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INTRODUCTION

The Foundations of Doctoring Curriculum (FDC) is a three-year curriculum required of all students admitted to the University of Colorado, School of Medicine (SOM). Our vision is to prepare you to be an outstanding physician who will care for our diverse society. Our mission is to provide a dynamic, integrated curriculum of foundational clinical and professional skills and experiences.

The FDC in Phase I is composed of the following:

- Physical examination sessions
- Communication skills coaching sessions
- Continuity clinic with a physician preceptor (preceptorship)
- Professional development sessions and activities
- Assessment of your clinical skills

PHASE I GOALS

Physical Exam
1. Use the language of physical examination structures, techniques and findings
2. Perform core and additional physical examination techniques in the following body areas:
   - General Assessment (Vital Signs)
   - Extremities and Back
   - Cardiovascular
   - Chest and Lungs
   - Abdomen
   - Head and Neck
   - Skin and Nails
3. Perform a core physical exam that combines the core elements of each of the body areas
4. Relate the physical examination to normal anatomy and physiology
5. Relate the physical examination to abnormal anatomy and pathophysiology

Communication
1. Use the language of relationship centered communication skills specific to introductions and agenda setting, information gathering/history taking, sustaining structure, building relationships, and closing the visit
2. Perform communication skills including introductions and agenda setting, information gathering/history taking, sustaining structure, building relationships, and closing the visit
3. Give and receive feedback on communication skill development
**Clinical Reasoning**
1. Identify the key subjective and objective components of the comprehensive medical encounter: patient identification, chief complaint, history of present illness, active medical problems, past medical and surgical history, medications, allergies, social history, family history, complete review of systems and physical exam findings
2. Identify the key components of the comprehensive history and physical (H&P) note
3. Practice writing comprehensive H&P notes
4. Recognize fundamental clinical reasoning concepts including problem representations, semantic transformation, and key features
5. Practice clinical reasoning skill through creation of accurate problem representations, identification of key features of the patient's subjective and objective presentation, and creation of a summary statement using semantic qualifiers

**Preceptorship**
1. Begin career exploration
2. Set individualized learning goals for preceptorship
3. Practice communication, physical exam and clinical reasoning skills in a clinical setting
4. Practice compassionate treatment of patients, and respect for their privacy and dignity
5. Demonstrate professional behaviors in clinical interactions

**Professional Development**
1. Identify the basic legal obligations of clinical practice
2. Uphold and promote the ideals of medical professionalism in all interactions with patients, colleagues, staff and faculty
3. Recognize and accept limitations in one’s knowledge and clinical skills, and continuously improve one’s knowledge and ability
4. Respect the roles of other health care professionals and recognize the need to collaborate with others in caring for individual patients
5. Identify characteristics of effective teamwork
6. Recognize the importance of cultural, ethnic, racial and religious diversity and its impact on society, health care delivery, and the workplace
7. Recognize the impact of economics on healthcare delivery
Preceptorship

Acquiring a knowledge base and developing a clinical reasoning process are crucial to your development as a physician. You will be learning and practicing communication and physical examination skills that allow you to acquire essential information about the patient. The development of these skills is facilitated by patient simulations, especially those involving standardized patients. However, much of the essence of physician skills and professional behaviors is best learned in practice. For this reason, you are assigned to a physician who will serve as your preceptor and clinical mentor. You will spend four hours two to three times per month with your preceptor, observing and participating to the extent that your developing skills allow. Your primary goal for the preceptor experience should be to become comfortable interacting with patients, practicing communication and physical exam skills, and learning as much as you can from a physician role model. You will be required to log all your patient encounters.

Tips for making your preceptor experience excellent include:

• Help direct your learning experience by communicating regularly with your preceptor about what you need to be learning. It is important to take responsibility for your own learning.
• Accept that your experience may differ considerably from your classmates’ experiences.
• Encourage your preceptor and the staff to schedule patients that you have seen before back for return visits so you can see them again. Ask your preceptor if there are several patients or families that you could follow more closely over the three years.
• Tell patients that you are a medical student.
• Integrate into the usual work pattern of the practice, be a valuable team member.
• Make an effort to apply some of the basic science knowledge you are acquiring to the patients you encounter.
• Be a self-directed learner. Research patient related problems you encounter. This is what you will be doing for the rest of your career.
• Ask for help when needed.
• Use the Focus Four to help guide your preceptor sessions to meet your learning needs and focus your clinical experience.
• Communicate with FDC if you are having difficulties with any of the above.

