

Phase III Guidebook Class of 2024

University of Colorado School of Medicine

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Information will be sent via your cuanschutz.edu email address. It is required that you check it daily. You are responsible for reading it and responding when appropriate.

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Introduction to Phase III

Welcome Class of 2024!

Welcome to Phase III—a true milestone in your medical training! We hope this Guidebook will prepare you for the clinical year that lies ahead.

Phase III will allow you to put one and a half years of studying to work, challenging you to apply concepts in the clinical setting and influence patient care. You will also be privileged to care for people in ways that you have never imagined. You will experience the excitement of life-saving interventions, feelings of accomplishment when optimal outcomes are attained, and fulfillment after guiding patients and families through challenging situations. You will also face new challenges. You will be distressed when optimal outcomes are not possible, frustrated when interventions are not working, and endure sadness when you lose patients.

Throughout these encounters, you will be faced with defining your own professional identity. Your core values and beliefs will merge with the demands and expectations inherent to the practice of medicine.

We hope that all your experiences in the clinical setting are positive ones with excellent role models; however, you may encounter situations that challenge your perceptions. You may feel that certain situations call for more empathy, more professionalism, and more attention to detail. Reflecting on these incidents and asking yourself what kind of physician you want to be and conscientiously developing your own professional identity will be yet another profound experience that begins during this exciting year.

Although it may not seem like it at times, you also serve as role models during your clinical years. You will inspire those you work with to look at things with fresh eyes, to critically think, and strive to teach well. The practice of medicine is never stagnant and requires life-long learning; you bring a substantial influence to this process. Working as teams will challenge us to grow and find ways to better ourselves and our provision of care. Please recognize this role and utilize it as you start your journey to creating your own professional identity. Know that we (in the Curriculum Office and in the Office of Student Life) are here to support you along the way. Please do not hesitate to reach out to ask questions, reflect, discuss your goals, plan for residency, or just to talk.

Sincerely,



Jennifer Adams, MD
Assistant Dean of Medical
Education and Clinical
Curriculum

Angie Duet
Clerkship Curriculum
Manager

Kirsten Proskey
Phase III Coordinator

How to use this Guide

This is a reference guide, to give you a general sense of what to expect. There are changes that will happen over the next few months. You will receive increased detail around scheduling, expectations, etc. A safe approach: if you have questions not answered by this guide, ASK!

The Offices of Student Life and Medical Education are here to make your life easier; we know this can be confusing! Read through elements that apply to you, and then ask for clarification of anything that is unclear. You will sit through clerkship orientations throughout the year that will cover several of the issues you may have questions about, but please know - you probably won't remember everything. This guidebook is designed to serve as a summary of material you may have heard already.

Note: that this Guidebook currently contains the latest version of the SOM Policies and Procedures.

Requirements

Specific Requirements for Phase III

	Check off	Requirement (see Policies and Procedures - Hybrid and Legacy Curriculum)
Overall		Maintain status as a full-time student for a minimum of four academic years, including payment of tuition for each of the semesters of those academic years.
		Complete the MD program in no longer than six years of academic enrollment.
End of Phase III		Successfully complete Phases I & II required courses and achieve a passing grade in all courses, including electives. <i>Confirm passing grades are posted on your transcript. Complete immunization information on My Record Tracker.</i>
		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.
Phase III		Complete the 2-week Pre-Clerkship Basecamp in January 2022.
		Successfully complete Phase III required clinical blocks and/or clerkships. <i>Confirm passing grades are posted on your transcript.</i>
		Successfully complete the Clinical Practice Exam (CPE) at the end of Phase III.
		Register for Step 2 CK after completion of Phase III, must pass before graduation

All Phase III blocks and clerkships must be completed at University affiliated sites, 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 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 or Step 2 CS. Failure of the CPE may result in halting of Phase IV and reporting to Student Promotions Committee.

Exceptions related to not attending a required Basecamp course or taking the CPE must be initiated with the Assistant Dean for Student Affairs who will work respectively, with the Basecamp 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.

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 standing2. Be off-cycle (i.e., delayed) and unable to enroll in a clerkship due to limited availability or overlap of the schedule with required Basecamp.3. Need no more than 8 weeks of clerkships to complete Phase III; However, for enrollment in Research Electives, there is no restriction regarding how many weeks of Phase III clerkships remain to be completed.	<ol style="list-style-type: none">1. Limit Phase IV elective course taking to no more than 8 weeks.2. May not enroll for Acting Internships, away electives, or electives that are like AIs. (e.g., DH Career elective in Emergency Medicine). The determination of "AIs" 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 Phase III courses prior to taking the Clinical Practice Exam (CPE). Must complete the CPE prior to taking Step 2 CS.

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.

Clinical Requirements

The following instructions are **REQUIREMENTS** for each of the following locations. **You will NOT be allowed to begin your clerkship rotations if each requirement is not completed.**

Students are expected to maintain a knowledge of and compliance with School of Medicine policies related to immunizations, BCLS and TB testing and TB mask fitting, needle sticks, Workers' Compensation, drug screening, HIPAA (Health Insurance Portability and Accountability Act), and universal precautions/OSHA (Occupational Safety and Health Administration) requirements. Determined by the Clinical Requirements Committee, these policies change throughout the year, and it is the responsibility of the student to maintain compliance. The table below is provided to assist you in keeping abreast with changes in policies and procedures.

Clinical Requirements	Year	CUSOM Policy – Website Location
Immunizations	Before Phase I	Required Pre-Matriculation: Immunization Certification
Drug Screening	Phase I Phase III	Required at the start of Medical School Orientation and again prior to the start of Clerkships: Drug Screening Policy
TB Mask Fitting	Phase I Phase III	Required every other year.
Influenza Immunization	Phase I-IV	Required annually (unless medically contraindicated) through individual's health insurance coverage. Proof must be uploaded by November 1 st each year in MRT .
TB Testing	Phase I-IV	Required annually through individual's health insurance coverage. Proof must be uploaded by November 1 st each year in MRT .
Health Insurance Portability and Accountability Act (HIPAA)	Phase I-IV	Required annually. See Clinical Requirements Course on Canvas or in OSL UMET9001 Course in North Star.
Universal Precautions OSHA Requirements – Hazardous Materials Exposure	Phase I-IV	Required annually. See Clinical Requirements course on Canvas. For CUSOM policy go to Hazardous Exposure Policy Read this document for step by step process: Needlestick & Body Fluid Exposure Process
Needle Stick Policy	Phase I-IV	Required annually. See Clinical Requirements course on Canvas. For CUSOM policy go to Hazardous Exposure Policy Read this document for step by step process: Needlestick & Body Fluid Exposure Process
BCLS	Phase I Phase III	Required during Phases I (during Fall in FDC I) and III (on your own time).

Workers' Compensation	As needed	<p>Go to this website, and look under the "Incident Procedure" tab for further detail: Workers' Compensation</p> <p>Read this document for step by step process: Needlestick & Body Fluid Exposure Process</p>
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Additional information about mask fitting: You will be mask fitted by the School of Medicine prior to clerkships.

Complete Fitting for TB/N95 Mask

1. Please show up at your appointed time. Those who failed to sign up for the sessions that were held the week of October 18th will need to set up and pay for their own session as outlined in #2 below.
2. If you miss this opportunity to be mask fitted, you will need to find a time to drive to the mask fitting company (ATC) and pay the \$75.00 fee.
3. It is recommended that all facial hair be shaved off prior to fit test appointment, but this is not a requirement. You may still participate in the fit testing sessions; however, you will not be OSHA certified as being fit tested. Completing the mask fit session even with facial hair will fulfill the SOM requirement which is to learn how to correctly fit yourself with a mask.

ATC Disclaimer: We cannot fit test anyone with facial hair, per OSHA requirements; we can only provide a sample full face respirator and do a demonstration. Unfortunately, since the full-face masks must be fit to the individual that will be using the mask, we (ATC) cannot verify that the student will be appropriately protected in another mask. We can only fit students per the OSHA fit testing standard in the N95 masks.

Students can contact Phase III coordinator to obtain information about sizing if you do not remember your size. Clerkship coordinators will facilitate the completion of necessary paperwork for additional sites you may rotate through during your clerkships.

- **Children's Hospital:** Students will need to be refitted prior to rotations at this hospital. There are fit test captains around the hospital or they can go to occupational health. Students need an appointment at Occupational Health.
- **Denver Health:** Use 3M1860 N95 masks; if the students know their size and there have been no significant changes (weight gain/loss) they can use that mask. If they need to be fit tested again, they can go to the Occupational Health office, no need for an appointment.
- **UCH:** Use 3M1860 N95 masks; if the students know their size and there have been no significant changes (weight gain/loss) they can use that mask. If they need to be fit tested again, they can go to the Occupational Health office.

- **VA:** Use 3M1860 N95 masks; if the students know their size and there have been no significant changes (weight gain/loss) they can use that mask. If they need to be fit tested again, they should contact the Office of Student Life for assistance.
- **St. Joseph's Hospital:** All students who need to be fit tested at Occupational Health, call 303-318-1980 to schedule an appointment. The use 8210 N95 masks.

Confirm/Update Required Immunizations and Influenza shots in [MyRecordTracker \(MRT\)](#)

- Keeping immunizations current is your professional responsibility. PPD and Tetanus have expiration dates.
- The clinical sites require that your immunizations are current. They often require letters of good standing which we cannot give you if your immunizations are not up to date.
- Influenza shots are required. You must be immunized for the upcoming flu season by November 1.
- COVID-19 Vaccinations were required by September 1, 2021. Recommendations are constantly evolving.
- The following are also required: Proof of Tdap (within 10 years), Polio, HepB, Varicella, MMRs (x2), and PPD (Annually).
- It is your professional responsibility to maintain all documentation in My Record Tracker. If you are out of compliance, you will immediately be pulled from your rotation. This may also result in Professionalism Reports, make-up work, and considerable delays in completing Phase III.

Complete Required Drug Screen

Drug screening is required and must be completed by October 21, 2021. If you have not yet taken the form emailed to you by Regina Kireva in OSL to complete your screen, she will be following up with individuals who we have not received completed drug screens on file and will provide the form for the Drug Screen.

myClinicalExchange (MCE)

All Phase III students are required to create a student account for myClinicalExchange (MCE), if you do not have one, please contact SOM.Badging@ucdenver.edu.

Badging Logistics by Site

- The following instructions will walk you through the requirements for Children's Hospital Colorado (CHCO), University of Colorado Hospital/UCHealth (UCH), Denver Health Medical Center, and Veteran Affairs Medical Center (VA). Clerkship coordinators will facilitate the completion of any necessary paperwork for additional sites you may rotate through during your clerkships.

- Please read through the following instructions carefully as they are **REQUIREMENTS** for each of the following locations. You will NOT be allowed to begin your clinical clerkship rotations if any of these requirements are not completed.
- All other forms will be emailed to you shortly after the Introduction to Phase III Orientation session.

Due Dates to Remember by Site:

- The following instructions will walk you through the requirements for Children's Hospital Colorado (CHCO), University of Colorado Hospital/UCHealth (UCH), Denver Health Medical Center, and Veteran Affairs Medical Center (VA). Clerkship coordinators will facilitate the completion of any necessary paperwork for additional sites you may rotate through during your clerkships.
- Please read through the following instructions carefully as they are **REQUIREMENTS** for each of the following locations. You will NOT be allowed to begin your clinical clerkship rotations if any of these requirements are not completed.
- All other forms will be emailed to you shortly after the Introduction to Phase III Orientation session.

Due Dates to Remember by Site:

Children's Hospital of Colorado	Complete Application by November 1, 2021
University of Colorado Hospital	Your composite photo will be sent over by the OSL Badging coordinator
Denver Veterans Affairs Medical Center Please note: The timeline and process outlined is the expected timeline and process order. However specific dates and steps are subject to change as needed in ongoing coordination with our VA Badging Partners.	Submit Application by October 22, 2021 Complete Fingerprinting between November 1 to November 30, 2021 You will be notified when to pick up your badge.

Children's Hospital of Colorado

All students will rotate through Children's Hospital of Colorado (CHCO) and **MUST** complete the following online forms. Steps 1 & 2 will authorize CHCO to set up an account for you. Without an account set up prior to your arrival, you will not receive a badge, parking assignment, computer login information, training modules for EPIC access, nor be able to work. You will receive your badge, parking assignment, and your network computer login information on the first day of your rotation at CHCO.

