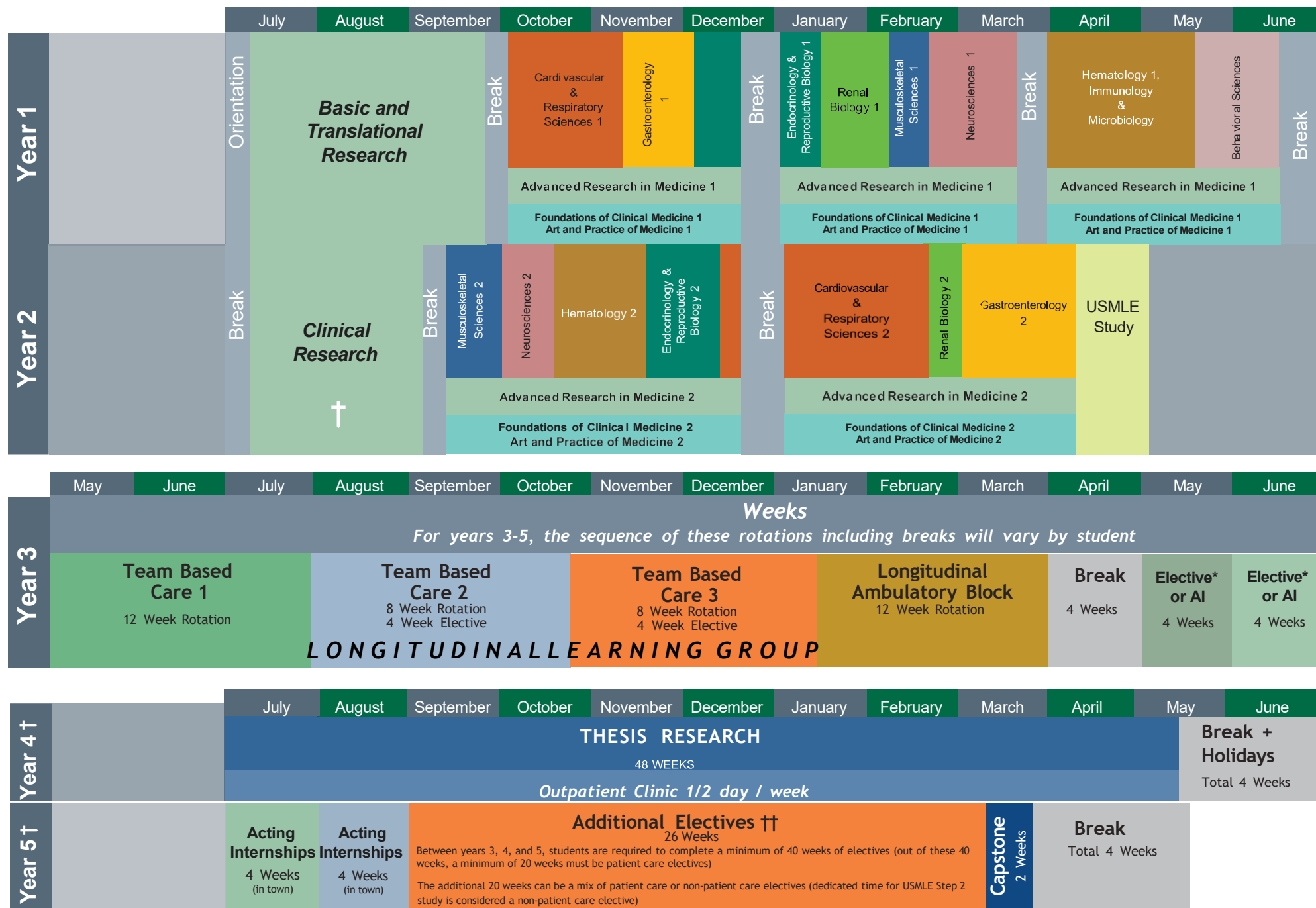
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Case Western Reserve University

