



School of Medicine

UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS

SOM MD PROGRAM POLICIES AND PROCEDURES

For Hybrid and Legacy Curriculums

2021 – 2022 Academic Year

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The policies described in this book apply to all medical students, including those enrolled in any dual degree program and regardless of status.

Table of Contents

How to Use this Document.....	5
Section 1: Ensuring a Climate for Learning	8
1.1 Teacher-Learner Agreement.....	8
1.1.1 Guiding Principles.....	8
1.1.2 Responsibilities of Teachers and Students	9
1.2 Mistreatment Policy	11
1.2.1 Standards of Behavior and the Definition of Mistreatment	11
1.2.2 Procedures for Reporting Faculty and Staff Unprofessional Behavior	11
1.3 Being a Professional in the Community: Student Professionalism & Honor Council.....	12
1.3.1 Student Professionalism Committee	12
1.3.2 Student Honor Council and Honor Code	13
1.3.3 Learning in a Practice Environment.....	14
1.3.4 Notification of Legal Violation	15
1.4 Being A Member Of The Community: Attendance And Absence Policies ...	15
1.4.1 Definition of Absences.....	16
1.4.2 Absences Permitted to Seek Healthcare.....	16
1.4.3 Absence Policies by Phases and Curricular Areas	17
Attendance & Absence Policies for Phase III	18
Attendance & Absence Policies for Phase IV.....	19
Attendance & Absence Policies for ICC during Phases III & IV	20
1.4.4 Excused Absences from Examinations and Assessments.....	21
1.4.5 Tardiness to Required Sessions in Phases II.....	22
1.5 Fostering A Learning Climate	22
1.5.1 Appropriate Dress.....	22
1.5.2 Appropriate Persons in the Learning Setting.....	22
1.6 Improving the Community: Providing Feedback & Required Evaluations ...	23
Section 2: Curriculum Structure & Leadership	24
2.1 Structure of the Curriculum.....	24
2.2 Authority & Responsibility of Courses/Clerkships.....	25
2.3 Curriculum Leadership and Committees	28
2.4 Student Representatives to Courses and Committees.....	29
2.5 List of Curricular Leadership.....	29
Section 3: Promotions, Advancement, Grading, Graduation	29
3.1 Student Promotions Committee.....	29
3.1.1 Membership and Voting.....	29
3.1.2. Frequency of Meetings.....	30
3.1.3 Nature of Committee Deliberations	30
3.1.4 Personal Appearance before the Committee	30
3.2 Academic Actions Available to Student Promotions Committee	31

3.2.1 Withdrawal from Medical School	31
3.2.2 Probation/Academic Warning	31
3.2.3 Remedial Action	32
3.2.4 Dismissal	32
3.3 The Grading System.....	33
3.3.1 Official Grades.....	33
3.3.2 Description of Grades	33
3.3.3 Policies on In Progress, Incomplete, and Fail Grades.....	35
3.3.4 Additional Detail on Grades for Select Curricular Areas.....	36
3.3.5 Timely Access to Grades and NBME Shelf Exam Scores	42
3.3.6 Policies on Adding, Withdrawal from or Dropping a Course.....	42
3.3.7 Narrative Written Feedback in the Curriculum.....	43
3.3.8 Formative Feedback in Essentials Core and Longitudinal Curriculum	43
3.3.9 Additional Policies Relevant to the Clinical Curriculum during Phases III & IV	43
3.3.10 Academic Misconduct and Grades.....	45
3.3.11 Feed Forward Policy.....	46
3.4 The MSPE and Class Rank.....	48
3.4.1 Process of Ranking	48
3.4.2 Generating the MSPE	48
3.4.3 Content of MSPE.....	48
3.4.4 Honor Society	49
3.5 Academic Rights and Appeals.....	49
3.5.1 Appeal of Grade Decision by a Course or Clerkship Director.....	49
3.5.2 Appeal of Decisions of the Student Promotions Committee	50
3.6 Absence and Leave of Absence.....	52
3.6.1 Curricular Pause.....	53
3.7 Minimum Requirements for Advancement and Retention	54
3.7.1 Exemptions from Courses	54
3.7.2 Specific Requirements for Advancing to Phase III	54
3.7.3 Specific Requirements for Phase III	55
3.7.4 Specific Requirements for Phase IV.....	56
3.8 Requirements for Graduation	57
3.8.1 Completion Time	57
3.8.2 Passing NBME Exams	57
3.8.3 Passing Coursework.....	57
3.8.4 Financial Obligations	57
3.8.5 Recommendation of Degree	58
3.9 Uniform Standard for Graduation	58
3.10 Limitations on Course Registration.....	58
Section 4: Other Educational Policies.....	59

4.1 Student Privacy	59
4.2 Student Access and Modification to Own Academic Files.....	59
4.3 Equal Opportunity and Non-Discrimination	59
4.3.1 CUSOM's Commitment.....	59
4.3.2 Equal Opportunity and Accommodations	59
4.4 Clinical Requirement Responsibilities	60
4.5 Hazardous Exposure	61
4.6 Malpractice, Workers Compensation; Health and Disability Insurance	61
4.7 Career Exploration Clinical Experiences	62
4.8 Dual Degree programs	63
Appendices	65
UME Medical Program Structure.....	65
CU Anschutz Office of Professional Excellence (OPE).....	67
Professionalism Concerns and Mistreatment Report	68
Student Honor Council – Procedures and Processes	70
Ombuds Office	72
Technical Standards for Admission, Promotion and Graduation.....	73
Drug Screening Policy	76
Curriculum Leaders, Offices and Useful Websites	79
Security, Student Safety, and Disaster Preparedness Table	85
How the OME Implements Curricular Changes Chart.....	87

How to Use this Document

Revised bi-annually (Fall, Spring), this document (aka “The Handbook”) seeks to provide students with a view of *some* of the key policies and procedures affecting students at the University of Colorado School of Medicine (CUSOM). This document does not explain in depth or list all the policies and procedures relevant to students while at CUSOM. Rather, this document provides a “topographical map” of some key educational “landmarks” (aka policies), including promotion, grading, attendance, codes of conduct and clinical requirements. This document “orients” a student on how to approach a question or issue (e.g., who to speak to, how to initiate a process). There are four main sections to this document. They are described and summarized below.

Section 1: Ensuring a Climate for Learning – This section focuses on how we treat each other in order to create a climate that supports learning by all, including our Teacher-Learner Agreement, lapses in enacting this agreement, absence and evaluation obligations.

Section 2: Curriculum Structure and Leadership – This section provides a brief overview of all four phases of the curriculum, the committees and people involved, and how students are represented at every level.

Section 3: Promotion, Advancement, Grading, and Graduation – The largest among the four sections, this section describes the Student Promotions Committee role in monitoring student promotion and advancement, as well as Medical Student Performance Evaluation (MSPE) and class rank, leave of absences, and standards for advancement and graduation. This section also provides tables to help guide a student in understanding policies governing grading and remediation.

Section 4: Other Educational Policies – This section combines a variety of policies, including student privacy, clinical requirements, malpractice, workers’ compensation and health insurance, and guidelines for shadowing and other clinical experiences.

To the extent possible, we have tried to make this a reader-friendly document that allows efficient access to its content.

Glossary and Abbreviations of Terms Used in this Handbook

AAMC	Association of American Medical Colleges
ADA	Americans with Disabilities Act
AEO	Office of Assessment, Evaluation, and Outcomes
AMCAS	American Medical College Application Service
AOA	Alpha Omega Alpha
ACLS	Advanced Cardiac Life Support
AHEC	Area Health Education Centers
BCLS	Basic Cardiac Life Support
COMPASS	C oaching, M indful reflection, P rofessional identity formation, A ssessment, S elf-care, S elf-directed learning
CPE	Clinical Practice Exam
CPHP	Colorado Physician Health Program
CQI	Continuous Quality Improvement
CSC	Curriculum Steering Committee
CUSOM	University of Colorado School of Medicine
ERAS	Electronic Residency Application Service
FERPA	Family Educational Rights and Privacy Act
FRC	Faculty Review Committee (see Appendix on Student Honor Council Procedures)
HIPAA	Health Insurance Portability and Accountability Act
IPED	Inter-professional Education & Development
LCME	Liaison Committee on Medical Education
LIC	Longitudinal Integrated Clerkship
LOA	Leave of Absence
META	Medical Education Technology Alliance
MSA	Mentored Scholarly Activity
MSC	Medical Student Council
MSPE	Medical Student Performance Evaluation
NBME	National Board of Medical Examiners
NRMP	National Residency Matching Program
ODAI	Office Of Disabilities Access and Inclusion
OSHA	Occupational Safety and Health Administration
OSL	Office of Student Life
SADE	Senior Associate Dean for Education
SLSC	Student Life Steering Committee
SOCR	Students of Curriculum Reform
SPC	Student Promotions Committee
UME	Undergraduate Medical Education

Types of Curricular terms Referenced in the Handbook

Term	Definitions
Clerkship	A course of clinical training in one specialty.

Course	A series of sessions, experiences, assessments for which upon completion a student receives a grade. It occurs in the Plains and the Alpine and are discreet blocks of time in which a student focuses on one specific content area.
Block	A course of training within more than one discipline or specialty. For example, during Phases I and II, “essentials core” blocks integrate content across disciplines (e.g., pathology, physiology, pharmacology) on say, a given organ system (e.g., cardiovascular pulmonary and renal block). During Phase III, an example of a “clinical core” block would be Musculoskeletal Care, which includes multiple specialties.

Section 1: Ensuring a Climate for Learning

1.1 Teacher-Learner Agreement

Among the four missions of the CUSOM is the education of future physicians. Our students have gone through a rigorous selection process and represent a group of highly skilled and academically well-prepared students. The CUSOM holds in high regard professional behaviors and attitudes, including altruism, integrity, respect for others and a commitment to excellence. All members of the medical school community, including students, faculty, residents, fellows, staff, and administrators are held to high standards in these areas.

Effective learning is best fostered in an environment of mutual respect between teachers and learners. In the context of medical education, the term “teacher” is used broadly to include peers, resident physicians, full-time and volunteer faculty members, clinical preceptors, nurses and ancillary support staff, as well as others from whom students learn. Students and teachers share the challenge of learning and teaching not only the art and science of medicine, but also the acquisition of behaviors and values that characterize the ideal physician.

This Agreement serves both as a pledge and a reminder to teachers and students that their conduct in fulfilling their mutual obligations is the medium through which the profession perpetuates its ethical values. Failure to uphold the principles of the teacher learner agreement may result in referral to the Office of Professional Education (Faculty), the Student Professional Committee or the Student Promotions Committee (Students).

1.1.1 Guiding Principles

Duty: Medical educators have a duty not only to convey the knowledge and skills required for delivering the profession's standard of care but also to model the values and attitudes required for preserving the medical profession's social contract with its patients.

Integrity: Learning environments that are conducive to conveying professional values must be based on integrity. Students and residents learn professionalism by observing and emulating role models who epitomize authentic professional values, attitudes and, especially, behaviors.

Respect: Respect for every individual is fundamental to the ethic of medicine. Mutual respect between students, as novice members of the profession, and their teachers, as experienced and esteemed professionals, is essential for nurturing that ethic. Given the inherently hierarchical nature of the teacher-learner relationship, teachers have a special obligation to ensure that students and residents are always treated respectfully.

1.1.2 Responsibilities of Teachers and Students

Teachers Must:	Students Must:
<p>Duty</p> <ul style="list-style-type: none"> • Maintain high professional standards in all interactions with patients, students, colleagues, and staff. • Provide relevant and timely information. • Provide explicit learning and behavioral expectations early in a course. • Provide timely, focused, accurate and constructive feedback on a regular basis. • Practice insightful (Socratic) questioning, which stimulates learning and self-discovery and avoid overly aggressive questioning which may be perceived as hurtful, humiliating, degrading or punitive. • Be familiar with the Student Honor Council process and the Student Professionalism Committee process and the role that faculty and students play in each (see sections 1.3.1 and 1.3.2); • Provide thoughtful and timely evaluations at the end of a course. • Disclose to students, during lectures, seminars and mentored research activities, the existence of any financial ties or conflicts-of-interest that are related to the material being taught. • Be familiar with the responsibilities of the Teacher-Learner Agreement and utilize appropriate mechanisms to encourage students who experience mistreatment or who witness unprofessional behavior to report the facts immediately (see section 1.2.2 for options) and to treat all such reports as confidential. <p>Integrity</p> <ul style="list-style-type: none"> • Display honesty, integrity and compassion. • Solicit feedback from students regarding their perception of their educational experiences and personal interactions. <p>Respect</p> <ul style="list-style-type: none"> • Treat students fairly, respectfully and without bias related to age, race, ethnicity, gender, sexual orientation, religion, spiritual or political beliefs, disability or country of origin, federal and state protected classes. • Be prepared and on time. • In all educational, research and clinical care settings, welcome and respect patients and others who lower socioeconomic backgrounds, disadvantaged, uninsured or non-English speaking. • Recognize and respect patients' rights to privacy 	<p>Duty</p> <ul style="list-style-type: none"> • Be active, enthusiastic, curious learners who work to enhance a positive learning environment. • Demonstrate professional behavior in all settings. • Recognize that not all learning stems from formal and structured activities. • Recognize their responsibility to develop personal learning goals and to participate as active learners. • Demonstrate a commitment to life-long learning, a practice that is essential to the profession of medicine. • Recognize the privileges and responsibilities that derive from the opportunity to work with patients in clinical settings. • Recognize the duty to place patient welfare above their own. • Recognize and respect patients' rights to privacy. • Provide teachers and the School of Medicine with constructive feedback that can be used to improve the educational experience. • Be familiar with the responsibilities of the Teacher-Learner Agreement and utilize appropriate mechanisms to report exemplary professionalism and professionalism lapses (see section 1.2.2 for options). <p>Integrity</p> <ul style="list-style-type: none"> • Recognize personal limitations and seek help whenever it is needed. • Display honesty, integrity and compassion; these attributes include the responsibility for upholding the School of Medicine Honor Council Principles (see section 1.3.2); • Solicit feedback on their performance and recognize that criticism is not synonymous with "abuse". <p>Respect</p> <ul style="list-style-type: none"> • Treat teachers and fellow students fairly, respectfully and without bias related to age, race, ethnicity, gender, sexual orientation, religion, spiritual or political beliefs, disability or country of origin, federal and state protected classes. • Be prepared and on time. • In all educational, research and clinical care settings, welcome and respect patients and others who are lower socioeconomic backgrounds, disadvantaged, uninsured or non-English speaking. • Recognize and respect patients' rights to privacy

1.1.3 Relationships between Students and Teachers

Students and teachers should recognize the special nature of the teacher-learner relationship, which is, in part, defined by professional role modeling, mentorship and supervision. There is a power differential, as expressed by the fact that teachers often evaluate student performance and the results of their evaluations may affect the student's future. Conversely, students evaluate the quality of their teachers and this can, to a lesser degree, affect the teacher's career.

Because of the special nature of this relationship, students and teachers should strive to develop a relationship that is characterized by mutual trust, acceptance, and confidence. They both have an obligation to respect and maintain appropriate boundaries. Students and teachers must avoid any and all behaviors that conceivably could lead to the perception of a boundaries violation; avoiding boundary violations is crucial to a proper teacher-student relationship. There are similar boundaries between students and patients that exist because of the nature of this special and trusting relationship. Boundary violations or actions that may give the appearance of a boundary violation should routinely be avoided. A partial list includes:

- Romantic involvements.
- Business relationships, other than those that might emerge from joint educational projects.
- Faculty or students accepting services or personal favors from each other (e.g., babysitting, house sitting, pet care, work in the office).
- Accepting substantial gifts.
- Special treatment of a student, including gifts, meals, entertainment, or social contacts, which differs substantially from the usual teacher-learner relationship with other students.

Health providers who provide health services, including psychiatric/psychological counseling, to a medical student or their primary family members will not be involved in the academic assessment or promotion of the medical student receiving those services. When students or their primary family members choose their health care providers from physicians who are on the faculty, they have the potential to be in a conflict-of-interest situation, where their provider is also evaluating their academic or clinical performance. Faculty members are not allowed to complete an evaluation for any students for whom they provide or have provided medical care including their primary family members. Conflicts arise between a faculty's role as the student's physician and their role as an evaluator of the student's performance. Faculty must notify students as soon as they recognize the conflict. Students likewise must notify a faculty member if they are assigned to a physician for evaluation who is providing or has provided medical care for them or their primary family members in the past. The student must also notify the course director who will find an alternative clinical site or provide an alternative faculty member for evaluation. Students may consult the Office of Student Life for a list of physicians who do not teach students. [Educational Conflict of Interest Policy](#).

1.2 Mistreatment Policy

1.2.1 Standards of Behavior and the Definition of Mistreatment

The CUSOM has a responsibility to provide an environment conducive to effective learning and compassionate, high quality patient care by creating an atmosphere of mutual respect and collegiality among faculty, residents, students, and staff.

The CUSOM is committed to creating a learning, research and clinical care environment that is supportive, that promotes learner well-being and that is free from ridicule, exploitation, intimidation, sexual or other forms of harassment, physical harm and threats of physical harm. To that end, the CUSOM will not tolerate the mistreatment of students, nor will it tolerate retaliation against any learner because they reported, in good faith, a violation of the school's professionalism standards. The CUSOM shall also:

1. Provide mechanisms and procedures by which learners may safely report mistreatment against them or others.
2. Provide information to students about what will happen to their reports of mistreatment; and
3. Use data from these reports to educate faculty, residents, professional staff, and others about what constitutes mistreatment, with the goal of reinforcing a culture of respect.

Definition of Mistreatment

The American Association of Medical Colleges states, "Mistreatment, either intentional or unintentional, occurs when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process." Examples of mistreatment include: public belittlement or humiliation; verbal abuse (e.g., speaking to or about a person in an intimidating or bullying manner); physical harm or the threat of physical harm; requests to perform personal services; being subject to offensive sexist remarks, or being subjected to unwanted sexual advances (verbal or physical); retaliation or threats of retaliation against students; discrimination or harassment based on race, religion, ethnicity, sex, age, or sexual orientation; and the use of grading or other forms of assessment in a punitive or discriminatory manner.

Suboptimal Learning Environment

Although it is not mistreatment, a suboptimal work or learning environment can interfere with learning, compromise patient care, marginalize students and cause significant distress among students. Student feedback about suboptimal learning environments should be given to course or block directors, to the Assistant Deans of Education as appropriate or reported in your course or clerkship evaluation.

1.2.2 Procedures for Reporting Faculty and Staff Unprofessional Behavior

If a student feels that they have witnessed unprofessional behavior in the learning or clinical environment, the student should contact the Office of Professional Excellence. The Office can serve as an advocate for fair and equitable treatment for medical students and can facilitate confidential and safe reporting of unprofessional behavior. For further information, go to the Office of Professional Excellence.

- **To make an online report**, go to [Report an incident of professional excellence or unprofessional behavior](#)

- If a student feels that they have witnessed or been subject to sexual misconduct, or discrimination or harassment based on a protected characteristic, the student should contact the University's Office of Equity. Policies and procedures can be located here: [University Policies and Procedures](#)

Contact by phone: 1-888-CU-TITLE

Contact by email at equity@ucdenver.edu

To make an online report, click on the [Submit a Report or Request](#) button

1.3 Being a Professional in the Community:

Student Professionalism & Honor Council

1.3.1 Student Professionalism Committee

Professional behavior is expected of CUSOM students throughout the medical school curriculum and is a program competency for graduating medical students (see [Program Competencies](#) for more information.) Professional behavior includes, but is not limited to, responsibility to patients, to peers, to faculty members, to staff, and to oneself. It also includes responsibility for self-education and self-improvement, timeliness, attendance, and active participation in curricular activities. Ensuring that students attain this competency, professional behavior will be considered when grades are assigned by Course or Clerkship Directors in the curriculum. Expectations for professional behavior evolve as a medical student moves into the Clerkships and assumes responsibility for patient care. For additional information, go to the [CU Medical Student Professionalism Committee](#) site.

The purpose of the Student Professionalism Committee is to enhance and encourage medical student professional behavior, to review—in strict confidence—instances of substandard medical student professional behavior and to offer remediation for this behavior. The Chair of the Student Professionalism Committee is appointed by the Senior Associate Dean for Education. Committee membership includes basic science faculty, clinical faculty, and faculty from the Center for Bioethics and Humanities, faculty from other University of Colorado health care professional programs or schools, and student representatives from each class. The Student Honor Council Chair is an ex-officio member of the Committee in order to assure that a given incident is considered by the appropriate group. The Student Professionalism Committee is a standing committee of the Student Promotions Committee.

The Student Professionalism Committee process encourages timely and regular feedback to students on their professional behavior. Faculty, staff or peers (through a faculty member) may initiate the professionalism feedback process that includes direct communication with the student about their unprofessional behavior, documentation through the Professionalism Feedback Form and an opportunity for students to respond with their comments in writing. The form is submitted to the Chair of the Student Professionalism Committee for review and tracking of the behavior. Feedback documentation is reviewed by the Student Professionalism Committee which determines whether additional follow up (reflections, required activities, etc.) is necessary. If unprofessional behavior is repetitive or egregious, a remediation plan is established for the student.

Professionalism feedback reports are located in a secure electronic file system whose access is limited to the Chair of Student Professionalism and the Associate Dean of Student Life. The Professionalism materials held in the secure files described above will be destroyed upon graduation or may be held for a maximum of 5 years at the discretion of the Associate Dean of Student Life.

If there is a pattern of recidivism, an egregious event, or the student fails to successfully complete the remediation plan, the matter is referred to the Student Promotions Committee for official action. In this case, the Student Promotions Committee will consider the individual situation, giving the student an opportunity to present his/her case. The Student Promotions Committee may act to place a student on probation, with a required remediation for unprofessional behavior, or recommend consideration for dismissal, even if such unprofessional behavior did not affect the student's grade.

All Professionalism and Honor Council issues requiring remediation will be reported to the Office of Student Life. These reports will be stored in a secure electronic database with access limited to Student Affairs Deans. More than one Professionalism and/or Honor Council issue requiring remediation will be referred to the Student Promotions Committee by the Office of Student Affairs. If a student is referred to the Promotions Committee for any reason, a review of their Professionalism/Honor Council materials in the Office of Student Life will occur and be included in the information forwarded for Promotions Committee review. Professionalism or Honor Council matters referred to the Promotions Committee must be included in the MSPE. The Professionalism/Honor Council materials held in the Office of Student Life will be held for a maximum of 5 years.