You will have an opportunity to indicate your preference of preceptor specialty prior to preceptor assignment this fall. You will receive your preceptor name at the Preceptor Orientation.
Your preceptor sessions should occur when you do not have other classroom or school requirements. If your preceptor is only available in the morning, therefore conflicting with classroom lectures, please contact foundations.doctoring@ucdenver.edu for a rematch.

Disclaimer: We are a pluralistic society and the practice of medicine is not a hard science. You will be exposed to different styles of practice even among physicians in the same specialty. Your experiences may differ from those of your colleagues, but this is to be expected throughout your training as a physician. Please contact the Associate Course Director, Kristin Furfari, MD if you feel there is a mismanaged patient care issue or ethical problem in any of the clinical situations you encounter.

Physical Examination Curriculum

During phase I, you will learn physical examination skills in the context of the SOM block curricula. The majority of the basic physical exam skills will be taught concurrently with the subject matter in the Human Body Block, focusing on what is normal. You will learn these skills during small group exercises led by Standardized Physical Exam Teaching Associates (SPETAs). SPETAs are specially trained to teach the physical exam in a standardized fashion. In addition to the instruction they provide, they allow you the opportunity to practice skills on them. You will be assessed on your skills in the fall to determine your level of competency before starting your preceptorship. This is also an opportunity to provide you with feedback on your strengths and weaknesses as you move forward.

As you progress through phase I, the focus of the physical exam sessions will change from what is normal to what is abnormal. You will have the opportunity to examine patients with abnormal findings under the guidance of a physician tutor. These sessions are correlated with the content of the blocks (e.g. listening to patients with heart valve murmurs during the CVPR Block). There will be no invasive exams (breast, genital, pelvic, and prostate) in the Phase I curriculum as they will be addressed in Phase II.

Prior to each physical exam session, you must read the assigned chapter in your physical exam guidebook, watch the videos (links found on Canvas), and review the checklist(s). You may also choose to review the content from the following websites prior to your sessions:

http://meded.ucsd.edu/clinicalmed/index.htm
http://stanfordmedicine25.stanford.edu

It is imperative that you arrive prepared (you have done the reading and have your medical equipment) and dress appropriately to examine SPETAs and/or patients. Please see the section below on “appropriate attire” for details on acceptable dress for physical exam sessions. You may also find it helpful to bring your physical exam guidebook checklists to your small group sessions.
Ultrasound Curriculum

Integrated with Essentials Core blocks and FDC Physical Exam sessions, you will also participate in required Ultrasound sessions. The aims of these sessions are to provide you with an opportunity to reinforce your anatomical knowledge, and to introduce you to handheld ultrasound as a clinical tool. Prior to each ultrasound session you must watch the assigned videos and complete a quiz in Canvas.

Communication Curriculum

How physicians communicate dramatically impacts the kinds of relationships they can build with patients and their families, and the quality of care they provide. Good communication impacts all aspects of patient care including history taking, diagnostic accuracy, patient satisfaction, information sharing, patient ability to carry out plans of care, and effective interprofessional care coordination. As a result, communication is the most powerful therapeutic tool that physicians use and the one you will use most frequently in your professional life.

The model of communication used in our sessions is based upon the evidence-based Calgary-Cambridge Guide. We chose this model because it provides specific communication skills aimed to structure clinical encounters effectively and efficiently while facilitating relationship centered care. Our goal in using this model is to provide students with an organized structure and set of skills that can be used in all patient care interactions. Once mastered, the Calgary-Cambridge guide provides a basis from which students will develop their own relationship centered communication style.

In the first year of FDC, the focus is on the first 3 steps of the medical interview. These include introductions, agenda setting and gathering information (taking a history) from a patient. The skills associated with building the doctor patient relationship, providing structure and flow to clinical encounters and closing a patient interview are also learned during phase I. These essential skills are taught with brief lectures, demonstrations and videos and then practiced in small groups. The small group sessions include the use of interviews with standardized patients and a process of coaching and feedback for each student. We work closely with the Center for Advancing Professional Excellence (CAPE) and develop specific standardized patient (simulated patient) cases to address different types of clinical encounters and the requisite combination of communication skills.

Although the focus of the sessions is on communication skills, the patient cases will also be used to reinforce objectives from other aspects of the curriculum (e.g. Thread content.) In order to optimize the learning experience for all students, the content of communication cases is to be kept confidential.
Professional Development Curriculum

Several other curricular topics are integrated within the Foundations of Doctoring Curriculum, including Clinical Reasoning, Threads, IHI Open School Modules and the Clinical Interlude.

