This handbook does not constitute a contract, either expressed or implied, with the University of Colorado School of Medicine (SOM) and the University reserves the right at any time to change, delete or add to any of the provisions at its sole discretion. Furthermore, the provisions of this document are designed by the University to serve as guidelines rather than absolute rules, and exceptions may be made on the basis of particular circumstances. In the event of a conflict between this and other documents, this document takes precedence. Revised July 2013
# Table of Contents

## General Information

<table>
<thead>
<tr>
<th>Section</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Student Privacy</td>
<td>3</td>
</tr>
<tr>
<td>II. Equal Opportunity and Non Discrimination</td>
<td>3</td>
</tr>
<tr>
<td>III. Teacher-Learner Agreement</td>
<td>3</td>
</tr>
<tr>
<td>IV. Mistreatment Policy</td>
<td>6</td>
</tr>
<tr>
<td>V. Calendar</td>
<td>8</td>
</tr>
<tr>
<td>VI. Clinical Requirement responsibilities</td>
<td>8</td>
</tr>
<tr>
<td>VII. Malpractice, Workers Compensation, Health Insurance</td>
<td>8</td>
</tr>
<tr>
<td>VIII. Dual Degree Programs</td>
<td>9</td>
</tr>
</tbody>
</table>

## Curriculum Information

<table>
<thead>
<tr>
<th>Section</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. General Information</td>
<td>10</td>
</tr>
<tr>
<td>II. Responsibility and Authority for Blocks</td>
<td>11</td>
</tr>
<tr>
<td>III. Attendance and Absence Policies</td>
<td>12</td>
</tr>
<tr>
<td>IV. Required Evaluations</td>
<td>13</td>
</tr>
<tr>
<td>V. Student Block Representatives</td>
<td>13</td>
</tr>
</tbody>
</table>

## Promotions, Advancement, Grading, Graduation

<table>
<thead>
<tr>
<th>Section</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Student Promotions Committee</td>
<td>14</td>
</tr>
<tr>
<td>II. Academic Actions</td>
<td>16</td>
</tr>
<tr>
<td>III. The Grading System</td>
<td>19</td>
</tr>
<tr>
<td>IV. MSPE and Class Rank</td>
<td>21</td>
</tr>
<tr>
<td>V. Academic Rights and Appeals</td>
<td>23</td>
</tr>
<tr>
<td>VI. Leave of Absence</td>
<td>24</td>
</tr>
<tr>
<td>VII. Professionalism and Honor Council</td>
<td>26</td>
</tr>
<tr>
<td>VIII. Minimum Requirements for Advancement and Retention</td>
<td>29</td>
</tr>
<tr>
<td>IX. Requirements for Graduation</td>
<td>31</td>
</tr>
</tbody>
</table>

## Appendices

<table>
<thead>
<tr>
<th>Section</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Organizational Chart, School of Medicine Departments</td>
<td>34</td>
</tr>
<tr>
<td>II. Organizational Chart, UME Leadership and Committee Structure</td>
<td>35</td>
</tr>
<tr>
<td>III. Professionalism Feedback Process</td>
<td>38</td>
</tr>
<tr>
<td>IV. Professionalism report form and flow diagram</td>
<td>39</td>
</tr>
<tr>
<td>V. Ombuds Office</td>
<td>40</td>
</tr>
<tr>
<td>VI. Technical Standards/ Accommodations for Individuals with Disabilities</td>
<td>41</td>
</tr>
</tbody>
</table>
GENERAL INFORMATION AND RESOURCES

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

I. STUDENT PRIVACY

According to the Family Educational Rights and Privacy Act (FERPA), students may annually file written notification requesting the withholding of certain personal information from public inquiry. The University’s FERPA Policy may be found at http://www.ucdenver.edu/student-services/resources/registrar/students/policies/Pages/StudentPrivacy.aspx. Such requests must be filed with the Registrar’s Office. Without such filing, the Registrar’s Office will provide identifying information regarding enrolled students, as permitted by law, as a matter of public record to anyone who requests it. In an emergency, both the Office of Student Life (303-724-6407) and the Registrar’s Office (303-724-8053) will make reasonable efforts to contact a student or a student’s designated emergency contact.

II. EQUAL OPPORTUNITY AND NON-DISCRIMINATION

The School of Medicine is committed to equal opportunity, including opportunity for individuals with disabilities. The School of Medicine does not discriminate on the basis of age, race, ethnicity, gender, sexual orientation, religion, spiritual or political beliefs, disability, or country of origin.

III. TEACHER-LEARNER AGREEMENT

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

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

This Agreement serves both as a pledge and a reminder to teachers and students that their conduct in fulfilling their mutual obligations is the medium through which the profession perpetuates its ethical values.
GUIDING PRINCIPLES:

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

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

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

RESPONSIBILITIES OF TEACHERS AND LEARNERS:

**Teachers should:**

- Treat students fairly, respectfully and without bias related to age, race, ethnicity, gender, sexual orientation, religion, spiritual or political beliefs, disability or country of origin;
- Maintain high professional standards in all interactions with patients, students, colleagues and staff;
- In all educational, research and clinical care settings, welcome and respect patients and others who are poor, disadvantaged, uninsured or non-English speaking;
- Be prepared and on time;
- Provide relevant and timely information;
- Provide explicit learning and behavioral expectations early in a course;
- Provide timely, focused, accurate and constructive feedback on a regular basis;
- Display honesty, integrity and compassion;
- Practice insightful (Socratic) questioning, which stimulates learning and self-discovery and avoid overly aggressive questioning which may be perceived as hurtful, humiliating, degrading or punitive;
- Be familiar with the Student Honor Council process and the Student Professionalism Committee process and the role that faculty and students play in each;
- Provide thoughtful and timely evaluations at the end of a course;
- Solicit feedback from students regarding their perception of their educational experiences and personal interactions;
- Disclose to students, during lectures, seminars and mentored research activities, the existence of any financial ties or conflicts-of-interest that are related to the material being taught;
- Be familiar with the responsibilities listed above and utilize appropriate mechanisms to encourage students who experience mistreatment or who witness unprofessional
behavior to report the facts immediately (for example, to the Office of Student Life, the Ombuds Office, a trusted faculty or staff member, or the professionalism reporting system) and to treat all such reports as confidential.

**Students should:**

- Treat teachers and fellow students fairly, respectfully and without bias related to age, race, ethnicity, gender, sexual orientation, religion, spiritual or political beliefs, disability or country of origin;
- Be prepared and on time;
- Be active, enthusiastic, curious learners who work to enhance a positive learning environment;
- Demonstrate professional behavior in all settings;
- Recognize that not all learning stems from formal and structured activities;
- Recognize their responsibility to establish learning objectives and to participate as active learners;
- Demonstrate a commitment to life-long learning, a practice that is essential to the profession of medicine;
- Recognize personal limitations and seek help whenever it is needed;
- Display honesty, integrity and compassion; these attributes include the responsibility for upholding the School of Medicine Honor Council Principles;
- Recognize the privileges and responsibilities that derive from the opportunity to work with patients in clinical settings;
- In all educational, research and clinical care settings, welcome and respect patients and others who are poor, disadvantaged, uninsured or non-English speaking;
- Recognize the duty to place patient welfare above their own;
- Recognize and respect patients' rights to privacy;
- Provide teachers and the School of Medicine with constructive feedback that can be used to improve the educational experience;
- Solicit feedback on their performance and recognize that criticism is not synonymous with "abuse;"
- Be familiar with the responsibilities listed above and utilize appropriate mechanisms to report exemplary professionalism and professionalism lapses (for example, the Professionalism reporting system, course evaluations, student course representatives, a trusted faculty or staff member, the Office of Student Life, the Ombuds office).