1.3.2 Student Honor Council and Honor Code

The CUSOM was the first medical school in the United States to have a student honor code in 1908. The Honor Code is both a philosophy and a set of rules that requires medical students and their peers to hold each other accountable for their actions. The Honor Code is signed by each medical student at matriculation to confirm acceptance and understanding.

The Honor Code is designed to prevent and deter violations rather than impose penalties after violations have occurred. The goal of the Student Honor Council is to provide education and peer support in matters of ethical behavior. The Honor Code of the University of Colorado, School of Medicine states that students must not lie, cheat, steal, take unfair advantage of others, nor tolerate students who engage in these behaviors. It also provides anonymous, informal advice to students and faculty members with questions about ethical behavior of students. When unethical behavior, dishonesty or other transgressions occur, the Student Honor Council is obligated to uphold the standards of the Honor Code. This is in contrast to the Professionalism Committee which deals with behavior including, but is not limited to, responsibility to patients, to peers, to faculty members, to staff, and to oneself. It also includes responsibility for self-education and self-improvement, timeliness, attendance, and active participation in block activities. The Student Professionalism Committee works in concert with the Honor Council to ensure that a given incident will be considered by the correct committee.

The CUSOM Honor Code is designed and enforced by students under the guidance of a faculty advisor through the Student Honor Council. Each class elects one student to represent them and these offices may be held for the entire 4 years of medical school. The rising senior student becomes the Chair and the senior class elects another representative to serve on the committee.

The Student Honor Council's policies and procedures are described in greater detail in the appendix. For more information, go to the [Student Honor Council's](#) website.

All Honor Council reports in which a student has been deemed to be guilty of a violation of the Honor Code will be uploaded to a secure electronic database with access limited to the Chair of the Honor Council, the Faculty Advisor of the Honor Council, and the Associate Dean of Student Life. In addition, all Honor Council issues requiring remediation will be reported to the Assistant Deans of Student Affairs. These reports will be stored in a secure electronic database with access limited to the Associate Dean of Student Life and the Assistant Deans of Student Affairs. More than one Professionalism and/or Honor Council issue requiring remediation will be referred to the Student Promotions Committee by the Office of Student Affairs. If a student is referred to the Promotions Committee for any reason, a review of their Professionalism/Honor Council materials in the Office of Student Life will occur and be included in the information forwarded for Promotions Committee review. Professionalism or Honor Council matters referred to the Promotions Committee must be included in the MSPE. The Professionalism/Honor Council materials held in the secure files described above will be destroyed upon graduation or may be held for a maximum of 5 years at the discretion of the Associate Dean of Student Life.

1.3.3 Learning in a Practice Environment

Learning to be a physician requires learning in the practice environment. Students, as part of their medical training, are placed in the practice environment and actively participate in patient care activities. Students have an obligation to perform these duties free from impairment and with regard to safety for themselves, patients, and others in the setting. The ability to function safely and without impairment is outlined in the Technical Standards for Admission, Promotion and Graduation and the Drug Screening Policy, which can be found in the Appendices of this document.

When a student is unable to function at the level specified and without impairment, students, faculty, staff, and others in a health care setting have a duty to report observed behavior or other indicators of concern to the Office of Student Life.

OSL and Initial Assessment: The Office of Student Life, as an advocate on behalf of individual students, and as a repository for concerns about specific students, will make an initial judgement about whether concerns demonstrate the student's inability to meet the Technical Standards, Drug Screening Policy, or this Section [1.3.3](#). If the OSL finds that the level of concern warrants immediate action, the OSL may require that the student be removed from the practice setting.

OSL Follow-Up and External Evaluations: Following this initial assessment, the OSL reserves the right to research the issues of concern further, and as warranted, require a student to participate in external professional evaluations on either a one-time or ongoing basis. Professional evaluations can include the assessment of the student in question by a variety of professionals capable of assessing the situation. These professionals may include but are not limited to health care providers, mental health care providers, drug and alcohol counselors, Office of Disabilities Access and Inclusion (ODAI), and/or the Colorado Physician Health Program (CPHP). The student must complete the evaluation before the OSL/SPC will allow the student to proceed in the curriculum. The OSL will assist the student in arranging for the appropriate, required evaluations. The OSL will forward the evaluations

to the Student Promotions Committee (SPC) as appropriate, and the SPC will consider any evaluation it receives in its review of the individual student's case.

Actions Available to the Student Promotions Committee: The SPC in collaboration with the OSL reserves the right to research the issues and modify the student's educational plan within the experiential program if deemed necessary. SPC actions for students deemed unfit to participate in a practice environment range from taking no action, modifying the student's experiential education plan, requiring mandatory changes in student behavior, requiring the student to take a leave of absence from the program in order to address specific concerns, or withdrawing the student from their experiential education experience. For any of these situations, the student may appeal SPC decisions to the Senior Associate Dean for Education.

In the case that the SPC approves the temporary removal of a student from the MD program, OSL in collaboration with SPC will develop a reentry plan for the student including implementation of the leave of absence process if necessary. The plan will address any additional work that may be recommended in order to remedy the specific set of conditions that have led to the leave of absence or withdrawal from the program.

1.3.4 Notification of Legal Violation

The CUSOM performs a background check at the time of matriculation which includes identifying convictions or pleas of guilt or nolo contendere for any felonies or misdemeanors. In the event a conviction or plea of guilt or nolo contendere for any felony or misdemeanor occurs after matriculation, a student is required to report such an event to the Associate Dean of Student Life or one of the Assistant Deans of Student Affairs. The fact of conviction or such a plea or the failure to report a conviction or plea will be referred to the Student Promotions Committee. Students who have been charged with a felony or misdemeanor are required to report the charge to one of the Assistant Deans of Student Affairs prior to a conviction in order to receive appropriate support and guidance.

1.4 Being A Member Of The Community: Attendance And Absence Policies

Most aspects of a student's education experience at CUSOM require student participation. Some instructional methods, such as small group discussions, group labs or dissections, or topics, such as Inter-professional teamwork, require all students to participate in order for the content (e.g., teamwork, physical exam skills) to be learned. In other words, required student attendance contributes to individual and peer learning. Students, as a full member of the CUSOM learning community, are expected to participate in these types of required activities.

Consequently, mandatory attendance is in place for most elements of the curriculum. A curricular element that is considered essential for the completion of a course, clerkship or graduation requirements may have required attendance. All required elements are clearly identified in each individual syllabus.

Elective curricular opportunities, may have their own attendance requirements. Although not required of all students, students choosing to participate in such activities need to meet that activity's attendance requirements or potentially lose the privilege of being a part of that

activity. Participating and being an engaged member of the CUSOM community, whether in required or elective curriculum, is an essential part of the educational experience.

1.4.1 Definition of Absences

An “**unexcused absence**” is an absence for which permission has not been granted. An involuntary situation can be an unexpected or unforeseen event (e.g., sudden illness) that after the fact could be considered an “excused absence” with the approval from the appropriate curriculum director or Assistant Dean. See table below. Unexcused absences should be reported to the appropriate Course, Clerkship director and/or appropriate Assistant Dean who should then report this to an Assistant Dean of Student Affairs or designee for further action.

An “**excused absence**” is an absence for which permission has been granted. Excused absences include requested absences that have been approved prior to the absence or absences that result from involuntary or emergent situations that are approved after the absence has occurred.

- **Requested absences:** An absence for an event or events such as family events, conferences, review courses, healthcare or personal appointments. Every attempt must be made by the student to schedule these situations outside of required curricular elements.
- **Involuntary situations:** An absence for serious illness, family illness, jury duty or academic difficulties. The student must notify the Office of Student Life, the Course or Clerkship Director, or the appropriate Assistant Dean of any involuntary absence of greater than two days. The ultimate responsibility for notification lies with the student.
- **Emergency Situations:** A situation where permission could not be requested prior to the absence.

1.4.2 Absences Permitted to Seek Healthcare

Absences related to healthcare are considered “requested absences” as defined above. Students are expected to seek necessary health care to maintain their physical and mental well-being. Examples of necessary health care include preventive health services, visits for acute illness, ongoing care for chronic illnesses, physical therapy, and counseling and psychological services. Students are also expected to attend all required sessions, and to the extent possible, should schedule healthcare appointments outside of required curricular activities or courses. Healthcare appointments scheduled regularly (e.g. weekly) may require accommodations from ODAI.

For planned absences related to healthcare, students should comply with the specific procedures provided in Section [1.4.3](#) - Absence Policies by Phases and Curricular Areas. It is the student’s responsibility to inform all relevant parties, which may include supervising attendings or residents, course director, or assistant dean, in order to coordinate time away from the course, clerkship, or other required curriculum.

Consistent with their rights under University policies and the law, students have a right to privacy when seeking care. Students need not disclose the specific type of healthcare that is being sought. Additionally, a student’s decision to seek healthcare during a required curricular activity or course should have no impact on his or her performance evaluation.

Details regarding work-related expectations are found under “Consequences of Absences” in the appropriate tables in Section [1.4.3](#).

1.4.3 Absence Policies by Phases and Curricular Areas

There are differences in how each Phase handles absences, and students should attend to these differences. The table on the following page describes these policies.

Attendance & Absence Policy for Phases II

Phases II Essentials Core Blocks and Longitudinal Curriculum (e.g., Foundations of Doctoring, Problem-Based Learning, Threads*, MSA, IPED)	
Expectations	Must attend required sessions. Required sessions include, but are not limited to exams, team-based learning, labs, problem-based learning sessions, preceptor sessions (Foundations of Doctoring), CAPE sessions, small group sessions, and any other session designated as required by the director. A student is allowed a maximum of 3 excused absences in any Phase I or II Block.
PROCESS to Seek an Excused Absence or to Inform of an Involuntary Absence	
Requested Absence	<p>At the discretion of the Assistant Dean of the Essentials Core Blocks, a student may be excused from attending a required session. As needed, the Assistant Dean will work with the Block or other appropriate curriculum Director(s) to determine approval.</p> <p>Possible reasons for requesting an absence include, but are not limited to, a healthcare appointment (that could not otherwise be scheduled outside of a required session), religious observance, attendance at weddings or funerals, or participation in an academic function (e.g. academic conference). Requests must be presented well in advance, in writing, and reasonable documentation is required.</p> <p>Once the absence is approved, it is the responsibility of the student to inform the small group, the small group facilitator or PBL tutor, of his or her excused absence and arrange for other members of the group to assume his or her duties, if necessary.</p>
Involuntary Situation	<p>Absences due to an involuntary situation include but are not limited to personal illness or family emergency. Students must contact the Assistant Dean of Essentials Core as soon as possible. Reasonable documentation is required.</p> <p>An absence due to an involuntary situation must be approved by the Assistant Dean of the Essentials Core Blocks in order to be considered an “excused” absence.</p>
Inform the Office of Student Life	Assistant Dean of the Essentials Core will monitor any absences, excused or unexcused, voluntary, or involuntary and inform the Assistant Dean of Student Affairs of any students with 3 or more absences of any kind during a semester.
CONSEQUENCE OF ABSENCE (e.g., make-up work/days, remediation, professional report, grading)	
	<p>At the discretion of the Block or other appropriate curriculum Director(s), student may be required to complete any missed assignment for <u>any</u> absences, excused or unexcused. The timeframe for completing the assignment will be determined by the appropriate Block or curriculum Director. In the case of an “excused” absence, there will be no penalty for “late” assignments in this situation. However, at the discretion of the Block or other appropriate curriculum Director(s), a late penalty may be assigned in the case of an “unexcused” absence.</p> <p>Within a Phase, an “unexcused absence,” will be regarded as unprofessional behavior. Consequence include the following: 1st unexcused absence – Contact from Assistant Dean, Essentials Core with a warning. 2nd unexcused absence – Meet with the Assistant Dean, Essentials Core, and complete a Professionalism Feedback Form. 3rd and subsequent unexcused absence – Meet with the Assistant Dean, Essentials Core, and complete a second Professionalism Feedback Form, which results in a review by the Student Professionalism Committee (see Section 1.3.1) and required remediation.</p> <p>Students may not miss more than 3 required sessions in a Block (excused or not). Any student missing more than 3 required sessions in a Block will be deemed to have not met the requirements to pass the Block and will be referred to the Office of Student Life (OSL). OSL will gather information regarding the absences and will help develop a plan to sufficiently make up missed sessions. If there</p>

	are concerns about circumstances that are preventing the student from adequately completing requirements for current and/or future blocks, the Assistant Dean of Student Affairs and/or the Associate Dean of Student Life, in consultation with the Assistant Dean for the Essentials Core, will consider a referral to the Student Promotions Committee for further discussion.
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*Threads include: CHES=Culture, Health Equity, & Society; EBM=Evidence Based Medicine and Informatics, HEP=Humanities, Ethics, and Professionalism

Attendance & Absence Policies for Phase III

Phase III	Clinical Blocks & Clerkships
Expectations	<p>Attendance on clinical clerkships and didactic sessions (unless otherwise specified) are required. Rotations end on the last Friday afternoon of each clerkship. Every attempt must be made to schedule absences for voluntary situations outside of the required curricular elements (e.g., holidays, course breaks). A student is allowed a maximum of 4 excused absences for any clinical block greater than or equal to 4 weeks and 2 excused absences for any block less than 4 weeks (Courses 2-4 weeks in length allow 2 absences, Courses 6-8 weeks allow 4 absences). In an LIC, students will be permitted a maximum of 4 excused absences every 8 weeks. Any additional time off will require students to do make up time. Students exceeding this number need to make up time during the block or would be assigned an IP grade. Students will not be permitted more than 10 excused absences in an academic year.</p> <p>Policy requiring completion of all Phase III coursework before starting Phase IV may be waived in some circumstances for these students.</p> <p>Specific exceptions: Presentation at conference: limited to 48 hours including the day of presentation for any course greater than 2 weeks. Students must present documentation of presentation at the conference.</p> <p>Students who will require regular absences for medical or psychiatric appointments are asked to work with the disability services office for accommodations.</p>
PROCESS to Seek an Excused Absence or to Inform of an Involuntary Absence	
Requested Absence	<p>Submit your request in writing to the Office of Student Life, which will forward the request to the Clinical Block/Clerkship Director for approval. Requests must be presented well in advance, in writing and reasonable documentation is required.</p> <p>The student must inform his or her attending and/or resident of the approved absence.</p> <p>Exceptions: Students enrolled in the LIC programs at DH, FC, rural and CSB use a different process for tracking; the policies are the same. See respective syllabi for details.</p>
Involuntary Situation	<p>Student must contact his or her attending and/or resident as well as the Clinical Block Director as soon as possible or prior to missing any time.</p> <p>To be considered an “excused” absence, an absence for an involuntary situation must be approved by the Block or Clerkship Director.</p> <p>Exceptions: Students enrolled in the LIC programs at DH, FC, rural and CSB use a different process for tracking; the policies are the same. See respective syllabi for details.</p>
Inform Office of Student Life	<p>Student must inform the Assistant Dean of Student Affairs of <u>any</u> absences, excused or unexcused, involuntary, or voluntary.</p> <p>EXCEPTIONS: Course leadership in the LICs will inform the OSL of absences as needed. See respective syllabi for details.</p>
CONSEQUENCE OF ABSENCE (e.g., make-up work/days, remediation, professional report, grading)	

	<p>If an absence (excused or unexcused) lasts for more than 2 days, the Block/Clerkship Director or the Student Coordinator, and the Assistant Dean of Student Affairs will work with the student and faculty regarding make-up time/work, issues for credit, etc.</p> <p>If the agreed upon make-up session or work is not completed, not completed within the agreed upon timeframe, or not completed with satisfactory quality, then the Clinical Block/Clerkship Director will ask the Assistant Dean of the Clinical Core to convene a meeting of the CBDs to discuss the assignment of a non-passing grade (an "I" or a "F").</p> <p>EXCEPTIONS: Course leadership in the LICs will work with students to "make up" missed work. See respective syllabi for details.</p> <p>Within a Phase, an "unexcused absence," will be regarded as unprofessional behavior. Consequence include the following: 1st unexcused absence – Contact from Assistant Dean, Clinical Core with a warning. 2nd unexcused absence – Meet with the Assistant Dean, Clinical Core, and complete a Professionalism Feedback Form. 3rd and subsequent unexcused absence – Meet with the Assistant Dean, Clinical Core, and complete a second Professionalism Feedback Form, which results in a review by the Student Professionalism Committee (see Section 1.3.1) and required remediation.</p>
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Attendance & Absence Policies for Phase IV

Phase IV (CU Students Only) Acting-Internships & Electives	
Expectations	<p>Attendance on clinical rotations is required. Absences are generally not permitted, but a unique circumstance may be considered.</p> <p>For 4-week courses: Missing more than 4 days (for voluntary or involuntary reasons) will require make up work.</p> <p>For 2-week courses: Missing more than 2 days (for voluntary or involuntary reasons) will require makeup.</p> <p>Apart from absences, students will receive at least 1 day off per week in accordance with duty hour policy (4 days for 4-week rotations, 2 days for 2-week rotations).</p> <p>Definitions:</p> <ul style="list-style-type: none"> • Voluntary absence: an absence requested in advance for any reason (weddings, interview days, etc.) • Involuntary absence: an absence that was not requested in advance for a reason outside of the student's control, i.e. sickness. • Excused absence: a voluntary absence that was requested in advance and approved, or an involuntary absence where student notified the course director and OSL promptly, and was approved. • Unexcused absence: an absence for any reason that was not approved by the course director and/or OSL. <p>Failure to obtain approval for absences is considered a professionalism issue.</p>
PROCESS to Seek an Excused Absence or to Inform of an Involuntary Absence	
Requested Absence	<p>Submit your request via email to the Office of Student Life, which will forward the request to the Acting-Internship or Elective Director for approval. Requests must be presented before the start of the student's rotation and submitted with reasonable documentation.</p> <p>If accommodations can be made, an appropriate plan will be developed by the Course Director in conjunction with the student.</p>
Involuntary Situation	<p>Student must contact their attending and/or resident as well as Course Director, as soon as possible.</p> <p>To be considered an "excused" absence, an absence for an involuntary situation must be approved by the Course Director.</p>

Inform Office of Student Life	<p>Student or appropriate Acting-Internship or Elective Director must report to the Assistant Dean of Student Affairs, any of the following:</p> <ul style="list-style-type: none"> • <u>Any</u> unexcused absences • Involuntary absences exceeding 2 days. <p>Ultimate responsibility for notifying the Assistant Dean of Student Affairs rests with the student.</p>
CONSEQUENCE OF ABSENCE (e.g., make-up work/days, remediation, professional report, grading)	
	<p><u>For 4-week Acting Internships or Electives:</u> Excused or approved absences (voluntary or involuntary) of 4 or fewer days do not require a student to make up missed time. Absences exceeding 4 days (voluntary or involuntary, excused or unexcused) require a student to make up any missed time beyond the 4 days. The Course Director will work with the student regarding make-up time/work, issues for credit, etc. Students must still complete all other requirements of their rotation, while adhering to duty hour rules, to avoid make up work.</p> <p><u>For 2-week electives:</u> Excused or approved absences (voluntary or involuntary) of 2 or fewer days do not require a student to make up missed time. Absences exceeding 2 days (voluntary or involuntary, excused or unexcused) require a student to make up any missed time beyond the 2 days. The Course Director will work with the student regarding make-up time/work, issues for credit, etc. Students must still complete all other requirements of their rotation, while adhering to duty hour rules, to avoid make up work.</p> <p>Failure to comply with absence policy is considered unprofessional behavior that may affect the student's grade, including the possibility of failure of the course, and will be forwarded to the Student Professionalism Committee. If the agreed upon make-up session or work is not completed, not completed within the agreed upon timeframe, or not completed with satisfactory quality, then the Acting Internship/Elective course director can assign a non-passing grade (an "I" or a "F").</p>
REQUESTING MAKE-UP TIME	
	<p>If a student misses less days than the maximum allowed (and is not required to do any make-up), but feels their grade, letters of recommendations and/or experience was impacted by the missed days, they have the option to work with the Office of Student Life, the course director and their career advisor to discuss make-up time.</p>

Attendance & Absence Policies for ICC during Phases III & IV

Integrated Clinician Courses (during Phases III & IV) ICC7001, 7002, 7003, 8004, and 8005	
Expectations	<p>Attendance is mandatory for all ICC sessions, including lectures, small groups, large groups, etc. unless otherwise posted in ILIOS as "optional". Every attempt must be made to schedule absences for voluntary situations outside of the required curricular elements (e.g., holidays, course breaks). In general, voluntary absences will NOT be approved.</p>
Requested Absence	<p>Petition the Assistant Dean of Student Affairs for approval. Requests must be presented well in advance, in writing and reasonable documentation is required.</p> <p>In general, requested absences will NOT be approved.</p> <p>Absences that are not approved are considered "unexcused" absences. "Unexcused absences" result in completion of a Professional Feedback Form and may result in a review by the Student Professionalism Committee and required remediation.</p>
Involuntary Situation	<p>Student must contact ICC Director(s) as soon as possible.</p> <p>To be considered an "excused" absence, an absence for an involuntary situation must be approved by the Course Director.</p> <p>Missing a session due to an involuntary situation requires the student to complete make-up assignment(s) covering the missed material, and to do so in a timely manner. Further consequences described below.</p>

Inform Office of Student Life	<p>Student or ICC Director must report to the Assistant Dean of Student Affairs, any of the following:</p> <ul style="list-style-type: none"> • <u>Any</u> “unexcused” absence • Involuntary absences exceeding 2 days. <p>Ultimate responsibility for notifying the Assistant Dean of Student Affairs rests with the student.</p>
	<p>Students missing required sessions (or exams) at the CAPE will be responsible for rescheduling. Some sessions offered are only for student benefit; while no make-up is required for these sessions, no alternative method of obtaining this material will be offered, and any requirements that students have to obtain this material will be the student’s sole responsibility (i.e., ACLS or BLS certification). Additionally, a student excused for a voluntary situation may be responsible for the costs involved in rescheduling the CAPE session/exam. Other mandatory sessions may require similar costs.</p> <p>A grade of IP for the course will be posted 3 weeks after the completion of the course until remediation is completed and may result in the disqualification to take the USMLE Step 2 and/or not being promoted (e.g., allowed) to take Phase IV medical school courses. Similarly, due to the proximity of ICC 8005 and graduation, timely completion of make-up assignments must be within two calendar days of the course ending, otherwise a student’s graduation certificate may be delayed.</p>

1.4.4 Excused Absences from Examinations and Assessments

All exams and assessments are required. Students are expected to take these as scheduled. All absences from scheduled exams will be reported by the appropriate Course or Clerkship Director to an Assistant Dean of Student Affairs. The table below describes who must be notified.