Clinical Reasoning Curriculum

Clinical reasoning or “how to think like a physician” is a complex skill that is learned and developed throughout a physician's medical career. Within FDC clinical reasoning sessions, art in medicine sessions, and medical documentation sessions, fundamental concepts and vocabulary of clinical reasoning will be introduced. Clinical reasoning skills and concepts are reinforced through opportunities to practice using both application and reflective exercises. Clinical reasoning sessions will focus on 1) the creation of problem representations which capture the reasons that patients are seeking care and 2) the creation of summary statements that highlight the key features of a patient’s presentation. The art in medicine session will focus on the importance of observing and information gathering before jumping to conclusions and the importance of perspective. Medical documentation sessions will focus on the proper structure of medical documentation and oral presentations in order to showcase your clinical reasoning skills. Supplemental readings for these educational sessions will be used to help reinforce clinical reasoning concepts and skills. Clinical reasoning knowledge, behaviors, and techniques can and should be used and applied in problem based learning sessions, preceptor sessions, and other clinical experiences to develop one’s abilities to “think like a physician.”

Note: In the spring semester, you will complete a comprehensive note based on a patient seen with your preceptor. It is imperative that you complete your encounter and note on time in order to be prepared for the classroom session.

Threads

As in the Essentials Core Blocks, Threads content is integrated into FDC curricular time. In Phase I, there are sessions in the Humanities, Ethics and Professionalism (HEP), and Culture, Health, Equity and Society (CHES) threads.

IHI Open School

Over the course of Phase I and II, you are required to complete multiple Institute for Healthcare Improvement (IHI) Open School on-line courses. Completion of select courses results in their Basic Certification and you must complete this Basic Certification prior to the end of the Spring Semester in Phase II. This content is also considered part of the CHES thread. Several courses are assigned each semester and completion will be monitored. Registration and course timing information is found on Canvas. General information about IHI Open School course catalog is found on this website: http://www.ihi.org/offerings/IHIOpenSchool/Courses/Pages/default.aspx
Clinical Interlude

In December after the Essentials Core block curricula has concluded, you will spend one week exploring the clinical environment through classroom experiences and in the hospital setting. Students will observe clinical care in the inpatient environment with a focus on observation of clinical care teams. Your full participation in this week is required and is part of the FDC grade.

ASSessment of your Progress

The FDC uses a broad array of methods to assess all course competencies appropriately. Your Preceptor will evaluate you at the end of each semester. Physical exam evaluations will take place in the fall and the spring, and communication skills assessment will take place in the spring at the Center for Advancing Professional Excellence (CAPE). These types of evaluations with simulated patients have taken on more importance in medical education as you are required to take a similar style exam during part II of the National Boards. In addition, some Blocks will integrate Foundations content into their exams (e.g. physical exam knowledge in the Human Body Block). As in other courses, FDC assessment material (including case content) is confidential and revealing this information to peers will be considered an honor code violation. Details of CAPE assessment(s) are to be kept confidential until all students in your class have participated and must not be discussed with students of subsequent classes.

Fall Physical Examination Assessment

We assess your physical examination knowledge and skills by having you perform physical exams on SPETAs. The checklists we use to assess your exam performance are distributed with the syllabus and posted on Canvas. An initial assessment will occur in the fall semester after you have completed your basic SPETA sessions during the Human Body Block. You will be evaluated on performance of a core physical exam and basic communication skills in this assessment. These encounters will be digitally recorded for grading and remediation purposes.

Spring Integrated Skills Assessment

The purpose of this assessment is to assess the development of your communication, physical examination and clinical skills in an integrated fashion. For this assessment, you will be complete a comprehensive encounter as well as two body area exams. During the comprehensive encounter, you will perform a complete review of the patient’s medical history, a complete review of systems, and perform a core physical exam while performing elements of the Calgary-Cambridge based communication skill checklist. This integrated assessment will provide you with an opportunity to demonstrate your competence in the clinical skills you have learned in Phase I including communication, physical exam, and note writing skills. Standardized patients are trained to assess each student and this encounter will be digitally
recorded for grading and remediation purposes. A digital review of your performance of clinical skills will be required as part of the assessment.

**Accommodations**

FDC and the CAPE do not have authority to make accommodation decisions. To request an academic accommodation for a FDC-based CAPE Assessment, contact the Office of Disability Resources and Services: http://www.ucdenver.edu/student-services/resources/disabilityresources-services/Pages/disability-resources-services.aspx The Office of Disability Resources will then inform FDC/Office of Student Life of approved accommodations. Notification of approved accommodation(s) should be submitted to the CAPE no later than 3 weeks prior to the scheduled assessment.