**Relationships between Teachers and Students**

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;
- Personal social contacts outside of the realm of learning or education;
- 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 that differs substantially from the usual teacher-learner relationship with other students;
- Making exceptions for students because they are attractive or appealing.

When students 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 should understand that conflicts may arise between their role as the student's physician and their role as a faculty member who will evaluate the student's performance and should notify students as soon as they recognize the potential conflict. Students should also reciprocate in notifying a faculty member if they are assigned to a physician for evaluation who is providing or has provided medical care for them in the past. The student should notify the course director who will be expected to 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.

IV. MISTREATMENT POLICY

A. Standards of Behavior

The University of Colorado School of Medicine has a responsibility to provide an environment conducive to effective learning by creating an atmosphere of mutual respect and collegiality among faculty, students, and staff. Mistreatment of students can occur in a variety of forms and arises when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process. Disrespectful behaviors, including abuse, harassment and discrimination, are inherently destructive to the teacher/student relationships.

To abuse is to treat in a harmful, injurious or offensive way, to pressure into performing personal services, to speak insultingly or harshly to or about a person, or to speak unkindly to or about a person in a contentious manner. It includes, but is not limited to: verbal, emotional (neglect or a hostile environment), behavioral, sexual (physical or verbal advances, discomforting attempts at “humor”) and physical harassment or assault. Harassing behavior is verbal or physical conduct that creates an intimidating or hostile work or learning environment in which submission to such conduct is a condition of continuing professional training. Discrimination is those
behaviors and policies that have an adverse effect because of disparate treatment due to age, race, ethnicity, gender, sexual orientation, religion, spiritual or political beliefs, disability or country of origin.

While not considered outright mistreatment, other situations may be considered poor judgment. These include but are not limited to inappropriate comments about a student’s appearance, the use of foul language or asking students to perform personal favors such as babysitting, household chores or errands, even while not directly supervising the student.

B. Procedures for Reporting and Handling of Alleged Student Mistreatment

**Professionalism First** is an initiative in the School of Medicine MD degree program that was designed to heighten awareness of the importance of professionalism as it relates to medical education. It is intended to promote learner and faculty development on professionalism and to highlight the school’s process for students and residents to anonymously and/or confidentially report lapses in or exemplary professional behavior by faculty and residents. With the assistance of a secure and confidential third-party reporting system, a CU School of Medicine Faculty Professionalism Committee is able to investigate and respond to reports in order to foster an environment of continuous exemplary professional behavior. ([www.ucdenver.edu/academics/colleges/medicalschool/facultyAffairs/ProfessionalismFirst/Pages](http://www.ucdenver.edu/academics/colleges/medicalschool/facultyAffairs/ProfessionalismFirst/Pages))

1. When an allegation of inappropriate behavior or mistreatment is made, the parties involved may use the Professionalism First system as described above. The student may also contact the university Ombuds Office ([www.ucdenver.edu/about/departments/OmbudsOffice](http://www.ucdenver.edu/about/departments/OmbudsOffice)).

2. Within the School of Medicine the following are places where a report of inappropriate behavior or mistreatment may be made:

<table>
<thead>
<tr>
<th>Professionalism First Reporting System</th>
<th>The Ombuds Office</th>
<th>The Office of Student Life</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>The Associate Dean for Student Advocacy</td>
</tr>
</tbody>
</table>

3. Students who believe that they have been subjected to sexual harassment should report to the Title IX office: ([http://www.ucdenver.edu/about/WhoWeAre/Chancellor/ViceChancellors/Provost/StudentAffairs/UniversityLife/sexualmisconduct/AMCpolicies/Pages/AMCWelcome.aspx](http://www.ucdenver.edu/about/WhoWeAre/Chancellor/ViceChancellors/Provost/StudentAffairs/UniversityLife/sexualmisconduct/AMCpolicies/Pages/AMCWelcome.aspx))

4. Students who believe that they have been subject to discrimination should report to the Employment Rights Compliance and Investigation Manager - Melissa Luna, JD, Med: Melissa.luna@ucdenver.edu.
5. The Senior Associate Dean for Education may investigate any reports of inappropriate behavior, unprofessional behavior or mistreatment.

C. Education

Information about standards and policies on student mistreatment will be made available to faculty and students on the School of Medicine Student Life website. Educational sessions for faculty are held at the new faculty orientation and the policy is reviewed with students during the new student orientation as well as the orientation to the clinical clerkships and with residents during their orientation.

V. Calendar

Academic calendars for Phase I and II of medical school are available online ([https://somed.ucdenver.edu/ilios/ics/](https://somed.ucdenver.edu/ilios/ics/)). Calendars for Phase III and IV are also available online: [http://www.ucdenver.edu/academics/colleges/medicalschool/education/degree_programs/MDProgram/administration/policy/Pages/default.aspx](http://www.ucdenver.edu/academics/colleges/medicalschool/education/degree_programs/MDProgram/administration/policy/Pages/default.aspx). Each Phase may have a different calendar, with different vacation periods. The calendar is subject to change.

VI. Clinical Requirement Responsibilities

The student is expected to maintain a knowledge of and compliance with School of Medicine policies related to immunizations, TB testing and TB mask fitting, needle sticks, workers compensation, drug screening, HIPAA (Health Insurance Portability and Accountability Act), universal precautions, and any OSHA (Occupational Safety and Health Administration) requirements.

VII. Malpractice, Workers Compensation, Health Insurance

The School of Medicine provides professional liability coverage for its students through a combination of self-insurance and commercial insurance. This coverage is subject to the terms of the University of Colorado Self-Insurance and Risk Management Trust Coverage Document. The extent of coverage under the Trust may be limited by the nature of the MD training program with the University. Coverage extends to an individual who is duly enrolled and matriculated as a medical student at the University of Colorado School of Medicine for all professional and educational activities that are within the course and scope of the individual’s responsibilities as a student. Students on an approved Leave of Absence may not be covered and should work with the Office of Student Life for details.

Volunteer activities performed by medical students enrolled at CU are covered by the malpractice Trust if they fall within the course and scope of the individual’s responsibilities as a student. In most circumstances, the volunteer activity will be a recognized activity within the approved curriculum and course credit will be awarded to the student. In other situations, contact the Professional Risk Management office (303-724-7475) or the Office of University Counsel (303-215-6617) for guidance. All non-
course credit volunteer activities should also be approved in writing by the Senior Associate Dean for Education or the Assistant Dean for Student Affairs, or their designees.

Workers’ compensation benefits may apply to students in clinical rotations. Students in on-campus classroom activities are not covered by workers’ compensation. Information on workers’ compensation procedures for needlestick and body fluid exposures is available on the Student Life website.

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

**VIII. DUAL DEGREE PROGRAMS**

The School of Medicine currently has three formal joint or dual degree programs, the Medical Scientist Training Program (MSTP), Masters of Public Health (MPH) and the MBA program. The MSTP program offers a combined MD/PhD degree and is a rigorous multi-year program in which students complete the basic science curriculum and then enter the graduate school to complete basic science research leading to a doctoral thesis before returning to complete the clinical curriculum.

The MD/MPH program is a joint degree program in which students generally take MPH coursework for 3 semesters between Phase III and Phase IV. Students can select a concentration in Applied Biostatistics, Community and Behavioral Health, Community Health Education, Environmental and Epidemiology, Health Systems, Management and Policy, or Generalist.

