Phase III Guide

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University of Colorado School of Medicine Phase III Grading 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 honors, 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 will work with different supervisors and see different patients.

Grading in the third year is normative which means that at the end of the year only the top 30% of students are eligible for honors in each clerkship. The second 30% are eligible for high pass, however a total of only 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. Students are compared to the other students on their clerkship over the course of the entire year based on their evaluations and performance to make grading decisions. At the end of the year, all grades are eligible for review and may be adjusted.

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 and one section that is designed to encourage 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 with. Clerkship staff will enter evaluators into the Oasis system however 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. Likert scale questions may differ between blocks. If a clerkship includes numeric scores in grading, the Likert scale questions will be provided to students at orientation and a summary of numeric scores will be provided to students along with their final grade and narrative comments at the completion of the course.

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
   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. Many clerkships track this as a Canvas assignment.

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.

5. 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 a final grade of Honors.

6. All grades must be submitted by the course director to the student and the Office of Student Life within four weeks of the end of the block/clerkship.

For more information on grading and the grading process, please reference the current University of Colorado School of Medicine handbook, available at:
http://www.ucdenver.edu/academics/colleges/medicalschool/education/studentaffairs/studentresources/Documents/Stu
dentHandbook.pdf
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| Community and Primary Care (CPC) | • 60% – Clinical Evaluations  
• 20% – NBME Shelf Exam  
• 15% – Community Health Assessment Project  
• 5% – Professionalism | • Fully complete all assignments on time.  
• Demonstrate punctuality and professional behavior for all course activities.  
• Demonstrate outstanding performance on your Clinical Evaluations with consistent demonstration of behaviors, skills and attitudes commiserate with the highest expectations of a 3rd year student. Examples include:  
  o Oral or written presentations that follow an organized logical pattern building towards an insightful impression with relevant evaluation and management plans for common conditions and some uncommon conditions.  
  o Performance of an accurate exam in a logical and fluid sequence. Uses exam to prioritize and explore working differential and can identify, describe, and interpret normal and abnormal findings.  
  o Articulation of an advanced level of medical knowledge in reference to the core clinical competencies using the latest relevant literature when appropriate.  
  o High level of engagement in the clerkship’s clinical environment including self-directed immersion into the clinical team and independent, passionate patient care.  
• Note these examples are not all inclusive. Other domains will be considered and evaluated when provided via evaluations. | • Fully complete all assignments on time.  
• Demonstrate punctuality and professional behavior for all course activities.  
• Demonstrate excellent performance on your Clinical Evaluations with consistent demonstration of behaviors, skills and attitudes commiserate with elevated expectations of a 3rd year student. Examples include:  
  o Oral or written presentations that follow an organized logical pattern building towards a competent impression with relevant evaluation and management plans for common conditions.  
  o Performance of a technically accurate physical examination that targets appropriate areas and able to identify and describe normal and abnormal findings.  
  o Articulation of an advanced level of medical knowledge in reference to the core clinical competencies.  
  o Above average level of engagement in the clerkship’s clinical environment including self-directed immersion into the clinical team and independent, passionate patient care.  
  o High level of engagement in the clerkship’s clinical environment including self-directed immersion into the clinical team and independent, passionate patient care.  
Note these examples are not all inclusive. Other domains will be considered and evaluated when provided via evaluations. | • 4 direct observation forms  
• Didactic attendance and participation (or alternative if site is away)  
• Score ≥ 62 (2 standard deviations below the national mean) on the NBME Shelf Exam  
• Student Learner Contract  
• Clinic SOAP note  
• Derm, oral health, and palliative care modules  
• Health behavior change and motivational interview patient interaction  
• Have satisfactory attendance and exhibit professional behavior throughout the clerkship.  
• Performance on your Clinical Evaluations that demonstrate consistent behaviors, skills, and attitudes commiserate with expectations of a 3rd year student. Examples include:  
  o Oral or written presentations follow an organized pattern, contain accurate information from history and physical  
  o Performance of a technically correct physical examination  
  o Articulation of appropriate medical knowledge in reference to core clinical competencies  
  o Appropriately engaged in clerkship’s clinical environment, participating member of the clinical team, and active learner |
| Emergency Care (EC)   | • Clinical Evaluations  
• Final Written Exam | N/A                                                                                                     | N/A                                                                                                     | • Attend all educational sessions  
• Participate in simulation experience  
• Participate in triage/intake and pre-hospital experience  
• 2 direct observation forms  
• Primary survey checklist  
• ≥ 70 on final written exam |