Phase	Type of Situation	Notification Procedures
Phase II <i>(Includes exams or assessments in FDC or other Longitudinal Curriculum)</i>	Situation where advance notice is possible	<ul style="list-style-type: none"> • Student should notify Assistant Dean for Essentials Core. • Assistant Dean for Essentials Core notifies the Course Director and an Assistant Dean for Student Affairs.
	Situations where advance notice is NOT possible (e.g., illness or emergency)	<ul style="list-style-type: none"> • Student should notify Assistant Dean for Essentials Core as soon as possible. • Assistant Dean for Essentials Core notifies the Course Director and an Assistant Dean for Student Affairs.
Phase III or Phase IV <i>(Includes exams or assessments in FDC or other Longitudinal Curriculum)</i>	Situation where advance notice is possible	<ul style="list-style-type: none"> • In general students are not permitted to miss scheduled exams in Phase III clerkships outside of emergency or acute illness, see below. This includes scheduled make-up exams.
	Situation where advance notice is NOT possible (e.g., major emergency)	<ul style="list-style-type: none"> • Major emergencies or illnesses will only be considered if they occur within 48 hours of a scheduled exam or prevent a student from participating in any clerkship activities. • Notify appropriate Block, Course or Clerkship Director and an Assistant Dean of Student Affairs as soon as possible. Approval by the Assistant Dean of Student Affairs is required to delay an exam. • Student will be required to make up exam on designated date

Acceptable notification requires speaking directly to the appropriate Block, Course, or Clerkship Director **and** an Assistant Dean of Student Affairs. If a person is unavailable, the student should leave a phone message and immediately send an email.

1.4.5 Tardiness to Required Sessions in Phases II

We acknowledge that unexpected events may result in students being late to required sessions. However, punctuality is an important element of professional behavior and essential to a productive learning environment. Tardiness can be disruptive and disrespectful of the instructor and your colleagues. This policy was developed in response to student concerns and is based on student feedback. It is designed to provide expectations for punctuality, support, and advice to students who exhibit chronic tardiness.

Students arriving more than 15 minutes after the start of a required session will be considered “tardy”. Tardy students may sign-in but must note their arrival time.

Within a Phase, an incident of tardiness will be regarded as unprofessional behavior. Consequences include the following:

- 2nd tardy -- Contact from Assistant Dean, Essentials Core to discuss.
- 3rd tardy -- Meet with Assistant Dean to complete a Professionalism Feedback Form.
- Subsequent tardy -- Meet with the Assistant Dean and complete a second Professionalism Feedback Form, which results in a review by the Student Professionalism Committee (see Section [1.3.1](#)) and required remediation.

Students arriving more than 30 minutes after the start of a required session will be considered “absent” and should not sign in. These students are subject to the attendance and absent policies (see Section [1.4.2](#)).

1.5 Fostering A Learning Climate

1.5.1 Appropriate Dress

Faculty involved in a Course or Clerkship may request that students wear appropriate professional attire for a lecture or small group session, typically for sessions that involve patients or standardized patients. Students will usually receive notice of such occasions electronically. You may choose to wear your white lab coat over your professional attire. Details for specific courses may be found in the course syllabi, or for a specific hospital setting.

Inappropriate attire may result in the completion of a Professionalism Feedback Form and/or being asked to leave the setting returning wearing appropriate attire.

1.5.2 Appropriate Persons in the Learning Setting

The CUSOM values its students and recognizes the importance of family and friends to the lives of students. The Guidelines for Non-Student Visitors in the Learning Setting addresses and outlines the circumstances under which it is appropriate to bring non-student visitors into learning settings, such as classrooms, labs, or clinical exam rooms. The guidelines are intended to foster respect for the needs of all parties impacted by the presence of non-student visitors.

In general, learning settings, such as classrooms, labs, clinical exam rooms, study rooms, and the like, are typically not appropriate places for a non-student visitor to be present on a frequent or continuing basis. Exceptions are described in detail in the web link below, and may include brief visits, special occasions set aside for such visitors, emergency situations, or by prior arrangement with the instructor after consideration of various factors as established in the policy. Such persons are not permitted in any learning setting in which safety or confidentiality factors exist (e.g., labs, patient interactions). [Guidelines for Non-Student Visitors in the Learning Setting.](#)

1.6 Improving the Community: Providing Feedback & Required Evaluations

Evaluation of the quality and effectiveness of course components and faculty teaching is necessary to promote an optimal learning environment and continually improve the student experience and educational quality at the CUSOM. Evaluation results are used by Course Directors and the Curriculum Steering Committee to modify the existing curriculum, plan curricular changes, and meet LCME accreditation standards.

Confidentiality

Student responses to evaluations administered by the Office of Assessment, Evaluation, and Outcomes (AEO) are confidential. Only the Assistant Dean of Medical Education, Assessment, Evaluation and Outcomes, AEO Director and Specialists have access to survey results. In some instances, survey results will be aggregated for reporting purposes, but student anonymity will be protected. If a student reports concerns about a teacher (e.g., faculty, attending, and resident) on an evaluation, the student will be contacted by AEO senior staff. No action will be taken on evaluation results without student permission.

Required vs. Optional Evaluations

Evaluations administered by the AEO are a required component of the CUSOM curriculum. Failure to complete them in a timely matter is considered a professionalism issue. This may result in submission of a Professionalism Feedback Form and/or an incomplete grade for the student.

Evaluations or research surveys administered by faculty or students are optional, and the AEO cannot ensure student anonymity or confidentiality.

Focus Groups

The office of Assessment, Evaluation, and Outcomes will perform focus groups to gather more detailed evaluation information on specific topics or courses. Students are randomly selected to participate in focus groups and this is considered a required part of the CUSOM curriculum. Similar to other forms of evaluation, all information gathered from focus groups is confidential and will only be reported out in aggregate.

Section 2: Curriculum Structure & Leadership

2.1 Structure of the Curriculum

The curriculum is divided into Phases: The Essentials Core (Phase II), the Clinical Core (Phase III & IV), and the Longitudinal Curriculum. Please see [MD Degree Curriculum Overview](#) for more information.

The Essentials Core Curriculum (Phases II) comprises the first 14 months of medical education. These 14 months are separated into four semesters, each consisting of a series of interdisciplinary Blocks that last 6 to 10 weeks and present basic science in a clinical context. During both phases there is a time when blocks run concurrently.

The Clinical Curriculum is comprised of Phases III and IV. Phase III (Clerkships & Clinical Blocks) consists of several integrated Blocks, Clerkships and Longitudinal Curriculum elements. It provides intensive clinical experiences in hospital, ambulatory clinic, emergency and operating rooms, community, rural, and urban clinics. Phase IV includes acting-internships, residency preparation, clinical, basic science, research and other electives.

The Longitudinal Curriculum runs concurrently with other blocks and courses, across all Phases. This curriculum provides students with an opportunity to learn and refine skills and knowledge over time, in an integrated fashion with other curricular content. These areas of knowledge and skill development are considered critical areas for the developing master clinician.

- Clinical education and experience begin with the Foundations of Doctoring Curriculum (FDC), providing students with training in direct patient care and professional development. The Foundations of Doctoring curriculum runs concurrently with other courses and blocks throughout Phases I, II and III.
- Also, part of the longitudinal core, Problem-Based Learning (PBL) sessions are designed to accompany the learning during the Essentials Core Blocks during Phases I & II. In a small group setting, with the same peers and “tutor,” students work on solving medical problems as a group.
- Woven through all Phases are Threads: Humanities, Ethics and Professionalism (HEP), Cultural, Health Equity, and Society (CHES), and Evidence Based Medicine and Informatics (EBM).
- In addition, the [Mentored Scholarly Activity](#) (MSA) course provides students with the opportunity to work closely with a faculty mentor on a project of mutual interest across four years.
- The Integrated Clinician Course (ICC) is an 8-week course composed of five mini-courses spread out across Phases III and IV. The ICC brings together an entire class to focus on important skills and knowledge in areas that are vital to the practice of medicine but are often difficult to teach in the clinical setting – health policy, ethics, professionalism, and clinical decision-making among many others.
- Along with peers from other health professions programs on campus, students participate in the Inter-professional Education Program. During Phase I & II, the Inter-professional Education and Development (IPED) course introduces students to

basic knowledge, skills and attitudes in the domains of Teamwork/Collaboration, Values/Ethics, and Safety/Quality. During Phase III, students participate in Clinical Transformations, a simulation experience where they apply their Inter-professional learning.

- Tracks are an elective component of the curriculum that run across all Phases. Tracks provide students the opportunity to focus on an area of interest with like-minded peers and faculty. Tracks may have additional policies regarding admission and curriculum requirements.

2.2 Authority & Responsibility of Courses/Clerkships

The curriculum consists of Blocks, Courses and Clerkships. In Phase II, there are nine major blocks. There are also courses that are part of the Longitudinal Curriculum and continue across Blocks and there are Sub-Internships and Electives during Phase IV. In Phase III a Block is a course of clinical training within more than one specialty. A Clerkship is a course of clinical training in one specialty.

The Director and/or Co-Director for each required Block, Course and Clerkship have overall responsibility and authority for its conduct. The Directors represent the School of Medicine in the design and presentation of the specific curricular content for each Block, Course or Clerkship. Each Director or designee is expected to present the overall goals and objectives, requirements of enrolled students, and grading policies to the students at the beginning of the Course, Block or Clerkship. The Director assigns grades for their Block, Course or Clerkship. All courses in Phase II are graded Pass/Fail but percentage performance will be tracked for the purposes of quartile placement. For course work away (senior Electives), the School of Medicine Course Director assigns the final grade after reviewing the evaluation and recommended grade from the faculty who have supervised the student at the host institution. In addition, all required Phase III Block and Clerkship Directors use a grading committee to determine final grades.

A list of the Director(s) for the required curricular units along with their contact information is in the Appendices.

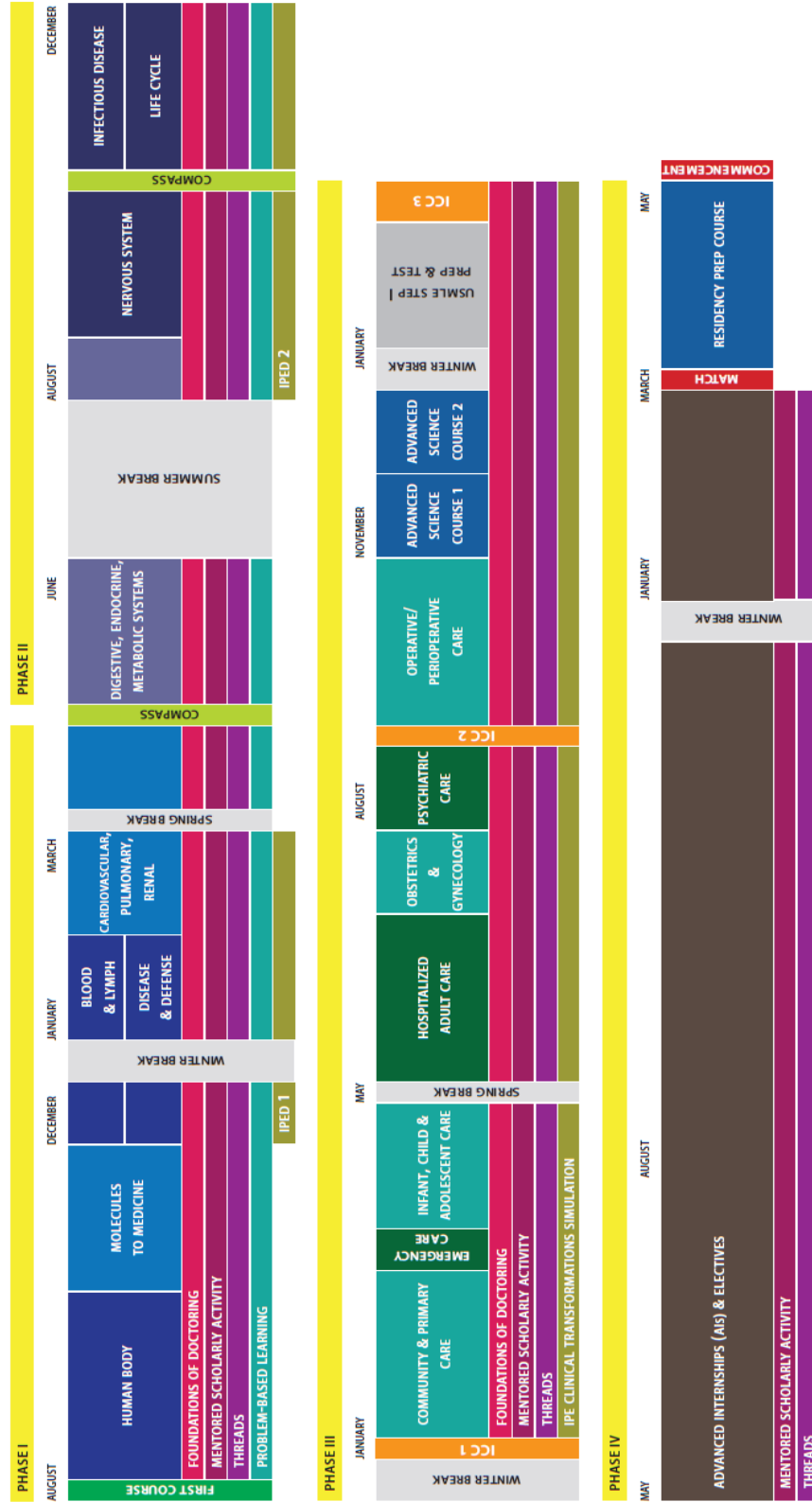
Class of 2024 Hybrid Curriculum

THREADS
» CULTURE, HEALTH, EQUITY, & SOCIETY
» HUMANITIES, ETHICS, & PROFESSIONALISM
» EVIDENCED-BASED MEDICINE

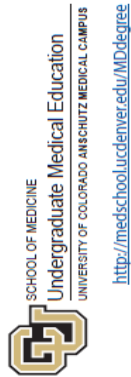
ICC
» INTEGRATED CLINICIANS COURSE (1-3)

IPE & IPED
» INTERPROFESSIONAL EDUCATION (IPE)
» INTERPROFESSIONAL EDUCATION & DEVELOPMENT (IPED)

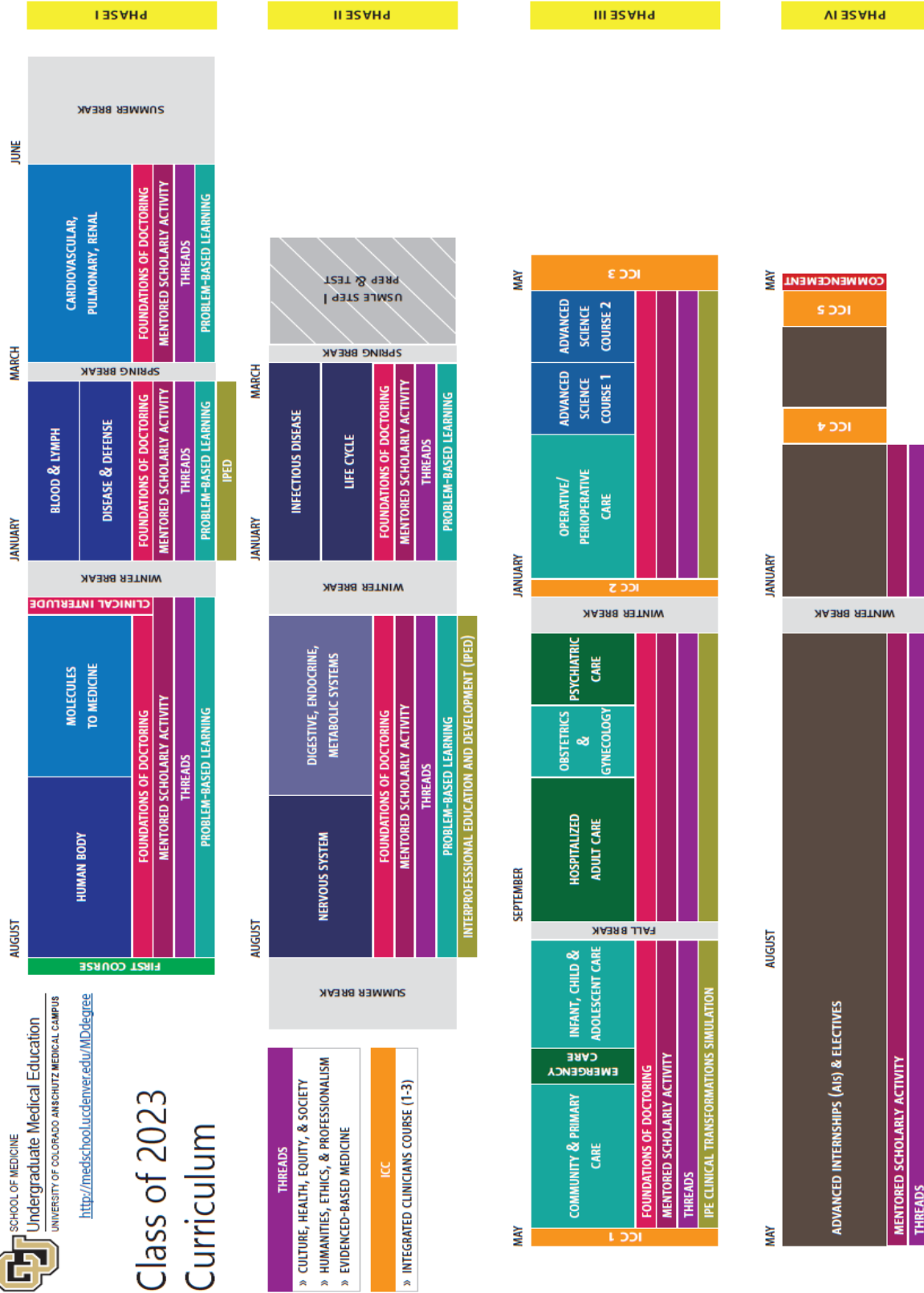
Class of 2024 Hybrid Curriculum



Class of 2023 Legacy Curriculum



Class of 2023 Curriculum



- THREADS
 - » CULTURE, HEALTH, EQUITY, & SOCIETY
 - » HUMANITIES, ETHICS, & PROFESSIONALISM
 - » EVIDENCE-BASED MEDICINE
- ICC
 - » INTEGRATED CLINICIANS COURSE (1-3)

2.3 Curriculum Leadership and Committees

Legacy & Hybrid Committees

Chosen by their peers, each class year has at least one student representative on each committee.

Essentials Core Block Directors (ECBD) Phase II	Chair: Assistant Dean for the Essentials Core Members: ❖ All Course Directors during Phases II ❖ A Clinical and Basic faculty member ❖ Student Representatives
Clinical Block Directors (CBD) Phase III & IV	Chair: Assistant Dean for the Clinical Curriculum Members: ❖ All Clinical and Clerkship Directors Phase IV Director ICC Director Foundations of Doctoring Director ❖ Student Representatives
Longitudinal Curriculum Committee (LCC) Phase II, III, IV	Chair: Assistant Dean for the Longitudinal Curriculum Members: ❖ Course Directors (CEM, EBM, HEP, M&S) ❖ PBL Director ❖ FDC Director ❖ ICC Directors ❖ IPED Director ❖ MSA Director ❖ Track Director(s) ❖ Student Representatives ❖ Basic Science and Clinical Faculty

The Curriculum Steering Committee (CSC) is charged with oversight of the entire curriculum and its evolution and continuous quality improvement, guided by systematic evaluation of the entire curriculum. The CSC is also charged with ensuring that the curriculum meets the goals and objectives of the School of Medicine mission, recognizing that these objectives are derived from the knowledge, experience, and commitment of the faculty. Thus, the CSC codifies and guides the development and implementation of educational goals and objectives for the MD degree, recognizing that these educational goals and objectives must be defined by the faculty. With appropriate faculty input, the CSC:

- Guides reviews and approves courses as well as curricular content and educational formats.
- Conducts systematic reviews of the curriculum, as well as at the Phase and Course on a rotating scheduling.
- Establishes the evaluation procedures for curriculum, student and faculty assessment and focuses on helping achieve specific curricular outcomes associated with graduating superior physicians.
- Reviews and amends educational policies periodically; and

- Recommends, facilitates, and develops procedures for approving changes to the curriculum and assuring they are implemented. The CSC works closely with the Assistant Deans for Essentials Core, Clinical Core, and Longitudinal Curriculum, as well as all other curriculum development faculty and the other Undergraduate Medical Education (UME) Committees to guide, revise, and implement changes and foster quality improvement. The CSC reports periodically to the Faculty Senate.

2.4 Student Representatives to Courses and Committees

Elected by their peers or selected by an application process, student representatives from each class year sit on each of the curriculum committees described above. Student representatives are full voting members of each committee and represent the student perspective during meetings. Each class may select up to four representatives, depending on the committee, who share one vote representing that class year. The [Medical Student Council](#) (MSC) and Students of Curriculum Reform (SOCR) manage the selection of representatives.

In addition, for each Course or Clerkship, students will select one or two of their peers to serve as representatives in all matters pertaining to that Course or Clerkship to the Course/Clerkship Director and faculty. Student representatives may also provide course feedback and be asked to help write a continuous quality improvement (CQI) report for the Block or Course.

2.5 List of Curricular Leadership

A list of curriculum leaders, curriculum committee chairs, student representatives, and key course or phase administrative staff are found in the Appendices. This list includes the names of faculty that direct required courses and clerkships.

Section 3: Promotions, Advancement, Grading, Graduation

3.1 Student Promotions Committee

The Student Promotions Committee is charged by the Dean and the faculty with maintenance of the profession and standards of the School of Medicine. It is also responsible for the overall evaluation of student performance. The overall goal of the Student Promotions Committee is the success of each individual student. To this end, the committee has the responsibility to monitor student performance and assist students with academic and professional issues as they progress towards graduation. The Student Professionalism Committee is a standing committee of the Student Promotions Committee. The Student Promotions Committee reports to the Faculty Senate.

3.1.1 Membership and Voting

The Student Promotions Committee is composed of no more than nine voting members, including basic science faculty, clinical faculty, and one senior medical student. Faculty members are appointed by the Senior Associate Dean for Education for a three-year term, renewable for a second three-year term to end on the appointment of an appropriate replacement. The student member is selected through a review process that starts with an application submitted the Office of Student Life and the current student member of the Student Promotions Committee. Prospective student representatives are then interviewed and selected by a panel consisting of the outgoing senior representative with the Associate Dean for Student Life and the Assistant Deans of Student Affairs.