The School of Medicine, working with the University of Colorado Denver’s downtown campus, also provides the opportunity for students to earn a Masters of Business Administration (MBA) degree in one calendar year. Students enter this program after completing Phases I, II and III. Students must apply to the MBA program separately; however the program will waive the requirement for the GMAT and use the student’s MCAT scores. This program provides an excellent opportunity for medical students who wish to understand the business of medicine and to develop the skills necessary to work in medical administration.
I. GENERAL INFORMATION

The curriculum is divided into Phases: the Essentials Core (Phases I & II), the Clinical Core (Phase III), Advanced Studies (Phase IV), and the Longitudinal Curriculum. Clinical education and experience begin with the Foundations of Doctoring Curriculum, providing students with training in the culture of medicine and direct patient care. The Foundations of Doctoring curriculum runs concurrently with other courses and blocks throughout Phases I, II and III. Woven through all Phases are four Threads that integrate these topics into the curriculum:

- Humanities, Ethics and Professionalism
- Medicine and Society
- Culturally Effective Medicine
- Evidence-based Medicine and Informatics

In addition, the Mentored Scholarly Activity Program provides students with the opportunity to work closely with a faculty mentor on a project of mutual interest, extends through all four years.

The Essentials Core Curriculum (Phases I and II) comprises the first 18 months of medical education. These 18 months are separated into four semesters, each consisting of a series of interdisciplinary Blocks that present basic science in a clinical context as well as a concurrent longitudinal curriculum. For additional information please see the website http://www.ucdenver.edu/academics/colleges/medicalschool/education/degree_programs/MDProgram/administration/policy/Pages/default.aspx.

Phase III consists of a number of integrated Blocks, Clerkships and Longitudinal Curriculum elements. It provides intensive clinical experiences in hospital, ambulatory clinic, emergency and operating rooms, community, rural, and urban clinics.

Phase IV (Advanced Studies) includes a sub-internship, residency preparation, clinical and research electives.

The Associate Dean for the Integrated Curriculum provides oversight over the entire undergraduate medical education curriculum with the assistance of the Curriculum Steering Committee (CSC).

The Assistant Dean for the Essentials Core, the Assistant Dean for the Clinical Core, the Assistant Dean for Advanced Studies and the Assistant Dean for the Longitudinal Curriculum direct the basic science and clinical curriculum working with faculty committees. The Assistant Dean for the Essentials Core chairs the Essential Core Block Directors committee (ECBD), which has responsibility for Phases I and II; the Assistant Dean for the Clinical Core chairs the Clinical Block Directors committee, (CBD) which has responsibility for Phase III; the Assistant Dean for Advanced Studies chairs the Advanced Studies committee (ACS), which has responsibility for Phase IV; and the
Assistant Dean for the Longitudinal Curriculum chairs the Longitudinal Curriculum Committee (LCC) which has responsibility for the Longitudinal Curriculum.

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

- guides reviews, and approves courses as well as block content and educational formats;
- systematically establishes the evaluation procedures for curriculum, student and faculty assessment, and focuses on helping achieve specific curricular outcomes associated with graduating superior physicians;
- periodically reviews and amends educational policies; and
- recommends, facilitates and develops procedures for approving changes to the curriculum and assuring they are implemented.

The CSC works closely with the Assistant Deans for Essentials Core, Clinical Curriculum, Advanced Studies, and Longitudinal Curriculum, as well as all other curriculum development faculty and the committees of Undergraduate Medical Education (UME) to guide, revise, and implement changes and foster quality improvement. The CSC reports periodically to the Faculty Senate.

II. RESPONSIBILITY AND AUTHORITY FOR BLOCKS, COURSES AND CLERKSHIPS

The curriculum consists of Blocks, Courses and Clerkships. In Phases I and II, there are 9 major blocks. There are also courses that are part of the Longitudinal Curriculum that move between Blocks and there are elective Courses. In Phase III a Block is a course of clinical training within more than one specialty. A Clerkship is a course of clinical training in one specialty.

The Director and/or Co-Director for each required Block, Course and Clerkship has overall responsibility and authority for its conduct. The Directors represent the School of Medicine in the design and presentation of the specific curricular content for each Block, Course or Clerkship. Each Director or designee is expected to present the overall goals and objectives, requirements of enrolled students, and grading policies to the students at the beginning of the course, block or clerkship. The Director has the responsibility for assigning grades for his/her Block, Course or Clerkship. For course work away (senior electives), the School of Medicine Course Director has the responsibility to assign the final grade after reviewing the evaluation and recommended grade from the faculty at the host institution who have supervised the student. In addition, all required Phase III Block and Clerkship directors use a grading committee to determine final grades.
III. ATTENDANCE AND ABSENCE POLICIES

Mandatory attendance may be in place for certain elements of the curriculum. A curricular element that is considered essential for the completion of a block, course, clerkship, phase, thread or graduation requirements may have required attendance. All required elements are clearly identified in each individual syllabus. Although educational “tracks” exist in the curriculum, they are not required of all students. As such, individual tracks may have their own attendance policies.

A. Definition of Absences:

1. An “excused absence” is an absence for which permission has been granted. Excused absences are considered to occur in voluntary or involuntary or emergent situations as defined below:

Voluntary situations: An absence for an event or events such as family events, conferences, review courses, personal appointments. Every attempt must be made by the student to schedule these situations outside of required curricular elements.

Involuntary situations: An absence for serious illness, family illness, jury duty and academic difficulties. The Office of Student Life must be notified by the student or the Course, Clerkship or Block director of any absence of greater than two days. The ultimate responsibility for notification lies with the student.

Emergency Situations: A situation where permission could not be requested prior to the absence.

2. An “unexcused absence” is an absence for which permission has not been granted. These absences should be reported to the Director of the Block, Course or Clerkship who should report this to the Associate Dean for Student Life or designee for further action.

B. The Essentials Core, Clinical Core, Longitudinal Curriculum and Advanced Studies may have additional information regarding absences. 
http://www.ucdenver.edu/academics/colleges/medicalschool/education/degree_programs/MD Program/administration/policy/Pages/default.aspx

C. Integrated Clinician Course (ICC)

The ICC is a mandatory part of the curriculum and attendance and remediation policies are found
http://www.ucdenver.edu/academics/colleges/medicalschool/education/degree_programs/MD Program/administration/policy/Pages/default.aspx

D. Excused Absences from Examinations and Assessments
Students are expected to take all examinations and assessments as scheduled. In the case of illness or other emergency, the student in Phase I or Phase II must notify the Assistant Dean for the Essentials Core. A student in Phase III or Phase IV must notify the appropriate Block, Course or Clerkship Director in advance of the exam with a request for an excused absence. If a major emergency prevents advance notification, the student must notify the appropriate Course, Block or Clerkship Director and the Associate Dean for Student Life, or designee, as soon as possible. Acceptable notification should begin with a phone call. If a student is not able to contact either the Director and/or the Associate Dean for Student Life by phone, a phone message should be left and immediately followed-up by an email. In the event that students are not able to speak with the specific person whom they are trying to contact, it is expected that the student follow-up any phone message or email until contact has been made. All absences from scheduled exams will be reported by the appropriate Course, Block, or Clerkship Director to the Associate Dean for Student Life.

IV. REQUIRED EVALUATIONS

Evaluation of the quality and effectiveness of course components and faculty teaching is necessary to maintain and improve the quality of the medical school program. The information is used by course directors and the Curriculum Steering Committee to modify the existing curriculum, plan curricular changes, and meet accreditation standards.

Evaluations administered by the evaluation office are confidential or anonymous. These evaluations are a required component of the medical school curriculum. Failure to complete them in a timely matter is considered a reflection of the student’s professionalism and may result in submission of a professionalism feedback form and/or an incomplete grade.

Formative evaluations or research surveys administered by faculty or students are optional. The evaluation office cannot assure student anonymity or confidentiality.