Complete the following forms: These forms must be completed **ONLINE** by November 1, 2021. *****Please note, once you complete the online forms it takes approximately 10 business days to become fully on-boarded.***

1. Non-Employee Staff Entry Form (SEF) online form: (Completed by the Trainee)
<https://sef.childrenscolorado.org>

If you have not yet received an NPI # (National Provider Identifier) please enter N/A in the NPI # field.

2. Security User Agreement (SUA) - online form (Completed by the Trainee)

<https://agree.childrenscolorado.org>

Password: Balloonboy (case sensitive)

Use Andrea Reed/Medical Education for staff owner/dept).

Trainees will not find their name in a search unless they have been previously on-boarded at Children's. In which case please click onto "create a new security user agreement".

Trainees that have been previously on boarded do not need to complete a new SUA nor override it.

3. Approximately two weeks prior to your CHCO rotation you will be emailed instructions on how to access the CHCO online mandatory Electronic Medical Record (EMR) training (referred to as Computer-based Training modules or CBTs). This training is mandatory for epic access and you will not be able to work without it. ***You must do this on your own time***

Due to the COVID Pandemic all students are required to complete the REDCap Survey before the start of their rotation hours EACH DAY of their rotation! Click on the following link and complete the enclosed REDCap survey.

Contact for Children's Hospital Colorado:

Andrea Reed

Trainee Coordinator, Medical Education Children's Hospital Colorado

13123 E. 16th Avenue Aurora, CO 80045

Phone: (720) 777-8396

Email: Andrea.Reed@childrenscolorado.org

University of Colorado Hospital Badging and EPIC

The CUSOM UME Badging coordinator will be requesting EPIC access for all Phase III students. UCHealth badge access will also be requested while enrolled in the Operative/Peri-Operative, Emergency Medicine, Neurologic, Musculoskeletal Care and Ob/Gyn clerkships. Access for all other clerkships will be requested on an as-needed basis.

All UCHealth badges will grant you access to the scrub machines, sleeping rooms and the perimeter doors for after-hours access. A badge is required to access the controlled employee and patient secure elevators. To facilitate use of the facility by both clinicians and patients, we ask that providers not use the centralized guest elevators. You will be emailed a link to sign up to have your picture taken. Please bring your picture ID such as your student ID. At this session, you will only have your picture taken. If you already have an UCH badge, you will not need to sign up to have your picture taken or request another one unless yours is damaged.

You will need to register for the new scrub system once you receive your badge. You will need the eight-digit badge number to register.

<https://ucolorado.registerscrubxchange.com/login>

Badging Office Location: Leprino Parking Structure, First floor, enter between Jimmy John's and Canvas Credit Union Hours: Monday-Friday 7:30 -3:00p.m. Phone: 720-848-8356

Denver Health Medical Center

Most of you completed your Denver Health badging application as a Phase I student. However, in light of a security breach in April 2017, Denver Health has changed their badging process and as a result, all students are now required to have a photo badge on their person to gain access to Denver Health. The SOM Badging Office will reach out to those students who are missing Denver Health badging information as needed. The SOM Badging Office will be working on setting up My Clinical Exchange (MCE) rotation requests and working to get all information in order. Please note, Denver Health requires that all students enter their full social security number in MCE as part of the badging process. *COVID Vaccination Documentation is required to be submitted via your MCE account.*

Denver Health process for "Re-activation" on computer accounts:
Computer accounts stay active for 30 days and will continue to stay active as long as they are in use without a 30-day break.

Re-activation instructions below must be followed "1-2 weeks" prior to start date:

- Send an email to DenverHealthHelpDesk@dhha.org and include the following information:
 - Include your first/last name
 - Last 4 of social security number
 - Department of rotation
 - Start & end dates
 - cell/pager number
 - Women only: maiden and married name if applicable
 - Unable to email; then call the helpdesk at 303-436-3777

Security Questions Needed for future reactivation:

When you have logged onto the computer, please go to the Denver Health Pulse

- Click on the "General Information" tab
- "Employee Directory Screen" will appear
- Type in your last then first name
- Hit "enter"
- Your name will appear in another box
- "Click on your name"
- The screen will now show your picture & profile information
- On left hand side click on the word "details"
- At the bottom of your profile there are 2 boxes, the first one will give you "4 different security questions", choose one & in the box below and choose your answer
- Click the save button & your finished

Should you have to call or email to have your account reactivated, this is information that you will have to give.

If you should have any problems with your accounts on your first day, please call the helpdesk at 303-436-3777 for advice and/or assistance.

Contact for Denver Health Medical Center:

LaToya Hammons

Undergraduate Education Coordinator Office of Education 303-602-4966

Email: LaToya.Hammons@dhha.org

Denver Veterans Affairs Medical Center

You will be provided the VA badging application along with specific instructions for completing the application. The message will come from CUSOM Badging at som.badging@cuanschutz.edu. Please follow the directions outlined for completing the application as they are very specific. Failing to complete the request form according to the instructions could result in a processing delay. It is **IMPORTANT** that you send the completed forms from your **CUANSCHUTZ.EDU** email to securely send your social security number.

Please submit your application by October 22, 2021.

***Please note:** The timeline and process outlined is the expected timeline and process order. However, specific dates and steps are subject to change as needed in ongoing coordination with our VA Badging Partners.*

Please pay close attention to the following badging application process requirements:

1. **Complete VA Badging Application:** To facilitate completing your VA badging paperwork, you will be receiving a message from DocuSign on behalf of Tracy Johnson, the SOM Badging Coordinator. Please open the DocuSign message to access and complete the VA Badging application. This is a long application, so you will have the option to save your progress and return to it at a later point. Save your initial DocuSign email from Tracy to return to your VA Badging application. All completed applications, along with the required training certificate are due by, **November 1, 2021. It takes a minimum of 6 weeks for the VA to complete the badging process.**

2. **Have Fingerprints Taken:** As part of the VA Badging process, you will need to have your fingerprints taken. Fingerprinting will need to be completed between **November 1 2021 and November 30 2021**, at the VA Security Office located in Building A of the VA Medical Center on the 2nd Floor. Building A can be found at the corner of Colfax and Wheeling Street. A map will be attached for your reference. Please be sure to take your **driver's license or passport** when going to get fingerprinted. The badging office is available Monday - Friday, 7:30 am to 2 pm, with the exception of holidays; **the VA is asking that students please email VHAECHEAcademicAffiliations@va.gov before going to the security office for fingerprinting.**

3. **Complete VHA Mandatory Training for Trainees and Attach Certificate of Completion:** VA badging application requires that you attach your **completed training certificate** for the VHA Mandatory Training for Trainees. This training will take approximately 2 hours to complete and is required to submit your completed VA Badging application. You will receive directions (Instructions to create a new Talent Management System) for setting up an account in the VA's online Talent Management System, which houses the mandatory training course you will need to complete.

4. Read Supplemental Policies: The VA Badging application also requires you to attest that you have read the following policies during the completion of your VA Badging application (Policies will be attached to email you receive to complete your VA Badging Application).

- a. Local Policy 00Q-78 Patient Abuse and Neglect
- b. Local Policy 00-23 Employee/Patient Relationships
- c. VA Handbook 6500, Appendix G, Department of Veterans Affairs (VA) Rules
 - a. of Behavior

The VA will be swearing you in and complete the I9 verification for the Without Compensation Form (WOC). You **MUST** bring 1 item from column A (ex. passport) OR 2 items from column B (ex. Driver's license & social security account number card). Naturalized citizens will also need to bring a copy of your certificate of naturalization to this session.

The final step will be to visit the VA one more time to pick up your badge. You will need to bring two forms of ID. You will need to have an item from column A and an item from column B or C. You will need the VA badge for every rotation at the VA hospital throughout your clerkships; your badge is also your key to the computer systems so please do not misplace it.

VA Badges must be picked up within 30 days of production, any unclaimed badges will be destroyed, and you will have to start the entire process over.

Attendance & Absences

Your attendance is mandatory in Phase III. Unlike your first two years, where most lectures were optional, and few sessions required, your attendance is mandatory in every rotation. Policies governing absences can be found in the [Policies and Procedures - Hybrid and Legacy Curriculum](#).

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 be allowed a maximum of 10 excused absences per year. Unique circumstances will be reviewed case by case.</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 Office of Disability, Accessibility and Inclusion (ODAI) 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 (or LIC Director), 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 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 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>

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 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. Medical documentation is required for an illness related absence. 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.

Phase III Calendar

Required Courses and Phase III Requirements

During Phase III, the content from 7 required clinical blocks or clerkships are required for graduation. Some students will receive this content through traditional block rotations, while some will experience the curriculum through a Longitudinal Integrated Clerkship (LIC). If you are in an LIC, the course numbers will be different. Please see your LIC specific information for details regarding these course numbers and specific time requirements.

Course #	Course Name	Weeks
IDPT 7010	Hospitalized Adult Care	8
IDPT 7020	Infant, Child, and Adolescent Care	6
IDPT 7030	OB/GYN	4
IDPT 7031	Emergency Care	2
IDPT 7040	Psychiatric Care	4
IDPT 7050	Perioperative-Operative Care	8
IDPT 7070	Community and Primary Care	8
	Colorado Springs Longitudinal Integrated Clerkship – Health Equity	40
	Colorado Springs Longitudinal Integrated Clerkship – Quality & Patient Safety	40
	Children's Hospital of Colorado Longitudinal Integrated Clerkship – Advocacy	40
	Denver Health Longitudinal Integrated Clerkship – Advocacy	40
	Denver Health Longitudinal Integrated Clerkship – Health Equity	40
	Denver Health Longitudinal Integrated Clerkship – Public & Population Health	40
	Fort Collins Longitudinal Integrated Clerkship – Public & Population Health	40
	Rural Longitudinal Integrated Clerkship – Health Equity	40
	University of Colorado Hospital Longitudinal Integrated Clerkship – Quality & Patient Safety	40
	Veteran Affairs Longitudinal Integrated Clerkship – Advocacy	40
Course #	Longitudinal Integrated Clerkship Course Name	
IDPT 7012	Longitudinal Integrated Clerkship	
IDPT 7013	Longitudinal Internal Medicine	
IDPT 7022	Longitudinal Pediatrics	
IDPT 7032	Longitudinal Obstetrics/Gynecology	
IDPT 7033	Longitudinal Emergency Medicine	
IDPT 7042	Longitudinal Psychiatry	
IDPT 7052	Longitudinal Surgery/Anesthesia	
IDPT 7062	Longitudinal Family Medicine	

The end of Phase III CPE is summative, and students not passing this exam must remediate before continuing coursework in Phase IV. This summative exam seeks to “sum up” the student’s performance thus far and assess whether a student is performing at the expected level before being permitted to continue in the program. Please respond in a timely manner to emails regarding these assessments from the CAPE. In addition to the clinical blocks and clerkships, all students are also enrolled in the following courses:

IDPT 7001 and IDPT 7003, Pre-Clerkship and Pre-Acting Internships Basecamps: At the beginning and the end of Phase III, students are brought together to complete basecamps which comprise focused skills workshops to solidify and advance knowledge, clinical reasoning, psychomotor and communication skills to succeed during clinical rotations. Student attendance is mandatory, and make-up work will be assigned to ensure students have received this important content.

Mentored Scholarly Activities (IDPT 7090) or Research Track Course (IDPT 7095): Students will also be enrolled in either the MSA course or Research Track course as is appropriate (MSTP students are exempt). While this will be a busy time, students are expected to meet the expectations of the relevant course. For example, students enrolled in the MSA course will still need to submit an MSA Update Form, involving a sign-off (even if by email) from the mentor of the project. Requirements for the Research Track courses (IDPT 7095) can be found at the www.coloradoresearchtrack.org

A full listing and a brief description of the required courses can be found at the back of this document in Appendix C.

Academic Calendars: All academic calendars for the School of Medicine can be found here: <https://www.cuanschutz.edu/registrar/academic-calendars>

Overview of Grading

Phase III – Clinical Clerkships

Grades	Phase III – Clinical Blocks and Clerkships
General Info	<p>Grades consists of a Clinical and Cognitive Component. Requirements for each component may vary by block/clerkship. See specific Block or Clerkship syllabi for details. Phase III Grading Overview</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)	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.
Pass with Remediation (PR)	A final grade of Pass with Remediation (PR) replaces a grade of In Progress (IP) 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. If a student fails an exam more than once, the highest grade achievable is a Pass with Remediation.
In Progress (IP)	<p>A grade of In Progress (IP) is assigned after the 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> <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>
Incomplete (I)	<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>

University of Colorado School of Medicine Phase III Clerkship Grading Policy and Overview

Grading in the third year of medical school is different than in the first and second year. While the first two years use written exams as the primary means to determine grades, third year grades are primarily based on evaluations completed by your supervisors (residents and attending physicians) about your performance in the clinical setting. You will be evaluated by a number of different supervisors for each block/clerkship. Based on the nature of the clinical setting, each student will have a slightly different experience as he/she/they will work with different supervisors and see different patients.