CURRICULUM STEERING COUNCIL – MEMBERSHIP 2026-2027

Neil Mehta, MBBS, MS (Chair)	Associate Dean, Curricular Affairs, CCLCM; Professor of Medicine, CCLCM; Director, Center of Technology Enhanced Knowledge and Instruction; Staff Physician, Department of Internal Medicine and Geriatrics, Primary Care Institute, Cleveland Clinic
Lia Logio, MD, MACP	Vice Dean, Medical Education, CWRU
Miller, Kathryn, MD	Associate Dean, Curriculum, CWRU; Associate Professor of Pediatrics, Pediatric Critical Care Medicine, University Hospitals
Christine Warren, MD, MS	Interim Executive Dean, CCLCM; Associate Dean, Admissions and Student Affairs, CCLCM; Associate Professor of Dermatology, CCLCM; Staff, Education Institute and Medical Specialty Institute (MSI), Cleveland Clinic
Christine Warren, MD, MS	Associate Dean, Admissions and Student Affairs, CCLCM; Associate Professor of Dermatology, CCLCM; Associate Staff, Education Institute and Dermatology & Plastic Surgery Institute (DPSI)
Linda Graham, MD (Trine Jorgensen, PhD-Proxy)	Assistant Dean, Research Education, CCLCM; Professor of Surgery, CCLCM; Staff, Cleveland Clinic Research and Heart, Vascular, and Thoracic Institute
Christine Moravec, PhD (Christina Lindenmeyer, MD-Proxy)	Assistant Dean, Basic Science Education, CCLCM; Director, Dual Degree Program, CCLCM; Professor of Molecular Medicine, CCLCM; Staff, LRI Administration; Director of Research Education & Training (Associate Director, Basic Science Education, CCLCM; Associate Professor of Medicine, CCLCM; Staff, Gastroenterology, Hepatology & Nutrition DDI)
Craig Nielsen, MD (Camille Sabella, MD-Proxy)	Assistant Dean, Clinical Education, CCLCM; Professor of Medicine, CCLCM; Staff, Primary Care Institute Associate Director, Clinical Education, CLCCM; Professor of Pediatrics, CCLCM; Staff, Pediatric Institute
Katherine Burke, PhD	Director, Art and Practice of Medicine
Marcy Pardee, RRT, MEd	Senior Director, College of Medicine, CCLCM; Education Institute
	Director, Assessment and Evaluation, CCLCM; Professor of Medicine, CCLCM; Staff, Education Institute
Colleen Colbert, PhD (Lily Pien, MD, MHPE – Proxy)	Director, Office of Educator & Scholar Development, Cleveland Clinic; Professor of Medicine (OESD), CCLCM; Staff, Education (Associate Director, Office of Educator & Scholar Development, Cleveland Clinic, Professor of Medicine, CCLCM of CWRU SOM; Staff, Medical Specialties Institute)
Robert Wilson, DO	Chairperson, Physician Advisors Committee, CCLCM; Clinical Assistant Professor of Neurology, CCLCM; Staff, Neurological Institute
David Gugliotti, MD	Director, Electives / Acting Internships, CCLCM; Clerkship Director, Internal Medicine; Acting Internship Director, Internal Medicine; Clinical Assistant Professor of Medicine, CCLCM; Staff, Hospital Medicine, Enterprise Integrated Hospital Care Institute
Venkatesh Kambhampati, MD	Assistant. Professor of Emergency Medicine, CCLCM; Clerkship Director, Dept of Emergency Medicine Staff, Integrated Hospital Institute
Kenneth Koncilja, MD	Assistant Professor of Medicine, CCLCM; Staff, International and Emerging Markets
David Van Wagoner, PhD	Physiology Thread Director, CCLCM; Associate Professor, Molecular Medicine, CCLCM: Staff, LRI Heart, Blood and Kidney Research
Seysha Mehta /Eran Maina / Emma Desterv / Ryan Rilinger	CCLCM Student, Class of 2027
Aleksandar Izda/ Hyunjun Ahn / Timothy Ring	CCLCM Student, Class of 2028
Erin Capodanno, Caroline Redick, Dottie Yu	CCLCM Student, Class of 2029
	CCLCM Student Class of 2030