V. STUDENT BLOCK AND COURSE REPRESENTATIVES

For each Block or Course in Phase I and Phase II students will elect one or two of their peers to represent them as representatives to the Director and the faculty. The representatives then represent their classmates to the Directors in all matters pertaining to that Block or Course.
PROMOTIONS, ADVANCEMENT, GRADING, GRADUATION

I. GENERAL INFORMATION

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

II. STUDENT PROMOTIONS COMMITTEE

A. Membership and Voting

The Student Promotions Committee is composed of no more than 9 voting members, including basic science faculty, clinical faculty and one senior medical student. Faculty members are appointed by the Senior Associate Dean for Education for a three-year term, renewable for a second three-year term to end on the appointment of an appropriate replacement. The student member is selected through a peer review process that starts with nominations from the rising senior class. Prospective student representatives are then interviewed and selected by a panel consisting of the presidents of the remaining classes and the outgoing senior representative with the Associate Dean for Student Life serving as a non-voting member.

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

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

B. Frequency of Meetings
The Student Promotions Committee meets regularly throughout the year. Meetings are scheduled quarterly. The Chair may add additional meetings if he/she deems this necessary and the Chair may invoke “email” discussions and votes between meetings at his/her discretion.

C. Nature of Committee Deliberations

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

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

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

D. Personal Appearance Before the Committee

A student whose advancement or academic performance is in question shall be notified that his/her case will be on the Committee agenda. A student may request to appear before the Committee in person or may submit written documents for consideration by the committee. The student may choose to be accompanied by one specific advocate, which could be a faculty member, a staff member, or a fellow student; however this person is not allowed to speak on behalf of the student at the meeting. The student may also request to be represented by the Associate Dean for Student Advocacy who is the only person, in addition to the student, who is allowed to speak on behalf of the student.

There are two primary reasons for providing the student access to the Committee. First, the presence of the student assures him/her that the judgment will not be rendered in a remote or impersonal fashion; and second it guarantees the student an opportunity to provide the Committee information before a decision is made. A student is encouraged to inform the Committee of any extenuating circumstances affecting academic performance or professional behavior, or the Committee cannot be held responsible for decisions made without such information. The Committee
retains the option to request consultations or assessments, including those of a medical nature, regarding any student who experiences problems that interfere with academic performance. The Committee has the discretion to set specific rules for a meeting and these will be communicated to the student in advance.

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

III. ACADEMIC ACTIONS

A. In all phases of the curriculum, it is the Block, Course or Clerkship Director’s responsibility to notify the student in writing of his/her poor performance (any grade below passing) and to provide the student with information about how the grade may be remediated. The Block or Course Director in the Essentials Core is required to notify students of their grades on examinations and to provide the minimum passing score. Upon request of the student, a supervising faculty member in courses greater than two weeks in the Clinical Core, must provide a review to take place approximately in the middle of the course. If the supervising faculty member does not respond, it is the student’s responsibility to notify the Course Director immediately.

B. Final grades are reported to the Registrar's Office, through the Office of Student Life, where they become a part of the student’s permanent academic record. The Associate Dean for Student Life reports grades to the Student Promotions Committee. At the end of Phase I and Phase II, the Student Promotions Committee cites students who achieve a high percentage of academic honors for academic excellence. The Committee selects the level of honors required for this citation each year.

C. The following academic actions may be taken by the Student Promotions Committee:

1. Recommendation for promotion and graduation and citation for academic excellence.

2. Withdrawal from Medical School

A student may withdraw from the School of Medicine at any time by presenting such notice in writing to the Associate Dean for Student Life. Students who withdraw retain the rights for reapplication through the Student Promotions Committee. The Committee may consider the student’s entire academic record in considering a reapplication. Students shall have a maximum of two academic years, including Leave of Absence time, to reapply through the Student Promotions Committee. After this time a student must reapply through the Medical School Admissions Committee and the AMCAS general application process.
In addition, the Student Promotions Committee may administratively withdraw a student in certain circumstances, such as non-response. An administrative withdrawal is a final action and a student wishing to return to medical school must do so via a reapplication to the Medical School Admissions Committee. A student who is not able to pass USMLE Step 1 after three sittings or within a 16-month window following completion of Phase I and Phase II requirements, may be administratively withdrawn from the school at the discretion of the Student Promotions Committee. Any student who is not able to pass USMLE Step 2 (CK & CS) after three sittings may be administratively withdrawn from the School of Medicine at the discretion of the Student Promotions Committee.

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

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

3. Probation/Academic Warning

Probation or Academic Warning may be imposed by the Student Promotions Committee in an instance of a failing grade, unprofessional behavior, or for other serious reasons. Probation also may be imposed by the Dean in instances arising from an Honor Code violation. Probation will be noted in the MSPE letter and may need to be reported to state licensing boards and hospitals. The duration of probation is determined on a case-by-case basis. The Student Promotions Committee may refer a student to the Colorado Physician Health Program, mental health counseling, academic help, or other resources as a condition of Probation.

Students who are placed on probation are considered to not be in good academic standing and may not enroll in elective courses or hold elected or appointed leadership positions. Students on probation in the clinical years are required to do all Block and Clerkship work at core programs in Colorado, as defined by the Block Directors and the Assistant Dean for the Clinical Core or Advanced Studies. Students on probation are subject to consideration for immediate dismissal if they incur additional academic or professionalism deficiencies while on probation. Other specific conditions of probation may be imposed by the Student Promotions Committee.
Students on probation or on academic warning status will be reviewed at each meeting of the Student Promotions Committee. A student who has demonstrated that he/she has met the requirements of the Committee may be returned to good academic standing by a vote of the Committee members. A student must be in good academic standing in order to graduate.

The Student Promotions Committee may place the student on a status of Academic Warning, if in the judgment of the majority of members, the student is at academic risk. Such a notation should alert the student to the Committee’s concern regarding the potential for academic problems in the future. A student who has failed to pass the USMLE Step 1 or Step 2 CS or CK or the Clinical Practice Exam (CPE) may be placed on Academic Warning. The Committee may choose to require that a student on Academic Warning temporarily suspend all extracurricular activities. The nature of the Academic Warning status should indicate to the student that his/her studies must come first and that every effort should be made to ensure success. To that end, the student is advised to seek avenues of remediation both through faculty and through the Office of Student Life. Personal counseling is also available from a number of sources and the student is encouraged to take advantage of this.

4. Remedial Action

Any student receiving a grade of F or I will be reported to the Office of Student Life who will report this to the Student Promotions Committee. At this time the Committee may review the students’ entire academic file. Each case is considered on an individual basis. The Student Promotions Committee may require remedial action, including, but not limited to, repeating a Block, Course or Clerkship, repeating a Phase or more, or additional study in a subject area. The Student Promotions Committee may also impose Probation, Academic warning, and/or a required Leave of Absence, separately or in combination with a remedial action. Alternatively, the Student Promotions Committee may recommend that the student who has a failing grade be dismissed.

5. Dismissal

Any student who is judged by the Student Promotions Committee as unfit for the practice of medicine may be considered for dismissal from the School of Medicine. The final decision for dismissal resides with the Dean of the School of Medicine. The Student Promotions Committee may make such a recommendation to the Dean of the School of Medicine, based on an unsatisfactory academic performance or for other reasons including, but not limited to, unprofessional behavior or inability to meet the school’s Technical Standards (see Appendix VI).
IV. THE GRADING SYSTEM

A. Official Grades

The School of Medicine uses the following grades for the official transcript: Honors (H), High Pass (HP), Pass (P), Pass with Remediation (PR), Incomplete (I), In Progress (IP), Fail (F), and Withdrawal (W). Block, Course and Clerkship Directors must specify at the beginning of each Block, Course or Clerkship the grading standards and system by which students will be evaluated.