Each block/clerkship uses a criterion-based grading system described below to assign the clinical grade. The clinical grade is only one part of the overall grade and overall grading for third year blocks/clerkships longer than 2-weeks is normative, which means that at the end of the year the top 30% of students are eligible for honors in each clerkship. The second 30% are eligible for high pass. However, a total of approximately 70% of students may receive honors/high pass grades in a given clerkship so there is some flexibility in the final percentages of honors and high pass grades. Throughout the year, we attempt to distribute the three overall grades into equal percentages based on overall scores. However, at the end of the year, we complete an automatic grade review to adjust grades upward if possible. We do this to account for differences across the year.

Each block/clerkship is different but there are certain grading characteristics that are the same across all of the blocks/clerkships in third year:

1. All use Oasis to gather evaluations from the faculty and residents that you work with. These evaluations include ample space for comments separated into two different sections – one section that includes summary comments of your performance and one section that is designed to encourage formative feedback for your growth.
 - a. Evaluations are required from any faculty or resident that you work with for at least three sessions or with whom you have other meaningful clinical contact. Clerkship staff will enter evaluators into the Oasis system. They may ask students to identify those supervisors they worked with for three or more sessions or have had meaningful clinical contact with. Failure to provide a complete list may be considered an Honor Code violation.
 - b. Some clerkships may also collect numeric/Likert scale ratings of your performance from evaluators as well as narrative comments. Likert scale questions may differ between blocks.
 - c. Narrative comments will be identified by the author's name and title on the grade sheet.
2. There are several common required elements that do not contribute to the final grade for each block/clerkship, but must be completed in order to pass each block/clerkship. These elements include:
 - a. Attendance at block orientation and any required intra-sessions/educational sessions
 - b. Logger (duty hours and core clinical conditions)
 - c. Mid-point feedback form
 - d. Direct observation forms (exact number or requirements differ from block to block)

- e. Complete Oasis evaluations in which the student evaluates their supervisors and the block/clerkship.
- 3. All blocks/clerkships utilize a grading committee to determine grades. The committee includes at least four different people (generally this includes the block director(s), at least one additional faculty from the department, and the course coordinator). The names of all individuals participating in the grading committee discussion for your grade will be listed on your grading sheet.
- 4. All blocks/clerkships that utilize an NBME shelf exam weigh the exam score as 20% of the final grade. There are no separate NBME shelf exam score cut-offs for high pass and honors.
 - a. The passing score for all NBME shelf exams is set at 2 standard deviations below the national mean.
 - b. Students who fail an exam will have the opportunity to retake the exam, but those students will only be eligible for a final grade of Pass regardless of the final shelf exam score or clinical grade.
 - c. Students who fail a subject exam twice are eligible only for a final grade of Pass with Remediation. These students must pass the exam before they can continue in the clinical curriculum as per the Multiple Shelf Failure Policy.
- 5. Professionalism is a required element of all Phase III courses contributing 10% to the overall grade. Students are expected to exhibit the core attributes of professionalism (reliability, willingness to ask for help/admit limits, integrity, duty, respect, honesty, advocacy) throughout their clerkships which includes attendance and participation in didactics and clerkship activities, respectful and timely communications with all clerkship faculty/staff, timely completion of all assignments and respectful and appropriate interactions with patients, families, communities, and care teams. If students do not meet these professionalism expectations their overall course grade will be impacted. The course director is ultimately responsible for determining the level of concern of a particular professionalism lapse.
 - a. First minor professionalism lapse will result in reminder and no impact to professionalism grade.
 - b. Second minor lapse or any more concerning unprofessional behavior will result in loss of 5% of the total grade and professionalism feedback will be provided and documented.
 - c. Third minor lapse or any highly concerning unprofessional behavior will result in loss of 10% of the total grade, the student will no longer be eligible for an overall grade of honors, and professionalism feedback will be provided and documented.
 - d. Egregious concerns or a pattern of ongoing problems despite reminders may also be grounds for course failure. Examples of this include, but are not limited to untrustworthy behavior, dishonesty, endangering patients, racist, sexist, or otherwise biased behavior, and/or a significant pattern of ongoing problems despite documented feedback on multiple occasions.
- 6. Clerkships will provide clinical grades based on the clinical evaluations as well as overall grades that include the clinical grade and the scores on the exam and other required assignments. The clinical grade will be displayed on your Medical Student Performance Evaluation (MSPE) if it differs from the overall grade.
 - a. Students must achieve a clinical grade of Honors to qualify for an overall grade of Honors.
- 7. All grades must be submitted by the course director to the student and the Office of Student Life within 26 days of the end of the block/clerkship.
- 8. Students in Longitudinal Integrated Clerkships (LICs) will receive *Semester grades* for the first two semesters. These will be Pass/In-progress grades and will be noted as a *Semester grade* on the transcript. In the final semester, students will see the *Final Course Grade* on the transcript. The *Final Course Grade* will be the grade on the MSPE and used to calculate Quartile rankings.

For more information on grading and the grading process, please reference the current University of Colorado School of Medicine handbook, available at: <https://medschool.cuanschutz.edu/education/current-students/support-for-students/policies-procedures-guidelines>

Block/Clerkship	Components used to determine Overall grade	Criteria for Clinical Honors	Criteria for Clinical High Pass	Criteria for Clinical Pass
Community and Primary Care (CPC)	<ul style="list-style-type: none"> • 65% – Clinical Evaluations • 25% – Community Health Assessment Project <ul style="list-style-type: none"> ○ 10% End of rotation presentation ○ 15% Service-learning project and reflection on importance of community and population. Health for future practice • 10% – Professionalism 	<ul style="list-style-type: none"> • Consistently care for patients with common and uncommon primary care concerns, including patients who are more medically or socially complex, or patients who present with undifferentiated signs/symptoms • Consistently incorporate interprofessional team members and available resources into patient care plans • Recognize gaps in available resources and seeks out additional resources in community. • Recognize potential impact of social determinants of health on patient's health and consistently considers these factors as well as patient preference when creating care plans. • High level of self-directed immersion into the clinical team, seeking autonomy in patient care, and soliciting and incorporating feedback into daily clinical performance 	<ul style="list-style-type: none"> • Consistently care for patients with common primary care concerns, as well as some uncommon primary care concerns or patients who are more medically or socially complex. • Demonstrate awareness of the importance of interprofessional collaboration in primary care and is beginning to incorporate these team members as well as locally available resources into patient care plans • Recognize the potential impact of social determinants of health on patient's health and is beginning to consider these factors when creating care plans • Solicit and incorporate feedback into clinical performance • Demonstrate ability to self-direct learning to fill knowledge gaps and is beginning to demonstrate self-directed immersion into care team and patient care. 	<ul style="list-style-type: none"> • Consistently care for patients w/ common primary care concerns • Demonstrate awareness of the importance of interprofessional collaboration in primary care, identify locally available resources to include in patient care plans • Recognize the potential impact of social determinants of health on patient's health • Receptive to feedback when provided and incorporate it into clinical performance • Participate in patient care and integrate into care team with guidance from team members • <i>*See appendix in CPC Syllabus for details on clinical grading process and for details on behaviors/knowledge/skills and competencies that are assessed</i>
Emergency Care (EC) <i>**Pass/Fail only**</i>	<ul style="list-style-type: none"> • Clinical Evaluations • Satisfactory completion of all required criteria for passing 	N/A	N/A	<ul style="list-style-type: none"> • Attend and engage as an active learner in clerkship's clinical and educational activities

Block/Clerkship	Components used to determine Overall grade	Criteria for Clinical Honors	Criteria for Clinical High Pass	Criteria for Clinical Pass
Hospitalized Adult Care (HAC) Notes: <ul style="list-style-type: none"> Communication domains noted here always refer to both written and oral communication All domains must be demonstrated consistently All domains must be met to achieve a given clinical grade. 	<ul style="list-style-type: none"> 65% – Clinical Evaluations 20% – NBME Shelf Exam (Passing Score ≥ 58 (2 standard deviations below the national mean)) 5% – TBL Sessions 10% – Professionalism 	<ul style="list-style-type: none"> Consistently demonstrate all criteria for high pass AND consistently demonstrate the following knowledge, skills, and attitudes: <ul style="list-style-type: none"> Gather a symptom driven, complete history of present illness in an efficient manner Perform a symptom driven, thorough, efficient physical exam related to the presenting concern Re-prioritize an up-to-date problem list for hospitalized adults Communicate a thorough differential diagnosis and evidence-based treatment plan with minimal help from more senior team members Manage the day-to-day plan of care for hospitalized adult patients 	<ul style="list-style-type: none"> Consistently demonstrate all criteria for pass AND consistently demonstrate the following knowledge, skills, and attitudes: <ul style="list-style-type: none"> Efficiently gather a complete, relevant history of present illness Perform a symptom driven, thorough physical exam related to the presenting concern Efficiently gather relevant clinical data from all sources noted in the Pass criteria Communicate a complete, prioritized problem list for hospitalized adult patients Communicate a sensible differential and treatment plan with minimal to moderate help from more senior team members Manage some aspects of the day-to-day plan of care for hospitalized adult patients 	<ul style="list-style-type: none"> Consistently demonstrate the following knowledge, skills, and attitudes: <ul style="list-style-type: none"> Gather a complete history of present illness Perform a basic physical exam on initial and subsequent patient encounters Gather all relevant clinical data from all sources including but not limited to the patient, outside hospital records, and EMR Provide a concise summary statement for a hospitalized adult patient Communicate a rudimentary differential diagnosis and treatment plan for common medical conditions in hospitalized adult patients
Infant, Child and Adolescent Care (ICAC)	<ul style="list-style-type: none"> 70% – Clinical Evaluations 20% – NBME Shelf Exam (Passing Score ≥ 63 (2 standard deviations below the national mean)) 10% – Professionalism 	<ul style="list-style-type: none"> Demonstrate behaviors and skills that show you are a consistent, reliable reporter, routinely demonstrate behaviors and skills consistent with the interpreter role, and also demonstrate behaviors and skills consistent with manager roles based on comments in your Clinical Evaluations. 	<ul style="list-style-type: none"> Demonstrate behaviors and skills that show you are a consistent, reliable reporter and also routinely demonstrate behaviors and skills consistent with the novice interpreter/interpreter role based on comments in your Clinical Evaluations. 	<ul style="list-style-type: none"> Demonstrate behaviors and skills that show you are a consistent, reliable reporter based on comments in your clinical evaluation
Obstetrics and Gynecology (OB/GYN)	<ul style="list-style-type: none"> 65% – Clinical Evaluations 20% – NBME Shelf Exam (Passing Score ≥ 62 (2 standard deviations below the national mean)) 10% – Professionalism 5% – 2 H & P's 	<ul style="list-style-type: none"> Oral and written presentations follow an organized logical pattern with a complete assessment and plan for both common and some more complex OBGYN conditions Articulate an outstanding level of medical knowledge of core clinical competencies including consultation of the latest relevant literature and dissemination of knowledge within the team Highly engaged in the clinical environment including self-directed immersion into the team and independent, passionate patient care Perform an accurate physical exam and able to use exam to prioritize and explore working differential diagnosis. Demonstrate exemplary professionalism 	<ul style="list-style-type: none"> Oral and written presentations follow an organized logical pattern with a mostly complete assessment and plan for a breadth of OBGYN conditions Articulate an advanced level of medical knowledge of core clinical competencies Engaged in the clinical environment including immersion into the team and independent, passionate patient care Performs a technically accurate physical exam that targets appropriate areas and able to identify and describe normal and abnormal findings Demonstrate excellent professionalism 	<ul style="list-style-type: none"> Consistently gather a complete history of present illness Receptive to feedback when provided and incorporate it into clinical performance Participate in patient care and integrate into care team with guidance from team members. Communicate, in written and oral form, a rudimentary differential diagnosis and treatment plan for common OBGYN conditions