The position of Chair of the committee is elected by the voting members of the committee for a two-year term, renewable for a second term. Faculty members of the committee who have had a minimum of one year's experience on the committee are eligible for consideration for Chair. The Chair will not ordinarily vote on issues being considered by the committee but will cast a deciding vote in the case of a tie. The Chair has the ability to make decisions regarding the process of the Committee's work, including setting additional meetings, limiting the time for discussion of each case, and using email balloting for decisions in-between regularly scheduled meetings. The Chair may also make emergency or administrative decisions regarding students and will report any such decisions to the full committee at its next meeting.

Judgments of the Student Promotions Committee will be based upon information provided by the Course or Clerkship Directors as well as by the student under consideration. In addition, the Committee may invite others to provide information if this is deemed necessary. The Senior Associate Dean for Education, acting on behalf of the Dean of the School of Medicine, shall hear all appeals of decisions reached by the Student Promotions Committee as described later in this document.

3.1.2. Frequency of Meetings

The Student Promotions Committee meets regularly throughout the year. At a minimum, meetings are scheduled quarterly. The Chair may add additional meetings if he/she deems this necessary and the Chair may invoke "email" discussions and votes between meetings at their discretion.

3.1.3 Nature of Student Promotions Committee Deliberations

The deliberations of the Student Promotions Committee are intended to be positive in approach and intended to be helpful to the student, recognizing that each student, despite adversity, must be able to meet minimum academic performance and professionalism standards.

When evaluating student performance, the Committee considers such matters as fund of knowledge, ability to organize and logically present information, test-taking skills, understanding, and judgment. Also, when evaluating student performance, the Committee considers such qualities as cognitive ability, communication skills, behavioral and social skills, humanistic traits, physical ability, and professional behavior. All these personal qualities are essential to the practice of medicine and must be appropriately demonstrated.

The Student Promotions Committee does not reevaluate grades. It relies on the Course or Clerkship Directors to assign grades through Grading Committees when appropriate. The Student Promotions Committee will consider grades in deciding what action to take. There are separate policies related to grade appeals described in each Phase.

3.1.4 Personal Appearance before the Student Promotions Committee

A student whose advancement or academic performance is in question shall be notified that their case will be on the committee agenda. A student may request to appear before the Committee in person or may submit written documents for consideration by the Committee. The student may choose to be accompanied by one specific advocate from the University of Colorado, School of Medicine, who must be a faculty member, a staff member, or a fellow student. However, this person is not allowed to speak on behalf of the student at the meeting. The student may also request to be represented by the Associate Dean for Student Advocacy who is the only person, in addition to the student, who can speak on behalf of the student. This is not a legal proceeding so attorneys and their representatives are excluded from these meetings.

There are two primary reasons for providing the student access to the Student Promotions Committee. First, the presence of the student assures them that the judgment will not be rendered in a remote or impersonal fashion; second, it guarantees the student an opportunity to provide the Committee information before a decision is made. A student is encouraged to inform the Committee of any extenuating circumstances affecting academic performance and professional behavior. If the student does not provide any additional information, the Committee will base their decision on the information available to them at the time. The Committee retains the option to request consultations or assessments, including those of a medical nature, regarding any student who experiences problems that interfere with academic performance. The Committee has the discretion to set specific rules for a meeting and these will be communicated to the student in advance.

Students who are facing probation or dismissal decisions are strongly advised to appear before the Committee in person. Students who have received failing grades are strongly advised to appear in person prior to a final decision on remediation or a recommendation for dismissal by the Committee.

3.2 Academic Actions Available to Student Promotions Committee

The Student Promotions Committee may take the following academic actions:

3.2.1 Withdrawal from Medical School

A student may withdraw from the School of Medicine at any time by presenting such notice in writing to the Associate Dean of Student Life. Students who withdraw while in good standing retain the rights for reapplication through the Student Promotions Committee. The Committee may consider the student's entire academic record in considering a reapplication. Students shall have a maximum of two academic years, including Leave of Absence time, to reapply through the Student Promotions Committee. After this time, a student must reapply through the Medical School Admissions Committee and the AMCAS general application process.

In addition, the Student Promotions Committee may administratively withdraw a student in certain circumstances, such as non-response. An administrative withdrawal is a final action and a student wishing to return to medical school must do so via a reapplication to the Medical School Admissions Committee and the AMCAS general application process.

A student's academic status at the time of withdrawal will determine whether the withdrawal is characterized as "withdrawal in good standing" or "withdrawal not in good standing." The determination of a student's status at withdrawal is made by the Student Promotions Committee. Students who withdraw must also complete the appropriate Withdrawal Form, which can be obtained from the Office of Student Life.

A student who withdraws from the School of Medicine prior to establishment of a medical school academic record (by completion of Courses or achieving official grades on examinations) must reapply for admission in the general applicant pool through the Medical School Admissions Committee and the AMCAS general application process.

3.2.2 Probation/Academic Warning

Probation or Academic Warning may be imposed by the Student Promotions Committee in an instance of a failing grade, unprofessional behavior, or for other serious reasons. Probation also may be imposed by the Dean, School of Medicine. Probation will be noted in the MSPE letter as an adverse action and may need to be reported to state licensing boards and hospitals. The duration of Probation is determined on a case-by-case basis. The

Student Promotions Committee may refer a student to the Colorado Physician Health Program, mental health counseling, academic help, or other resources as a condition of Probation.

Students who are placed on Probation are considered to not be in good academic standing and may not enroll in elective courses or hold elected or appointed leadership positions. Students on Probation in the clinical years are required to do all Courses and Clerkship work at core programs in Colorado, as defined by the Course Directors and the Assistant Dean for Education, Clinical Curriculum. Students on Probation are subject to consideration for immediate dismissal if they incur additional academic or professionalism deficiencies while on Probation. Other specific conditions of Probation may be imposed by the Student Promotions Committee. Academic Probation is reportable on future applications that refer to a history of probation.

The Student Promotions Committee may place the student on a status of Academic Warning, if in the judgment of the majority of members; the student is at academic risk. Such a notation should alert the student to the Committee's concern regarding the potential for academic problems in the future. A student who has failed to pass the USMLE Step 1, USMLE Step 2CK, or the Clinical Practice Exam (CPE) may be placed on Academic Warning. The Committee will likely choose to require that a student on Academic Warning temporarily suspend all extracurricular activities. The nature of the Academic Warning status should indicate to the student that their studies must come first and that every effort should be made to ensure success. To that end, the student is advised to seek avenues of remediation both through faculty and through the Office of Student Life. Personal counseling is also available from a number of sources and the student is encouraged to take advantage of this. Academic Warning is not required to be reported on future applications.

Students on Probation or on Academic Warning status will be reviewed at each meeting of the Student Promotions Committee. A student who has demonstrated that they have met the requirements of the Committee may be returned to good academic standing by a vote of the Committee members. A student must be in good academic standing in order to graduate.

3.2.3 Remedial Action

Any student receiving a grade of F or IP will be reported to the Office of Student Life who will report this to the Student Promotions Committee. At this time, the Committee may review the student's entire academic file. Each case is considered on an individual basis. The Student Promotions Committee may require remedial action, including, but not limited to, repeating a Course or Clerkship, repeating a Phase, particularly in the case of more than one F, or more or additional study in a subject area even if the student has recorded a passing grade in the course. The Student Promotions Committee may also impose Probation, Academic Warning, and/or a required Leave of Absence, separately or in combination with a remedial action.

Alternatively, the Student Promotions Committee may recommend that the student who has a failing grade be dismissed.

3.2.4 Dismissal

Any student who is judged by the Student Promotions Committee as unfit for the practice of medicine may be considered for dismissal from the School of Medicine. The final decision for dismissal resides with the Dean of the School of Medicine. The Student Promotions Committee may make such a recommendation to the Dean of the School of Medicine, based on an unsatisfactory academic performance or for other reasons including, but not

limited to, unprofessional behavior or inability to meet the school's Technical Standards (see Appendices).

The Student Promotions Committee may decide to exercise its discretion to recommend a student's dismissal based on unsatisfactory academic or professional performance for any student who:

- i. Fails to perform adequately academically or professionally with respect to graded or required curriculum or any official school function.
- ii. Is not able to pass USMLE Step 1 after three sittings or does not sit for USMLE Step 1 within a 12-month window following completion of Advanced Science Courses, whichever occurs first.
- iii. Is not able to pass USMLE Step 2 CK after three sittings.
- iv. Failure to abide by campus, school, or clinical site policy.

3.3 The Grading System

3.3.1 Official Grades

The School of Medicine uses the following grades for the official transcript: Honors (H), High Pass (HP), Pass (P), Pass with Remediation (PR), Incomplete (I), In Progress (IP), Fail (F), and Withdrawal (W). The Block, Course and Clerkship Directors have the latitude to not use the full range of grades available. While directors may not alter the definition of the grades, they may provide additional details regarding how a grade may be achieved. Each of the Blocks, Courses or Clerkships may provide additional information regarding grades and remediation. All courses in Phase II are graded PASS/FAIL but percentage performance is monitored for Step 1 risk calculation, coaching, and calculation of overall quartiles for the MSPE.

Course and Clerkship Directors must specify at the beginning of each academic year the grading standards and system by which students will be evaluated. A grading policy may not be changed once the course starts.

Final grades are reported to the Registrar's Office, through the Office of Student Life, where they become a part of the student's permanent academic record. The Associate Dean for Student Life reports grades to the Student Promotions Committee.

At the end of each academic year a Course or Clerkship Director may be asked to report the final statistics of grades awarded that year to the Curriculum Steering Committee (CSC). At this time, the grading policies of the Course or Clerkship may be reviewed.

A faculty member/attending physician who is responsible for evaluating a student may not be a relative of the student and may not have had a prior relationship with the student that would be a real or perceived conflict of interest. If there is a specific question regarding a potential conflict of interest, prior approval must be obtained in writing from the appropriate Assistant Dean of Medical Education.

3.3.2 Description of Grades

Unless otherwise specified, "grades" once assigned become a permanent part of the student's academic record and transcript. In Progress (IP) is a temporary grade which will be permanently replaced by one of the other listed grades.

Grade	Definitions
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Honors (H)	A grade of Honors is given to a student whose performance is of a very high caliber. Total honor points are calculated as the number of credit hours with the honors grade and may be used to determine academic nomination of students for various awards and commendations.
High Pass (HP)	A grade of High Pass is given to a student whose performance clearly exceeds the Pass requirements but does not reach Honors level.
Pass (P)	A grade of Pass is given to a student whose performance meets the minimum requirements established by the Course or Clerkship Director.
In Progress (IP)	A temporary grade of In Progress is given when a student is unable to complete the requirements for a Course or Clerkship. Students will be required to complete the course requirements for this grade to be changed. For more details, see Sections 3.3.3 .
Pass with Remediation (PR)	A grade of Pass with Remediation is given to the student whose performance is initially below the passing standard (IP) or (F), but who meets the course requirements after remediation.
Fail (F)	A grade of F is given when a student's performance is clearly below the passing standards of the Course or Clerkship.
Withdrawal (W)	A grade of withdrawal is given when a student leaves a Course or Clerkship before being assigned a final grade AND requires approval by the appropriate Course Director or Assistant or Associate Dean. For more details, see 3.3.4 .

3.3.3 Policies on In Progress, Incomplete, and Fail Grades

	Process
In Progress <ul style="list-style-type: none"> - Has not completed all requirements - Is in good academic standing in course - Uses full grade range upon completion 	<p>A temporary grade of In Progress (IP) is given when a student is unable to complete the requirements for a Block, Course or Clerkship because of illness or other extenuating circumstances AND is considered to be passing by the Block, Course or Clerkship Director at the time the grade is given. Assigned by the appropriate Block, Course or Clerkship Director in consultation with the appropriate Assistant Dean and the Associate Dean of Student Life.</p> <p>The temporary grade of In Progress (IP) on the transcript is replaced by the final earned grade (e.g., H, HP, P, F) or with a temporary grade of Incomplete (I) if used by the curricular area (i.e., Essential Core Blocks do not use the grade of Incomplete).</p> <p>Exception for Clinical Blocks/Clerkships during Phase III: Initial failure of written exam results in a grade of In Progress (IP), in which case, the highest grade assigned for the Block or Clerkship is Pass (P).</p> <p>If the student has not completed requirements within one academic year from the end of the Block, Course or Clerkship, then the grade of In Progress on the transcript may be replaced by a grade of Fail.</p>
Incomplete <ul style="list-style-type: none"> - Has not completed all requirements - Remediation required to meet minimum course standards - Highest final grade is PR - Not used in Essentials Core Blocks 	<p>A temporary grade of Incomplete is given when a student has not successfully completed all of the Block, Course or Clerkship requirements at the end of the Block, Course or Clerkship AND requires remediation as determined by the Block, Course or Clerkship Director in order to meet the minimum requirements of the Block, Course, or Clerkship. Remediation policies are described in section 3.3.7.</p> <p>Once a student has received a grade of Incomplete, the Student Promotions Committee:</p> <ul style="list-style-type: none"> • Must approve the student for remediation. • Must approve the plan for remediation of the deficiency. • May require remedial actions, including but not limited to repeating a Block, Course or Clerkship, entire Phase, or requiring additional study in subject area. • May review the student's entire academic file. • May impose Academic Warning or Leave of Absence. <p>If the requirements have been successfully completed, the grade of Incomplete on the transcript is replaced by a grade of Pass with Remediation. If the student has not completed requirements within one academic year from the end of the Block, Course or Clerkship, then the grade of Incomplete on the transcript may be replaced by a grade of Fail.</p>
Fail <ul style="list-style-type: none"> - Has not met the passing standard - Remediation required 	<p>A grade of F is given when a student's performance is clearly below the passing standards of the Block, Course or Clerkship. Remediation is required. Policies for this process are described in section 3.3.7.</p> <p>Once a student has received a grade of Fail, the Student Promotions Committee:</p> <ul style="list-style-type: none"> • <u>Must</u> approve the student for remediation. • <u>Must</u> approve the plan for remediation of the deficiency. • May review the student's overall academic record. • May set a time limit for completion of remediation. • May require student to reregister for the Block, Course or Clerkship and achieve a passing grade. • May impose Academic Warning, Probation or Leave of Absence. • May consider a recommendation for dismissal. <p>In an Essential Core Block, the highest grade available after remediation is "Pass with Remediation" (PR). In a Clinical Block or Clerkship, the grade of F is maintained on the transcript. In this case, remediation requires repeating the course, which allows the student to receive the earned grade.</p>

3.3.4 Additional Detail on Grades for Select Curricular Areas

The tables below are meant to provide general guidance. Each of the Courses or Clerkships may provide additional information regarding grades and remediation. Students are advised to read details described in Phase-specific documents and in the syllabi of Courses and Clerkships.

Phases II (Essentials Core Blocks)

Transcript Grades	Phases II – Basic Science Blocks (NOT including Longitudinal Curriculum)
Honors (H)	Not used.
High Pass (HP)	Not used.
Pass (P)	Achieve a cumulative average of at least 70% on Block exams and complete any required quizzes and assignments, on time, meeting the required standards to pass as stated in Block syllabi. Students must also meet attendance standards for required sessions as detailed in the syllabi.
Pass with Remediation (PR)	After a student fulfills the requirements for remediation, the failing grade will be replaced with a Pass with Remediation (PR).
In Progress (IP)	<p>Cannot complete Block requirements due to illness or other extenuating circumstance.</p> <p>Must be in good academic standing, as defined by Block Directors, in the course or block at time of assignment of grade.</p> <p>Assigned by the appropriate Block, Course, or Clerkship Director in consultation with the appropriate Assistant Dean and the Associate Dean of Student Life.</p> <p>After completing requirements, the IP will be replaced with the final grade earned (Pass or Fail). Must complete requirements within one academic year from the end of the Block, otherwise the grade reverts to "F."</p>
Incomplete (I)	Not used.
Fail (F)	<p>Achieve a final average of less than 70% on exams or failure to meet requirements, with respect to attendance and completion of assignments, as specified in the Block syllabi. Block directors may recommend to the Student Promotions Committee that the student receive one opportunity for remediation. Student may be required to reregister for the course.</p> <p>After remediation, the final grades available are Pass with Remediation (PR) or Fail (F). If the student fails to meet the requirements for remediation, specified by the Block Directors and approved by Promotions, the failing grade will remain AND the student will be referred to the Student Promotions Committee for further action.</p>

Phase III – Clinical Clerkships

Grades	Phase III – Clinical Blocks and Clerkships
General Info	<p>See the Phase III Grading Policy and Overview for details</p> <p>In general, some feature of Phase III grading includes the following:</p> <ul style="list-style-type: none"> - Clinical assessments must account for no less than 50% of overall grade (minimum=50%). - Professionalism is a required element of all Phase III courses and accounts for 10% of the overall grade in all courses. - When an NBME shelf exam is used for a course it accounts for 20% of overall grade - Grades are assigned by the clerkship Director with a Grading Committee. - An end of year review process enables the Director to increase the number of honors and high pass students to approximately 30% for each category, although the total of both categories cannot exceed approximately 70% of all assigned grades. - All 2-week blocks are graded Pass/Fail. - Longitudinal Integrated Clerkships are graded together by committees chaired by the traditional block clerkship Directors. <p>Honors and High Pass grades should not exceed approximately 70% of all assigned grades.</p>
Honors (H)	<p>At a minimum, the student:</p> <ul style="list-style-type: none"> - Must achieve Honors (H) on the clinical component of the grade. - Must pass written exam on initial attempt. <p>Honors and High Pass grades should not exceed 70% of all assigned grades.</p>
High Pass (HP)	<p>At a minimum, the student:</p> <ul style="list-style-type: none"> - Must achieve at least High Pass (HP) on the clinical component of the grade. - Must pass written exam on the initial attempt <p>Honors and High Pass grades should not exceed 70% of all assigned grades.</p>
Pass (P)	<p>Must pass all required clinical and cognitive assessments, including any written exam or required project work in order to achieve a grade of Pass (P) for the block/clerkship.</p>
Pass with Remediation (PR)	<p>A final grade of Pass with Remediation (PR) replaces a grade of Incomplete (I) upon successfully completing remediation. If a student fails a required exam once, a PR will be assigned until the student retakes the exam and passes. The highest achievable grade for the course in this situation is Pass (P). If a student fails an exam more than once, the highest grade achievable is a Pass with Remediation (PR).</p>
In Progress (IP)	<p>A grade of In Progress (IP) is assigned after first failure of the written exam as long as the student has satisfactorily completed all other components of the block/clerkship. In this situation, the highest grade that can be assigned is Pass (P).</p> <p>A grade of IP can also be assigned in the case that students are in good standing but have not yet completed all the required clinical or cognitive requirements of the block.</p>

	Assigned by the appropriate Block, Course or Clerkship Director in consultation with the appropriate Assistant Dean and the Associate Dean of Student Life.
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Phase III – Clinical Blocks and Clerkships

<p>Incomplete (I)</p>	<p>A temporary grade of Incomplete (I) is assigned when a student may need remediation in order to meet the requirements of the clinical block or clerkship. Two specific instances include the second failure of the written exam or stopping a block at any point for remediation. After successful remediation, the highest grade that can be assigned is Pass with Remediation (PR), per the grade definitions in Section 3.3.2.</p> <p>Prior to the assignment of a grade of I, a discussion must occur at a CBD Executive Session. This discussion is advisory to the Block/Clerkship Director's assignment of a final grade. See description of the process below, under further detail about assigning a grade of F. The Feed Forward policy may apply.</p> <p>A remediation plan will be developed with the Clinical Block or Clerkship Director, the remediation specialist, and the Office of Student Life. For further information, see section 3.3.6. After completing remediation (for either the cognitive or clinical components), the student will be assigned a grade of Pass with Remediation or Fail.</p>
<p>Fail (F)</p>	<p>Prior to assigning a grade of Fail, a discussion must occur at CBD Executive Session. This discussion is advisory to the Block/Clerkship Director's assignment of a final grade.</p> <p>The executive session process will consist of the following:</p> <ul style="list-style-type: none"> - The Block/Clerkship Director or Associate Dean of Student Life will notify the Assistant Dean of the Clinical Core one week in advance of meeting regarding the student. - The Block/Clerkship Director will bring documentation of student performance with the name of student redacted on any presented document. - Student names will be anonymous to the other Block/Clerkship Directors, but not to the Associate Dean of Student Life or the Assistant Dean of Clinical Curriculum - The information from the discussion may be utilized by the Office of Student Life to optimize student performance in future clinical blocks or clerkships. The Feed Forward policy may apply. <p>This executive session may include the Senior Associate Dean for Education, Associate Dean of Student Life, Assistant Dean of Student Affairs, Assistant Dean for the Clinical Core, the remediation specialist, and the CBD.</p>
<p>Withdrawal (W)</p>	<p>Must be recommended by Assistant Dean of the Clinical Core and approved by Associate Dean of Student Life.</p> <p>Must be in good academic standing (e.g., not in need of remediation or failing at time of request).</p> <p>Must occur before the last 2 weeks of the Block, Course, or Clerkship.</p> <p>The Associate Dean of Student Life must notify student Promotions Committee.</p>

Phase IV – Acting-Internships & Electives

Transcript Grades	Phase IV Acting-Internships & Clinical Electives (4 weeks or longer)	Phase IV Electives (2 weeks, non-clinical)
Specific Information	<p>Course Director assigns the final grade based on student performance on all the standard competencies.</p> <p>Grades are primarily based on direct observation and assessment of a student's clinical performance. Other assessments (e.g., written exams) may be required, and are described in each course syllabus.</p>	<p>Some Phase IV Electives do not offer Honors (H) or High Pass (HP). In general, these electives include:</p> <ul style="list-style-type: none"> Any 2-week course (including clinical), All Away electives, Didactic electives, and Research electives. <p>Exceptions exist for specific electives that have petitioned to use a broader grade range. Students should review course syllabi for details.</p>
Honors (H)	Indicates <i>outstanding</i> overall performance with high integrity (e.g., performance, attendance, professionalism behavior, etc.).	Not used.
High Pass (HP)	Indicates <i>excellent</i> overall performance with high integrity (e.g., performance, attendance, professionalism behavior, etc.).	Not used.
Pass (P)	Indicates <i>satisfactory</i> overall performance with high integrity (e.g., performance, attendance, professionalism behavior, etc.).	Indicates <i>satisfactory</i> overall performance with high integrity (e.g., performance, attendance, professionalism behavior, etc.).
Fail (F)	Indicates the student's work is <i>not meeting passing requirements</i> after completing remediation.	Indicates the student's work is <i>not meeting passing requirements</i> after completing remediation.
Pass with Remediation (PR)	Indicates <i>satisfactory</i> overall performance with high integrity (e.g., performance, attendance, professionalism behavior, etc.) after completing remediation.	Indicates <i>satisfactory</i> overall performance with high integrity (e.g., performance, attendance, professionalism behavior, etc.) after completing remediation.
In Progress (IP)	Indicates the student's work is still <i>in progress</i> and the student is in good academic standing in the Sub-Internship or Elective.	Indicates the student's work is still <i>in progress</i> and the student is in good academic standing in the Elective.
Incomplete (I)	Indicates the student's work is <i>not meeting passing requirement</i> at time of grading and that remediation may be ongoing.	Indicates the student's work is <i>not meeting passing requirement</i> at time of grading and that remediation may be ongoing.
Withdrawal (W)	<p>A student is considered enrolled 28 days prior to the start of a course. Once a student is enrolled in a course, he or she must complete it.</p> <ul style="list-style-type: none"> Leaving a course after being enrolled may result in a permanent grade of "W" (e.g., withdraw) on the transcript. In extreme circumstances, the Directors of Electives or Sub-Internship may allow a student to "drop" the course without a withdrawal being noted on the transcript. In order to drop a course within the 28-day window, the student must contact the Directors of Electives or Acting-Internship (not the Course Director) with a specific rationale for why they are dropping the course late. It is at the discretion of the Directors of Electives or Acting Internship whether the student's request will be approved. Students may add courses within the 28-day window only if there is space available. Students should submit requests to Directors of Electives or Sub-Internship for approval. Lack of adherence to this policy, including making requests directly to Course Directors, will result in rejection of the request. A student may appeal a decision on their request to the Associate Dean of Student Life. Note: Students should be aware that limitations on course registration exist. Course registration is only available for those courses and timeframes listed in the official CUSOM course catalog for the specified academic year. Student requests for schedule changes will not be executed if the request deviates from officially listed course offerings, course lengths, or fixed start/stop dates as determined by the Office of Student Life. 	