Cleveland Clinic Lerner College of Medicine
Case Western Reserve University
Curriculum Overview Years 1-5

07/01/26



†Includes Advanced Research in Medicine (ARM) 4/5 sessions

††Discuss with Physician Advisor on appropriate mix of both

Figure 1

Cleveland Clinic Lerner College of Medicine of Case Western Reserve University

Year 1 - Curriculum Schedule

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 am – 10:00 am	Seminar	Art and Practice of Medicine	Seminar	Independent Study	Seminar
10:00 am – 12:00 pm	PBL Day 1	Anatomy Lab	PBL Day 2		PBL Day 3
12:00 pm – 1:00 pm					
1:00 pm – 5:00 pm	Independent Study* or Clinical Program	Clinical Program (one afternoon per week) or Independent Study*	Independent Study	Independent Study* or Clinical Program	Advanced Research in Medicine Independent Study

*Dual degree courses are taken on Thursdays and outside of curricular time on other days

Year 2 - Curriculum Schedule

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 am – 10:00 am	PBL Day 1	Anatomy Lab or Seminar	PBL Day 2	Independent Study	PBL Day 3
10:00 am – 12:00 pm	Seminar	Art and Practice of Medicine	Seminar		Seminar
12:00 pm – 1:00 pm					
1:00 pm – 5:00 pm	Independent Study* or Clinical Program	Clinical Program (two afternoons per week) or Independent Study*	Clinical Program (two afternoons per week) or Independent Study	Independent Study* or Clinical Program	Advanced Research in Medicine Independent Study

*Dual degree courses are taken on Thursdays and outside of curricular time on other days

Figure 2a

Cleveland Clinic Lerner College of Medicine of Case Western Reserve University

Basic and Translational Research Block Summer Year 1 Curriculum Schedule

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 am	Fundamentals of Molecular Medicine	Fundamentals of Molecular Medicine	Fundamentals of Molecular Medicine	Fundamentals of Molecular Medicine	
8:30 am					
—					Journal Club
10:00 am					
10:30 am	Miscellaneous Seminars	Research Experience	Research Experience	Research Experience	
—					
12:00 pm					
—					
1:00 pm					
—					
—					
—					
—					
5:00 pm					

Clinical Research Summer Year 2 Curriculum Schedule

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 am	Epidemiology or Biostatistics	Epidemiology or Biostatistics	Epidemiology or Biostatistics	Epidemiology or Biostatistics	Journal Club
—					
10:15 am	Research Experience	Research Experience	Research Experience	Research Experience	
—					
12:00 pm					
1:00 pm					
—					
—					
—					
5:00 pm					

Figure 2b

Curriculum Overview Years 3-5

Weeks							
For years 3-5, the sequence of these rotations including breaks will vary by student)							
Year 3	Team Based Care 1 12 Week Rotation Inpatient - Internal Medicine - Surgery	Team Based Care 2 8 Week Rotation 4 Week Elective Inpatient - Pediatrics - Obstetrics - Gynecologic Surgery Outpatient - Women’s Health Elective (any elective, any place)	Team Based Care 3 8 Week Rotation 4 Week Elective - Neurology - Psychiatry Elective (any elective, any place)	Longitudinal Ambulatory Block 12 Week Rotation Outpatient - Internal Medicine - Family Medicine - Geriatrics - Pediatrics Emergency Medicine	Break 4 Weeks	Elective* or AI 4 Weeks	Elective* or AI 4 Weeks
	LONGITUDINAL LEARNING GROUP						
	Year 4†		THESIS RESEARCH				
		48 WEEKS					
		Outpatient Clinic 1/2 day / week					
Year 5†		Acting Internships (in town) 4 Weeks	Acting Internships 4 Weeks	Additional Electives†† 26 Weeks Between years 3, 4, and 5, students are required to complete a minimum of 40 weeks of electives (out of these 40 weeks, a minimum of 20 weeks must be patient care electives) The additional 20 weeks can be a mix of patient care or non-patient care electives (dedicated time for USMLE Step 2 study is considered a non-patient care elective) ††Discuss with Physician Advisor on appropriate mix of both		Capstone 2 Weeks	Break Total 4 Weeks
		(Medicine, Pediatrics, Surgery or Family Medicine in Cleveland)					