Block/Clerkship	Components used to determine Overall grade	Criteria for Clinical Honors	Criteria for Clinical High Pass	Criteria for Clinical Pass
Operative and Perioperative Care (OPC)	<ul style="list-style-type: none"> • 50% – Clinical evaluations (30% general surgery and 10% for each subspecialty) • 20% – NBME shelf exam (Passing Score ≥ 58 (2 standard deviations below the national mean)) • 10% – Ethics thread • 10% – Professionalism • 5% – Student presentation • 5% – OSCE 	<ul style="list-style-type: none"> • <u>Technical skills</u> -- Perform skills such as mask ventilate a patient, suture and remove a drain stitch without assistance as well as attempt more advanced skills if clinically appropriate • <u>Clinical knowledge</u> -- Demonstrate comprehensive knowledge of the indications, contraindications, and complications of common surgical procedures. Understand variant anatomy and abnormal physiology. Apply advanced pharmacology in non-routine clinical scenarios. • <u>Presentation skills</u> -- Present patient(s) on rounds without additional team input. Develop a care plan that is appropriate, dynamic, and evidenced-based. • <u>Self-directed learning</u> -- Learn independently based on clinical necessity, report back to the team and ask for feedback on additional learning opportunities as well as personal areas of weakness. • <u>Effort/Attitude/Progression</u> -- Effort level consistently impresses via written and oral feedback. Attitude is not only positive but appropriate for the clinical situation. Consistently demonstrate traits found in our best clinicians such as empathy, compassion, understanding, and dedication. 	<ul style="list-style-type: none"> • <u>Technical skills</u> -- Perform skills such as mask ventilate a patient, suture and remove a drain stitch with minimal assistance. • <u>Clinical knowledge</u> -- Demonstrate more in-depth knowledge such as some of the indications and contraindications for common surgical procedures as well as variant anatomy, abnormal physiology, and advanced pharmacology. • <u>Presentation skills</u> -- Present patient(s) on rounds with minimal assistance from other team members. Develop a more advanced care plan with multiple options. Presentation is organized and care plan is safe. • <u>Self-directed learning</u> -- Learn independently based on clinical necessity and report back to the team. • <u>Effort/Attitude/Progression</u> -- Demonstrate extra effort when needed, positive attitude, excellent professionalism and noticeable improvement during the block. 	<ul style="list-style-type: none"> • <u>Technical skills</u> -- Perform skills such as mask ventilate a patient, suture and remove a drain stitch with moderate assistance • <u>Clinical knowledge</u> -- Demonstrate basic knowledge of surgical procedures, anatomy, physiology, and pharmacology. • <u>Presentation skills</u> -- Present patient(s) on rounds with some assistance from other team members. • <u>Self-directed learning</u> -- Learns independently at the suggestion of the team • <u>Effort/Attitude/Progression</u> -- Show up on time and prepared. Lack of attitude or professionalism concerns throughout the rotation. Demonstrates progression of skills.
Psychiatric Care (PC)	<ul style="list-style-type: none"> • 70% – Clinical Evaluations • 20% – NBME Shelf Exam (Passing Score ≥ 71 (2 standard deviations below the national mean)) • 10% – Professionalism 	<ul style="list-style-type: none"> • We ask faculty and residents to comment on 10 domains (e.g., interviewing skills and alliance building, presentations write ups and notes, assessment and differentials; see PC Block Syllabus "Evaluations and grading" for details). Students receiving a clinical grade of Honors generally <u>perform above expectation in most/all domains</u> (see PC Block Syllabus appendix B for example narrative comments). 	<ul style="list-style-type: none"> • We ask faculty and residents to comment on 10 domains (e.g., interviewing skills and alliance building, presentations write ups and notes, assessment and differentials; see PC Block Syllabus "Evaluations and grading" for details). Students receiving a clinical grade of High Pass generally <u>perform above expectation in several/many domains</u> and at expected level in remaining domains (see PC Block Syllabus appendix B for example narrative comments). 	<ul style="list-style-type: none"> • Students must: <ul style="list-style-type: none"> ◦ Demonstrate the ability to complete a psychiatric interview focusing on common diagnoses ◦ Demonstrate the ability to provide a basic differential diagnoses and initial plan for common psychiatric conditions (as demonstrated in their direct observation and clinical narrative evaluations)

Block/Clerkship	Components used to determine Overall grade	Criteria for Clinical Honors	Criteria for Clinical High Pass	Criteria for Clinical Pass
Longitudinal Integrated Clerkships	<ul style="list-style-type: none"> Students will enroll in LIC courses corresponding to traditional blocks and grading criteria will be comparable to block rotations. Students should refer to LIC grading policy for specific questions. Students will enroll in the individual LIC course each semester corresponding to the LIC program in which they are enrolled 	<ul style="list-style-type: none"> As described for each traditional block rotation. LIC course is P/F 	<ul style="list-style-type: none"> As described for each traditional block rotation. LIC course is P/F 	<p>Students will have assignments that correspond to individual block requirements described above. In addition, there are a number of unique LIC requirements listed in the LIC handbook. Students should refer to the LIC handbook for a detailed list of requirements and due dates.</p> <p>Grading for the LIC course will be based on successful completion of requirements related to patient continuity, LIC projects, reflective writing, professionalism, and small group participation.</p>

NBME Shelf Exam

Some blocks/clerkships utilize a shelf exam by the NBME (National Board of Medical Examiners) and require a minimum score to receive honors. Please notify the block or LIC coordinator if you have received accommodations for testing. Students must pass the exam in order to pass the course. A grade of In Progress (IP) is assigned after first failure of the written exam if the student has satisfactorily completed all other components of the block/clerkship. In this situation, the highest final grade that can be assigned is Pass (P). A grade of Incomplete (I) is assigned after the second failure of the written exam. In this situation, the highest final grade that can be assigned is Pass with Remediation (PR). Policies governing shelf exam failures can be found in the [Policies and Procedures - Hybrid and Legacy Curriculum](#).

Examination Environment Expectations:

Arrival for Examination

- Exams will have check-in times and start times. Students are expected to arrive by the check-in time to facilitate a timely start to the exam.
- Students who arrive more than 15 minutes after the actual exam start time will NOT be allowed to take the exam and will have to reschedule their exam at a later date

During the Examination

- Items allowed at your seat during examinations
 - Green laminated sheet/dry erase pen (for NBME exams)
 - Blank scratch paper/pen/pencil (for non-NBME exams)
 - Soft foam earplugs
- Items NOT ALLOWED at the examinee's seat during examinations
 - Cell phones
 - iPads/tablets (unless using for testing)
 - iPods/media devices
 - Smart Watches or Watches with alarms, computer, or memory capability
 - Calculators
 - Paging devices
 - Noise-canceling headphones
 - Recording/filming devices
 - Reference materials (book, notes, papers)
 - Backpacks, briefcases, luggage
 - Coats, outer jackets, headwear (religious headwear is allowed)
 - Beverages or food of any type

No questions or requests for clarification of exam items are permitted during the examination. If a student feels there is a problem with a particular question, have them answer it to the best of their ability. The examinee can notify a proctor about a problem, and he/she can report it to the appropriate testing authority.

Technical Difficulties: If a student encounters technical problems during an exam, refer to the Chief Proctor Manual for troubleshooting solutions.

- Students may not leave the testing area during the examination, except to go to the restroom.
 - Only one student will be allowed to go to the bathroom at any given time.
 - For NBME exams, students must be accompanied to/from the bathroom by a proctor.
 - Students should not be absent for more than 5 minutes.
- If a student begins an examination and does not complete it for any reason, their exam will still be scored and applied toward their grade.
- Irregular Behavior: Students seen to engage in any of the following behaviors will be noted and reported to the Associate Dean of Student Affairs:
 - Disrupting testing conditions of other students
 - Copying answers from another student
 - Allowing answers to be copied by another student
 - Receiving or providing unauthorized information about the examination content
 - Using notes during the examination
 - Writing on the green laminated sheets/scratch paper prior to starting the exam
 - Making notes on anything besides the green laminated sheets/scratch paper
 - Removal of green laminated sheets/scratch paper from the testing room
 - Continuing to work after time is called by the proctor

Rescheduling of Examinations

- The final decision regarding whether a student may or may not reschedule the examination rests with the Clerkship Director.
- If a student needs to reschedule an examination for any reason, the student should contact the Clerkship Coordinator and/or Clerkship Director prior to the start of the exam.
- If a student is approved to take their examination on an alternate date, the student is responsible for contacting the Clerkship Coordinator to schedule the alternate date/time.

Exam policy for IT failures

In rare cases, a student may feel a technical difficulty **significantly** impacted exam performance. In this case, a student will be allowed to retake the exam if the following conditions are met: 1) The technical difficulty was reported to a proctor in real-time during the exam, and 2) immediately after submitting their exam the student requests that it be excluded and not scored by the NBME.

Academics and Student Support:

Academic Support and Disability Resources

Please reach out to the Office of Student Life! The Assistant Deans of Student Affairs are available to meet and identify resources for you.

Drs. Deb Seymour and Nida Awadallah are key learning specialists within the OSL:



Deborah Seymour, PsyD. is a clinical psychotherapist who serves as a learning specialist in the OSL. Dr. Seymour is available to help students reach their optimal level of learning, retention and academic performance in their courses as well as on USMLE/NBME exams. She offers support when students have questions such as the following:

- Why do my test scores not reflect the effort I am putting in?
- How can I study more effectively? My approach doesn't give me enough time to cover all the material.
- Is my memory inadequate? How can I improve my retention? Is it possible that I have an attention disorder?
- How much time do I need to prepare for Step exams and how do I make a schedule?
- I want a score two standard deviations above average. How do I reach it?



For phase III and IV students who struggle academically, Nida Awadallah, MD, is available to meet on an individual basis to assist with all matters of performance, including but not limited to:

- Medical knowledge and test taking (Shelf/subject exams)
- Clinical Reasoning
- Presentations Note writing Organization
- Interpersonal Skills and Communication

The University of Colorado Anschutz Medical Campus is committed to providing equal opportunities and fostering the personal growth and development of all students. AMC strives to accomplish these goals on behalf of students with disabilities. The staff of the Office of Disability, Access, and Inclusion (ODAI) is available to aid students with disabilities and arrange for reasonable accommodations. They also work continuously with members of the campus community to identify solutions to attitudinal and architectural barriers that might impede the successful completion of studies by a student with a disability.

The staff of the Office of Disability, Access, and Inclusion (ODAI) can serve most efficiently and effectively when an aid or service is requested well in advance by a student. Students are encouraged to take the following important steps to obtain accommodations:

- First: Make an appointment, with an Access Coordinator from ODAI, as early as possible because accommodations are not retroactive.
- Second: Complete an Access Form and submit supporting documentation prior to your initial meeting when possible. Please understand, the completion of the Access Form and the submission of documentation which meets the stated guidelines is required for approval of accommodations.
- Accommodations for testing at CUSOM does not guarantee accommodations for USMLE testing. Please discuss this with ODAI.

Examples of aids and services available to School of Medicine students include:

- Priority registration.
- Assistance in identifying note takers.
- Alternative testing for classroom examinations, which may include: extended time, a reduced distraction testing environment, reader, scribe, and/or assistive or adaptive technology.
- Interpreters (oral / sign language) or captioning services.
- Referral to on-campus support services, i.e. Writing Center, Tutoring, Student Mental Health Services.
- Textbooks in alternate format (E-Text, Braille, Audio, and Enlarged Print).

Website: [The Office of Disability, Access, & Inclusion](#)

Contact Information:
12950 East Montview Blvd.
V23-1409
Denver, CO 80045
Phone: 303-724-5640
Fax: 303-724-5641

Appeal of Grade Decision by a Block, 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.

We recognize clinical assessments contributing to grading decisions in the clinical core are somewhat subjective. Course administrators are expected to make every effort possible to collect adequate feedback from evaluators to make fair grading decisions before grades are assigned.

Coordinators and Directors will proactively contact evaluators to seek additional information if written comments are inadequate to make grading decisions. Therefore, appeals cannot be made on the basis of student opinion that written comments are not fully reflective of their performance.

However, if a key member of the clinical team identified by the student failed to complete an assessment that may significantly influence the final grade after grades have been finalized, a student may appeal to request additional effort on behalf of the Director to secure a missing assessment. This constitutes an appeal and if additional assessments are received, the grading committee will reconsider the student's final grade including that assessment. The additional assessment could influence the grading committee to lower, raise or make no change to a final grade as part of the appeal. Appeals will not be granted for requests to seek additional information or details from evaluators who have completed assessments prior to final grade assignments.