Foundations of Doctoring

Transcript Grades	Foundations of Doctoring (Phases II, III)
General Info	Foundations of Doctoring (FDC) is a longitudinal course that runs in Phases II. Students receive a grade for each semester (Fall, Spring).
Honors (H)	Not used.
High Pass (HP)	Not used.
Pass (P)	In order to pass the course, students must complete all requirements (tasks and assignments), actively participate in all sessions (classroom-based and preceptor-based) and pass all assessments. Additionally, students must demonstrate adequate professional development in the course competencies. If student-demonstrated knowledge, skills, or behavior is not adequate in a particular component of the course, students will be asked to participate in a required remediation of that component. Remediation varies by the type of session missed/inadequately demonstrated and the content involved.
Fail (F)	Failure to complete multiple required aspects or demonstrate adequate knowledge, skills or behavior will result in a 'Fail' grade.
Pass with Remediation (PR)	This grade is assigned when the student has either received an "F" and has successfully remediated OR when an "I" has originally been assigned (due to failure to complete course requirements) and these requirements are now successfully completed.
In Progress (IP)	An 'In-Progress' grade is used when a student cannot complete course requirements due to illness or other extenuating circumstance, or when student has completed requirements, but their preceptor's evaluation of their performance is still pending at the time of grade submission. Must be in good academic standing at time of assignment of grade (as defined by course directors).
Incomplete (I)	Failure to successfully complete required aspects of the course by course deadlines, in absence of student illness or other extenuating circumstance that prevented completion will result in an 'Incomplete' grade. This grade will be amended to a PR (Pass with Remediation) upon successful completion of all course requirements.
Withdrawal (W)	<ul style="list-style-type: none"> • Must be recommended by appropriate Assistant Dean and approved by Associate Dean of Student Life. • Must be in good academic standing. • Must occur before the last 2 weeks of the Block, Course, or Clerkship. <p>The Associate Dean of Student Life must notify student Promotions Committee.</p>

3.3.5 Timely Access to Grades and NBME Shelf Exam Scores

Grades for required Clerkships/Courses must be reported to students within four-weeks of the end of a Clerkship/Course. Scores from NBME Shelf Exams taken during Clerkships and clinical courses must be reported to students within 1 week of the receipt of the scores. For more information, please see [Timely Student Access to Course/Clerkship Final Grades and NBME Shelf Examination Scores](#).

Students must complete evaluations to receive a grade in Hybrid and Legacy or they receive an IP until evaluations are complete. Evaluations – course, site, and teaching of lecturers, facilitators, attendings or residents – are due within 14 calendar days of the end of a Course. Calendar days include holidays or other official school breaks.

3.3.6 Policies on Adding, Withdrawal from or Dropping a Course

Students may request to “drop” or to “withdraw” from a Block, Course, or Clerkship. Both situations (i.e., drop, withdrawal), require approval as described below.

Definitions:

- A “drop” from a course means that there is no record of the course on the student’s transcript.
- A “withdrawal” from a course means that the course is listed on the student’s transcript with a permanent grade of “W.”

A student is considered enrolled 28 days prior to the start of a course. Once a student is enrolled in a course, they must complete it.

To “drop”: The request must occur within the Drop period as specified by the registrar (before 28 days prior to the course start date).

- In order to drop a course within the 28-day window, the student must contact the Assistant Dean of Student Affairs (not the Course Director) with a specific rationale for why they are dropping the course late.
- It is at the discretion of the Assistant Dean of Student Affairs after discussing it with the course director whether the student’s request will be approved.
- Lack of adherence to this policy, including making requests directly to Course Directors, will result in rejection of the request.
- A student may appeal a decision on their request to the Associate Dean of Student Life.

To “withdraw”: The appropriate Assistant Dean must recommend, and the Associate Dean for Student Life must approve after a discussion with the course director.

- The students must not be failing at the time of the request, AND
- The withdrawal must occur before the last 2 weeks of the Block, Course, or Clerkship.
- The Associate Dean for Student Life will notify the Student Promotions Committee of withdrawals from required Blocks, Courses or Clerkships.
- Leaving a course after being enrolled will result in a permanent grade of “W” (e.g., withdraw) on the transcript. In extreme circumstances, an Assistant Dean of Student Affairs may allow a student to “drop” the course without a withdrawal being noted on the transcript.

To “add”: Students may add courses at any time up to 45 days from the start day of a course if there is space available. If the course is full, students will be added to a waitlist and notified if an opening becomes available. If a student wishes to add a course within the 45-day window, this will be considered only if there is space available and with approval from the course director for a late addition. Students should submit requests to the Assistant Dean of Student Life to start this process.

3.3.7 Narrative Written Feedback in the Curriculum

Students will receive structured written narrative assessments of their performance at several different points in the curriculum. In addition, certain Courses/Clerkships will contain specific assignments that will result in narrative feedback upon submission.

Longitudinal Curriculum	Nature of Narrative Feedback
Foundations of Doctoring	Preceptor Evaluation
Problem Based Learning	Joint student/facilitator assessment and goal setting
Mentored Scholarly Activity	Associate Director comments on “work-in-progress” session and final paper.

3.3.8 Formative Feedback in Essentials Core and Longitudinal Curriculum

Students will receive formative feedback during required courses in the Essentials Core (Phases I & II) and the Longitudinal Curriculum (Phases I – IV) that are more than 2 weeks in length. This feedback will enable students to measure his or her learning progress, and to allow students to take steps to remediate any deficiencies. For more information on [Formative Feedback in Essentials Core and Longitudinal Courses](#).

Methods of formative feedback include, but are not limited to: face to face feedback, audience response sessions, case studies with questions and answers, practice questions, quizzes, interactive review sessions, case-based small group exercises, SNAPP questions written by students for use by their peers and reviewed by faculty, team based learning, flipped classrooms incorporating problem solving exercises, and narrative feedback.

Students who have failed an exam or major assignment (defined as an assignment constituting more than 10% of the grade for the course) are required to meet with a Dean in the Office of Student Life to attempt to determine the potential reason(s) the student was not successful, make recommendations for learning strategies, and to help the student identify areas of strengths and weaknesses. Any student scoring between 70 and 75% on an exam will receive an email strongly suggesting they meet with the Course Directors. Additionally, any individual student may request to meet and discuss formative feedback with Course/Block Directors.

3.3.9 Additional Policies Relevant to the Clinical Curriculum during Phases III & IV

Mid-Point or Formative Assessments

During Phase III, students will receive a formative assessment of their performance (i.e., mid-block feedback) approximately midway through each Clinical Block or Clerkship lasting

longer than two weeks. At a minimum, this assessment will involve a review of a student's learning log and the completion of the Mid-Point Feedback Form signed by both the student and the Block/Clerkship Director, and then forwarded to the Clinical Block or Clerkship coordinator. If the student has not received this feedback, it is the student's responsibility to contact the Block/Clerkship Director to ensure feedback is received.

Narrative Written Assessments

- At the conclusion of each required Block or Clerkship during Phase III and each Acting-Internship during Phase IV, the respective director will submit a formal written narrative evaluation of a student's performance to the Office of Student Life where it will become a permanent part of the student's academic file.
- The final written narrative evaluation from each Block or Clerkship during Phase III and each Acting-Internship during Phase IV must be submitted within 4 weeks of the end of the Block, Clerkship or Acting-Internship.
- The written narrative evaluation should be signed by the Clerkship, Block, or Acting-Internship Director attesting that the student has or has not achieved all required objectives in a competent manner. The final evaluation should include both formative and summative comments. Formative comments are designed to inform a student development in future Courses, Blocks, or Clerkships. Summative comments from attending physicians will be incorporated into the MSPE when possible or appropriate.

Multiple Shelf Exam Failure Policy

Most clinical blocks require passing an NBME shelf exam in order to pass the block. The current pass level is set at 2 standard deviations below the national mean. Remediation assistance is offered to any student who fails a shelf-exam, and students are offered multiple potential dates to retake the exam. However, if a student fails more than one shelf exam (either exams in different courses or fails the same exam more than once) it becomes increasingly difficult to meet clinical expectations and prepare appropriately for the remaining clinical blocks and the shelf-exams. The same can be said for a student who has failed USMLE Step 1 followed by one shelf failure. In the event a student has 2 shelf failures, including failing the same shelf exam twice, and/or exam delays which have yet to be remediated or the student has failed Step 1 and one shelf exam failure, the student must immediately pause from their current clinical activities until they have remediated the failed shelf exams. They may reenter the clinical curriculum as soon as passing scores are received. The Office of Student Life will make every effort to enable the student to remain on-cycle, however there is the possibility the student would need to delay graduation.

Duty Hours Policies in Clinical Settings

An important part of medical education involves student learning while in a clinical setting. The CUSOM has developed a medical student "duty hours" policy based on the policy requirements for second year residents (e.g., PGY-2, R-2). The CUSOM duty hour policy for medical students applies to all clinical sites providing education to medical students. Briefly, the requirement is:

- Students will not work more than 80 hours per week when averaged over four weeks.
- Students will have a minimum of one day in seven off, when averaged over four weeks.
- Students will not work more than 24 consecutive hours of scheduled participation during one period of time and no more than 4 additional hours to accomplish an effective transition of patient care.
- Students should have 8 hours free of duty between work shifts.
- After a 24-hour shift, students should have 14 hours free of duty.
- No more than every 3rd night on call averaged over 4 weeks.

Duty Hours activities include patient care, and all required educational activities. Studying, reading and academic preparation do not count towards the work hour maximums. Travel time to rotations does not count as work hours.

During Foothills, students are required to indicate whether they have complied with duty hour policy as stated above, and if unable to comply, to provide the reason(s) for non-compliance. Duty hour compliance will be assessed randomly throughout the year and at the end of select clerkships as described in the Duty Hours Policy. Students should contact their clerkship director when they are approaching duty hour limits and discuss with the directors about how to proceed including possible schedule adjustment at the clinical site.

Logging Requirements during Phase III

Student must log clinical competencies in all clerkships and longitudinal care of cohort patients in the LICs. Falsifying reports is considered a violation of the student honor code and will be referred to the Student Honor Council. Logger data will be reviewed during the student's mid-point feedback sessions. For additional details on [Logger Requirements](#).

Site Assignment Policy

The clerkships utilizing more than one clinical site provide students the ability to indicate preferences prior the start of the course, and reasonable efforts are made to fulfill student preferences. If there are extenuating circumstances, a student may request an alternative site during the clinical or clerkship. Given appropriate rationale, clinical course or clerkship director will attempt to facilitate the change. Students will be given the opportunity to apply for Close to Home status prior to clerkship placements. The School of Medicine defines close to home placements for clinical rotations as within 30 miles of the Anschutz Medical Campus or Branch campus where the student is assigned.

3.3.10 Academic Misconduct and Grades

As members of the academic and medical community and being subject to the student Honor Code, students are expected to recognize and uphold standards of intellectual and academic integrity. The School of Medicine expects that students will be honest and submit for credit only the products of their own efforts. Consistent with their [Honor Code](#), students should refrain from and report any and all forms of dishonorable or unethical conduct related to their academic works. The need for fairness and academic integrity dictates that all such dishonest work be rejected as a basis for academic credit.

The examples and definitions below are intended to clarify standards and expectations with respect to academic honesty and integrity. The list is not intended to be exhaustive and

there may be other circumstances that will be judged as unacceptable, dishonorable academic misconduct.

Cheating

Cheating is defined as using unauthorized materials or giving or receiving unauthorized assistance during an examination or other academic exercise. Examples of cheating include, but are not limited to: copying the work of another student during an examination or other academic exercise, or permitting another student to copy one's work; taking an examination for another student or allowing another student to take one's examination; possessing unauthorized notes, study sheets, examinations, or other unauthorized materials during an examination or other academic exercise; collaborating with another student during a graded academic exercise (e.g. exam, quiz, paper, journal club or assignment) without the instructor's consent; and/or falsifying examination results.

Plagiarism

Plagiarism is defined as the use of another's ideas or words (including paraphrasing or summarizing) without appropriate acknowledgment or presenting another's works as one's own. Examples of plagiarism include failing to use quotation marks when directly quoting from a source; failing to cite sources; fabricating or inventing sources; and copying information from the Internet. The submission of papers, assignments or projects authored by others as your own is plagiarism and cheating.

Unauthorized Possession or Disposition of Academic Materials

Unauthorized (i.e. without the consent of the instructor) possession or disposition of academic materials, may include: copying, printing, distributing, online posting, selling or purchasing examinations, papers, reports or other academic materials; taking another student's academic work without permission; possessing or accessing examinations, papers, reports, or other assignments not released by an instructor.

Academic Sanctions

The Student Honor Council is responsible for reviewing all breaches of the Honor Code, determining if an infraction has occurred and the appropriate consequences. The Honor Council may recommend academic sanctions as described in the Honor Code. The faculty are hereby authorized to implement the recommendations of the Honor Council with respect to academic misconduct and grades.

Penalties for academic misconduct determined by the Student Honor Council may include:

- Reduction in assessment or assignment scores or receiving no score
- Reduction in grade including failing a course
- Additional required assignments and/or assessments
- Required Remediation and "PR" grade

3.3.11 Feed Forward Policy

The Feed Forward Policy can be utilized in any clinical course in the SOM including Pre-clerkship Plains Courses, Clinical Courses, Longitudinal Integrated Clerkships, Acting-Internships, and Electives. Outside the parameters defined by this policy, assessment and grading information will not be shared between clinical course directors. Students identified for Feed Forward intervention must fall into one of the following categories:

- Students who receive a Fail or Incomplete in a clinical course.
- Students with an active remediation plan/success team in place through the OSL.

- Students identified by a course director as demonstrating a pattern of professionalism concerns or have a significant lapse in professionalism requiring a professionalism report (course directors can choose to exclude students who have a single minor lapse at their discretion).
- Students identified by grading committees or the course director as “at risk” for failing a course.
- Students identified by OSL as “at risk” for failing to meet requirements in the clinical curriculum.
- Students can self-identify and request participation in the feed forward system. These students will submit a written request to the OSL outlining the reasons they believe they are “at risk” for successful completion of the clinical curriculum. These requests will be reviewed by the Assistant Dean of Education, Clinical Curriculum and a Dean from the Office of Student Life to determine if Feed Forward or other mechanisms will best meet the students’ needs.

Once identified, the Assistant Dean of Medical Education will initiate the Feed Forward process. A meeting will be convened including an Assistant Dean of Student Affairs, the Assistant Dean of Medical Education, the Director of the course in which student had problems identified, the director of the upcoming course, a member of remediation team, and the student. Students will be offered the opportunity to bring an advocate of their choosing to the meeting. If the student is in a Longitudinal Integrated Clerkship, the Feed Forward policy would not be necessary within the Clerkship phase but could still be utilized as students’ transition from pre-clerkship to clerkship, or clerkship to post-clerkship phases of the medical school curriculum. The goal of the meeting is to discuss student’s strengths and challenges, devise a plan for clinical placements, develop a plan to be implemented by the course director with the support of the remediation team, delineate clear benchmarks for achievement, and develop a contingency plan if more advanced remediation expertise is needed. At a minimum, information will be used by the upcoming course director to strategically place students in settings or with faculty who can best support growth and learning plans and will require the course director to do more regular check in with the teaching faculty/team and with the student throughout their course. For students already receiving remediation services through OSL, a plan for continuing these services in the new learning environment will be discussed. This information and planning will be outlined on a Student Learning Prescription which will be signed by all participants.

The meeting will conclude with a plan to revisit student progress at the conclusion of the course, or a decided upon time point for longitudinal courses. At this time point, if the student and the faculty group concur that the student has progressed in her or his areas of deficiency and is no longer “at risk”, no further feed forward will occur to future courses or faculty. However, if the deficiencies are still present, a new group meeting may be convened to feed forward to the next clinical course, more formal remediation may be enacted, or other steps may be taken to support student success in the clinical environment.

It is critical that a limited number of faculty participate in oversight and information sharing to protect students from negative bias. Course directors participating in Feed Forward meetings will recuse themselves from grading decisions. Other faculty evaluating a student may be made aware of limited information shared in Feed Forward meeting with the student’s permission, recognizing that skills can often be best coached by faculty who are notified in advance of specific growth areas. While all attempts will be made to avoid situations in which a course director involved in a Feed Forward meeting with a student is

placed in a supervisory clinical role in the future with that student, this may not be entirely avoidable in all courses. In that event, the course director will serve in only a teaching and supervisory role and will not provide clinical evaluations.

3.4 The MSPE and Class Rank

The School of Medicine provides each student with a narrative letter of evaluation, the Medical Student Performance Evaluation (MSPE), to be used in the application for post-graduate training.

3.4.1 Process of Ranking

Although students in the School of Medicine are not numerically ranked, the School does follow the AAMC recommendations for placing students in strict comparative quartiles listed as one of four categories: Outstanding, Excellent, Very Good, and Good. Quartiles are determined by a weighted method assigned 25% to Phase II and 75% to Phase III. For Phase II, each block is assigned a number of points based on its length. Students receive a portion of those points equivalent to their percent score in the course. If a student fails a course and successfully remediates, the score recorded will be 70%. If the honor council recommends a grade of PR, that score will be registered as 70% Phase 3 points are the number of weeks of each block and an Honors grade is worth twice the number of points as a High Pass grade; a grade of Pass receives no points. The total number of points are tallied at the end of Phase III and the quartile will be designated in the MSPE. USMLE scores, community service, and research are not considered in the quartile placement.

3.4.2 Generating the MSPE

The MSPE is completed by the Office of Student Life, which works with the Course/Clerkship Directors to provide summaries of the student's progress through medical school. The information is obtained from the student's official academic file (e.g., Course or Clerkship evaluations, letters from preceptors, official correspondence) and from the Senior Questionnaire (extracurricular activities, achievements, research experience, publications). If a student has concerns regarding the role of the Office of Student Life in generating their letter, the student may request that the Assistant Dean of Education, Assessment, Evaluation, and Outcomes complete the MSPE letter. Students should make this request to the Assistant Dean of Education, Assessment, Evaluation, and Outcomes. The Assistant Dean must use the same process, including the evaluations provided by the Course and Clerkship directors. The MSPE letter will be released on the date designated by ERAS and NRMP.

3.4.3 Content of MSPE

The evaluation letter consists of the following:

1. Noteworthy Characteristics Section (previously called Unique Characteristics):
 - a. This section includes information intended to help a residency program selection committee review an applicant in efforts to holistically to achieve a residency class that brings a diverse set of background experiences, characteristics and perspectives.
 - b. This section is comprised of three bullet points, 2 sentences each (maximum), which highlight the most salient characteristics of the student.
2. Academic History: This section includes:

- a. The month and year of the student's initial matriculation in and expected graduation from medical school
 - b. An explanation based on school specific policies of any extensions, leave(s) of absence, gap(s), or break(s) in the student's educational program
 - c. Information about the student's prior, current, or expected enrollment in and the month and year of the student's expected graduation from dual, joint, or combined degree programs.
 - d. Information, based on school specific policies, of coursework that the student was required to repeat or otherwise remediate during the student's medical education.
 - e. Information, based on school specific policies, of any adverse action(s) imposed on the student by the medical school.
3. Academic Progress: This section includes:
- a. Information about the student's academic performance and professionalism attributes in preclinical coursework and core clinical and elective rotations.
 - b. Any professionalism reports requiring remediation and its completion
4. Summary Section: This section includes:
- a. A summative assessment based upon the school's evaluation system, of the student's comparative performance in medical school, relative to their peers
 - b. Information about any school-specific categories used in differentiating among levels of student performance.

3.4.4 Honor Society

Appointment to Alpha Omega Alpha (AOA), the medical honor society, is indicated in the MSPE when the information is available. AOA at CUSOM is a peer selection with students in AOA making the selection of future members. Student selection uses academic performance as well as other factors, including personal attributes and extracurricular activities. Prior to consideration for selection for AOA, eligible students must sign a release, giving the student selection group permission to see their academic file, including grades.

3.5 Academic Rights and Appeals

The School of Medicine is committed to the ideal of academic freedom and so recognizes that the assignment of grades is a faculty responsibility. The school also recognizes that students have the right to appeal a final grade. The School of Medicine has a responsibility to respond to such an appeal in a timely manner.

3.5.1 Appeal of Grade Decision by a Course or Clerkship Director

Criteria for Appealing a Grade

A student may appeal a final Course grade on the grounds that the methods or criteria for evaluating academic or clinical performance, as stated in the Course syllabus, were not applied in determining the final grade, and/or the faculty applied the grading criteria unfairly. The table below describes the procedure for appeal. Please note this policy applies only to grade appeals, not performance evaluations or any other type of assessments.