†Includes Advance Research in Medicine (ARM) 4/5 sessions

*Electives can be used to prep for USMLE Step 2 CK

Figure 3

Cleveland Clinic Lerner College of Medicine
of
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**CWRU School of Medicine Competencies and
Educational Program Objectives**

Competency	EPO
Research and Scholarship Demonstrates knowledge and skills required to interpret, critically evaluate, and conduct research.	1. Analyzes and effectively critiques a broad range of research papers. 2. Demonstrates ability to generate research questions and formulate methods to answer these questions. 3. Demonstrates ability to initiate, complete and explain his/her research.
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.	4. Demonstrates ability to apply knowledge base to clinical and research questions. 5. Demonstrates appropriate level of clinical, basic, and health systems science knowledge to be an effective starting resident physician.
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.	6. Uses effective written and oral communication in clinical, research, and classroom settings. 7. Demonstrates effective communication with patients using a patient-centered approach. 8. Effectively communicates knowledge as well as uncertainties.
Professionalism Demonstrates commitment to high standards of ethical, respectful, compassionate, reliable and responsible behaviors in all settings, and recognizes and addresses lapses in professional behavior.	9. Consistently demonstrates compassion, respect, honesty and ethical practices. 10. Meets obligations in a reliable and timely manner. 11. Exhibits professional behavior or addresses lapses in professional behavior.
Personal and Professional Development Demonstrates the qualities required to sustain lifelong personal and professional growth.	12. Critically reflects on personal values, priorities, and limitations to develop strategies that promote personal and professional growth. 13. 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.

	14. Identifies challenges between personal and professional responsibilities and develops strategies to address them.
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.	15. Demonstrates knowledge, skills, and behaviors to perform history taking, physical examination and procedures appropriate to the level of training and clinical setting. 16. Uses evidence from the patient's history, physical exam, and other data sources for clinical reasoning to formulate management plans. 17. Incorporates diagnostic, therapeutic, and prognostic uncertainty in clinical decision making and patient care discussions. 18. Incorporates a patient's perspective, values, context, and goals into all aspects of the clinical encounter. 19. Identifies and critically analyses relevant literature and practice-based guidelines to apply best evidence of patient care and management.
Teamwork and Interprofessional Collaboration Demonstrates knowledge, skills, and attitudes to promote effective teamwork and collaboration with health care professionals across a variety of settings.	20. Performs effectively as a member of a team. 21. Respects and supports the contributions of individuals on an interprofessional health care team to deliver quality care.
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.	22. Applies knowledge of health care systems to patient care discussions. 23. Demonstrates awareness of context of care, patients' values, health care system, and environment in clinical care. 24. Applies principles of quality improvement and safety to patient care.
Reflective Practice Demonstrates habits of ongoing reflection and analysis to identify learning needs, increase self-awareness and continuously improve performance and personal growth.	25. 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.

Figure 4

The Cleveland Clinic Lerner College of Medicine
of
Case Western Reserve University