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 students must submit an appeal form in lieu of a letter: AY 21-22 Phase III Grade Appeal Submission Form . The appeal letter will identify the Block/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 Block Director(s) before submitting a formal appeal
Within 2 weeks of receiving appeal letter	The Block 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 video-conference. Before the meeting, the student should provide the Block/Course Director or Co-Directors with copies of all materials pertinent to the appeal, such as the Block/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 Block, Course or Clerkship Director must inform the student of their decision regarding the grade change appeal. If a grade change is warranted, then the Block, 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 the deadline for appeal decision may be revised pending OSL approval*.
Within 2 weeks (14 days) of Block Director(s) ruling	The student may appeal the decision of the Block Director(s) to the appropriate Assistant Dean by forwarding copies of all correspondence related to the appeal within 2 weeks (14 days) of the Block Director(s) ruling. The Assistant Dean, at their discretion, may meet with the student, the faculty, or the Block Director(s), and may consult with the appropriate curriculum committee (e.g., ECBD, CBD, LCC) 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 judgement 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 VSLO and MSPE.

*In the clinical clerkships, please note that students must submit an appeal form in lieu of a letter. Please use this form to submit an appeal in Phase III: [AY 21-22 Phase III Grade Appeal Submission Form](#).

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.

Feed Forward Policy

Feed Forward Definition: The sharing of information among invested faculty about students in a clinical learning environment with an overarching goal to better serve students and facilitate their learning.

Policy Purpose: To facilitate successful professional development for students who require longitudinal support from the School of Medicine that cannot be achieved within the confines of a single course by providing longitudinal feedback and deliberate support from multiple invested educators.

Background: Struggling students requiring utilization of a feed forward policy are a very small percentage of the student body, yet the medical school's duty to those students and society mandates an intentional approach to feedback and remediation. Course directors can be trained, and systems arranged, to avoid negative bias towards struggling students. Additionally, course directors can be empowered to utilize resources within their courses to support struggling students and provide remediation with the support and guidance of expertise within the Office of Student Life (OSL).

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.

Clinical Policies and Procedures:

The Dress Code Policy for Students in Clinical Settings:

As a student of the University of Colorado Anschutz Medical Campus, you are expected to adhere to appropriate attire for your work in various clinical settings. Students are encouraged to consider the patient perspective in their appearance and how they present themselves may impact the patient provider relationship. Please be advised that you should review the specific dress code policy for the clinical site and/or course as it pertains to you. Some sites have more specific or structured rules and you are responsible for being aware of those regulations. Please ask your block director or site director for more specific information.

Faculty involved in a Block, 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 through Canvas.

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

Guideline Areas:

Identification:

ID Badges must be worn and remain visible at all times. Most sites require the badge to be worn above the waistline and require that it is not blocked from view and can be seen in its entirety.

White Coats:

Most sites require a clean white coat to be worn over scrubs whenever possible. Most hospitals specify that staff outside of primary work areas wear white coats and students caring for patients in non-routine or emergent situations to wear white coats or other protective attire. In outpatient settings, guidelines are more variable, and students should seek guidance from their clinical supervisors.

Shoes/Footwear:

Footwear should be appropriate to the work setting, clean and in good quality. Patient care teams do not allow for open-toed shoes.

Jewelry and Messages:

Jewelry and other accessories must be professional, appropriate and not interfere with job performance or safety. Students may be prohibited from wearing clothing, pins, buttons, emblems or insignia bearing a political, controversial, inflammatory or provocative message.

Tattoos/Body Art:

At most sites, students are expected to cover tattoos with appropriate clothing in order to create a non-threatening, professional environment for patients and visitors. Typical coverings would include collared shirts or long-sleeve shirts, etc.

Clothing:

Clothing should be clean, fit properly in a length and style that does not interfere with the performance of work duties. Shirts or tops should have a modest neckline so that cleavage is not visible. Skirts and dresses need to be at an appropriate length. Clinician appearance should be neat and clean to reflect a professional image which includes clean clothes and clean shoes. Overall appearance should be professional.

Personal Hygiene (Hair):

Hair should be clean, groomed and kept at a reasonable length. Long hair must be maintained appropriately and tied back when necessary or required. Most sites require that hair color or style cannot be extreme.

Personal Hygiene (Nails):

Fingernails should be clean and of appropriate length for safety purposes and to prevent infection. Almost all of the clinical sites prohibit artificial nails.

Personal Hygiene (Odor/Teeth):

Body odor and bad breath can be offensive to patients and team members. Fragrances are discouraged and odors should be minimized as much as possible to avoid sensitivity reactions in those around you.

Scrubs:

Specific sites may require a specific color/kind of scrubs or a particular uniform dependent upon the setting. Specific blocks or departments at specific sites may allow scrubs while others do not permit scrubs at all. Please be aware that some sites have specific rules about outside contamination and may require you to change scrubs if you leave and return to the hospital.

HIPAA POLICIES AND RESOURCES

Always...

- Use Hospital Equipment to take patient photos.
- Ensure appropriate authorizations are in place if photos are not for patient care.
- Dispose of patient information in shredding/confidential bins, not regular trash.
- Encrypt all internet directed e-mail containing Personal Health Information (PHI). Can do this by writing PHI or Safemail in the email title.
- Understand HIPAA definitions of PHI, privacy breach, security breach.
- Be familiar with your sites HIPAA Policies.
- Obtain verbal permission from patient before discussing care in front of visitors.
- Encrypt mobile devices (phones, laptops, USB drives) that contain PHI.
- Report violations of Code of Conduct.
- Ask if in doubt!
- Log off or lock your computer when leaving it unattended.

Never...

- Take patient records or notes off hospital/clinic premises.

- Take patient photos with personal cameras or cell phones.
- Discuss patient status or care in public places (elevators, cafeterias, hallways).
- Leave patient information, including your personal notes, unattended or in public view (ex. Conference rooms, whiteboards, lunch areas).
- Discuss patient care in front of visitors without permission from the patient.
- Access patient records without a business need.
- Leave patient information in your care- your care is not secure.
- Share your logon or password- you are responsible for anything done on your credentials.
- Share patient information with anyone who does not have a need to know the information in order to do his/her job.

Use of Interpreters

You must **always** use interpreters with your non-English-speaking patients unless you are certified as an interpreter. Use of a certified interpreter is essential to prevent miscommunication and diagnostic error. If you are fluent in a non-English language and would like to become certified as an interpreter, please ask your site coordinator how to do so.

When working with an interpreter, always document the interpreter number or name and date & time of call.

Family Member or Close Personal Relationships with Preceptors Policy:

Family members, or those with a current or former close relationship to a medical student, will not be involved in the academic assessment or promotion of a medical student. When students or their family members who are in a supervisory role are working together in a School of Medicine course, there is the potential for a conflict-of-interest in evaluating the student's academic or clinical performance. For the purposes of this policy, family member is defined including spouses, domestic or romantic relationships, siblings, parents, grandparents, cousins, aunts, uncles, or any other close relationship through blood, marriage, or otherwise that may create a conflict of interest. If not a relative or family member described above, application of this policy will be at the discretion of the course director in consultation with the Assistant Dean of the Clinical Curriculum and/or the Associate Dean of the Office of Student Life. Course assignment at a clinical site or in a lab or classroom setting with a family member will be also avoided at the discretion of the course Director. Faculty must notify students as soon as they recognize the conflict-of-interest. Students likewise must notify their course director if they are assigned to a faculty for evaluation who has a potential conflict of interest due to a family member relationship as described above. Once identified, the course director must find an alternative placement or provide an alternative supervisor for evaluation.

Medical Student Duty Hour Policy:

Policy Intent: The CUSOM seeks to support students in their ability to maintain their health and well-being during their medical education. While clinical experiences necessitate demands on time within a setting, excessive hours working in a clinical setting may compromise rather than support student learning. This policy specifies the parameters under which medical students may work in clinical settings for educational purposes.

Policy Definitions:

Duty or Work Hours: Refers to hours spent on patient care and in required educational activities within the clinical setting. These hours do not include studying, reading academic preparation, or travel time.

Clinical Setting providing Medical Education: A site that a student is assigned in order to complete a clinical course.

The Policy:

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:

1. Students will not work more than 80 hours per week when averaged over four weeks.
2. Students will have a minimum of one day in seven off, when averaged over four weeks.
3. 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.
4. Students should have 8 hours free of duty between work shifts.
5. After a 24-hour shift, students should have 14 hours free of duty.
6. No more than every 3rd night on call (excluding rotations in which students are working consecutive night or swing shifts and have days off)

Duty hour 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.

Phase III Procedure:

During Phase III, 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 below. Students should contact the clinical block or clerkship director when they are approaching duty hour limits, and discuss with block directors about how to proceed including possible schedule adjustment at the clinical site.

Snapshot Surveys:

Periodically throughout the academic year, all active Phase 3 students enrolled in clerkships 4 weeks or longer will be asked to log duty hours every day for a week. Logging will be

scheduled to avoid the first week of new blocks (orientation) and the last week of blocks (exams).

Each day of the week, the students will receive an email invitation to complete a Qualtrics survey. Monday through Saturday, the survey will have one question that will ask the students to enter the number of hours they worked that day.

On Sunday, the final survey day, the survey will have an additional question:

If you were not able to comply with Duty Hour Requirements during this course, please check the requirement that led to a violation of duty hour requirements:

- I worked more than 80 hours per week when averaged over four weeks.
- I did not have a minimum of one day in seven off, when averaged over four weeks.
- I worked more than 24 consecutive hours of scheduled participation during one period of time and more than 4 additional hours to accomplish an effective transition of patient care.
- I did not have 8 hours free of duty between work shifts.
- After a 24-hour shift, I did not have 14 hours free of duty.
- I had more than every 3rd night on call (excluding rotations in which I was working consecutive night or swing shifts and have days off).
- Not applicable because I complied with Duty Hour Requirements.

Comment box: Please provide explanation of any areas above that you have not been able to comply with.

The surveys will be set to send a reminder daily until each survey is complete.

The Phase III Coordinator will monitor survey completion of the duty hour logs during the week and ensure completion.

Each student will have a unique URLs which will enable correlation of the student's schedule and duty hour logging. After the logging is completed, the survey data will be downloaded and combined with clinical site data.

End of Block Evaluations:

An evaluation question is included in the course evaluation for all clerkships 4 weeks and longer, and all sub-internships:

If you were not able to comply with Duty Hour Requirements during this course, please check the requirement that led to a violation of duty hour requirements:

- I worked more than 80 hours per week when averaged over four weeks.
- I did not have a minimum of one day in seven off, when averaged over four weeks.
- I worked more than 24 consecutive hours of scheduled participation during one period of time and more than 4 additional hours to accomplish an effective transition of patient care.
- I did not have 8 hours free of duty between work shifts.
- After a 24-hour shift, I did not have 14 hours free of duty.
- I had more than every 3rd night on call (excluding rotations in which I was working consecutive night or swing shifts and have days off).
- Not applicable because I complied with Duty Hour Requirements.

Comment box: Please provide explanation of any areas above that you have not been able to comply with.

For the Longitudinal Integrated Clerkships, students will receive the end of block evaluation question by survey at the conclusion of each immersion block as well as all of the snapshot surveys given to the class as a whole. They will complete the standard course evaluation question at the conclusion of the LIC.

Compliance with logging is a professionalism expectation.

Clinical Logger Requirements

In order to ensure that students are seeing all of the required conditions during Phase III, the following requirements of students and clerkship directors are in place:

Logger Requirements

- Log each required each clinical condition once during the block in which it is required.
- Log honestly.
- Provide the logger report to the clerkship director or their designee at the midpoint and end of a block, or at the end of the block for blocks less than 4 weeks in length.
- In LICs, students may log conditions in any clinical setting and will use a different logger format.

Clerkship Directors or their Designee will:

- Review the student logger data at the midpoint and end of a block, or end of the block for blocks less than 4 weeks in length, to ensure students are on track to see all required clinical conditions.
- Review aggregate data twice yearly to ensure that all required clinical conditions are seen by all students and to ensure that alternate methods are used minimally to achieve this.

Students not completing their requirements will face the following consequences:

- Dishonest Logging of Patient Encounters will be deemed a violation of the Student Honor Code and be referred to the Student Honor Council for further discussion.
- Failure to complete logging of Duty Hours when requested will be deemed a professionalism violation and may require escalation to the professionalism committee.
- Students will not receive a grade until a completed logger has been turned in at the end of the block.

Please refer to the video presentation from Pre-Clerkship basecamp for instructions on how to successfully use the logger if you run into technical issues or contact Matthew.N.Cook@cuanschutz.edu

Professionalism:

The Importance of Professionalism: Yours and Others

As you enter the clinical phase of your training, your professionalism and the professionalisms of others is needed for effective learning and compassionate, high quality patient care. CUSOM is committed to creating an environment of mutual respect among all those involved in the clinical setting -- students, patients, faculty, residents, and staff.