Appeals Procedures:

Timeframe	Procedures for Appealing a Grade
Within 4 weeks (28 days) of receiving grade	Student sends an appeal letter to the Course Director(s) within 4 weeks of receiving grade. In the clinical clerkships, please note that the students must submit an appeals form in lieu of a letter. The appeal letter will identify the Course and the grade being appealed, state the reason(s) for appeal, and specify the requested change. Students are encouraged to discuss the appeal informally with the Course Director(s) before submitting a formal appeal.
Within 2 weeks of receiving appeal letter	The Course Director(s) will meet with the student to discuss the appeal within 2 weeks of receipt of the appeal letter. Meeting can be in person, by phone or by videoconference. Before the meeting, the student should provide the Course Director or Co-Directors with copies of all materials pertinent to the appeal, such as the Course syllabus, papers, tests, write-ups, evaluations, or other assessments.
Within 8 weeks of meeting with student	Within 8 weeks of meeting with a student, the Course or Clerkship Director must inform the student of their decision regarding the grade change appeal. If a grade change is warranted, then the Course or Clerkship Director will change the grade in a timely manner. Course directors must notify Office of Student Life of all pending appeals and deadline for appeal decision may be revised pending OSL approval*.
Within 2 weeks (14 days) of Course Director(s) ruling	The student may appeal the decision of the Course Director(s) to the appropriate Assistant Dean by forwarding copies of all correspondence related to the appeal within 2 weeks (14 days) of the Course Director(s) ruling. The Assistant Dean, at their discretion, may meet with the student, the faculty, or the Course Director(s), and may consult with the appropriate curriculum committee before making a ruling. The Assistant Dean will make a decision within 2 weeks (14 days) of receiving the request and notify the student in writing of this decision.
Within 2 weeks (14 days) of the Assistant Dean's ruling	Within 2 weeks (14 days) of receiving the ruling from the appropriate Assistant Dean, the student may make a final request to the Senior Associate Dean for Education for a review of due process. The decision of the Senior Associate Dean for Education is final. The Senior Associate Dean for Education will make a judgment within 2 weeks (14 days) of the student's final appeal and notify the student in writing of this decision.

*Appeals in the second half of the academic year will likely require decisions to be made on a shorter timeline than 8 weeks to meet student life deadlines related to VSAS and MSPE.

*In the clinical clerkships, please note that the students must submit an appeals form in lieu of a letter.

Longitudinal Integrated Clerkship Appeal Procedure:

If a student wishes to appeal a final grade assigned in a longitudinal course, the CUSOM grading policy applies. In this case, students must submit appeals to both the LIC Director and the traditional course director of the corresponding CUSOM course. The final appeal decision will be made by the grading committee led by the traditional course director. Students are highly encouraged to discuss their questions and concerns with the LIC Director or designee before submitting an appeal.

3.5.2 Appeal of Decisions of the Student Promotions Committee

A student may appeal a decision of the Student Promotions Committee to the Senior Associate Dean for Education, who acting on behalf of the Dean of the School of Medicine shall hear all appeals.

All appeals must be submitted in writing, addressed to the Associate Dean for Student Life and delivered to the Office of Student Life, including all supporting facts and arguments, no later than seven (7) calendar days after the notification of decision has been delivered to the student. An appeal must cite the basis of the appeal and provide sufficient and detailed information to support the appeal. New evidence may not be presented in the appeals

process unless the student can prove that it was unavailable during the prior decision and only with the approval of the Associate Dean for Student Life.

Failure to meet these conditions shall be sufficient cause to deny an appeal, in which case the finding(s) or sanction(s) of the previous decision/hearing shall be final. The Associate Dean for Student Life, or designee, shall make the determination as to whether these conditions have been met. If the conditions have been met, the Office of Student Life will forward the appeal to the Senior Associate Dean for Education.

During the appeals process, the Senior Associate Dean for Education will not reconsider the facts and statements on which the original decision was based but will consider only:

1. Whether new information regarding the status of the student has been discovered, previously unknown to the student or to the School of Medicine.
2. Whether there is evidence of discrimination as determined by the appropriate Institutional Office.
3. Whether there is evidence of a material procedural error in the Committee's review that prejudiced the student's ability to receive a fair hearing or
4. Whether there is evidence that the Committee acted in an arbitrary or capricious manner.

The Senior Associate Dean for Education may affirm or reject the Committee's decision or refer the matter back to the Committee for further consideration.

The Senior Associate Dean for Education's decision is final except in the case of recommendations for dismissal. A student may appeal a decision of the Student Promotions Committee to dismiss in the following manner. The Senior Associate Dean for Education, consulting with the Associate Dean for Student Life may appoint an ad-hoc committee of five faculty members to hear the case. One member of the committee will be chosen as chair and will record the deliberations. The student must prepare a written statement for committee consideration. Copies of the student's academic file are provided along with the statement to members of the committee. The student will be permitted to bring an advocate during the hearing, but the advocate may not speak on behalf of the student. The committee will determine the length of time the student may have to present their case. After the student presents, the student is excused, and the five faculty members will deliberate and make a recommendation for action to the Senior Associate Dean for Education.

After the appeals process, the Senior Associate Dean for Education will consult with the Dean of the School of Medicine who will make the final decision regarding dismissal. At any time, the Dean of the School of Medicine may consult with the Executive Committee of the School of Medicine.

Burden of Proof: In the original hearing, the Student Promotions Committee has the burden of proving by a preponderance of evidence that the student violated the University's policies,

procedures, or rules. During the appeals process, the burden of proof rests with the student. The standard of proof remains the same.

3.6 Absence and Leave of Absence

Students may request to be away from the medical school curriculum for a time less than a full academic period as defined by the University. There may be a variety of reasons for granting this request, as determined by an Assistant Dean of Student Affairs. Students interested in taking time out of the curriculum must first contact an Assistant Dean of Student Affairs or the Associate Dean of Student Life who will consider the merits of each individual case and work with the student and appropriate faculty.

Formal Leave of Absence

A Formal Leave of Absence (LOA) is defined as not taking any courses in the MD program, during an academic period (e.g., semester). Individuals on leave are not considered students during the leave period. A Leave of Absence may be for medical, academic, professional, personal, or administrative reasons. A medical leave is considered in a centralized process involving student services and will require medical documentation ([Anschutz Medical Leave Policy](#)). The student requesting the LOA must provide the reasons for the leave and a plan to return, in writing, to an Assistant Dean of Student Affairs or the Associate Dean Student Life who will present it to the Student Promotions Committee. The Student Promotions Committee must approve a request for an official LOA. Unless there are exceptional circumstances approved by the Student Promotions Committee, the maximum LOA is generally one year although in special circumstances a LOA may be extended at the discretion of the Student Promotions Committee. However, LOAs are not unlimited and the Student Promotions Committee may recommend that a student be dismissed or withdrawn. Tuition is not charged to the student during a period of an official LOA and the student is not covered by medical malpractice insurance. All students on Leave of Absence, and who are approved by the Student Promotions Committee to sit for USMLE Examinations, will be deemed to be officially enrolled in the School of Medicine only for the purposes of determining eligibility to sit for the USMLE Examinations. If the student is not ready to return on the date designated by the Student Promotions Committee, the student must withdraw from the School of Medicine or be dismissed or administratively withdrawn by the Student Promotions Committee.

Students who wish to take a LOA to complete a degree in dual programs must petition the Student Promotions Committee at least 3 months prior to any matriculation date of the other program for a LOA from the School of Medicine. The Student Promotions Committee depending on the student's academic level and the length of the program may limit the total leave from the School of Medicine. At the end of a leave, the student must petition the Student Promotions Committee to return and the Committee will determine the student's readiness to proceed with the curriculum and may require remediation, including repetition of medical science or clinical science curriculum.

Leave of Absence is classified into only two types: medical leave of absence and general leave of absence. As previously stated, reasons for leave are extensive and varied; however, the distinction in between these two types of leaves have only one specific difference; the focus on medical issues. Medical leave allows students to maintain eligibility for student insurance; students requesting a medical LOA must submit appropriate medical documentation to support the request. Students on medical Leave of Absence are not

eligible for Federal Financial Aid, and the insurance premium will be billed directly to the student. When students are ready to return from medical leave, they must submit appropriate documentation, that they are medically fit to resume their studies ([Anschutz Medical Leave Policy](#)). The Student Promotions Committee may request a separate independent medical evaluation (e.g. Colorado Physicians Health Program) if there is any question regarding the student's readiness to return. The Student Promotions Committee will determine whether the student is eligible to return to medical school, based on the student's previous academic performance and documentation of medical fitness.

For all students returning from leave, the Committee may require that students complete additional coursework or other remedial work, if they have been away for longer than one calendar year. If the Student Promotions Committee determines that the student did not meet the academic requirements of the medical school prior to beginning leave, the Committee may recommend an academic action, including but not limited to dismissal from the School of Medicine. No student on Leave of Absence may enroll in required or elective medical school Courses or Clerkships, or participate in any school activities or organizations, which are not open to the general public. Students enrolled in CU Dual Degree programs or research on the Anschutz Campus may be able to participate in student interest groups and committees at the discretion of the Deans in the Office of Student Life. Of note, students who leave in the middle of a semester and return at the beginning of another, or who, through their leave, extend the duration of their time in medical school, have the option of applying for a tuition waiver for one semester, which may or may not be approved. The tuition associated with additional semesters is a student's responsibility, and no assumption of any tuition forgiveness should be assumed.

3.6.1 Curricular Pause

CUSOM strives to support the needs of student with extenuating circumstances who would like to continue in the medical school curriculum without taking a Leave of Absence (LOA). Examples would include parenting students, those with a personal or family illness, etc. Students who want or need time away for parental responsibilities during pregnancy, birth, adoption, or time for personal medical treatment, care for a loved one, etc. will be accommodated to the best of the School's ability. However, there are some limitations due to the structure of medical education, and some periods of training allow for more flexibility than others.

Students may be permitted to have a limited break ("Pause") from course/clinical work without taking a formal Leave of Absence. A "Pause" by definition is less than an academic semester. Depending on the timing of this pause, students may be required to attend virtual (remote) sessions during this period. Students will be required to make up any missed work and must complete all requirements of a Phase prior to moving on to the next Phase of training.

The permissible length of this break will vary depending on the opportunities for make-up work. Generally, pre-clinical courses are only offered once per year and, as such, pauses during this time may be limited. In contrast, traditional clinical blocks are offered throughout the year, allowing for greater flexibility. Longer pauses may be more available during these phases. Longitudinal Integrated Clerkships have very limited flexibility but individual circumstances will be considered.

Students needing an extended period away from the curriculum may take a LOA. Further details can be found under the Leave of Absence policy (3.6). Please note, however, that this may delay graduation.

Due to the variable training circumstances as outlined above, the School will make individual plans with all students in order to best accommodate each unique situation. Any student who plans to need time away should reach out to an Assistant Dean of Student Affairs or the Associate Dean of Student Life and the Course Director (which may include a Longitudinal Integrated Clerkship Director) for the course in which they desire a pause as far in advance as possible to make arrangements and determine the terms of the pause.

Should the student disagree with the terms, they may seek an appeal through a committee process. The student must submit a request for appeal to the Senior Associate Dean for Education. The committee would include the respective course stakeholder(s) (e.g. the Course Director), the Assistant Dean of the student's curricular phase (e.g. Phase II, III or IV), the Senior Associate Dean for Education, a representative from the Office of Diversity and Inclusion, and an optional student-appointed faculty or staff advocate of the student's choice. This committee will come to a decision within 2 weeks of the student's appeal. The decision from this committee is final.

3.7 Minimum Requirements for Advancement and Retention

The Student Promotions Committee has set minimum requirements for advancement into each successive Phase of the curriculum as well as minimum requirements to maintain enrollment. Failure to meet any one of these requirements may result in a recommendation for dismissal. Medical students must maintain status as a full-time student for a minimum of four academic years. In exceptional circumstances, the Student Promotions Committee may place a student on an extended curriculum that may lengthen the curriculum to a total of no more than six academic years, excluding Leave of Absence time. Failure to satisfy a professional/cognitive requirement may result in a recommendation for dismissal.

3.7.1 Exemptions from Courses

No exemptions are allowed from required courses or clerkships.

3.7.2 Specific Requirements for Advancing to Phase III

To advance to Phase III, a student must have achieved a passing grade in all of the required Blocks or Courses in Phases I and II, all required longitudinal activities and have completed Basic Cardiac Life Support training. Students who have failed one or more Blocks or Course may be subject to additional requirements as determined by the Student Promotions Committee. In addition, for the Class of 2023 the United States Medical Licensing Examination (USMLE) Step 1 must be taken prior to beginning Phase III. A student must have passed all Phase I and II coursework prior to requesting a Step 1 administration date. Students are required to request a Step 1 administration date and **sit** for the examination **prior** to the start date of IDPT 7001. This course usually starts in late April and the student is responsible for knowing the exact dates. For students in the Class of 2024 and beyond, Step 1 must be taken within 2 months of completing Phase III. The Class of 2024 student must pass Step 1 prior to beginning Phase IV. With approval from the OSL, the student may enroll in select Phase 4 electives after sitting for the exam while awaiting their score

Students in the Class of 2023 wishing to delay Step 1 must present a request in writing to the Office of Student Life no later than two weeks after the end of Phase II. Any student who delays sitting for Step 1 after the start date of IDPT 7001 must achieve a passing score and pass IDPT 7001 before being allowed to start any Clinical Block. A delay in sitting for Step 1 will postpone the start of Phase III. Anyone delaying Step 1 will not be able to begin Phase III any earlier than the Fall Semester. Clinical Block start dates will depend on availability and delays will likely occur, possibly leading to a delayed graduation. Students previously enrolled in a Longitudinal Integrated Curriculum (LIC) will not be able to participate in the LIC in the corresponding academic year.

Students who may need to request accommodations from the NBME (National Board of Medical Examiners) are required to contact the NBME directly. Students should recognize that the NBME accommodation process might take time; therefore, it is recommended that the request for accommodations be made well in advance of the student's anticipated test date. Information may be found at <http://www.usmle.org/testaccommodations> or [ODAI will assist in your request for accommodations.](#)

Any student who receives a failing grade on Step 1 will be required to retake the exam after a minimum of four weeks of leave to study and then sit for the examination again. With approval from the OSL, the student may enroll in select Alpine courses after sitting for the exam while awaiting their score. The student may not self-schedule this course and may not enroll in Acting Internships, away electives or electives that are like Acting Internships. Students who have failed USMLE Step 1 must meet with an education specialist in the Office of Student Life. Students who do not pass USMLE Step 1 after three sittings or do not sit for the exam for the first time within 12 months of the end of Foothills are subject to consideration by the Student Promotions Committee for dismissal from medical school.

3.7.3 Specific Requirements for Phase III

Specific Requirements for clinical courses must be completed at a site approved by both the University of Colorado School of Medicine and the course, including the AHEC (Area Health Education Centers) system. To complete Phase III, a student must complete all required Phase III clerkships with passing grades, all required Longitudinal Curriculum elements, the formative CAPE assessment, and the Clinical Practice Exam (CPE) by passing or remediating.

Because the CPE testing dates extend into the early blocks of Phase IV, courses may be initiated prior to achieving a passing score or appropriate remediation. Students should complete all Phase 3 clinical requirements prior to taking the CPE. Failure of the CPE may result in halting of Phase IV and reporting to Student Promotions Committee. Exceptions related to not attending a required ICC course or taking the CPE must be initiated with the Assistant Dean for Student Affairs who will work respectively, with the ICC Director or CPE Director on the student's behalf. The Assistant Dean for Student Affairs is authorized to allow exceptions to these requirements in special circumstances.

Phase III students in good academic standing will be able to use two weeks of their third year as either, research elective, MSA or vacation. Priority for enrollment in clinical electives will be given to Phase IV students and externs if applicable. For those courses that enroll externs, Phase III students will be placed on waitlists and added to courses at the end of the

“add” period (45 days prior to start of course) if not filled by other students at that time (please refer to the Phase III guidebook for more detail).

Off-cycle students delayed in completing all required Phase III courses prior to the start of Phase IV may be allowed, under certain conditions, to enroll in selected Phase IV electives, which are longer than two weeks. Qualifications and restrictions are defined in the table below:

Eligibility	Course Taking Restrictions
<ol style="list-style-type: none"> 1. Be in good academic standing 2. Be off-cycle (i.e. delayed) and unable to enroll in a clerkship due to limited availability or overlap of the schedule with required ICC. 3. Need no more than 8 weeks of clerkships to complete 3rd year; however, for enrollment in Research Electives, there is no restriction regarding how many weeks of Phase 3 clerkships remain to be completed. 	<ol style="list-style-type: none"> 1. Limit 4th year elective course taking to no more than 8 weeks. 2. May not enroll for Sub-internships, away electives, or electives that are like Sub-Is (e.g., DH Career elective in Emergency Medicine). The determination of “like sub-Is” is at the discretion of the OSL. 3. Must receive approval from the OSL to schedule courses. Student may not self-schedule. 4. No guarantee that a student will be enrolled in the desired elective course. 5. Must complete all required 3rd year courses prior to taking the Clinical Practice Exam (CPE).

Once a year, the Office of Student Life will report to the Curriculum Steering Committee and the Student Life Steering Committee about the use of this policy and any other relevant outcome data.

3.7.4 Specific Requirements for Phase IV

To complete Phase IV, a student must complete 64 credits of senior (8000 level) Clerkships, including at least one Acting-Internship (8 credits), four (4) weeks of the required Integrated Clinician Courses (8 credits) and any other required longitudinal activities such as the Mentored Scholarly Activity. The Acting-Internship, which must be taken at a University of Colorado School of Medicine approved site in Colorado, is at a minimum, a four-week, 8 credit clerkships at the 8000 level with inpatient care responsibilities, primary patient care responsibility and call, as defined by the Phase IV policies. Additionally, no more than 24 of the required 64 credits may be in a research elective.

Students in the Class of 2023 are required to sit for Step 2 CK by November 1 of the academic year of graduations. For all classes beyond the Class of 2023, students are also required to sit for USMLE Step 2, Clinical Knowledge by April 15 of the academic year of their planned graduation. Students requesting a delay in sitting for these exams, who have extraordinary need, may request a postponement from an Assistant Dean of Student Affairs. The Assistant Dean of Student Affairs may grant a delay up to December 31. After that, the student’s failure to sit for the exams is reported to the Student Promotions Committee and the student may not take additional clerkships/courses until the student has passed the exams.

Phase IV students may take some of their clerkships outside of Colorado to widen their professional experience. These “away” rotations should be a minimum four weeks long (8 credits), and the grade range is restricted to pass/fail. The CUSOM must have an affiliation

agreement in place with an outside institution in order for students to complete an away rotation. Phase IV students may take a maximum 32 credits of clerkships/courses outside Colorado. Students may petition the Student Promotions Committee for additional time away from Colorado. There is no limit on the number of AHEC rotations a student may take in Colorado or Wyoming except as limited by availability.

Students should be aware that limitations on course registration exist. Course registration is only available for those courses and timeframes listed in the official CUSOM course catalog for the specified academic year. Student requests for schedule changes will not be executed if the request deviates from officially listed course offerings, course lengths, or fixed start/stop dates as determined by the Office of Student Life.

Phase IV: Course Requirements & Limitations	Course Weeks	Course Credits
Integrated Clinician Courses (IDPT 8004, IDPT 8005)	4 weeks	8 credits
One CUSOM Approved Acting-Internship	4 weeks	8 credits
8000 Level Coursework Electives (minimum required credits) <ul style="list-style-type: none"> • <i>Maximum credits of research elective=24 credits</i> • <i>Maximum credits of away electives=32 credits</i> <ul style="list-style-type: none"> – <i>Minimum away course length=4 weeks (8 credits)</i> – <i>Grade range for away = P/F</i> • <i>All course scheduling must comply with course offerings, course lengths and official start/stop dates.</i> 	24 weeks	48 credits
Total Credits Required for Graduation	32 weeks	64 credits

3.8 Requirements for Graduation

3.8.1 Completion Time

Students must successfully complete the designated four-year program of medical education. The School of Medicine does not offer a formal extended program. Recognizing that some students may need additional time, students may take no longer than six years of academic enrollment to complete the program. A Leave of Absence is not counted toward the six-year enrollment time period; however, any request to extend completion time past six years of academic enrollment must seek approval from the Student Promotions Committee.

3.8.2 Passing NBME Exams

Students must take and pass both Step 1 and Step 2 Clinical Knowledge exams of the USMLE and record the results in the Office of Student Life. It is required that the Step 2 exams be taken by April 15 (November 1 for the Class of 2023) of the academic year in which graduation is anticipated, unless an Assistant Dean of Student Affairs has approved a delay.

3.8.3 Passing Coursework

Students must achieve a passing grade in all required courses/clerkships.

3.8.4 Financial Obligations

Students must discharge all financial obligations to the University prior to graduation.

3.8.5 Recommendation of Degree

On successful completion of the curriculum of CUSOM, the student is recommended to the Executive Committee of the School of Medicine for the degree of Doctor of Medicine. The final approval for graduation is made by the Executive Committee and the Dean of the School of Medicine.

3.9 Uniform Standard for Graduation

The CUSOM has a single standard for the advancement and graduation of medical students across all locations, including the branch campuses. The single standard is outlined in Section 3.7, Minimum Requirements for Advancement and Retention and Section 3.8, Requirements for Graduation.

3.10 Limitations on Course Registration

Students should be aware that limitations on course registration exist. Course registration is only available for those courses/clerkships and timeframes listed in the official CUSOM course catalog for the specified academic year. Student requests for schedule changes will not be executed if the request deviates from officially listed course offerings, course lengths, or fixed start/stop dates as determined by the Office of Student Life.

Section 4: Other Educational Policies

4.1 Student Privacy

Pursuant to the Family Educational Rights and Privacy Act (FERPA), students may annually file written notification requesting the withholding of certain personal information from disclosure. Such requests must be filed with the Registrar's Office. Without such filing, the Registrar's Office will provide student director information regarding enrolled students, as permitted by law. The [University of Colorado's FERPA Policy](#).

In an emergency, both the Office of Student Life (303-724-6407) and the Registrar's Office (303-724-8053) will make reasonable efforts to contact a student or a student's designated emergency contact.

4.2 Student Access and Modification to Own Academic Files

In order to review their records, medical students may submit a written request to the Office of Student Life asking to review their file. A copy of the student's file will be available to review in the Office of Student Life within one working day. Students are permitted to review all the content of their academic file (i.e., AMCAS application, undergraduate transcript, signed contracts (e.g., technical standards), current transcript, and MSPE). The MSPE may not be released from the Office of Student Life until after the NRMP Match. Students who wish to challenge their records must document this in writing and present it to the Associate Dean for Student Life who will refer the challenge to the appropriate faculty. If the issue is not resolved, then the Assistant Dean of the appropriate curricular area will adjudicate the decision.