The Block, Course and Clerkship Directors have the latitude to not use the full range of grades available. They may not alter the definition of the grades; however they may provide additional details regarding how a grade may be achieved. A grading policy may not be changed once the course starts. At the end of each academic year the Director may be asked to report the final statistics of grades awarded that year to the CSC. At this time, the grading policies of the Block, Course or Clerkship may be reviewed.

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

B. Description of Grades

Honors (H)
A grade of Honors is given to a student whose performance is of a very high caliber. Overall, honor points are calculated as the number of credit hours with the honors grade and may be used to determine academic nomination of students for various awards and commendations.

High Pass (HP)
The High Pass grade is given to a student whose performance clearly exceeds the Pass requirements but does not reach Honors level.

Pass (P)
A grade of Pass is given to a student whose performance meets the minimum requirements established by the Block, Course or Clerkship Director.

In Progress (IP)
A grade of IP is given when a student is unable to complete the requirements for a Block, Course or Clerkship because of illness or other extenuating circumstances. A student must be passing all aspects of the block, course or clerkship at the time that the grade is given. When the Block, Course or Clerkship has been successfully
completed and the student has met all of the requirements or competencies, the IP is deleted from the transcript and is replaced by the final earned grade. After one academic year from the end of the Block, Course or Clerkship if the student has not completed requirements, the IP grade may be replaced by a Failure (F).

Incomplete (I)
This grade reflects that a student has not successfully completed all of the Block, Course or Clerkship requirements at the end of the Block, but has not failed. When the requirements have been successfully completed, the I grade is replaced by a Pass with Remediation (PR) grade on the transcript. After one academic year from the end of the course, if the student has not completed the requirements, the I grade may be replaced by a Failure (F). Individual Blocks, Courses or Clerkships may have specific definitions and consequences for the grade of I.

Pass with Remediation (PR)
A grade of Pass with Remediation is given to the student whose performance is initially below the passing standard (I) or (F), but who demonstrates competency in the course requirements after remediation.

Fail (F)
A grade of F is given when a student’s performance is clearly below the passing standards of the Block, Course or Clerkship. Specific policies in the Essentials core may allow a student to attempt to remediate a failing grade. A student who has a grade of F even after one attempt at remediation may be required to reregister for the Block, Course or Clerkship and achieve a passing grade. Failure to meet a requirement without approval from the Block, Course or Clerkship Director or designee may be treated as grounds for a failing grade. Once a student has received a grade of F, the Student Promotions Committee must approve the plan for remediation of the deficiency, may review the students overall academic record, may set a time limit for completion of remediation or may consider a recommendation for dismissal.

Withdrawal (W)
A medical student may withdraw from a required Block, Course or Clerkship only on the recommendation of the appropriate Assistant Dean and with approval of the Associate Dean for Student Life and only if he/she is not failing at the time of the request. Medical students may not withdraw from a Block, Course, or Clerkship during the last two regular class weeks. The Associate Dean for Student Life will notify the Student Promotions Committee of withdrawals from required Blocks, Courses or Clerkships.

For Electives: After the designated Drop/Add period and before the final two weeks of the term, a medical student is permitted to drop any elective course by obtaining the written permission of the faculty in charge. If an elective course is dropped within the first two weeks of an academic term, that elective will not appear on the student’s transcript. If an elective is dropped after the first two weeks of an academic term, but
before the last two regular class weeks, a (W) will be notated on the transcript. There are specific policies for Advanced Studies.

C. Grades and Remediation in the Essentials, Clinical, Longitudinal and Advanced Cores

Each of the Blocks, Courses or Clerkships may provide additional information regarding grades and remediation.

Although not mandatory, remediation may be required by the Block Director before a final grade is assigned. A remediation in this situation does not require the approval of the Student Promotions Committee. All remediation plans are subject to the requirements of the Course, Block or Clerkship and to the course syllabus, unless the Block director explicitly exempts, in writing, the application of a syllabus requirement.

D. Evaluations Other Than Grades

1. At the conclusion of each required Block or Clerkship in the Clinical and Advanced Studies, a formal written narrative evaluation of a student’s performance should be submitted to the Office of Student Life where it will become a permanent part of the student’s academic file.

2. In courses longer than two weeks, evaluations are required to be presented to students at the approximate mid point of each Clinical Block or Clerkship by the faculty as described on page 1.

3. The final written evaluation from each Block or Clerkship in the Clinical Core must be submitted within 6 weeks of the conclusion of the Clerkship. The narrative should be signed by the Clerkship or Block Director attesting that the student has or has not achieved all required objectives in a competent manner. The final evaluation should include both formative and summative comments. Formative comments are designed to help the student improve his/her performance. Summative comments from attending physicians will be incorporated into the MSPE.

IV. THE MSPE AND CLASS RANK

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

Although students in the School of Medicine are not numerically ranked, the School has a tradition of comparing students to one another at the time the MSPE (Dean’s Letter) is written. During this time, students are put into one of four categories: Outstanding, Excellent, Very Good, and Good. Criteria for each category are based primarily on Honors Points, but other activities such as leadership, and co-curricular activities are also considered. Prior to the release of the MSPE each year, the Associate Dean for Student
Life convenes a faculty committee to review the grades and accomplishments of students in the graduating class. This committee is charged with placing students into a final ranking category.

The MSPE is produced by the Associate Dean for Student Life who works with the curriculum block directors to take summaries of the student's progress through medical school. The information is obtained from the student's official academic file (e.g., Block, Course or Clerkship evaluations, letters from preceptors, official correspondence) and from the Senior Questionnaire (extracurricular activities, achievements, research experience, publications).

The evaluation letter consists of the following:

1. Unique Experiences Section: This section includes information about the student’s undergraduate degree and extracurricular activities in which she/he has participated during medical school. Selection into the Gold Humanism Honor Society is noted here, as well.

2. Academic Information: This section includes the matriculation date, the anticipated graduation date and information about USMLE status. If the student has had any academic difficulty or has taken longer than 4 years to complete medical school it will be specifically addressed in this section.

3. Review of Blocks and Clerkships: This section includes assessments of performance from all of the Courses, Blocks or Clerkships completed. Comments from attending physicians are included either by exact quote or paraphrasing.

4. Final Summary Section: This section contains an overall evaluation of the student’s potential as a house officer. Each student will have an overall ranking as described above.

Appointment to Alpha Omega Alpha (AOA), the medical honor society, is indicated in the MSPE when the information is available. AOA at the University of Colorado School of Medicine is a peer selection with students in AOA making the selection of future members. The student selection uses academic performance in Phases I, II and III as well as other factors, including personal attributes and extracurricular activities. Prior to consideration for selection for AOA, eligible students must sign a release, giving the student selection group permission to see their academic file, including grades. Students who are in the top quartile of the class based on Honors grades are eligible for consideration. Junior AOA is selected after completion of Phases I and II, using grades from the Essentials Core Blocks. Senior AOA is selected after completion of Phase III, using grades from the Essentials Blocks as well as the required Phase III Clerkship Core Blocks.
V. ACADEMIC RIGHTS AND APPEALS

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

A. Appeal of Decisions of the Promotions Committee

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

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

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

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

1. Whether new information regarding the status of the student has been discovered, previously unknown to the student or to the School of Medicine.

2. Whether there is evidence of discrimination as determined by the appropriate Institutional Office.

3. Whether there is evidence of a material procedural error in the committee’s review that prejudiced the student’s ability to receive a fair hearing or

4. Whether there is evidence that the committee acted in an arbitrary or capricious manner.
The Senior Associate Dean for Education may affirm or reject the Committee’s decision or refer the matter back to the Committee for further consideration.

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

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

B. Burden of Proof

In the original hearing, the Student Promotions Committee has the burden of proving by a preponderance of evidence that the student violated the Curriculum Policies and/or Academic Rules. During the appeals process, the burden of proof rests with the student. The standard of proof remains the same.