**Pass/Fail only**
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| **Hospitalized Adult Care (HAC)**                  | • 65% – Clinical Evaluations  
• 20% – NBME Shelf Exam  
• 10% – TBL Sessions  
5% – Professionalism                                                                                                                                                                                                  | • Demonstrate advanced level of performance/competency in course requirements. The following should at least be performed regularly:  
o Thorough, timely completion of history and physical exam on new patients with ability to perform a focused history and exam.  
o Complete problem list with appropriate prioritization of problems.  
o Suggestions for care plan.  
o Active attempts to carry out the care plan within your ability.  | • Demonstrate above expected level of performance/competency in course requirements. The following should at least be performed regularly:  
o Complete history and physical examination on all new patients, missing minimal pertinent details.  
o Complete problem list, may not always have appropriate prioritization but show evidence of improving this.  
o Suggestions for care plan.  
o Seek to pick up new patients, enough to challenge self.  | • 4 direct observation forms  
• EBM Project  
• 2 H&Ps for faculty review  
• Clinical Transformations session  
• Score ≥ 58 (2 standard deviations below the national mean) on NBME Shelf Exam  |
| **Infant, Child and Adolescent Care (ICAC)**        | • 70% – Clinical Evaluations  
• 20% – NBME Shelf Exam  
• 10% – Professionalism                                                                                                                                                                                                  | • 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 on your Clinical Evaluations.  | • 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 on your Clinical Evaluations.  | • 2 direct observation forms  
• 1 note feedback form  
• 1 oral presentation feedback form  
• Newborn exam observation  
• Reflective writing and discussion  
• Prescription writing exercise  
• Self-directed learning exercise  
• Individualized Learning Goals  
• Demonstrate behaviors and skills that show you are a consistent, reliable reporter.  
• Score ≥ 62 (2 standard deviations below national mean) on NBME Shelf Exam  |
| **Musculoskeletal Care (MC)**                       | • Clinical Evaluations  
• Final written exam                                                                                                                                                                                                                                                                   | N/A                                                                                                                                                                                                              | N/A                                                                                                                                                                                                            | • 2 direct observation forms  
• Complete the fracture case on canvas  
• ≥ 60% on written exam                                                                                                                                                                                                                                 |