4.3 Equal Opportunity and Non-Discrimination

4.3.1 CUSOM's Commitment

The School of Medicine is committed to equal opportunity, including opportunity for individuals with disabilities. The School of Medicine does not discriminate on the basis of, race, color, national origin, sex, age, disability, creed, religion, sexual orientation, gender identity, gender expression, veteran status, political affiliation or political philosophy in admission and access to, and treatment and employment in, its educational programs and activities. Go here to learn more about CU's [Diversity and Inclusion](#) mission.

4.3.2 Equal Opportunity and Accommodations

The goal of the Americans with Disabilities Act (ADA) is to ensure that individuals with disabilities are not discriminated against or denied equal access to the same programs, services, and facilities available to others. The University of Colorado, School of Medicine is required to provide reasonable accommodations to students with disabilities. The Office of Disability Resources and Services is dedicated to the full participation of students with disabilities in the academic environment. To request an academic accommodation or make another request, begin first with this office. Go here for [Disability Resources & Services](#).

4.4 Clinical Requirement Responsibilities

The student is expected to maintain a knowledge of and comply with School of Medicine policies related to immunizations, BCLS (Basic Cardiac Life Support) and ACLS (Advanced Cardiac Life Support), TB testing and TB mask fitting, needle sticks injury and prevention, workers compensation, drug screening, HIPAA (Health Insurance Portability and Accountability Act), and universal precautions/OSHA (Occupational Safety and Health Administration) requirements. Students not in compliance may be immediately removed from the clinical learning environment until they have met all clinical requirements. Lack of timely compliance may delay meeting course requirements, and even graduation. These policies are determined by the Clinical Requirements Committee and may change throughout the year; it is the responsibility of the student to maintain compliance. The table below is provided to assist you in keeping abreast of changes in policies and procedures.

Clinical Requirements	Year	CUSOM Policy – Website Location
Immunizations	Before Plains	Required Pre-matriculation: Immunization Certification Form
Drug Screening	Plains Foothills	Required within 60 days of the start of working in a clinical site during Phase III. Details can be found in CUSOM Drug Screening policy .
TB mask fitting	Plains Foothills	Required once during Phase III (during MS2 Class Retreat).
Influenza Immunization	All Phases	Required annually (unless medically or religiously contraindicated) through individual's health insurance coverage. (masks required at all times on campus or in clinical setting if not vaccinated)
COVID Vaccination	All Phases	Required annually unless a medical or religious exemption applies (masks required at all times on campus or in clinical setting if not vaccinated)
TB testing	All Phases	Required annually through individual's health insurance coverage.
HIPAA (Health Insurance Portability and Accountability Act)	All Phases	Required annually. See <i>Clinical Requirements on North Star</i> .
Universal Precautions/OSHA Requirements – Hazardous Exposure/Materials	All Phases	Required annually. See <i>Clinical Requirements on North Star</i> . For CUSOM's Exposure to Infectious and Environmental Hazards Policy
Blood Borne Pathogens		
Needle Stick Policy		

BCLS	Plains Alpine	Required during Phase III (during ICC 7001)
ACLS	Alpine	Required during Phase IV (Completed during ICC 8005)
CoVid Vaccination	All Phases	Required before the start of fall semester 2021
Workers' Compensation	As needed	Follow Instructions under Incident Procedures

4.5 Hazardous Exposure

Students who are exposed to blood borne pathogens, needle sticks, bodily fluids or other hazards must seek appropriate healthcare immediately. In these affiliated hospitals -- UCH, CHC, VAMC, DHHA, and Memorial Hospital in Colorado Springs -- go to the dedicated unit for treatment during business hours, otherwise at other sites and during non-business hours go to the nearest Emergency Department. All students receive a "what to do if exposed" lanyard card with brief instructions about how to proceed. Students may receive reimbursements for healthcare cost by following procedures under Workers Compensation. Specific details on policies, procedures, and reimbursement can be found in the [Exposure to Infectious and Environmental Hazards Policy](#)

4.6 Malpractice, Workers Compensation; Health and Disability Insurance

Malpractice: The School of Medicine provides professional liability coverage for its students through a combination of self-insurance and commercial insurance. This coverage is subject to the terms of the University of Colorado Self-Insurance and Risk Management Trust Coverage Document. The extent of coverage under the Trust may be limited by the nature of the MD training program with the University.

Coverage extends to an individual who is duly enrolled and matriculated as a medical student at the University of Colorado School of Medicine for all professional and educational activities that are within the course and scope of the individual's responsibilities as a student. Some example situations in which a student would not be covered:

- Students who are not enrolled during the summer months or who are on a Leave of Absence are not covered by this policy.
- Student who are enrolled but for which "activities" are not within the course and scope of the student responsibilities.

Students on an approved Leave of Absence may not be covered and should work with the Office of Student Life for details.

Volunteer activities performed by medical students enrolled at CU are covered by the Malpractice Trust if they fall within the course and scope of the individual's responsibilities as a student. In most circumstances, the volunteer activity will be a recognized activity within the approved curriculum and course credit will be awarded to the

student. In other situations, contact the Professional Risk Management Office (303-724-7475) or the Office of the University Counsel (303-315-6617) for guidance. The Office of Student Life should approve all non-course credit volunteer activities in writing before engaging in the activity.

Workers' Compensation: Workers' compensation benefits may apply to students in clinical rotations. Students in on-campus classroom activities are not covered by workers' compensation.

Workers' Compensation policies and procedures are managed by the University Risk Management, go to <http://www.cu.edu/risk>

Procedures specifically for needle stick and body fluid exposures, go to the "[incident procedure](#)" tab.

Health Insurance: Students in the School of Medicine are required to carry personal health insurance. Students on Leave of Absence should work with the Office of Student Life to understand their health insurance options.

Disability Insurance: All students are enrolled automatically in a disability insurance plan and receive disability insurance as a student in the MD Program.

4.7 Career Exploration Clinical Experiences

Career Exploration and Development

The Association of American Medical Colleges (AAMC) Careers in Medicine program defines medical student career development as a four-year process of self-assessment, career exploration, career decision-making, and implementation. As part of medical students' ongoing career exploration and development, students may engage in self-selected activities designed to promote clinical skill acquisition that are carried out under the supervision of physicians or other licensed health care professionals.

Career Exploration Clinical Experiences

As medical students progress through their career development process, they are encouraged to pursue opportunities (extracurricular and curricular via Electives) to learn more about the different medical disciplines. Opportunities are available for students to experience clinical exposure to a variety of settings and specialties through pairing with practitioners who hold appointments through the School of Medicine-however, these experiences require that students inform the SOM of their planned participation and that they remain supervised appropriately during these experiences. A Career Exploration Clinical Experience Request Form (see Requirements below) MUST be completed and submitted online (click on the hyperlinked text below) by the student prior to beginning their Clinical Experience.

Requirements:

- Academic good standing
- Submitted and approved Clinical Experience Form
- Completion of the first three months of medical school
- Start date

- Estimated time (in general, time limits of 16 hours are the standard, but additional time will be considered if other circumstances require prolonged exposure)
- Faculty contact information
- Location of experience

Please note: This experience is in addition to the preceptorship requirement and cannot count towards completion of that requirement. In addition, this experience should not take the place of a clerkship or an Acting-Internship, as no credit is provided for these experiences.

Supervision expectations:

Every medical student comes to clinical experiences with a variety of skills and prior proficiencies. As such, each faculty member is responsible for assessing and supervising each student. However, general guidelines around medical student skills and abilities by year are below:

4.8 Dual Degree programs

The School of Medicine currently has five formal joint or dual degree programs, the Medical Scientist Training Program (MSTP), Master of Public Health (MPH), Master of Science in Bioengineering (MS), the Masters in Business Administration (MBA) and the combined MD/JD program.

The MSTP program offers a combined MD/PhD degree through a rigorous multi-year program in which students complete the School of Medicine Plains Phase (pre-clerkship) curriculum and the Longitudinal Integrated Clinical Clerkships; students then enter the PhD phase through the Graduate School to complete basic science research, leading to a doctoral thesis, before returning to complete the School of Medicine's curriculum. For [MSTP Program](#) details.

The MD/MPH program is a joint degree program in which students generally take MPH coursework for 3 semesters. Students can select a concentration in Applied Biostatistics, Community and Behavioral Health, Community Health Education, Environmental and Epidemiology, Health Systems, Management and Policy, or Generalist. For [Dual Degrees with the Colorado School of Public Health](#)

The MD/MS in Bioengineering program enables current MD candidates to complete MS requirements in bioengineering. A motivated student can complete these requirements in three semesters. Additional time may be required depending on the student's course choices and research project. All students will be evaluated in a final oral defense examination that includes an open research seminar. For more information about [Dual Bioengineering Degrees](#).

The School of Medicine, working with the University of Colorado Denver's downtown campus, also provides the opportunity for students to earn a Master of Business Administration (MBA) degree in one calendar year. Students must apply to the MBA program separately; however, the program will waive the requirement for the GMAT and use the student's MCAT scores. This program provides an excellent opportunity for medical

students who wish to understand the business of medicine and to develop the skills necessary to work in health care administration. For addition details on the [MBA programs](#).

Appendices

UME Medical Program Structure

The Senior Associate Dean for Education, Shanta Zimmer, MD, oversees undergraduate medical education, including curriculum management, admissions, student affairs, assessment and evaluation, and educational technology.



Shanta Zimmer, MD

Senior Associate Dean for Education

Associate Dean for the Office of Diversity & Inclusion

Email: shanta.zimmer@cuanschutz.edu

The MD Hybrid and Legacy curriculum is led by a team of Assistant Deans of Medical Education, Phase 1-2 is led by Assistant Dean Andy Bradford, MD. Phase 3-4 is led by Assistant Dean Jennifer Adams, MD. Longitudinal is led by Assistant Dean Marsha Anderson, MD.



Assistant Dean
Andy Bradford, MD



Assistant Dean
Jennifer Adams, MD



Assistant Dean,
Marsha Anderson, MD

UME Medical Program Structure, continued

Brian Dwinnell, MD., leads the Office of Student Life, which is comprised of Admissions and Student Affairs. Assistant Dean Jeffrey Soohoo, MD, leads the Admissions office. Assistant Deans, Amira del Pino-Jones, MD and Jeffery Druck, MD, and Interim Assistant Dean Dr. Deb Seymour, lead the Office of Student Affairs.



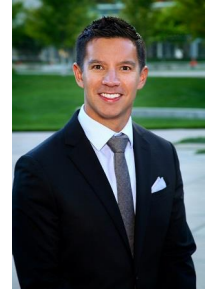
Associate Dean,
Brian Dwinnell, MD



Assistant Dean
Amira del Pino-Jones, MD



Assistant Dean,
Jeffery Druck, MD



Assistant Dean
Jeffrey Soohoo, MD

Michele Doucette, PhD, IT Curriculum Integration Specialist
Tai Lockspeiser, MD, MHPE, directs the Office of Assessment, Evaluation and Outcomes.
Helen Macfarlane, MA, Director, Curriculum and Instructional Design



IT Curriculum Integration
Specialist
Michele Doucette, PhD.



Assistant Dean
Tai Lockspeiser, MD, MHPE



Director of Curriculum and
Instructional Design
Helen Macfarlane, MA

Elshimaa Basha, MPH, CHSE, serves as director of the Center for Advancing Professional Excellence, a state-of-the-art center for standardized patients and simulation.



Elshimaa Basha, MPH, CHSE
Director, Center for Advancing Professional Excellence

CU Anschutz Office of Professional Excellence (OPE)

The CU Anschutz Office of Professional Excellence (OPE) provides a resource to obtain a fair and equitable process and resolution for all matters pertaining to professionalism concerns regarding students, residents, fellows, staff members, and faculty in any school or college on the Anschutz Medical Campus.

The primary goal is to help those who have been involved in an incident to return to being valued and productive members of the Anschutz Medical Campus Community. It is NOT to provide discipline or to be punitive, but rather to help work through those things which will most benefit a full and realistic recovery from difficult situations.

To provide a safe environment for reporting a lapse in professionalism, there are a variety of confidential methods to report an issue.

To report a concern, contact the Office of Professional Excellence at:

- 303-724-4PRO (4776)
- professionalism@cuanschutz.edu
- [Confidential Report Form](#)
- You may also contact one of our staff members below. All correspondence is kept confidential.

<p>Jeffrey Druck, MD Director Jeffrey.Druck@cuanschutz.edu Office Phone: 303-724-8660 Fitzsimons Building 500, Room N1219</p>	<p>Abigail Lara, MD Director Abigail.Lara@cuanschutz.edu Office Phone: 303-724-6167 Fitzsimons Building 500, Room E4312</p>
<p>Josette G. Harris, PhD Associate Director Josette.Harris@cuanschutz.edu Office Phone: 303-724-6224 Fitzsimons Building 500, Room E4312</p>	<p>Abbie O. Beacham, PhD Associate Director Abbie.Beacham@cuanschutz.edu Office Phone: 303-724-8494 Fitzsimons Building 500, Room N2225</p>

Professionalism Concerns and Mistreatment Report

If you have a professionalism concern or have been subjected to mistreatment, you may contact one of the staff members at the Office of Professional Excellence directly or you may submit a confidential report of the event to the Office of Professional Excellence using an [online form](#). Example below:

Jeffrey Druck, MD

Email: Jeffrey.Druck@cuanschutz.edu

Phone: 720-848-6777

Abigail Lara, MD

Email: Abigail.Lara@cuanschutz.edu

Phone: 303-724-6167

Josette G. Harris, Ph.D.

Email: Josette.Harris@cuanschutz.edu

Phone: 303-724-6224

Abbie Beacham, Ph.D.

(Receives all non-School of Medicine reports)

Email: Abbie.Beacham@cuanschutz.edu

Phone: 303-724-8494

All correspondence is kept confidential.

Your Name:	
Please include your email address and/or phone number (<i>whichever is your preferred method of contact</i>):	
Where did the event occur?	
Date or Range of Dates of the Event:	
Please tell us what happened:	
Which school or college are you in?	
<input type="radio"/> Graduate School	
<input type="radio"/> School of Dental Medicine	
<input type="radio"/> School of Medicine	
<input type="radio"/> College of Nursing	
<input type="radio"/> Colorado School of Public Health	
<input type="radio"/> Skaggs School of Pharmacy and Pharmaceutical Sciences	

Additional Comments or Concerns:

Additional resources available at the [CU Medical Student Professionalism Committee](#) site.

Student Honor Council – Procedures and Processes

See the [Medical Student Honor Code](#) for additional details.

Procedures

- When it is alleged that a student has violated the Honor Code, the facts will be reviewed by the Student Honor Council, according to the Council's established Rules of Procedure. The Council will first decide guilt or innocence. If a student is found guilty of violating the Honor Code, the Honor Council will also make recommendations for remediation or discipline.
- If the offense is something that constitutes potential unprofessional behavior, the Chair will refer the matter to the Medical Student Professionalism Committee for its independent consideration, instead of initiating an Honor Council Review.
- A student facing a Student Honor Council investigation is entitled to receive confidential advice from the Associate Dean for Student Advocacy or from another trusted faculty member; the student is also entitled to have the Associate Dean for Student Advocacy or other faculty member represent him or her at the Student Honor Council hearing.
- In cases where the Student Honor Council finds that the student was guilty of a violation, the findings and recommendations for remediation, discipline or referral to the Student Promotions Committee, if warranted, shall be forwarded to the Associate Dean for Student Life.
- The Associate Dean for Student Life will then appoint a Faculty Review Committee (FRC) of at least two faculty members to review the Student Honor Council's findings of Honor Code violations as well as recommendations with respect to remediation or discipline. Faculty to serve on the FRC will be selected by the Associate Dean for Student Life based on their knowledge of student affairs and the undergraduate medical education curriculum and their experience in dealing with student issues, particularly related to honorable behavior and remediation.

Appeal of Findings of Guilt:

- Students may appeal the Student Honor Council's finding of guilt, and each student must be granted access to a fair and timely appeals process. If the Student Honor Council includes a recommendation for dismissal and the Student Promotions Committee upholds this recommendation, then the student will have the right to appeal the dismissal pursuant to CUSOM procedures.
- Student wishing to appeal the finding of guilt must submit a written letter to the Associate Dean for Student Life within five business days of receiving, in writing, the final decision by the Student Honor Council. The Associate Dean for Student Life will appoint, within five business days, a Faculty Review Committee (FRC) to hear the student's appeal of the finding of guilt.
- The FRC will first consider a student's appeal of findings of guilt of Honor Code violations before reviewing the remediation or disciplinary recommendations made by the Honor Council. If no such appeal is made, or if the FRC upholds the Honor Council

findings, then the FRC will move to consider the recommendations for remediation or discipline made by the Student Honor Council.

- The FRC will not reconsider the facts and statements on which the original decision was based; rather, the FRC will conduct an appeal hearing only if: 1) new information regarding the status of the student has been discovered (previously unknown to the student or to the Honor Council; 2) there is evidence of discrimination (as determined by the appropriate university office; 3) there is evidence of a material procedural error in the review process by the Student Honor Council that may have prejudiced the student's ability to receive a fair hearing; or 4) there is evidence that the Student Honor Council acted in an arbitrary or capricious manner.
- At the appeal hearing, the accused student and a representative of the Student Honor Council will each have the right to call a new witness, to introduce new evidence, to question any witness who testifies during the hearing and to refute any evidence. The student may testify on their own behalf and may ask an advocate to attend the hearing. The advocate may not act or speak on behalf of the student but may attend in an advisory and supportive role.
- If the FRC finds in favor of the student, it may refer the case back to the Student Honor Council for reconsideration or it may order a new hearing. If the appeals committee sustains the Student Honor Council's finding of guilt, the appeals committee shall then move to consider the Student Honor Council's recommendations for remediation or discipline.

Review of recommendations for remediation or discipline:

- After any appeals of Honor Council findings of guilt have been considered, the FRC will review the remediation plan, including recommendations regarding referral to the Promotions Committee or other actions recommended by the Honor Council. The Honor Council chair and the student will be given an opportunity to comment on the recommended remediation plan. After careful review, the FRC may agree with, or suggest modifications to, the Honor Council's recommendations.
- In the case of disagreements between the Honor Council and the FRC, the Associate Dean for Student Life will make the final decision, after considering the nature of the violation, whether there are patterns of violations by the student, the recommendations of the Honor Council and the FRC, the best interests of the student and the School of Medicine and other relevant factors.

Ombuds Office



The Ombuds Office is available to all students. The Ombuds Office is an independent, informal and confidential resource to assist with problem solving and conflict resolution. The ombudsperson is available to hear complaints in a neutral and confidential setting and will help to sort out and identify options for resolving these concerns. Walk-ins are welcome; however, appointments are recommended to ensure availability.

Any student may contact the ombudsperson voluntarily. Identities of those utilizing the office will not be disclosed. The only exceptions to this policy would be those circumstances where the Ombuds Office believes there is an imminent threat of serious harm to self or others or where the individual has given express permission to reveal his/her identity. Use of the Ombuds Office does not preclude engaging in a more formal resolution to a problem. If an individual is interested in pursuing a more formal remedy to a problem, the Ombuds Office may assist by helping to make the appropriate referrals, if requested to do so. The office does not accept notice of any kind on behalf of the University.

When an individual presents a problem, the ombudsperson will listen carefully and help to sort out the issues that may be presented. If appropriate, the ombudsperson will explain relevant University policies or procedures and make referrals. The ombudsperson also is available to engage others in informal discussions regarding a given situation. If given permission, the ombudsperson is available to gather information, consult with others, or mediate disputes that may arise.

Any student may contact the Ombuds Office with a concern or problem. These may include issues of discrimination, work environment conflicts, interpersonal relationships, sexual harassment, and intimidation, dealing with change or other related concerns.

Contact Information

Ombuds Offices:

- Anschutz Medical Campus - Room 7005, Building 500, Tel: 303-724-2950
- Downtown Campus- Room 107P, CU Denver Building Tel: 303-315-0046

Website: <http://www.cuanschutz.edu/about/departments/OmbudsOffice>

Technical Standards for Admission, Promotion and Graduation

I. Introduction to the Technical Standards for Admissions, Promotion, and Graduation at the University of Colorado School of Medicine

Applicants for admission to the School of Medicine and continuing students must possess the capability to complete the entire medical curriculum and achieve the degree. In addition to successfully completing all courses in the curriculum, students must be able to acquire the knowledge and skills necessary to function in a broad variety of clinical situations and to render a wide spectrum of patient care. Candidates for the M.D. degree must have abilities and skills in the following areas: observation; communication; motor; intellectual-conceptual, integrative and quantitative; and professional, behavioral, and social. Candidates for the degree of Doctor of Medicine must be able to meet these technical standards, with or without reasonable accommodation, for successful completion of degree requirements (see Section [3.8](#)).

II. Standards

A. Observation

Observation requires the functional use of vision, hearing and somatic sensations. Students must be able to observe lectures, demonstrations and experiments in the basic sciences including, but not limited to, anatomic, physiologic and pharmacologic demonstrations with cadavers and animals, microbiologic cultures and microscopic studies of microorganisms and tissues, and diagnostic images. Students must be able to observe a patient accurately and completely at a distance and closely and interpret digital images and waveform readings and other graphic images to determine a patient's condition.

B. Communication

Candidates must be able to communicate effectively and efficiently with patients, their families, and members of the health care team. Communication skills include speech, language, reading, writing and computer literacy. Students must be able to communicate effectively and sensitively with patients to elicit information regarding affect, mood, posture and functional activities, as well as perceive non-verbal communications. Candidates must be able to record information accurately and clearly and communicate effectively in English in a variety of patient care settings.

C. Motor

Students must be able to execute motor movements reasonably required for routine and emergency care and treatment of patients. Students must have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers. Examples of emergency treatment required of physicians are cardiopulmonary resuscitation, administration of intravenous medication, application of pressure to stop bleeding and opening of obstructed airways. These skills require coordination of both gross and fine muscular movement, equilibrium and the integrated use of touch, vision and hearing.

D. Intellectual, conceptual, integrative and quantitative abilities

Students must be able to measure, calculate, reason, analyze, integrate and synthesize technically detailed and complex information in a timely fashion to effectively solve

problems and make decisions. Information will be provided in a variety of educational settings and modalities, including lecture, small group discussions, and individual clinical settings. For example, students must be able to synthesize knowledge and integrate the relevant aspects of a patient's history, physical findings and diagnostic studies to develop a diagnosis and to monitor an effective treatment program. In addition, students must be able to adapt to evolving methodologies, comprehend three-dimensional relationships and to understand spatial relationships of structures (e.g. macroscopic and microscopic structures). Students must have the intellect and cognitive function to integrate the aforementioned skills and confidently and accurately perform the duties expected of a practicing physician as appropriate for the student's current level in the educational process.