C. Criteria for appealing a grade in the Essentials, Clinical. Longitudinal or Advanced Core are described in the Core policies [http://www.ucdenver.edu/academics/colleges/medicalschool/education/degree_programs/MDProgram/administration/policy/Pages/default.aspx](http://www.ucdenver.edu/academics/colleges/medicalschool/education/degree_programs/MDProgram/administration/policy/Pages/default.aspx).

VI. REVIEW OF ACADEMIC FILES

Any enrolled medical student may review his/her entire academic file under the supervision of the Office of Student Life. Students may not review items that are legally restricted (e.g., Letters of Recommendation for which they have waived their right to review). A copy of the non-legally restricted portion of the student’s file may be obtained by making a written request, with at least one week’s advance notice, to the Office of Student Life. The student must pay for the costs of copying the file.

VII. ABSENCE AND LEAVE OF ABSENCE

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

**Formal Leave of Absence**

A Formal Leave of Absence (LOA) is defined as not taking any courses in the MD program, during an academic period (eg semester). A Leave of Absence may be for medical, academic, professional, personal or administrative reasons. The student requesting the LOA must provide the reasons for the leave and a plan to return, in writing, to the Student Promotions Committee. The Student Promotions Committee must approve a request for an official LOA. Unless there are exceptional circumstances approved by the Student Promotions Committee, the maximum LOA is generally one year although in special circumstances this is extended to two years. Tuition is not charged to the student during a period of an official LOA and the student is not covered by medical malpractice insurance. If the student is not ready to return after two years, the student must withdraw from the School of Medicine or be administratively withdrawn by the Student Promotions Committee.

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

Students requesting a medical LOA must submit appropriate medical documentation to support the request. When students are ready to return from medical leave, they must submit appropriate documentation, as defined by the Student Promotions Committee, that they are medically fit to resume their studies. The Student Promotions Committee may request a separate independent medical evaluation if there is any question as to the student’s readiness to return. The Student Promotions Committee will determine whether the student is eligible to continue in medical school, based on the student’s academic performance up to the time of the start of the medical Leave of Absence and documentation of medical fitness. The Committee may request that students complete additional coursework if they have been away for longer than one calendar year. In certain circumstances, if the Student Promotions Committee determines that the student did not meet the academic requirements of the medical school prior to beginning medical leave, he/she may be considered for dismissal from the School of Medicine. No student on Leave of Absence may participate in required or elective medical school Blocks, Courses or Clerkships.
Students with documented medical issues who are returning from any Leave of Absence may be required by the Student Promotions Committee to submit appropriate documentation, as defined by the Committee, that they are medically fit to resume their studies.

VIII. **STUDENT PROFESSIONALISM COMMITTEE AND STUDENT HONOR COUNCIL**

A. School Of Medicine Student Professionalism Committee

Professional behavior is expected of School of Medicine students throughout the medical school curriculum. Professional behavior includes, but is not limited to, responsibility to patients, to peers, to faculty members, to staff, and to oneself. It also includes responsibility for self-education and self-improvement, timeliness, attendance, and active participation in block activities. Professional behavior will be considered when grades are assigned by Block, Course or Clerkship Directors in the basic science, clinical and longitudinal curriculum. Expectations for professional behavior increase as a medical student moves into the clinical Courses, Blocks and Clerkships and assumes responsibility for patient care.

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

The Student Professionalism Committee process encourages timely and regular feedback to students on their professional behavior. Faculty, staff or peers (through a faculty member) may initiate the professionalism feedback process that includes direct communication with the student about his/her unprofessional behavior, documentation through the Professionalism Feedback Form and an opportunity for students to respond with their comments in writing. The form is submitted to the Chair of the Professionalism Committee for review and tracking of the behavior. If unprofessional behavior is repetitive or egregious, the student’s behavior is considered by the full Student Professionalism Committee and a remediation plan is established for the student. Material related to the Student Professionalism Committee process is confidential, kept separate from the students’ academic file, shared on a need to know basis, and destroyed after graduation.

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

B. Student Honor Council

Unethical behavior and dishonesty are issues considered by the Student Honor Council. The School of Medicine Honor Code is designed and administered by the students under the guidance of a faculty adviser. Each class elects one student to represent them and these offices may be held for the entire 4 years of medical school. The rising senior student becomes the Chair and the senior class elects another representative to serve on the committee. The Honor Code is signed by each medical student at matriculation as an indication of acceptance and understanding. The goal of the Student Honor Council is to provide education and peer support in matters of ethical behavior. The Student Honor Council also provides anonymous informal advice to students or faculty members with questions about ethical behavior of students. The complete version and description of the Honor Code and the Student Honor Council is available at http://www.ucdenver.edu/academics/colleges/medicalschool/education/degree_programs/MDProgram/administration/policy/Pages/default.aspx.

Procedures

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

Appeal of Findings of Guilt:
- Students may appeal the Student Honor Council’s finding of guilt, and each student must be granted access to a fair and timely appeals process. If the Student Honor Council includes a recommendation for dismissal and the Student Promotions Committee upholds this recommendation, then the student will have the right to appeal the dismissal as described in this document.
- Student wishing to appeal the finding of guilt must submit a written letter to the Associate Dean for Student Life within five business days of receiving, in writing, the final decision by the Student Honor Council. The Associate Dean for Student Life will appoint, within five business days, a Faculty Review Committee (FRC) to hear the student’s appeal of the finding of guilt.
- The FRC will first consider a student’s appeal of findings of guilt of Honor Code violations before reviewing the remediation or disciplinary recommendations made by the Honor Council. If no such appeal is made, or if the FRC upholds the Honor Council findings, then the FRC will move to consider the recommendations for remediation or punishment made by the Student Honor Council.
- The FRC will not reconsider the facts and statements on which the original decision was based; rather, the FRC will conduct an appeal hearing only if: 1) new information regarding the status of the student has been discovered (previously unknown to the student or to the School of Medicine); 2) there is evidence of discrimination (as determined by the appropriate university office); 3) there is evidence of a material procedural error in the review process by the Student Honor Council that may have prejudiced the student's ability to receive a fair hearing; or 4) there is evidence that the Student Honor Council acted in an arbitrary or capricious manner.
- At the appeal hearing, the accused student and a representative of the Student Honor Council will each have the right to call a new witness, to introduce new evidence, to question any witness who testifies during the hearing and to refute any evidence. The student may testify on his or her own behalf and may ask a advocate to attend the hearing. The advocate may not act in a manner similar to a defense attorney; the advocate may not question witnesses, introduce evidence or provide explanations for the student’s behavior, but may attend in an advisory and supportive role.
- If the FRC finds in favor of the student, it may refer the case back to the Student Honor Council for reconsideration or it may order a new hearing. If the appeals committee sustains the Student Honor Council’s finding of guilt, the appeals committee shall then move to consider the Student Honor Council’s recommendations for remediation or discipline.

Review of recommendations for remediation or discipline:
After any appeals of Honor Council findings of guilt have been considered, the FRC will review the remediation plan, including recommendations regarding referral to the Promotions Committee or other actions recommended by the Honor Council. The Honor Council chair and the student will be given an opportunity to comment on the recommended remediation plan. After careful review, the FRC may agree with, or suggest modifications to, the Honor Council’s recommendations.

In the case of disagreements between the Honor Council and the FRC, the Associate Dean for Student Life will make the final decision, after considering the nature of the violation, whether there are patterns of violations by the student, the recommendations of the Honor Council and the FRC, the best interests of the student and the School of Medicine and other factors that have a bearing on this decision.