**Updated for: AY 2019-20**
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<td>Neurologic Care (NC)</td>
<td>• 75% – Clinical Evaluations&lt;br&gt;• 20% – NBME Shelf Exam&lt;br&gt;• 5% – Participation (i.e. all required forms and activities)</td>
<td>• Demonstrate outstanding performance on your Clinical Evaluations with consistent demonstration of behaviors, skills and attitudes commiserate with the highest expectations of a 3rd year student. Examples include: o Oral or written presentations that follow an organized logical pattern building towards an insightful impression with relevant localization and evaluation and management plans.&lt;br&gt; o Performance of a technically proficient neurologic examination with exquisitely accurate interpretations with nuanced and directed techniques.&lt;br&gt; o Articulation of an advanced level of medical knowledge in reference to the core clinical competencies using the latest relevant literature when appropriate.&lt;br&gt; o High level of engagement in the clerkship’s clinical environment including self-directed immersion into the clinical team and independent, passionate patient care. Note these examples are not all inclusive. Other domains will be considered and evaluated when provided via evaluations.</td>
<td>• Demonstrate excellent performance on your Clinical Evaluations with consistent demonstration of behaviors, skills and attitudes commiserate with elevated expectations of a 3rd year student. Examples include: o Oral or written presentations that follow an organized logical pattern building towards a competent impression with relevant localization and evaluation and management plans.&lt;br&gt; o Performance of a technically proficient neurologic examination with fundamentally accurate interpretations.&lt;br&gt; o Articulation of an advanced level of medical knowledge in reference to the core clinical competencies.&lt;br&gt; o Above average level of engagement in the clerkship’s clinical environment including self-directed immersion into the clinical team and independent, passionate patient care. Note these examples are not all inclusive. Other domains will be considered and evaluated when provided via evaluations.</td>
<td>• Fully complete all assignments on time.&lt;br&gt; o 3 direct observation forms + MPF o Attend the CAPE session&lt;br&gt; • Attend all PBL sessions on time and in a professional manner&lt;br&gt; • Score ≥ 65 (2 standard deviations below the national mean) on the NBME Shelf Exam</td>
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<td>Obstetrics and Gynecology (OB/GYN)</td>
<td>• 65% – Clinical Evaluations&lt;br&gt; • 20% – NBME Shelf Exam&lt;br&gt; • 5% – Journal Club&lt;br&gt; • 5% – 2 H &amp; P’s&lt;br&gt; • 5% – Ethics Small Group discussion</td>
<td>• Demonstrate outstanding performance on your Clinical Evaluations.</td>
<td>• Demonstrate excellent performance on your Clinical Evaluations.</td>
<td>• 3 direct observation forms&lt;br&gt; • EBM case studies&lt;br&gt; • Score ≥ 62 (2 standard deviations below the national mean) on NBME Shelf Exam</td>
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| Operative and Perioperative Care (OPC) | • 50% – Clinical evaluations  
• 20% – NBME shelf exam  
• 10% – Informed consent  
• 7.5% – Student presentation  
• 5% – Professionalism  
• 4.5% – OSCE  
• 3% – Anesthesia quiz | • Performance in the following areas independently judged and majority determined by at least four OPC block directors based on subjective clinical evaluations to be in the highest 30-40% of all OPC students:  
- Technical skills -- Performs skills such as mask ventilate a patient, suture and remove a drain stitch with minimal assistance as well as attempt more advanced skills  
- Clinical knowledge -- Demonstrates 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.  
- Presentation skills -- Present you patient(s) on rounds without additional team input. Develop a care plan that is appropriate, dynamic and evidenced-based.  
- Self-directed learning -- Performs SDL independently based on clinical necessity, reports back to the team and asks for feedback on additional learning opportunities as well as personal areas of weakness.  
- Effort/Attitude/Progression -- Effort level consistently impresses via written and oral feedback. Attitude is not only positive but appropriate for the clinical situation. Consistently demonstrates traits found in our best clinicians such as empathy, compassion, understanding and dedication. Progression of skills to a level expected of an intern at the completion of the block. | • Performance in the following areas independently judged and majority determined by at least four OPC block directors based on subjective clinical evaluations to be in the middle 30-40% of all OPC students:  
- Technical skills -- Performs skills such as mask ventilate a patient, suture and remove a drain stitch with minimal assistance  
- Clinical knowledge -- Demonstrates more in-depth knowledge such as some of the indications, contraindications, variant anatomy, abnormal physiology and advanced pharmacology.  
- Presentation skills -- Present you 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.  
- Self-directed learning -- Performs SDL independently based on clinical necessity and reports back to the team.  
- Effort/Attitude/Progression -- Demonstrates extra effort when needed, Positive attitude, excellent professionalism and noticeable improvement during the block. | • Complete  
- Summative DOF  
- Yellow card  
- Informed consent paper  
- OSCE and Anesthesia Quiz  
• Attend  
- Ophthalmology workshop  
- Radiology workshop  
- Grand rounds while on service  
- Monday morning faculty lectures  
- Informed consent class  
- Town hall session  
• Score ≥ 58 (2 standard deviations below the national mean) on NBME Shelf Exam.  
• Performance in the following areas independently judged and majority determined by at least four OPC block directors based on subjective clinical evaluations:  
- Technical skills -- Performs skills such as mask ventilate a patient, suture and remove a drain stitch with some assistance  
- Clinical knowledge -- Demonstrates basic knowledge of surgical procedures, anatomy, physiology and pharmacology.  
- Presentation skills -- Present your patient(s) on rounds with some assistance from other team members.  
- Self-directed learning -- Performs SDL at the suggestion of the team  
- Effort/Attitude/Progression -- Shows up on time and prepared. Lack of attitude or professionalism concerns. Demonstrates progression of skills. |
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| **Colorado Springs Mentored Integrated Curriculum (COSMIC)** | • 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 COSMIC-LIC course each semester | • As described for each traditional block rotation.  
• COSMIC LIC course is P/F | • As described for each traditional block rotation.  
• COSMIC LIC course is P/F | 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 course handbook. Students should refer to the LIC handbook for a detailed list of requirements and due dates as well as requirements related to patient continuity and small group participation. |
| **Denver Health Longitudinal Integrated Clerkship (DH-LIC)** | • 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 DH-LIC course each semester | • As described for each traditional block rotation.  
• DH-LIC course is P/F | • As described for each traditional block rotation.  
• DH-LIC course is P/F | 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 course handbook. Students should refer to the LIC handbook for a detailed list of requirements and due dates.  
Grading for the DH-LIC course will be based on successful completion of requirements related to patient continuity, DHLIC projects, professionalism, and small group participation. |
| **Integrated Longitudinal Medicine Clerkship (ILMC)** | • 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 ILMC course each semester | • As described for each traditional block rotation.  
• ILMC course is P/F | • As described for each traditional block rotation.  
• ILMC course is P/F | Students will have assignments that correspond to individual block requirements described above. In addition, there are a number of unique ILMC requirements listed in the course handbook. Students should refer to the ILMC handbook for a detailed list of requirements and due dates. |
| **VA Sequential Training Program (VAST)** | • Grades for the four clerkships included in the VAST Program (HAC, OPC, PC, NC) are determined using the same metrics outlined above.  
• Students will enroll in the VAST course as well. | • As described for each traditional block rotation  
• VAST course is P/F | • As described for each traditional block rotation.  
• VAST course is P/F | In addition to the specific requirements for each block, VAST students must:  
• Regularly attend weekly VAST small group meetings  
• Complete 3 High-value Care Forms  
• Complete 3 Transitions of Care Forms  
• Complete 3 Care of the Veteran Forms |
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. Students must pass the exam in order to pass the course.