Your Professionalism

Professional behavior is expected of students throughout their medical school curriculum and is a program competency for graduation. Some expected behaviors include:

- Be conscientious, reliable and timely with required responsibilities
- Be truthful in documenting and reporting clinical and administrative information
- Accept and acknowledge personal errors
- Maintain patient confidentiality
- Recognize and respond to others' unprofessional behavior

The Student Professionalism Committee and the Student Honor Council strive to address concerns of student professionalism with the goal of helping students to achieve and maintain the standards of behavior expected by the profession.

Resources
Professionalism Competency
Student Professionalism Committee
Student Professionalism – Student Feedback Form
Honor Council

Professionalism of Others

In order to create an environment conducive to effective learning and patient care, it matters how those in the healthcare setting – students, faculty, residents, staff, and patients – are treated and treat each other. In the case of students, AAMC defines mistreatment as “behavior (that) shows disrespect for the dignity of others and unreasonably interferes with the learning process” whether “intentional or unintentional.” See [Policies and Procedures - Hybrid and Legacy Curriculum](#).

Feedback to each other is one way that we can learn how other view our behaviors. We encourage you to report incidents of unprofessional behavior and mistreatment. There are a variety of resources to help you in thinking about any incident you are considering reporting. [Feedback Options for Students](#). Feedback can be managed in such way to mitigate any concerns about impact on grading or any other form of retaliation.

See Appendix B for details on providing feedback and for reporting incidents to the Office of Professionalism. You are also encouraged to speak to Block Directors and the

Assistant/Associate Deans regarding any professionalism or mistreatment concerns. They want to hear from you!

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 that 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.

Mistreatment

If a student feels that he or she has been subject to mistreatment in the learning or clinical environment, there are a variety of options for reporting. We recognize that students may differ in how they want to address this issue, and we seek to provide a wide array of reporting options.

Please check the website for information and reporting in regards to mistreatment vs. suboptimal learning.

<http://www.ucdenver.edu/academics/colleges/medicalschooll/facultyAffairs/Professionalism/Pages/DefinitionsExamples.aspx>

Standards for Medical Professionals

For Students, House Officers, Fellows, and Faculty Practicing Within the Core Health Systems of the CU School of Medicine

- I. A professional consistently transmits respect for patients by his/her performance, behavior, attitude and appearance.
 - A. Respect for privacy and confidentiality.
 1. Knock on door before entering room.
 2. Appropriately drape patient during examination.
 3. Do not discuss patient information in a public area; including elevators, and cafeterias.
 4. Keep noise levels low when patients are sleeping.
 5. Patient confidentiality includes following HIPAA rules regarding appropriate accessing patient files, including electronic files.)
 - B. Respect for self-autonomy and the right to be involved in care decisions.
 1. All professionals introduce themselves to patients and patient's families and explain their role in the patient's care.
 2. All professionals wear name tags clearly identifying their names and roles.
 3. Time is taken to assure patient and family understanding, and informed consent, of medical decisions and progress.
 - C. Once a healing relationship is initiated a professional never abandons a patient.
 1. A professional assures continuity of care by clearly documenting who will provide care after a patient is discharged from a hospital, and informing the patient of how that caregiver can be reached.
 2. A professional responds promptly to phone messages and pages.
 3. A professional is responsible for providing reliable coverage through colleagues when he/she is not available.
 - D. Present a professional appearance.

1. All professionals shall comply with acceptable standards of dress as defined by the institutions in which they work.
- II. A professional consistently transmits respect for peers and co-workers.
 - A. Respect is demonstrated by effective communication.
 1. Primary care providers will be informed of their patient's admission, the hospital content, and discharge plans.
 2. Consulting physicians will be given all data pertinent to providing a consultation.
 3. Medical records will be kept legible and up to date; including dictating discharge summaries within approved guidelines. (dictations done by housestaff and attendings, not students)
 4. All non-medical professionals who are part of the care team will be kept informed of patient plans and progress.
 5. Continuing verbal and written communication will be given to referring physicians.
 6. By understanding a referring physician's needs and concerns about their patients.
 - B. Respect is demonstrated for diversity of opinion, gender, and ethnicity.
 1. The work environment must be free of harassment of any sort.
 2. The opinions of all professionals involved in the care of patients must be respected.
- III. A professional is responsible for his/her own education.
 - A. One must be a motivated self-directed learner
 - B. We must recognize the limits of our knowledge or skills and ask for help when appropriate.

Office of Professional Excellence

The Office of Professionalism exists to provide faculty, residents, fellows and students a resource on campus to obtain a fair and equitable treatment for all matters. Under appropriate circumstances, the office can serve as an advocate for fair and equitable treatment for faculty, residents, fellows, and students and can facilitate safe reporting of mistreatment or abuse. Feedback can be managed in such way to mitigate any concerns about impact on grading or any other form of retaliation. The Office is available to help faculty, residents, fellows, and students with all issues and concerns and provides consultations, short-term coaching, counseling, referrals, alternative dispute resolution and facilitation. The Office can also assist faculty, students, and staff members in preparation for various meetings and conversations. The services of the Office of Professional Excellence are provided free of charge. Contact the office by Email- Professionalism@cuanschutz.edu or Phone- 303-724-4PRO (4776). For faster response, (no confidential information please) call 303-724-7854. Offsite and onsite visits are by appointment only. Building 500, 8th floor, room 8000C.

Phase III Financial Aid Planning

Class of 2024,

We hope this section helps you navigate the complexities of financial matters specific to your clerkship year at the University of Colorado School of Medicine. If you have questions or concerns about your financial aid please call or email me. The information included in this section is accurate as of September 15, 2021, and is subject to change without notification.

A friendly reminder: whenever you have a question or concern related to financial aid or student debt, please ask! I want you to be equipped with accurate information to the make informed decisions.

If you need to discuss your financial aid outside of business hours, please send me an email to identify an alternate time. I will do my best to accommodate early morning or evening requests for assistance.

Sincerely,
Deedee Colussy
Financial Aid Program Manager
deedee.colussy@cuanschutz.edu
Direct Phone: 303-724-9117

Living Expense Refunds

Students should expect to receive their living expense deposit (also referred to as a “refund”) the first week of classes each new semester. Students are required to be registered and in good standing with the CU School of Medicine, and all necessary financial aid information and/or paperwork must be complete. Missing or incomplete requests will delay your living expense refund and your account is subject to service and late fees if it is not paid by the due date established by the Bursar’s Office (bursar@udenver.edu or 303-315-1800). The Bursar’s Office sends email notifications regarding billing statements and due dates.

Common issues that will delay your refund:

1. Missing FAFSA application and/or additional documentation. You can view your current award and application status in UCD Access in the Student Center.
 - a. www.ucdenver.edu/ucdaccess
 - b. You will need to submit the 22-23 FAFSA for your Fall 2022, Spring and Summer 2023 semesters. This application was made available at www.studentaid.gov. Your 2020 tax information will be used to complete this application.
 - c. Your Student Center “To Do List” details FAFSA receipt and unresolved items.

2. The financial aid offer has not been accepted. Student loans must be accepted by you for CU to begin processing the funds. You are notified via email when an award offer is available for you to accept.
 - a. Note: Institutional loans (Perkins, Loans to Disadvantaged Students, CU Medical School Loan, etc.) can take longer to process. Watch for an email message from ECSI (it is often found in your junk/spam folder) for directions to complete the entrance counseling and promissory note online.

Direct deposit gives you the quickest access to living expense refunds. We strongly recommend sending your refund to your savings account, and then have a scheduled monthly transfer for your living allowance.

How to Set Up Direct Deposit:

1. [Log into UCDAccess](#)
2. In your "Student Center", select "Student Account"
3. Go to "Direct Deposit Student Refunds"
4. Follow the instructions and input your account information

If you have any issues, please contact the Bursar's Office for assistance.

Living Allowance Funds

When you receive your refund, plan your finances carefully to last you until your next deposit. If you do not have a personal budget or need to revise your plan, I have a comprehensive worksheet that can be emailed to you. A free option for budget tracking is mint.com.

The \$2400 allowance applies to the 2021 - 2022 academic year. To avoid overspending, students are encouraged to account for non-monthly and irregular expenses (example: car insurance, maintenance, registration fees, personal travel, and gifting) when establishing the monthly transfer amount to ensure the funds are available when those expenses are incurred.

Here are the estimated refund dates for each semester and the number of months covered.

- Spring 2022: week of January 10th- 14th (five months)
- Summer 2022: week of June 6th- 10th (two months)
- Fall 2022: September 5th- 9th (five months)
- Spring 2023: January 9th – 13th (five months)

Students can reduce the amount they borrow each semester. You have 45 days from the time you receive a financial aid disbursement to contact me to request an adjustment to lower your principle borrowing. Returning unneeded loan funds during this time will reverse loan origination fees and interest.

Unusual Circumstances

Occasionally, a medical student experiences unforeseen health care and/or automobile expenses. We can consider unusual expenses for medical, dental, pharmaceutical, optical, and major car repair charges with itemized documentation. It is advisable for students to contact me to discuss their situation prior to submitting their request. Health related appeals will require Explanation of Benefit (EOB) statements from your insurance company. Credit card receipts do not detail the necessary information needed for budget increase appeals. Car related expenses can only be considered for major repairs. Maintenance (oil changes, mileage service, etc.) cannot be considered, as they (along with insurance and registration) are covered by the personal transportation allowance incorporated into the living allowance. Approved increases will be processed as a reimbursement.

Locating Essential Information

- UCD Access: ucdenver.edu/ucdaccess
- StudentAid.gov
- Managing Your Finances During Medical School [AAMC](#)
- AAMC's [FIRST](#) (Financial Information, Resources, Services, and Tools)
- Annual Credit Report [website](#)
 - This federally sponsored website allows you to obtain your three free credit reports.
 - The reports do not provide your credit score without paying a fee, but it is more important you're reviewing the information for accuracy. It is advisable to review one of the three reports every four months to have an ongoing look at your credit history throughout the year. If you find an error or incorrect information you need to follow the dispute directions detailed in the report.
 - It is important to remember your federal Graduate PLUS loans require "adverse-free credit history" for you to receive this type of funding. As a rule: delinquencies, bankruptcies, court judgements against you, or other negatively perceived financial information about your ability to repay a debt could prevent or delay your ability to borrow this type of loan.
 - Considering recent data breaches many consumers are concerned about protecting their personal identity and placing a credit freeze on their consumer credit files. Generally, this does not pose a problem for student aid, however, you should be aware that you will need to unfreeze your report for a credit check to be completed when you accept a PLUS loan. Most students will undergo a credit check twice per academic year if they opt to borrow this type of financing.

Spring IDPT 8005 and 8006

During your final spring semester in the SOM, you will be required to attend a loan repayment strategy session to help coach you on the options available to manage your educational debt

after graduation. You will have the opportunity, if you wish, to meet with me for an hour to discuss your loan repayment strategy, as it relates to your future career plans and financial matters.

Optional sessions will be hosted throughout the remainder of the Spring semester prior to graduation. Past topics covered in these recommended sessions include: financing a home purchase and estate planning.