IX. Minimum Requirements for Advancement and Retention

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

A. Exemptions from Blocks

Students with advanced degrees or documented comparable experience may be exempt from certain required Blocks in Phase I & II. Students who wish to obtain an exemption must first see the Associate Dean for Student Life in order to be referred to the appropriate curricular Assistant Dean. The appropriate curricular Assistant Dean has discretion to decide whether or not the candidate meets requirements for full or partial exemption. The Associate Dean for Student Life must approve all final decisions in writing.

B. Specific Requirements for Phase I

To advance to Phase II, a student must have achieved at least a passing grade in all of the required Blocks or Courses in Phase I by the first day of class in August. This includes completion of all required longitudinal activities.

C. Specific Requirements for Phase II
To advance to Phase III, a student must have achieved at least a passing grade in all of the required Blocks or Courses in Phase II, all required longitudinal activities and have completed Basic Cardiac Life Support training. In addition, the United States Medical Licensing Examination (USMLE) Step 1 must be taken and a passing score, as defined by the NBME, recorded in the Office of Student Life.

A student who has passed all Phase II coursework must request a Step 1 administration date and sit for the examination prior to the first day of the Integrated Clinician Course that is the required start to Phase III. This course usually starts in mid-April and the student is responsible for knowing the exact dates. Students wishing a formal exception to this process must present a request in writing to the Office of Student Life no later than two weeks after the end of Phase II, recognizing that any delay in sitting for this examination and the resulting delay in starting Phase III is likely to result in a delayed graduation.

Since the dates of sitting for USMLE Step 1 vary, some scores may arrive following the start of clerkships in Phase III. While a student may start clerkships, he/she may continue clerkships only if a passing USMLE score is received. Any student who receives a failing grade on Step 1 will be placed on a Leave of Absence by the Student Promotions Committee and must take off a minimum of four weeks to study and then sit for the examination again, and must achieve a passing score prior to returning to the clerkships. Students may complete a clerkship and academic semester that they are currently enrolled in but may not start another clerkship until they have passed the examination. Students who have failed USMLE Step 1 must meet with the education specialist in the Office of Student Life at least once and provide a written study plan to the Student Promotions Committee for approval. This plan must address at a minimum, planned use of study time and practice examinations. Students with two failures are placed on academic warning status by the Student Promotions Committee and will be subject to restrictions on extracurricular activities by the Student Promotions Committee. Students who cannot pass USMLE Step 1 after three sittings, or within a 16 month period, whichever comes first, are subject to dismissal from medical school. The 16-month period begins with the successful completion of all Phase I & II course work.

D. Specific Requirements for Phase III

All Phase III blocks and clerkships must be completed within the state of Colorado at University affiliated sites, including the AHEC (Area Health Education Centers) system.

To advance to Phase IV, students must complete all required Phase III clerkships with passing grades, must complete the required Longitudinal Curriculum elements and successfully complete the Clinical Practice Exam. Appeals related to not attending a required ICC course must be initiated with the Assistant Dean for Student Affairs who will work with the ICC Director on the student’s behalf. A student who earns
an initial Failing (F) grade in any Phase III Course Block or Clerkship may be recommended for dismissal.

E. Specific Requirements for Phase IV

To complete Phase IV, a student must complete 32 weeks of senior (8000 level) Clerkships, including at least one sub-internship, four (4) weeks of the required Integrated Clinician Courses and any other required longitudinal activities such as the Mentored Scholarly Activity. The sub-internship, which must be taken at a University of Colorado School of Medicine approved site in Colorado, is at a minimum, a four-week clerkship at the 8000 level with inpatient care responsibilities, primary patient care responsibility and call, as defined by the Advanced Studies Committee. Students are also required to sit for USMLE Step 2, Clinical Knowledge and Clinical Skills exams by November 1 of the academic year prior to their planned graduation. Students requesting a delay in sitting for these exams who have extraordinary need, may request a postponement from the Assistant Dean for Student Affairs. The Assistant Dean for Student Affairs may grant a delay up to December 31. After that, the student’s failure to sit for the exams is reported to the Student Promotions Committee and the student may not take additional clerkships until the exams have been completed.

Phase IV students are encouraged to take some of their clerkships outside of Colorado to widen their professional experience. These “away” rotations should be a minimum four weeks long. Phase IV students may take a maximum sixteen weeks of clerkships/courses outside Colorado. Students may petition the Student Promotions Committee for additional time away from Colorado. There is no limit on the number of AHEC rotations taken in Colorado or Wyoming except as limited by availability.

X. REQUIREMENTS FOR GRADUATION

A. Students must successfully complete the designated four year program of medical education. The School of Medicine does not offer a formal extended program. Recognizing that some students may need additional time, students may take no longer than six years of academic enrollment to complete the program. A Leave of Absence is not counted as enrollment time and a student is limited to two years approved LOA.

B. Students must take and pass both Step 1 and Step 2 Clinical Knowledge and Clinical Skills exams of the USMLE and record the results in the Office of Student Life. Step 1 is to be taken prior to starting Phase III. It is required that the Step 2 exams be taken by November 1 of the academic year in which graduation is anticipated, unless the Associate Dean for Student Life has approved a delay.
C. Students must maintain a satisfactory level of performance in School of Medicine coursework.

D. Students must discharge all financial obligations to the University prior to commencement.

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

| VII. | Organizational Chart, School of Medicine Departments | 34 |
| VIII. | Organizational Chart, UME Leadership and Committee Structure | 35 |
| IX. | Professionalism Feedback Process | 37 |
| X. | Professionalism report form and flow diagram | 38 |
| XI. | Ombuds Office | 40 |
| XII. | Technical Standards/ Accommodations for Individuals with Disabilities | 41 |
Undergraduate Medical Education (UME) Leadership

Celia Kaye
Senior Associate Dean for Education

Gretchen Guiton
Director of Evaluation

Helen Macfarlane
Director of Educational Technology

Amy Collins Davis
Director of Finance & Administration

Matt Taylor
Interim Asst Dean for Essentials Core Phases I & II

Brenda Bucklin
Asst Dean for Clinical Curriculum-Phase III

Stephen Wolf
Asst Dean for Advanced Studies -Phase IV

Marsha Anderson
Asst Dean for Longitudinal Curriculum

Foundations of Doctoring Curriculum
Integrated Clinicians Course
Medical Student Research
Mentored Scholarly Activity
Problem Based Learning
Tracks

Maureen Garrity
Associate Dean Student Life

Terri Blevins
Interim Asst Dean for Student Affairs

Ozzie Grenardo
Interim Asst Dean for Admissions

Vidal Dickerson
Director of Student Life

TBD
Associate Dean Integrated Curriculum

Ozzy Grenardo
Interim Asst Dean for Admissions
SOM UME Committee Structure

Faculty Senate

Dean School of Medicine

Executive Committee

Curriculum Steering Committee (CSQC)

VOICE Committee

Student Affairs

Scholarship Committee

Admissions Committee

Longitudinal Curriculum Committee (LCC)

Clerkship Block Directors Committee (CBB)

Essential Care Block Directors Committee (ECBB)

Advanced Studies Committee (ASC)

Clinical Requirements Committee

Student Promotions Committee

Medical Student Council

Student Professionalism Committee

Student Honor Council

Medical students are elected/appointed/volunteer on all committees. Ask the Office of Student Affairs for additional information on participation.
University of Colorado School of Medicine  
Student Professionalism Feedback Process

1. Professionalism problem is identified by:
   a. Faculty interacting with student  
   b. Staff, patient or another student interacting with student, in which case the initial report is made to a faculty member, course director, or directly to the Chair of the Professionalism Committee if the behavior is observed outside the realm of a “course.”  
   c. The Honor Council if it determines that an alleged Honor Code violation is a professionalism issue

2. The faculty member (or Chair) meets with student, describes problem and has a discussion. The Student Professionalism Feedback Form is filled out and submitted to the Chair of the Professionalism Committee so that patterns of behavior may be tracked. (It is important that whoever completes the form should give direct feedback to the student prior to submitting the form to the Chair of the Professionalism Committee.)