Accommodations

To ensure disability-related concerns are properly addressed, students with disabilities who require assistance to participate in this class should contact the Office of Disability Resources and Services, Building 500, room Q20-EG305, 13001 E 17th Place, Aurora, CO 80045, 303-724-5640 to request accommodation.

Any students with disabilities or other special needs, who need special accommodations in this course, are invited to share these concerns or requests with the instructor and contact the Disability Services Office (http://www.ucdenver.edu/student-services/resources/disability-resources-services/Pages/disability-resources-services.aspx) as soon as possible.

Direct Observation and Mid-Point Feedback Forms

Direct Observation Form

- Direct observation of clinical skills and feedback are a critical part of your education in the clinical core.
- Each course will have requirements for ensuring students receive direct observation.
- Requirements for documenting direct observations will be communicated to the student at the beginning of each block.

Mid-Point Review Form

- All students are required to have a mid-clerkship review with the medical student clerkship director or designee at their assigned site during clerkships at least 4 weeks in length.
- Some midpoint reviews require a component of self-assessment that will require student completion before the mid-point review meeting.
- Bring midpoint review form if applicable, completed Direct Observation forms and a copy of your logger, to the midpoint review meeting.
- Complete the Student Self-Assessment portion if applicable prior to your mid-clerkship review.
Medical Student Duty Hour Policy (update 4/25/29)

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 (June, August, October, January, March), 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 Sunday, the survey will have one question that will ask the students to enter the number of hours they worked that day.

On 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:

☐ N/A
Students will not work more than 80 hours per week when averaged over four weeks.
Students will have a minimum of one day in seven off, when averaged over four weeks.
Students will not work more than 24 consecutive hours of scheduled participation during one period of time and no more than 4 additional hours to accomplish an effective transition of patient care.
Students will have 8 hours free of duty between work shifts.
After a 24-hour shift, students will have 14 hours free of duty.
Students will not have more than every 3rd night on call (excluding rotations in which students are working consecutive night or swing shifts and have days off)

(Comment box if any boxes checked): 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 3 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:

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

(Comment box if any boxes checked): Please provide explanation of any areas above that you have not been able to comply with:

For the Longitudinal Integrated Clerkships (DHLIC, COSMIC, ILMC), 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.

Clinical Logger

In order to ensure that students are seeing all of the required conditions and adhering to duty hour restrictions 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.

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 ICC 7001 for instructions on how to successfully use the logger if you run into technical issues or contact Matthew.N.Cook@ucdenver.edu.

Professionalism - Student Expectations of Professionalism

Academic Honesty Statement
Students are expected to adhere to the Honor Code of the University of Colorado School of Medicine which states that students must not lie, cheat, steal, take unfair advantage of others, nor tolerate students who engage in these behaviors. Please check the website for information on the Medical Student Honor Code.

http://www.ucdenver.edu/academics/colleges/medicalschool/education/studentaffairs/AcademicLife/HonorCouncil/Pages/default.aspx

Students are also expected to:
• Contact the appropriate block faculty and student life for all voluntary and involuntary absences.
• Check email and Canvas regularly for communication about block activities and updates. Respond within 24 hours to all block emails requiring individual student response.
• Attend all block conferences and required events and arrive on time to these events.
• Complete all required coursework and evaluation.
• Use smart phones and electronic tables with discretion
• Wear professional dress.