Phase III Clerkship Contact Information:

Hospitalized Adult Care (HAC)

Clinical Block Director: Dr. Christopher King - christopher.king@cuanschutz.edu

Assistant Block Director: Dr. Juan Lessing – juan.lessing@cuanschutz.edu

Coordinator:

Infant, Child, and Adolescent Care (ICAC)

Clinical Block Director: Dr. Jennifer Soep - jennifer.soep@childrenscolorado.org

Assistant Block Director: Dr. Meghan Treitz Meghan.treitz@childrenscolorado.org

Coordinator: Shelley Moore - shelley.moore@childrenscolorado.org

Obstetrics & Gynecology (OB/GYN)

Clinical Block Director: Dr. Jill Liss - jill.liss@cuanschutz.edu

Assistant Block Director: Dr. Amy Markese - amy.markese@cuanschutz.edu

Coordinator: Carly Hollinshead - carly.hollinshead@cuanschutz.edu

Emergency Care (EC)

Clinical Block Director: Dr. Kelley Roswell - kelley.roswell@childrenscolorado.org

Co-Assistant Director: Dr. Juliana Wilson - juliana.wilson@cuanschutz.edu

Co-Assistant Director: Dr. Michael Overbeck - michael.overbeck@cuanschutz.edu

Coordinator Contact: emergencycareclerkship@ucdenver.edu

Psychiatric Care (PC)

Clinical Block Director: Dr. Joseph Sakai - joseph.sakai@cuanschutz.edu

Assistant Block Director: Dr. Austin Butterfield - austin.butterfield@cuanschutz.edu

Coordinator: Tiffany Hamilton - tiffany.hamilton@cuanschutz.edu

Operative/Perioperative Care (OPC)

Clinical Block Director: Dr. Paul Montero - paul.montero@cuanschutz.edu

Assistant Block Director: Dr. Teresa Jones - teresa.jones@cuanschutz.edu

Clinical Block Director (anesthesia): Dr. Scott Vogel - scott.vogel@cuanschutz.edu

Coordinator: Mary Kay Anderson - marykay.anderson@cuanschutz.edu

Community and Primary Care (CPC)

Clinical Block Director: Dr. Janna Hardland - janna.hardland@cuanschutz.edu

Assistant Block Director: Dr. Brandy Deffenbacher - brandy.deffenbacher@cuanschutz.edu

Coordinator: Melissa Darzins - melissa.darzins@cuanschutz.edu

Colorado Springs Longitudinal Integrated Clerkship – Health Equity

LIC Director: Dr. Heather Cassidy heather.cassidy@cuanschutz.edu

LIC Coordinator: Julia Walden julia.walden@cuanschutz.edu

Colorado Springs Longitudinal Integrated Clerkship – Quality & Patient Safety

LIC Director: Dr. Jaime Baker - bbaker9810@gmail.com

LIC Coordinator: Erin McKay - erin.mckay@cuanschutz.edu

Children’s Hospital of Colorado Longitudinal Integrated Clerkship – Advocacy

LIC Director: Meghan Treitz - meghan.treitz@childrenscolorado.org

LIC Coordinator: Laura Loveridge - laura.loveridge@cuanschutz.edu

Denver Health Longitudinal Integrated Clerkship – Advocacy

LIC Director: Anne Frank - anne.frank@dhha.org

LIC Coordinator:

Denver Health Longitudinal Integrated Clerkship – Health Equity

LIC Director: Vishnu Kulasekaran - vishnu.kulasekaran@dhha.org

LIC Coordinator: Kaley Batley - kaley.batley@dhha.org

Denver Health Longitudinal Integrated Clerkship – Public & Population Health

LIC Director: Jennifer Adams - jennifer.adams@dhha.org

LIC Coordinator: Kristina Oatis - kristina.oatis@dhha.org

Fort Collins Longitudinal Integrated Clerkship – Public & Population Health

LIC Director: Amy Reppert - amy.reppert@uchealth.org

LIC Coordinator:

Rural Longitudinal Integrated Clerkship – Health Equity

LIC Director: Roberto Silva - roberto.silva@cuanschutz.edu

LIC Coordinator: Melissa Darzins - melissa.darzins@cuanschutz.edu

Rural Program Manager: Melanie DeHerrera - melanie.deherrera@cuanschutz.edu

University of Colorado Hospital Longitudinal Integrated Clerkship – Quality & Patient Safety

LIC Director: Emily Gottenborg - emily.gottenborg@cuanschutz.edu

LIC Coordinator: Jenna Wyrick - jenna.wyrick@cuanschutz.edu

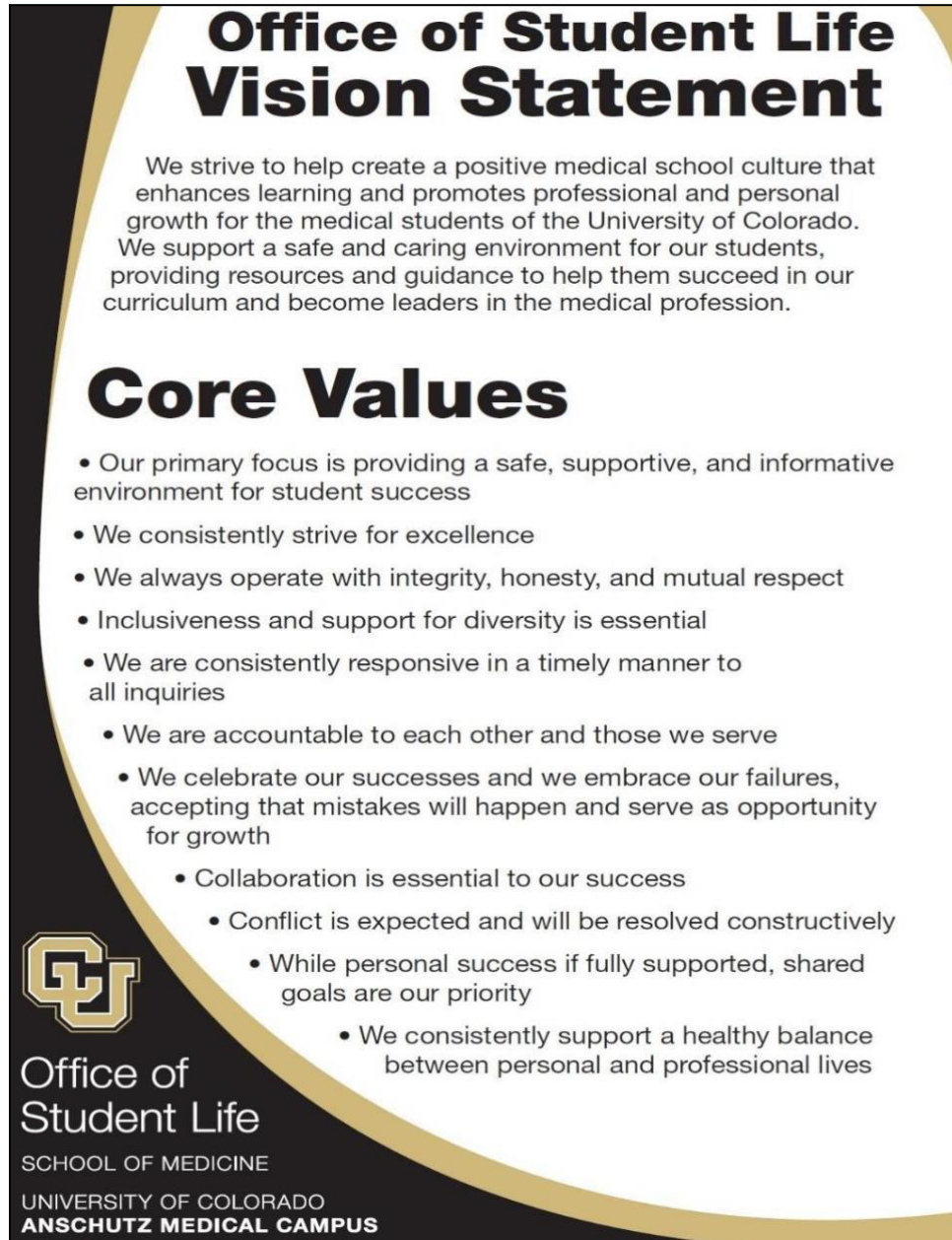
Veteran Affairs Longitudinal Integrated Clerkship – Advocacy

LIC Director: Eric Young - eric.young@cuanschutz.edu

LIC Coordinator: Andrea Marin - andrea.marin@cuanschutz.edu

Office of Student Life:

The Office of Student Life is located in the Fitzsimons Building, on the first floor, room N1219. The primary mission of the Office of Student Life is to assist medical students from the time they applied to medical school, to the first day of matriculation, through graduation and beyond.


A poster with a black background and a large, curved gold swoosh on the left side. The title "Office of Student Life Vision Statement" is in bold white text at the top. Below it is a paragraph of white text. The section "Core Values" is in bold white text, followed by a bulleted list of 11 items. At the bottom left is the CU logo, and below it is the text "Office of Student Life", "SCHOOL OF MEDICINE", "UNIVERSITY OF COLORADO", and "ANSCHUTZ MEDICAL CAMPUS" in white.

Office of Student Life Vision Statement

We strive to help create a positive medical school culture that enhances learning and promotes professional and personal growth for the medical students of the University of Colorado. We support a safe and caring environment for our students, providing resources and guidance to help them succeed in our curriculum and become leaders in the medical profession.

Core Values

- Our primary focus is providing a safe, supportive, and informative environment for student success
- We consistently strive for excellence
- We always operate with integrity, honesty, and mutual respect
- Inclusiveness and support for diversity is essential
- We are consistently responsive in a timely manner to all inquiries
- We are accountable to each other and those we serve
- We celebrate our successes and we embrace our failures, accepting that mistakes will happen and serve as opportunity for growth
- Collaboration is essential to our success
- Conflict is expected and will be resolved constructively
- While personal success is fully supported, shared goals are our priority
- We consistently support a healthy balance between personal and professional lives



Office of
Student Life
SCHOOL OF MEDICINE
UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS

Dr. Brian Dwinnell, Associate Dean of Student Life; Dr. Jeff Druck, Assistant Dean of Student Affairs, Dr. Deb Seymour, Interim Assistant Dean of Student Affairs, Dr. Amira Del Pino-

Jones, Assistant Dean of Student Affairs and Dr. Jeffery Soohoo, Assistant Dean of Admissions, and the rest of the Student Life team are always available to answer questions and address your concerns. Our doors are always open.

Office of Student Life



Brian Dwinell, MD

Associate Dean of Student Life

BRIAN.DWINNELL@CUANSCHUTZ.EDU



Jeff Druck, MD

Assistant Dean of Student Affairs

JEFFREY.DRUCK@CUANSCHUTZ.EDU

- Verifications
- Good Student Standing Letters
- Shadowing Information
- Advisory College Program/COMPASS
- Organization of Student Reps
- Phase III and IV absences

Joint Responsibilities

- MSPE
- VSLO
- Residency Prep
- Step 1 tracking/support programs
- Step 2 tracking/support programs
- Remediation Coordination
- Assisting students through Personal and Academic Issues



Amira Del Pino Jones, MD

Assistant Dean of Student Affairs

AMIRA.DELPINO-JONES@CUANSCHUTZ.EDU

- Scheduling Phase III
- Scheduling Phase IV
- Medical Student Council
- Step 1 Preparation
- Study Skills

Joint Responsibilities

- MSPE
- VSLO
- Residency Prep
- Step 1 tracking/support programs
- Step 2 tracking/support programs
- Remediation Coordination
- Assisting students through Personal and Academic Issues



Deborah Seymour, PsyD

Interim Assistant Dean of Student Affairs / Education and Learning Specialist

DEB.SEYMOUR@CUANSCHUTZ.EDU

- Medical Student Council
- Student Life Steering Committee
- Step 1 Preparation
- Study Skills



Nida Awadallah, MD

Learning Specialist

NIDA.AWADALLAH@CUANSCHUTZ.EDU

- Clinical Remediation
- Clinical Assistance
- Step Preparation



Haylee Shacklock

Director of Medical Education and Student Life

HAYLEE.SHACKLOCK@CUANSCHUTZ.EDU

- Oversees Office of Student Life

Office of Student Life (OSL) Staff

[OSL Documentation Request Portal](#)

Admissions:

Dr. Jeffrey SooHoo

- Assistant Dean of Admissions
- AOA Chapter Advisor
- JEFFREY.SOOHOO@CUANSCHUTZ.EDU

Karina Goodwin

- Admissions Manager
- 303-724-8264
- KARINA.GOODWIN@CUANSCHUTZ.EDU

Lamar Cherry

- Admissions
- 303-724-8662
- lamar.cherry@cuanschultz.edu

Isabella Jaramillo

- Admissions
- 303-724-8662
- lamar.cherry@cuanschultz.edu

Student Affairs:

Regina Kireva

- Letters of Good Standing
- My Record Tracker
- Academic Verifications
- Licensing Verification
- Absences
- 303-724-4590
- regina.kireva@cuanschultz.edu

Lalery Mayo

- Visiting Students to CUSOM
- Awards/Scholarships
- Clinical Site Badging Contact: Som.badging@cuanschultz.edu
- LALERY.MAYO@CUANSCHUTZ.EDU
- 303-724-8026

Chris Read

- Data Management and student information tracking
- christopher.read@cuanschultz.edu
- 303-724-3402

Deborah Jackson

- Phase I-III Registration/Grades
 - Grade Issues/Changes
- Transcript Assistance
- MSA/Research Track Registration
- Database Management
- 303-724-6404
- deborah.jackson@cuanschultz.edu

Jordan Coulter

- VSLO for CUSOM students to other Institutions
- Phase IV Registration/Grades
- MSPE Coordination
- GHHS/AOA
- Composite/Graduation Photos
- jordan.coulter@cuanschultz.edu
- 303-724-6408

Mary Ball

- COMPASS/ACP
- MARY.A.BALL@CUANSCHUTZ.EDU
- 303-724-6406

Career Services- Office of Student Life



The Office of Student Life is strongly committed to assisting our students with career and professional development. Beginning with orientation, personnel in this office are responsible for assisting students with providing unbiased information about medical specialties, residency application, preparation for interviews, and their participation in various residency matching services.