Student Portfolio System

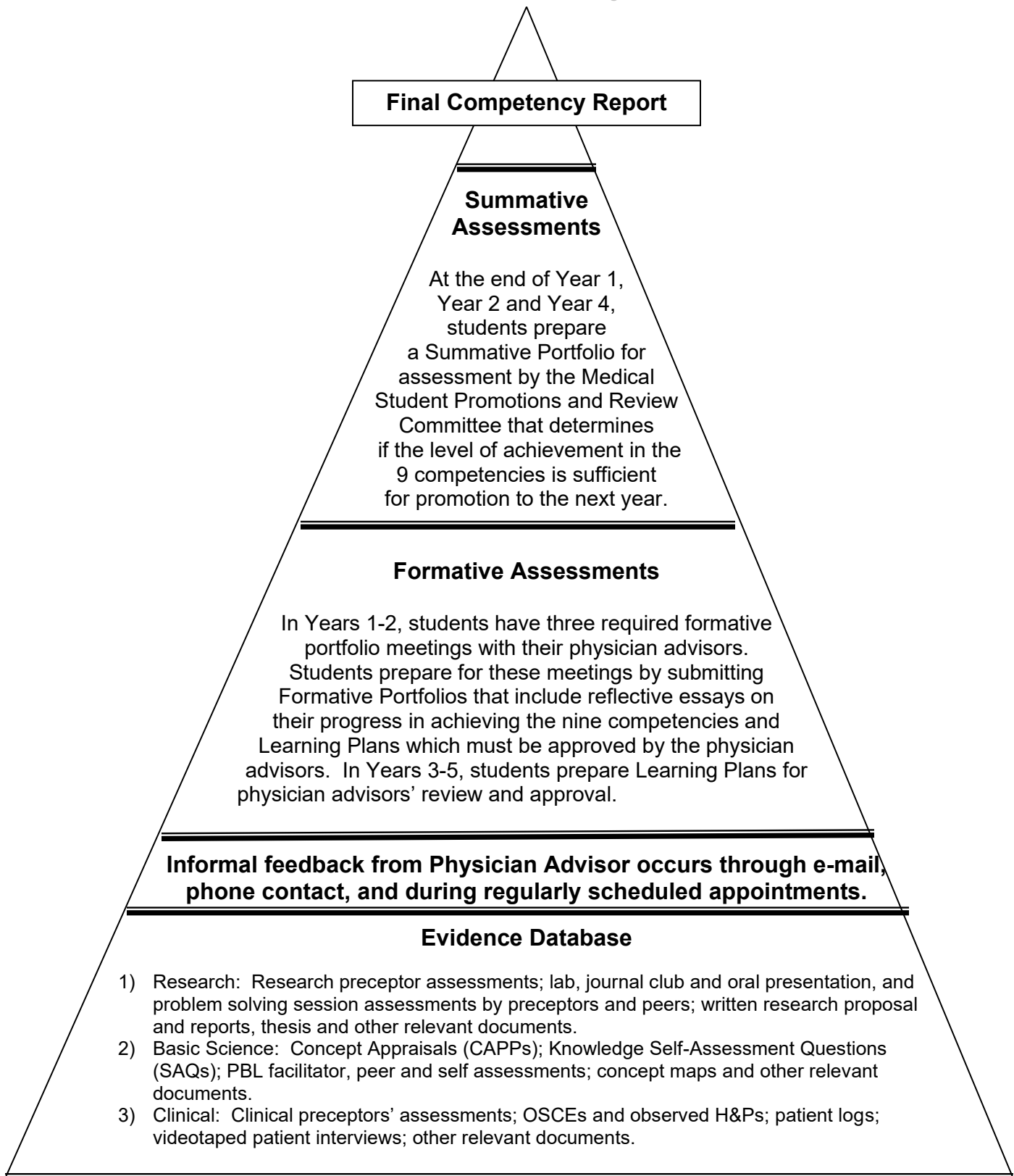
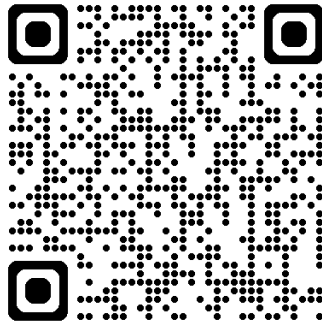
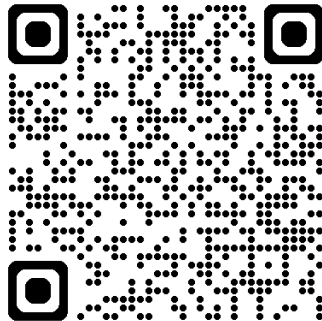


Figure 5



Cleveland Clinic Lerner College of Medicine Website

<http://www.clevelandclinic.org/cclcm/>



Digital Version of this Curriculum Overview Book

<https://portal.cclcm.ccf.org/cclcm/CCLCMDependencies/Docs/5YRCurriculumOverviewBook2026.pdf>