**Grading**

*FDC is a Pass/Fail course.* In order to pass the course, you must complete all requirements and actively participate in all on-campus sessions (communication, physical exam, professional development, etc.,) preceptor sessions, and assessments. **All FDC small group and preceptor sessions are required. Sessions that are missed for either excused or unexcused absences must be remediated.**

Additionally, you must demonstrate adequate professional development in the course competencies. If your demonstrated knowledge, skills or behavior is not adequate in a particular component of the course, you will be asked to participate in a required remediation of that component. Remediation varies by the type of session missed/inadequately demonstrated and the content involved.

You must pass each component of FDC in order to pass the course. Failure to successfully complete required aspects of the course by course deadlines will result in an ‘Incomplete’ grade. Once required aspects are successfully completed, ‘Incomplete’ grades are amended to ‘Pass with Remediation’ grades. Failure to complete multiple required aspects or demonstrate adequate knowledge, skills or behavior will result in a ‘Fail’ grade. Remediation of ‘Fail’ grades is based on recommendations from the Promotions Committee. An ‘In-Progress’ grade is used when a student in good standing cannot complete course requirements due to illness or other extenuating circumstance, or when a student has completed their requirements but their preceptor’s evaluation of their performance is still pending at the time of grade submission.

The different components of the course are evaluated as follows:

- Your performance in **preceptorship** will be evaluated each semester by your preceptor. You are to attend the number of required sessions communicated at the beginning of each semester. If necessary, you will be allowed 1 absence per semester if your preceptor has a scheduling conflict. This absence will need to be approved by the Associate Course Director. Your preceptorship experience will also be evaluated through your patient log completion each semester.
Additionally, you must complete a Focus Four goal sheet and an evaluation of your preceptor at the end of each semester. You must complete your sessions, receive a passing evaluation from your preceptor, complete your patient log, Focus Four goal sheet and evaluate your preceptor to pass this component.

- Your performance in the communication skills curriculum will be evaluated based on your presence & active participation in all of the communication practice sessions. Your ability to demonstrate proper use of Calgary Cambridge based communication skills during CAPE assessments is also used to evaluate your mastery of the communication skills curriculum. The faculty coaches will note your presence, participation and skills. You must attend all communications sessions, complete related reading assignments and demonstrate adequate ability to communicate and build relationships with patients to pass this component.

- Your performance in the physical exam curriculum will be evaluated based on your presence & active participation in all of the physical exam sessions as well as your physical exam skills. The SPETAs/faculty tutors will note your presence, participation and skills. You must attend all physical exam sessions and demonstrate adequate ability to perform physical exams to pass this component.

- Your performance in the ultrasound curriculum will be evaluated based on your presence & active participation in the sessions. You must attend all ultrasound sessions and successfully complete the quizzes to pass this component.

- Your performance in the clinical reasoning curriculum will be evaluated based on your presence & active participation in the sessions. You must attend all clinical reasoning and written communications sessions to pass this component.

- Your performance on a comprehensive note will be evaluated based on your effort to document a comprehensive encounter using the provided FDC templates. You must turn in an adequate comprehensive note, actively participate in the comprehensive note session in order to pass this component.

- Your performance on the CAPE assessments is based on the SP-graded checklists and post-encounter tests (if applicable). Points are divided across all stations in the assessment. You must pass all aspects of the CAPE assessment in order to pass the CAPE assessment. If you do not pass a portion of the assessment, you will be given one opportunity to retake that aspect and/or larger portions of the assessment if necessary. Successful completion of all aspects of the CAPE assessment is required to pass this component.

- The professional development component is based upon your presence, active participation in all the professional development sessions and successful completion of session assignments. You must successfully complete assignments (IHI modules, etc.) and participate fully in sessions including threads, and Clinical Interlude week in order to pass this component.

Professionalism is assessed throughout the curriculum by your preceptor, communication coaches, SPs, SPETAs, and faculty tutors/facilitators. Professional expectations will be reviewed in the orientation and are outlined in “Professional Conduct” below. They include, but are not limited to, respectful treatment of colleagues, faculty, staff and patients, timeliness, self-directed or assigned learning, interactions in a small group setting, etc. Unprofessional behavior will result in
Finally, you are required to complete a course evaluation each semester. As per Essentials Core policy, incomplete course evaluations may result in professionalism feedback.

### COURSE MECHANICS

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<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Contact Information</th>
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<tr>
<td><strong>Course Website:</strong></td>
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Foundations of Doctoring Curriculum Office

The FDC office is located on the 1st floor, East wing, of Building 500 at the Anschutz campus.

Office Hours

The office is open from 8:00am-5:00pm Monday through Friday. Private appointments may be scheduled with the Course Director and Associate Directors. The bottom line is that we try to be accessible to you. Please feel free to call us if you have questions.