Career planning is an interactive process: we can assist students in setting and achieving academic, professional, and personal goals that are consistent with their own interests, values, abilities, degree requirements, and career expectations. The Office of Student Affairs provides a wide range of information and resources to students and may refer them to other appropriate campus resources. There are many factors involved with planning a medical career and our office can assist students in understanding each of those factors and help in the decision-making process.

We coordinate with the AAMC Careers in Medicine program, an online resource, which aids students in understanding their personality types, skills, interests, and values. This program is designed to assist students in a logical process of self-assessment and career planning. To schedule a one-on-one session about career advising, please call the Office of Student Life at 303-724-6407.

Need a jump start when thinking about careers?

- The AAMC Careers in Medicine website. This site has tools that enable you to identify career goals, create a personal profile identifying skills, interests, personality, values, lifestyle choices, and other personal experiences that affect career choice, provides information about 128 specialties and subspecialties, provide match, training and workforce information and the personal characteristics of physicians in each specialty.
- Check out specialty organizations and resources
- Talk with an Assistant Dean in Student Affairs
- Meet up with preceptor or other faculty
- Have a chat with the faculty or student mentor in your Advisory College

The School of Medicine Office of Diversity & Inclusion

The School of Medicine Office of Diversity & Inclusion is here to connect you with services and departments throughout the university system and in the community that will assist and support your academic and professional success.

We believe diversity enhances the learning environment, strengthens the visibility and ties to nearby communities, and contributes to the community's overall health through programs and trainings focused on decreasing health disparities and increasing health equity in accordance with the mission of the medical school.

We also work to develop a respectful, diverse and inclusive environment in the School of Medicine and across the Anschutz Medical Campus where all members of the community feel supported to be successful in achieving the mission of health through our educational programs, patient care and research.



Shanta Zimmer, MD
Associate Dean for Office of Diversity & Inclusion
shanta.zimmer@ucdenver.edu



Krista Walker
Director for Office of Diversity and Inclusion
krista.walker@cuanschutz.edu



Christy Angerhofer, MA
Diversity and Inclusion Professional
christy.angerhofer@cuanschutz.edu

Contact Us:

Office of Diversity and Inclusion
Anschutz Medical Campus Box C292
13001 East 17th Place, Fitzsimons Building
Aurora, CO 80045

Colorado AHEC Housing Policies



Colorado Area Health Education Center (COAHEC)

COAHEC Housing Program

The State of Colorado is divided into six regions (Centennial, Front Range, San Luis Valley, Southeastern Colorado, Southwestern Colorado, and Western Colorado) with an Area Health Education Center Office in each region. Each is an independent 501c3 nonprofit organization. The regions are overseen by the Colorado AHEC Program Office (COAHEC) on the CU Anschutz Medical Campus, Ed2N 5th floor.

Colorado AHEC connects the University of Colorado Anschutz Medical Campus with current and future health professionals in rural and urban medically underserved areas. COAHEC and its regions do this by providing housing for students on clinical rotations more than 40 miles from the Anschutz Medical Campus through a network of over 500 host homes.

CU Anschutz students may choose from one of two options for housing during their clinical training rotations when their rotations are located more than 40 miles from the Anschutz Medical Campus; COAHEC Arranged housing and Student-found housing.

Here are some essential points:

1. The rotation must be greater than 40 miles from the CU Anschutz Medical Campus and submitted to COAHEC by your course coordinator.
2. The rotation must be less than 180 days
3. COAHEC Housing cannot serve as a student's primary residence.
4. All students assigned to an eligible rotation will receive an e-mail from COAHEChousing@CUAnschutz.edu confirming that they have been placed in an eligible location.
5. Students must read, acknowledge receipt of and abide by the current COAHEC Housing policy and student contract.
6. Students **must respond** to this e-mail **immediately** and request or decline COAHEC housing.
7. If housing is requested, the AHEC Regional housing coordinator will work to secure housing and alert the student once arrangements have been made (Students will be advised of housing arrangements a minimum of three weeks before starting their rotation).
8. Housing is for the actual days of the rotation, allowing for one (1) travel day.
9. Pets, spouses, SO's, and children are NOT allowed in COAHEC housing.
10. Recreational drugs, alcohol, edibles, etc., are NOT allowed in COAHEC housing.
11. For Student-found housing, reimbursement (up to \$23/night) is made after the rotation has ended.

12. It is the student's responsibility to submit the official rent receipt within 45 days of the end of their rotation.

For complete details on COAHEC housing, visit our website at cuanschultz.edu/centers/coahec/clinicaltraining or reach out to anyone on the COAHEC Housing team COAHECHOUSING@CUANSCHUTZ.EDU.

Patti Jo Wagner	Patti.Wagner@CUAnschutz.edu	303-724-3808
Samantha Hanson	Sam.Hanson@CUAnschutz.edu	303-724-1131
Fran Zabalaga-Haberman	MariaFrancisca.Zabalaga-Haberman@cuanschultz.edu	

303-724-5735



CLINIC: Use Account Code: _____

AUTHORIZATION TO PROVIDE SERVICES

AUTHORIZATION INFO

Authorized by (signature) _____
 Authorized by (print name) Jeffrey Druck
 Authorizer's Phone Number 303-724-6407
 Date of Authorization January 01, 2020

EMPLOYER INFO

Company Name University of Colorado School of Medicine
 Company Phone 303-724-6407
 Company Fax 303-724-6409
 Address 13001 East 17th Place, C292
Aurora, CO 80045

PATIENT INFO

Patient Name _____
 Job Title MD Student
 SS# _____
 Date of Birth _____ ☐ Check if employee
 is to pay for service

Thank you for choosing CareNow
 Urgent Care

SERVICES AUTHORIZED

WORK RELATED INJURY

Are you seeking treatment for a work related injury?
☐ Yes ☒ No Date of Injury _____

Do you require a drug screen with injury? ☐ Yes ☒ No

DRUG SCREENS (CareNow to Perform)

☒ Standard 10 panel drug screen Random
☐ Standard 5 panel Non-DOT drug screen ☒ Pre-employment
☐ Instant 10 panel drug screen ☐ Post Accident
☐ Instant 5 panel drug screen ☐ Other
☐ DOT drug screen
☐ Breath Alcohol test
☐ Hair Follicle drug screen

COLLECTION ONLY FOR TPA

COLLECTION TYPE

☐ DOT
☐ Non-DOT

For DOT Drug Screen or Collection—DOT Agency is Required:

☐ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCG

PHYSICALS

☐ Basic Physical (If drug screen needed, check box above)
☐ DOT Physical (If drug screen needed, check box above)
☐ Guard Physical
 Other Physical (describe) _____

OTHER SERVICES

☐ Pulmonary Function (Spirometry)
☐ Other
 (Describe) _____

CONVENIENT DENVER LOCATIONS

Open Every Day

Weekdays	8am – 8pm
Saturday	8am – 8pm
Sunday	8am – 5pm

- Greenwood Village**
 5990 S. University Blvd.
 Greenwood Village, CO 80121
 Phone: (720) 446-5890
 Fax: (303) 797-5505
- Aurora**
 5620 S. Parker Rd.
 Aurora, CO 80015
 Phone: (720) 446-5893
 Fax: (303) 690-2810
- Highlands Ranch**
 7120 E. County Line Rd.
 Highlands Ranch, CO 80126
 Phone: (720) 446-5891
 Fax: (303) 220-9688
- Parker**
 11339 S. Pikes Peak Dr.
 Parker, CO 80138
 Phone: (720) 588-4000
 Fax: (303) 841-2688
- Stapleton**
 3001 N. Havana St.
 Denver, CO 80238
 720-458-6825
- DU**
 1405 E. Evans Ave.
 Denver, CO 80210
 720-449-8050
- Arvada**
 6413 Fig St.
 Arvada, CO 80127
 720-449-8060



Visit us at www.CareNowDenver.com
 for detailed maps to each location

Options for Providing Feedback

University of Colorado School of Medicine Feedback Options 2020

1) The multiple ways of providing feedback to teachers:

Timely Feedback/Resolution Identifiable

Contact teacher directly
Contact appropriate student representative* Contact Block, Clerkship or Course Director
Contact Assistant Dean (Clinical Core, Longitudinal, Clinical) Use block, clerkship or course evaluations

Use individual faculty evaluations within block, clerkship or course Report to Office of Professionalism
www.medschool.ucdenver.edu/professionalism



Delayed Feedback/Resolution Confidential

* If the feedback relates to Clinical Core blocks, CBD representative(s) may be contacted. If longitudinal courses, their respective student representative(s) may be contacted. If the feedback relates to professionalism concerns, the class Student Professionalism Committee representative may be contacted. If feedback relates to advisory and student life concerns, contact your academic College representative.

Office of Professionalism

Its mission is to promote a respectful and compassionate learning, clinical care and research environment. The Office provides medical students, graduate students and others a confidential, safe, free, "rapid response" resource for reporting any episode of mistreatment or unprofessional behavior by faculty, fellows or residents, no matter what kind or where it occurs (classroom, laboratory or clinical setting). The Office of Professionalism is a "first-choice" for reporting mistreatment, and direct emails to professionalism@ucdenver.edu or telephone calls 303-724-4PRO (4776) are encouraged. Visit the professionalism website www.medschool.ucdenver.edu/professionalism for more information.

Professionalism Web Site

This site is a comprehensive resource for students, residents and faculty members. The site includes a statement of the School's commitment to building and sustaining a respectful and supportive learning and clinical care environment. It provides direct links to the Office of Professionalism and the online mistreatment reporting form. Also, there are links to the Teacher-Learner Agreement, the Student Honor Council, Student Professionalism and the Faculty Professionalism Code of Conduct. The web site also includes documents outlining the definitions of mistreatment and sub-optimal learning environment.

Reporting Options

The professionalism web site includes a list of the options that are available for reporting mistreatment, including an online mistreatment reporting form. Visit the professionalism web site or go directly to the [Reporting Form](#). Reports of mistreatment using this online form are delivered and kept confidential. Note: Students may continue to report mistreatment using any of the available pathways, including the end-of-block evaluations, but we are encouraging reports to be directed to the Office of Professionalism as the first choice.

2) The multiple ways of providing feedback between students:

Timely Feedback/Resolution Identifiable

Contact your peer directly
Contact small group faculty leader
Contact appropriate student representative*
Contact block or course director
Contact Assistant Dean for the core Occasional use of peer evaluations

Use individual faculty evaluations within block, clerkship or course Report to Office of Professionalism

www.medschool.ucdenver.edu/professionalism



Delayed Feedback/Resolution Confidential

**If the feedback relates to professionalism concerns, contact the class Student Professionalism Committee representative. If related to Honor Council concerns (e.g., cheating, unfair advantage), contact your Honor Council representative. If feedback relates to advisory and student life concerns, contact your academic College representative.*

Feedback Tips: (Adapted from: ~~Bergquist~~ Bergquist & Phillips, A Handbook for Faculty Development, 1975)

- Feedback should be timely: Given to peers as soon as possible after an incident.
- Feedback should be descriptive and not evaluative: describe what actually happened, not stating that something was "bad" or "done wrong".
- Feedback should be specific: clearly state what actually was problematic, instead of using generalities.
- Consider including something that was positive in addition to raising a concern.

Example phrasing of constructive peer feedback:

- "I felt like when you were talking during class this morning, I had a hard time hearing the lecturer," as opposed to "You should try to not talk during lectures."
- "I felt uncomfortable when you clarified the plan of care in the room, it would have been more helpful to do so privately", as opposed to "you shouldn't say anything negative about my plan of care in front of others."

Further guidance on selecting feedback mechanism can be provided by the Office of Student Life as well as the Anschutz Medical Campus' Ombuds Office, located on the 7th floor of Fitzsimons Building, phone 303-724-2950. The Ombuds Office can provide informal conflict resolution and a forum for prompt, impartial and confidential discussions. The primary goal of the Ombudsperson is to ensure that employees and students receive fair and equitable treatment. [Ombuds Office – Conflict Resolution & Management Experts](#)