E. Professional, Behavioral and Social Attributes

Students must possess the maturity and emotional ability required for the full utilization of their intellectual abilities. Students must accept responsibility for learning, exercising good judgment, for the prompt completion of all responsibilities inherent to diagnosis and care of patients, and for the development of mature, sensitive, and effective relationships with patients, colleagues and other health care providers. Students must be able to tolerate physically and mentally taxing workloads, function effectively under stress and to display flexibility and adaptability to changing environments. Students must be capable of regular, reliable, and punctual attendance with regard to classes and clinical responsibilities. Students must also be able work effectively as a member of a health-care team and be able to contribute to collaborative, constructive learning environments; accept constructive feedback from others; and take personal responsibility for making appropriate positive changes. As a component of their education, students must demonstrate ethical behavior consistent with professional values and standards.

F. Curriculum Requirements

In addition to the abilities specified above, students must be able to successfully complete, with or without reasonable accommodation, all required components of the curriculum. Academic and professional integrity are cornerstones of medicine. They require an ongoing commitment to honesty, integrity, respect, altruism, accountability, compassion, empathy and self-improvement. Students must be able to maintain a reasonable degree of academic and professional integrity as it pertains to meeting core competencies of medical knowledge for practice, patient care, interpersonal and communication skills, professionalism, practice-based learning and improvement, systems-based practice, Inter-professional collaboration, and personal and professional development.

G. Tests and Evaluations

In order to evaluate competence, the School of Medicine employs periodic examinations in varied formats, including oral, written and practical, as an essential component of the curriculum. Successful completion of these examinations is required of all students as a condition for continued progress through the curriculum. Reasonable accommodation may be made in the form of examination administration where necessary and when the request is documented and submitted in advance, and then approved by the [Office of Disability Resources and Services](#).

H. Clinical Performance

Demonstration of clinical competence is of fundamental importance to the program. Attending to the needs and care of the patient is tantamount to the practice of medicine. The process of staff and clinical preceptor evaluation of the clinical performance of the student is an integral and essential component of the curriculum. Students must demonstrate the ability to tolerate physically challenging workloads and function effectively in distracting, stressful environments. Clinical responsibilities may require students to be present in the clinical setting for extended periods of day and nighttime hours any day of the week or year. Students must be able to manage increased caseloads and responsibilities as appropriate for the student's current educational level. Students must arrive on time for their scheduled clinical shift and perform their clinical duties until the end of their scheduled shift. In addition, students must meet program expectations for each clinical experience.

III. Reasonable Accommodation

The School of Medicine is committed to providing equal opportunities for qualified students with disabilities who apply for admission to the MD degree program or who are enrolled as medical students. A "qualified individual with a disability" is an individual with a disability who meets the academic and technical standards requisite to admission or participation in the School of Medicine's educational programs, with or without reasonable accommodations. Whether or not a requested accommodation is reasonable will be determined on an individual basis. Determining what is a reasonable accommodation is an interactive process that the candidate/student should initiate with the [Office of Disability Resources and Services](#). An accommodation is not reasonable if it poses a direct threat to the health or safety of self and/or others, if making it requires a substantial modification in an essential element of the curriculum, if it lowers academic standards, or poses an undue administrative or financial burden. Except in rare circumstances, the use by the candidate of a third party (e.g., an intermediary) to perform any of the functions described in the Technical Standards set forth above would constitute an unacceptable substantial modification.

Candidates for the M.D. degree will be assessed on a regular basis according to the Academic Standards and the Technical Standards of the School of Medicine on their abilities to meet the requirements of the curriculum.

I, the undersigned, have read and understand the Technical Standards for Admission, Promotion and Graduation for the University of Colorado School of Medicine.

Signature

Date

Printed Name

Drug Screening Policy

Policy Statement

The University of Colorado, School of Medicine requires that all students submit to a drug screen prior to starting designated key clinical experiences of their program. A negative drug screen is required for participation in any clinical experience. This policy applies to all enrolled students in the MD, PT, and PA degree programs.

Rationale

All health care providers are entrusted with the health, safety and welfare of patients, have access to controlled substances and confidential information and operate in settings that require the exercise of good judgment and ethical behavior. Thus, an assessment of a student's possible impairment that could diminish the student's capacity to function in such a setting is imperative to promote the highest level of integrity in patient care.

Clinical facilities that serve as educational and training sites for students increasingly require drug screening for individuals who provide services within the facility and particularly for those individuals who provide patient care. Clinical rotations are an essential element of all curricula and are required of School of Medicine Students in the MD, PT, and PA degree programs. In addition, many licensing agencies require that individuals pass a drug screen as a condition of licensure and/or employment. It is thus in the interests of both students and the School of Medicine to identify and resolve potential issues where a student may not be allowed to participate in a clinical rotation due to use of controlled or illegal substances.

The University of Colorado, School of Medicine has the responsibility to attend to factors that may adversely affect the security of the clinical environment and thus increase liability exposure. As a result, the school seeks to enhance its scrutiny of students involved in patient care activities and who are in clinical settings.

Drug Screening Process

- Students enrolled in the MD, PT, and PA programs will receive information about the requirement for drug screening, deadlines for compliance, results reporting and associated fees from their respective educational program representatives. The frequency and timing of drug screening may vary by educational program. Students will be responsible for the cost of the required drug screening, either individually or through a student fee as determined by each program.
- Students will receive specific instructions from their program representatives regarding the location of the designated vendor drug screen sites and a Drug Screen Authorization document to submit to the vendor including authorization for results to be released to the designated individual in their educational program.
- Results of the student drug screen will be reported electronically to the designated individual in the appropriate educational program, typically within two business days. Review of drug screen results will be conducted by the Medical Director of the designated vendor to determine a passing or failing level. The information will be conveyed to the designated individual within the education program. Students who receive a positive screen will be reviewed by the individual program either by a designated individual or a committee and any consequences will be communicated to the student in writing.

- Drug screens that are reported as indeterminate or dilute must be repeated. Students will be responsible for all costs of the required repeat drug screening.
- The student has the right to review the information reported by the designated vendor for accuracy and completeness and to request that the designated vendor verify that the drug screen results are correct. Prior to making a final determination, that may adversely affect the student, the program will inform the student of his/her rights, how to contact the designated vendor to challenge the accuracy of the report, and the role of the designated vendor in any decisions made by the program.
- Drug screening results will be recorded in an internal database within each educational program and maintained only for the duration of study for each student.
- Drug screen results may be reported to clinical rotation sites for clinical placements in compliance with contractual agreements.
- If required by a specific clinical site, a student may be required to submit to additional drug screening based on the contractual agreements with those clinical sites.
- Any individual student may be required at any time to submit to immediate drug screening for cause. This may occur through the designated vendor or it is possible that a contract with a specific clinical training site may have specific requirements dictating the process, handling, and reporting of “for cause” drug screening of an individual student while the student is participating in a clinical rotation there.
- Students who refuse to submit to any required drug screen may be dismissed from their education program.
- A urine drug-screening test which returns positive for marijuana will require a repeat test within 30 days. A second positive test will lead to automatic CPHP referral and possible removal from all school activities pending CPHP evaluation.
- Students who refuse to submit to any required drug screen may be dismissed from their education program.

Positive Drug Screening Results

Students who do not pass a required drug screen may face disciplinary action, including administrative withdrawal from courses, placement on a leave of absence, or dismissal from the program. Students may be referred for evaluation and treatment through the Colorado Physicians Health Program (CPHP) or another designated program as a condition for remaining in the program. Any treatment recommended or required to remain in the program will be at the expense of the student.

Additional Policy/Procedure Information

The School of Medicine takes patient safety very seriously. The Technical Standards for students require that all students be able to meet the physical and cognitive demands of the clinical setting as well as exhibit sound judgment at all times. Students who are seriously ill, injured or taking medication that impairs judgment (including, but not limited to, lawfully prescribed medications and Medical Marijuana) may not be able to meet the Technical Standards, and therefore may not be suitable for the clinical environment where patient safety is the topmost concern. A determination of any conditions on a student’s ability to

participate in clinical experiences or to otherwise proceed in the program will be handled through a committee as determined by each program (MD, PT, and PA).

Additionally, the School of Medicine is very concerned about alcohol and drug abuse. A student may be required to undergo evaluation and treatment through the Colorado Physicians Health Program (CPHP) or by another designated evaluation source in order to remain in the program. Any evaluation or treatment required as a condition for remaining in an educational program is to occur at the student's expense.

Curriculum Leaders, Offices and Useful Websites

Undergraduate Medical Education Curriculum Leadership

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Interprofessional Education & Development Curriculum (IPED) 303-724-6420	Admin Support: Mary Teel	Mary.Teel@cuanschutz.edu
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Phase III – Clinical Curriculum

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Legacy Phase III – Longitudinal Integrated Clerkships

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Hybrid Phase III – Longitudinal Integrated Clerkships

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Denver Health Equity	Director: Vishnu Kulasekaran, M.D. Coordinator: Kaley Batley	vishnu.kulasekaran@dhha.org kaley.batley@dhha.org
Rural	Director: Roberto Silva, M.D. Assistant Director: Mark Deutchman, M.D. Coordinator: Melanie De Herrera	roberto.silva@cuanschutz.edu mark.deutchman@cuanschutz.edu melanie.deherrera@cuanschutz.edu
VA Advocacy	Director: Eric Young, M.D. Coordinator: TBD	eric.young@cuanschutz.edu TBD
Ft. Collins Public & Population Health	Director: Amy Reppert, M.D. Coordinator: Breanne Vaughan	amy.reppert@uchealth.org breanne.vaughan@cuanschutz.edu
UCH Quality & Safety	Director: Emily Gottenborg Coordinator: TBD	emily.gottenborg@cuanschutz.edu TBD
CHCO Advocacy	Director: Meghan Treitz Coordinator: TBD	meghan.treitz@childrenscolorado.org TBD

Phase IV – Clinical Curriculum

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Acting-Internship Director	Jennifer Soep	jennifer.soep@cuanschutz.edu
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Phase IV Electives Director	Chad Stickrath, M.D.	chad.stickrath@cuanschutz.edu

Educational Technology

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Senior IT Professional (Student services include laptop and device support, access issues, any random IT questions from students) (SOM IS)	Matt Cook	matthew.n.cook@cuanschutz.edu
Education Data Systems Manager (SOM IS)	Vaquero Cooper	vaquero.cooper@cuanschutz.edu
Application Developer (SOM IS)	Eric Eide	eric.eide@cuanschutz.edu

Office of Assessment, Evaluation, and Outcomes

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AEO Coordinator	Erin Broening	erin.broening@cuanschutz.edu

Student Life/Student Affairs/Admissions

Associate Dean of Student Life	Brian Dwinell, M.D.	brian.dwinell@cuanschutz.edu
Assistant Deans of Students Affairs	Jeff Druck, M.D. Amira del Pino-Jones, M.D.	jeffrey.druck@cuanschutz.edu amira.delpino-jones@cuanschutz.edu
Assistant Dean of Admissions	Jeff SooHoo, M.D.	jeffrey.sooHoo@cuanschutz.edu
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Learning Specialist	Nida Awadallah, M.D.	nida.awadallah@cuanschutz.edu
Student Records Manager (Areas include: Enrollment of Phases I – III, ICC, MSA, Research Track, Phases I – III Grades, and Transcripts)	Deborah Jackson, MEd.	Deborah.jackson@cuanschutz.edu
Student Life Professional (Areas include: Scheduling OSL appointments; Enrollment of Phase IV & VSAS; MSPE Coordination; GHHS/AOA; ERAS/MODS/SF Match Assistance)	Jordan Coulter	Jordan.coulter@cuanschutz.edu
Academic Services Professional (Areas include MyRecordTracker and clinical requirements)	Regina Kireva	regina.kireva@cuanschutz.edu
Advisory Colleges	Erin McKay	erin.mckay@cuanschutz.edu
Admission Specialists	Lamar Cherry Isabella Jaramillo	lamar.cherry@cuanschutz.edu isabella.jaramillo@cuanschutz.edu

Other Important Units Working with Students

Center for Advancing Professional Excellence (CAPE)		
Director of CAPE	Elshimaa Basha, MPH, CHSE	elshimaa.basha@cuanschutz.edu
Simulation Education & Assessment Coordinator - Physical Examination Skills	Monica Dionysiou, MFA	monica.dionysiou@cuanschutz.edu
Simulation Education & Assessment Coordinator - Communication Skills	Tanya Russell, PhD	tanya.russell@cuanschutz.edu
Simulation Education Coordinator - Clinical Simulation	Devra Keyes, MS	devra.keyes@cuanschutz.edu
IT Senior Professional & Simulation Technology Specialist	Jed Jensen	jedidiah.jensen@cuanschutz.edu

School of Medicine, Office of Diversity & Inclusion

Associate Dean, Diversity & Inclusion	Shanta Zimmer, M.D.	shanta.zimmer@cuanschutz.edu
Director, Diversity & Inclusion	Krista L. Walker	Krista.Walker@cuanschutz.edu
Diversity & Inclusion Professional	Christy Angerhofer	christy.angerhofer@cuanschutz.edu

Security, Student Safety, and Disaster Preparedness Table

This information in this table is applicable to <u>all</u> students. However, if you are doing a rotation at a clinical site and you feel unsafe, you are expected to immediately notify the clerkship director by either email or phone. The director will respond to the student's concern and address any safety issues, and if needed, move the student to another site.			
Anschutz Campus	Colorado Springs Campus	Fort Collins Campus	Security at Clinical Sites
<p>During regular classroom hours-The security systems in place during regular classroom hours at the main Anschutz Medical Campus (AMC) include a full-service police force and security personnel who patrol the campus 24 hours a day 7 days a week 365 days a year. The University Police Department (UPD) for the University of Colorado Denver provides police, security, and access control to the AMC. The UPD maintains a full-service staff of 27 full-time police officers who hold police commissions with the State of Colorado. The UPD also employs 6 security guards and 13 full-time Emergency Communications Center personnel in addition to administrative staff.</p> <p>Blue light emergency call stations are located outdoors throughout the AMC and are regularly assessed and maintained. The push button on the pole dials directly to the UPD and a dispatcher answers on the speaker.</p> <p>At the entrances to most buildings on the AMC are call boxes that are mounted to the buildings or within pedestals that contain a telephone. The police department can be contacted from any of these devices by pressing the call button, or by dialing 911 or x4-4444 from any campus telephone. Every elevator has a call button on the control panel that is a</p>	<p>During regular classroom hours-The University of Colorado, Colorado Springs (UCCS) Department of Public Safety (DPS) is responsible for police operations, communications, environmental health and safety, and risk management. The DPS maintains a full-service police department which employs police officers who are all fully certified and hold police commissions with both the State of Colorado and the Colorado Springs Police Department (CSPD). The UCCS PD also has numerous police communications personnel and safety service personnel in addition to administrative staff. The UCCS PD provide services which include crime prevention information programs, round-the-clock response related to the safety and security of people and property associated with the University, documentation of criminal activity and certain defined noncriminal incidents as required by law and administrative policy, preventive and directed uniform patrol by vehicle or foot to lessen criminal activity and to assist people generally, locking and unlocking of designated University buildings, and security guard patrols of campus grounds and buildings, assistance to individuals with special needs, and making arrests, collecting evidence, writing citations, providing information for prosecution and testifying in court. The UCCS police are on duty 24-hours a day, seven (7) days per week 365</p>	<p>During regular classroom hours-On the CSU campus, the Colorado State University Police Department operates 24 hours a day, seven days a week.</p> <p>CSUPD officers are commissioned officers in the city of Fort Collins and Larimer County. CSU police officers routinely patrol all buildings. Reports about on-campus incidents should be made to CSU police immediately by calling 911.</p> <p>CSUPD dispatchers have enhanced system that allows them to see where you are calling from but 911 calls made from cell phones within the city are first routed to Fort Collins PD so, if you are calling from campus, be sure to tell the dispatcher right away. The non-emergency number is (970)491-6425 or visit https://police.colostate.edu.</p> <p>Campus Safety Officers are student employees who assist and provide safe escorts across campus via SafeWalk if needed. More information at: https://police.colostate.edu/safe-walk/.</p> <p>At UCH hospitals, security is staffed ta the ED entrances at all times and can be accessed by dialing 66 from an internal phone, or 911 off-campus.</p>	<p>The University of Colorado Hospital (UCH) is under the jurisdiction of the UPD and is served by many of the campus security systems. There are on-site security staff present on the AMC 24 hours a day 7 days a week 365 days a year, with officers staffing the main patient/visitor entrances 24 hours a day and a minimum of 2 security personnel in the Emergency Department at all times. Security staff stay in constant contact with the call center and have direct connection to campus police and area law enforcement. The 24-hour call center keeps constant watch on exterior and interior activities. Security staff monitor the parking lots and buildings 24 hours a day, seven days a week and do patrol on a scheduled routine basis. Each parking lot has ample lighting to assure optimum visibility and are monitored by security camera systems 24 hours a day 7 days a week. Emergency "Blue" phones are located throughout parking lots and garages, as well as along all pedestrian walkways. Security also provides a variety of support activities for staff, students, patients and visitors including: Escorts to and from personal vehicles, recharging dead vehicle batteries, Assistance in contacting services related to keys locked in the car, flat tires and disabled automobiles. Students, staff, patients, and visitors can call 911 for any emergency and they will be connected with the</p>

<p>direct link to UPD. Upon request, the UPD will provide escorts to any of the parking lots and near-by side streets that are within a four-block radius of the university.</p> <p>All buildings and offices have Emergency Preparedness Quick Reference Guides available to any student or employee that outlines what to do for any type of emergency. If a student dials x 4-4444 or calls, 303-724-4444 on campus the emergency will be responded to immediately via emergency communications. The University of Colorado Denver I Anschutz Medical Campus Emergency Notification System, commonly referred to as the RAVE system, provides campus emergency notification via text and voice-message when conditions develop on or near the Denver-based campuses which pose an imminent threat of danger to the campus community. Chancellor Don Elliman has determined that all students, faculty, and staff will automatically receive emergency alerts and campus closure notifications via university-issued email addresses. In addition to the Emergency Notification System (RAVE), students, faculty, and staff can sign up to receive general alert information from university safety and facilities personnel on the campus Alerts Webpage. The can also get updates regarding the operational status of the campus by going to the Alerts Webpage or by calling 1-877-463-6070.</p> <p>Outside regular classroom hours The standard and default hours of operation for the security of exterior entrance doors on the Anschutz Medical Campus are from 6:00 a.m. to 6:00 p.m.</p>	<p>days a year. More information can be found at the DPS home page: http://www.uccs.edu/~pusafety/.</p> <p>A blue light emergency call station is located outside the north entrance of the Lane Center for Academic Health Sciences. The blue light is easily visible in the adjacent parking lots and around the pedestrian areas and is regularly assessed and maintained. The push button on the pole dials directly to the UPD and a dispatcher answers on the speaker. Additionally, there is another button on the pole that dials direct to the 911 Center located at the CSPD. The UCCS PD receives an "echo" notification and will dispatch an officer to that location. The UCCS has an Emergency Notification System (UCCSAlerts) that is managed by the PSD. For all emergencies that pose an immediate threat to the health and safety of the campus community, as well as weather-related campus closures or delays, the UCCSAlerts system is used to send all uccs.edu email users an emergency notification either via text, email or voice-message, as well as UCCS Emergency Management social media sites, and select voice mails to UCCS main desk areas.</p> <p>Outside regular classroom hours The standard and default hours of operation for the security of exterior entrance doors on the UCCS Campus are from 7:30 am to 10:30 pm, Monday-Saturday, and all members of the UCCS campus have access during these business hours, and for scheduled classes and events on Sundays. Those enrolled in the Access Control System</p>	<p>The number for nonemergent concerns are: (970) 495-7452 for Poudre Valley Hospital (970) 624-1055 for the Medical Center of the Rockies.</p> <p>An officer is assigned to exterior mobile patrol and hospitals have exterior surveillance cameras. Emergency Call Boxes are located throughout the parking lots, and security will accommodate escorts.</p>	<p>Hospital Shared Services Emergency dispatchers or can dial x8-7777 to request an escort to their vehicle after dark.</p> <p>The Children's Hospital Colorado (CHCO) is under the jurisdiction of the UPD and is served by many of the campus security systems. Students are able to request escorts to their vehicles.</p> <p>Denver Health (DH) security officers are available 24 hours a day, 7 days a week, and are responsible for providing a safe and secure environment for all patients, visitors and staff. Security can be reached by dialing x67444 from any hospital or clinic telephone or by dialing (303) 436-7444 from outside the system. Students are also able to request escorts to their vehicle.</p> <p>The Denver Veteran's Affairs (VA) Office of Security and Law Enforcement (OS&LE) is responsible for developing policies, procedures and standards that govern VA's infrastructure protection, personal security and law enforcement programs; protecting Veterans, visitors, and staff on department facilities and grounds. The VA Eastern Colorado Health Care System has a Police Service and its officers provide 24-hour patrols of the facility and parking lots. For general police assistance, please dial 1-888-336-8262 x5233. In case of an emergency, dial 1-888-336-8262 x3911. On-site 24/7 security personnel are available to walk students to their cars or respond to their needs and can be reached at 303-393-5233. The VA Medical Center is federal</p>
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After hours, those individuals enrolled in the Access Control System (badging) will be able to enter any access-controlled door for which after-hours access has been granted to that cardholder.	(badging) will be able to enter any access-controlled door for which after-hours access has been granted to that cardholder. This measure allows for control over which areas are authorized to be accessed by a particular individual after hours. The main entrances to most buildings are unlocked and publicly accessible during the weekday/daytime hours.		property and as such all persons and bags are subject to search. Off-campus clinical sites are expected to comply with accreditation requirements for safety and security.
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HOW THE OME IMPLEMENTS CURRICULAR CHANGES

Decisions are made with the intent to ***benefit*** students

Changes to the Policies & Procedures Handbook MUST go through the steering committees

* Change to be made identified by students, faculty, deans, Office of Student Life, Assessment Committee etc.

* Analysis of change

Office of Medical Education Leadership

Who are the stakeholders involved?

- * Lit Reviews
- * Data Analysis
- * Comparison with other schools
- * Course evaluations
- * Assessment Committee

* Student Life Advisory Committee

* Phase Plaid Curriculum Committee

* Pillar Plaid Curriculum Committee

Student Reps present to MSC for feedback

* Student Life Steering Committee

* Curriculum Steering Committee

Change is communicated to the student body

Change is evaluated