Course Information Correspondence

Because of the complexity of the FDC, we strive to communicate with you often. We will use Canvas for all essential course correspondence. It is your responsibility to check the FDC Canvas course regularly for course announcements, session information and other details.

Meeting Places

On campus sessions will occur, when feasible, in Education 1. Small group room assignments will be posted on Canvas.

Text/Tools

We require that you have a physical diagnosis textbook to refer to as you are learning these skills. This text will also be used to develop questions which are incorporated into Block exams and CAPE Assessments.

An optional textbook to complement the Physical Exam Guidebooks:

- Bates’ Guide to the Physical Examination and History Taking.

Clinical tools are a must if you are going to learn how to use them. The school of medicine strongly recommends that you have your own diagnostic kit (ophthalmoscope/otoscope) in order to provide the opportunity for practice. You will hear differing opinions regarding the need for this. There is important data that indicates clinicians need extensive repetition of these skills in order to become proficient. In addition, such proficiency is often tested at our school as well as by the National Board of Medical Examiners. You will also need a reflex hammer, a penlight and a 128 Hz tuning fork. The stethoscope you receive from the alumni is appropriate for your needs. Please mark your personal equipment in some permanent way. If you elect to purchase equipment, you can request reimbursement through the Financial Aid Office. In order to do this, you will need an itemized receipt, a budget increase request form, and a letter of necessity from FDC.
**Professional Conduct**

It is essential that all excellent physicians uphold a certain set of professional standards. These principles include competence, honesty, confidentiality, appropriate boundaries with patients, and respect for patients, your colleagues and others with whom you work. Appropriate attire for patient care activities is part of being a medical professional and should be maintained at all times during preceptor sessions and other FDC sessions involving patients/standardized patients. You and your preceptor may negotiate the appropriate dress for the practice. You are expected to wear a nametag or identification badge at all times.

**Attire Recommendations**

**Appropriate Attire** for sessions involving Standardized Patients (SPs) and Standardized Physical Exam Teaching Associates (SPETAs):

- Wear your ID at all times.
- Clothing that is not too tight, not too loose and not too revealing.
- Clothing should cover the back, shoulders and midriff (i.e. no spaghetti straps, tank tops, backless shirts, crop tops).
- No jeans, sweat pants or shorts.
- No baseball caps or other types of hats.
- No clothes that create a distraction or disturbance: gang, slogans, derogatory words, intimidating.

**Professional Attire** for preceptor (continuity clinic) sessions and examinations at the CAPE:

- Wear your ID at all times.
- Clothing that is not too tight, not too loose and not too revealing.
- Clothing should cover the back, shoulders and midriff (i.e. no spaghetti straps, tank tops, backless shirts, crop tops).
- No jeans, sweatpants or shorts.
- No baseball caps or other hats.
- No clothes that create a distraction or disturbance: gang, slogans, derogatory words, intimidating.
- Wear a white coat unless instructed otherwise.
- Shoes: clean and in good repair, no open toed shoes, heels should be 2” or less.
- Men: collared shirts and ties are always appropriate but may not be required (open-collar/polo-style may be acceptable), tailored or docker-style slacks.
- Women: blouses, slacks or skirts (no shorter than 2” above the knee).
- Tattoos should be covered by clothing.
- Limit piercing jewelry to earrings.

Formal dress codes vary by clinical site and may be referenced on the UME Policies webpage:
Transportation

You are responsible for your own transportation to your continuity clinic. Office hours vary, and you should establish with your preceptor the time and exact location to meet for these sessions.

Inclement Weather

Your safety is a prime concern. If inclement weather makes travel to a preceptor office hazardous, please call your preceptor to reschedule your session.

Illness/Religious Holidays

If you cannot attend any part of the course due to illness or a religious holiday, please call your preceptor (if continuity clinic will be missed) or the Course Administrator (if an on-campus session will be missed) as soon as possible.

Academic Calendar

Each semester we provide a Road Map document to illustrate the schedule. However, this is subject to change. Please refer to Canvas for details and up to date information on individual sessions.

PROGRAM EVALUATION

Because the world of medicine is continually changing, it is anticipated that any curriculum designed to prepare physicians will of necessity be dynamic. For this reason, regular ongoing evaluation of the curriculum is seen as a very important activity for all involved, whether students, tutors, preceptors, or the Course Directors. The FDC Director and Associate Course Directors meet on a regular basis. Your input is very valuable. Please contact us if you wish to participate in any of these meetings. Please call Veronica Paradise at (303) 724-6421 to obtain the dates, times and locations for these meetings. You may also discuss issues with the Course Representatives. We use our online course evaluations to improve the course for the next year. Your feedback is extremely important!