Reporting Issues of Professionalism of Others:
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.
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 Professionalism are provided free of charge.

Contact the office by emailing Abigail Lara, MD at Abigail.Lara@UCDenver.EDU and Jeff Druck, MD at Jeffrey.Druck@UCDenver.EDU. For faster response, (no confidential information please) call 303-724-4PRO (4776). Offsite and onsite visits are by appointment only. Building 500, 8th floor, room 8000C.

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/medicalschool/facultyAffairs/Professionalism/Pages/DefinitionsExamples.aspx

Electronic Resources

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Attendance & Absence Policies for Phase III Clinical Blocks & Clerkships

**Expectations**

Attendance on clinical rotations and didactic session (unless otherwise specified) are required. Rotations end on the last Friday afternoon of each rotation. Every attempt must be made to schedule absences for voluntary situations outside of the required curricular elements (e.g., holidays, course breaks).

**Specific expectations:**

Presentation or attendance at conference: limited to 48 hours including the day of presentation for any course greater than 2 weeks.
PROCESS to Seek an Excused Absence or to Inform of an Involuntary Absence

Requested Absence
Submit your request in writing to the Office of Student Life, which will forward the request to the Clinical Block/Clerkship Director for approval. Requests must be presented well in advance, in writing and reasonable documentation is required. The student must inform his or her attending and/or resident of the approved absence.

EXCEPTIONS:
Students enrolled in the DH-LIC or the CSB use a different process. See respective syllabi for details. Student must contact his or her attending and/or resident as soon as possible or prior to missing any time.

Involuntary Situation
To be considered an “excused” absence, an absence for an involuntary situation must be approved by the Block or Clerkship Director.

EXCEPTIONS:
Students enrolled in the DH-LIC or the CSB use a different process. See respective syllabi for details.

Inform Office of Student Life
Student must inform the Assistant Dean of Student Affairs of any absences, excused or unexcused, involuntary or voluntary.

EXCEPTIONS:
Course leadership in the DH-LIC or CSB will inform the OSL of absences. See respective syllabi for details.

CONSEQUENCE OF ABSENCE (e.g., make-up work/days, remediation, professional report, grading)
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.
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”).

EXCEPTIONS:
Course leadership in the DH-LIC or CSB will work with students to “make up” missed work. See respective syllabi for details.

Phase III Elective Block

- Every Phase III student will have a 2 week elective block which can be used for a clinical elective, research or vacation.
- If students choose vacation, no action needs to be taken.
- If students choose research, they need to register for the research course including approval from their research mentor.
- If students choose a clinical elective:
  - The OSL will email students approximately 8 weeks before the start of their elective block with a reminder to view available electives in Oasis (see below for screen shots and steps outlining this process)
  - Students should add themselves to as many waitlists as they wish for courses of interest. If students wish to be on more than one waitlist, they should email som.schedule@ucdenver.edu with a ranked list of courses in the order they would like to enroll.
  - OSL will manage the waitlist and add students to the courses with availability in the ranked order of student preference.
Please note that the add period for courses ends 45 days before the start of a course. Students can add themselves to waitlists any time before 45 days, but will NOT be allowed to add a course after this date.

Please also keep in mind that the drop date is 28 days before the start of a course. If a student is enrolled past this date, they will not be allowed to drop unless extenuating circumstances apply.

For questions related to late adds/drops, students must make a written request to the Assistant Dean of Student Affairs (som.schedule@ucdenver.edu)

How to Search and Register for a 2 week Elective

1. Login to Oasis and navigate to Course Catalog
2. Select the MS3 Student Level Catalog
3. In the Course Catalog, select All Departments
4. For the Optional Search Criteria, Select “Start Date” “=” and your 2-week Elective Start Date
5. Select Search and look for courses of interest to you during your 2-Week Elective window.

6. Once you have selected courses of interest, navigate to the Add Course tab
7. Click Add to add Elective. Locate your 2-Week Elective start date and click add to add yourself to the course waitlist. Click Add Selected Course.