3. The student is given a copy of the form and asked to submit a written reply to the Chair of the Professionalism Committee.

4. If the behavior described is egregious or a documented repeated behavior, then the Professionalism Committee Chair refers the matter to the Professionalism Committee. If the behavior relates to the honor code, the Professionalism Committee Chair confers with the Chair of the Honor Council and refers the matter to the Honor Council. It cannot be referred to both simultaneously. If the behavior is not particularly egregious and not a documented repeated behavior, the Chair of the Professionalism Committee may choose to follow-up with the student individually rather than referring the matter to the Professionalism Committee or Honor Council.

5. The Professionalism Committee or Chair makes a recommendation and suggests a remediation plan.

6. If the remediation plan is successfully completed, the forms are destroyed at graduation

7. If the matter is determined to be particularly egregious by the Chair and/or the Professionalism Committee, there is a pattern of recidivism, or the student fails to complete the remediation plan, the matter is referred to the Promotions Committee.

8. In the case where students are referred to the Promotions Committee, the Professionalism Committee will remain available to assist in the development of a remediation plan when deemed appropriate by the Promotions Committee.

For further information, please contact:  
Wendy S. Madigosky, MD MSPH  
Chair, Medical Student Professionalism Committee  
University of Colorado Denver School of Medicine  
Mail Stop F-523, Bldg 500  
13001 E. 17th Place, Aurora, CO 80045 
Wendy.Madigosky@ucdenver.edu  
303-724-6420

Additional resources are available on our website:  
medschool.ucdenver.edu/studentprofessionalism  
http://www.ucdenver.edu/academics/colleges/medicalschool/education/studentaffairs/AcademicLife/professionalism/Pages/default.aspx
University of Colorado School of Medicine
Student Professionalism Feedback Form

Student Name _________________________________________________________
Setting (e.g., Course) ___________________________     Year (circle) I II III IV
Individual Filing the Report ___________________________ Title_____________________
Date of contact and discussion with the student ______________________________

A student with any of the following patterns of behavior is not meeting the personal or professional standards inherent to the profession of medicine. Please mark the area which best describes your concerns about this student. Provide comments in the space provided.

**Unmet professional responsibility:**
[ ] Student needs continual reminders in the fulfillment of responsibilities to faculty, colleagues, staff or patients
[ ] The student cannot be relied upon to complete tasks
[ ] The student misrepresents or falsifies actions and/or information (refer to Honor Council)
[ ] The student fails to maintain a professional appearance/attire
[ ] Other ________________________________________________

**Lack of effort toward self improvement**
[ ] The student is resistant or defensive in accepting criticism
[ ] The student remains unaware of his/her inadequacies
[ ] The student resists considering or making changes
[ ] The student does not accept blame for failure, or responsibility for errors
[ ] The student is abusive or critical during times of stress
[ ] The student demonstrates arrogance
[ ] Other ____________________________________________________

**Inadequate rapport with patients or families**
[ ] The student does not adequately establish rapport with patients or families
[ ] The student appears insensitive to patient or family needs, feelings or wishes
[ ] The student uses his/her professional position to engage in romantic or sexual relationships with patients or families
[ ] The student fails to display empathy
[ ] The student displays an inadequate personal commitment to honoring the wishes of patients
[ ] Other ___________________________________________________________________

**Inadequate rapport with fellow students, faculty or other members of the health care team**
[ ] The student does not interact appropriately within the small group
[ ] The student does not interact appropriately in the lecture setting
[ ] The student does not function appropriately within a health care team
[ ] The student appears insensitive to the needs, feelings or wishes of other members of the small group
[ ] The student appears insensitive to the needs, feelings or wishes of other members of the health care team
[ ] The student appears insensitive to issues of diversity (e.g., cultural, spiritual, ethnic, etc.).
[ ] Other ___________________________________________________________________

COMMENTS (required): (a separate sheet may be attached)
Form completed by: __________________________________________________________
Signature: ________________________________________________________________

For completion by the student:
I have read this evaluation and discussed it with the individual who filed the report, the course/clerkship
director, and/or the Chair of the Professionalism Committee.

Signature: ________________________________ Date: __________________

Student signature on this form is intended only to verify that the student has reviewed the form with the
individual who filed the report, the course/clerkship director, and/or the Chair of the Professionalism
Committee.

Student comments (optional):
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Adapted from the UCSF Physicianship Evaluation Form (Academic Medicine, Vol. 74:9, Sept. 1999,
982-3.)

SUBMIT FORM TO:
Chair, Medical Student Professionalism Committee
University of Colorado School of Medicine
Mail Stop F-523, Bldg 500
13001 E. 17th Place, Aurora, CO 80045
OMBUDS OFFICE

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

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

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

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

CONTACT INFORMATION

Ombuds Offices: Anschutz Medical Campus - Room 7005, Building 500
Tel: 303-724-2950, Downtown Campus- Room 107P, CU Denver Building Tel: 303-556-4493.

http://www.ucdenver.edu/about/departments/OmbudsOffice/Pages/OmbudsOffice.aspx
University of Colorado  
School of Medicine  
Technical Standards for Admission, Promotion and Graduation

I. Introduction

In July 2011, the University of Colorado School of Medicine adopted the following technical standards for admission, promotion and graduation for its doctor of medicine program (MD). Medicine is an intellectually, physically, and psychologically demanding profession. Medical students must demonstrate the ability to tolerate physically challenging workloads and to function effectively under stress. Attending to the needs of patients is at the heart of becoming a physician. Academic and clinical responsibilities of medical students may require their presence during daytime and nighttime hours, any day of the year. Candidates for the M.D. degree must have a variety of abilities and skills including: observation; communication; motor; intellectual-conceptual, integrative and quantitative; and attitudinal-behavioral, interpersonal and emotional. The M.D. Program considers it essential for all M.D. graduates to have the ability to function in a variety of clinical situations and to provide a wide spectrum of patient care. Technological accommodation is available to assist in certain cases of disability and may be permitted in certain areas. However, under all circumstances, a candidate for the M.D. degree should be able to perform in a reasonably independent manner. For example, the use of a third party means that a candidate’s judgment must be mediated by another person’s (the third party) powers of selection and observation. Therefore the use of a third party to assist a candidate or student in meeting the technical standards for admissions or graduation is not permitted. Those abilities that M.D.’s must possess to practice safely are reflected in the technical standards that follow.

Candidates for the degree of doctor of medicine must be able to meet these minimum standards, with or without reasonable accommodation, for successful completion of degree requirements (see Section III).

II. Standards

A. Observation

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

B. Communication

Communication skills include: speech, language, reading, writing and computer literacy. Students must be able to communicate effectively and sensitively with patients to elicit information regarding affect, mood, posture and functional activities, as well as perceive non-
verbal communications. Students must also be able to communicate effectively and efficiently in oral and written form with other members of the health care community to convey information essential for safe and effective care.

C. Motor

Students must possess sufficient motor function to elicit information from the patient examination by palpation, auscultation, tapping, and other diagnostic maneuvers. Students must be able to perform basic laboratory tests (e.g. slide preparation), perform a complete physical exam, and perform diagnostic procedures (e.g., lumbar puncture, thoracentesis, paracentesis). Students must also be able to execute motor movements reasonably required for routine and emergency care and treatment of patients. Examples of emergency treatment reasonably required of physicians are cardiopulmonary resuscitation, administration of intravenous medication, application of pressure to stop bleeding and opening of obstructed airways. These skills require coordination of both gross and fine muscular movement, equilibrium and the integrated use of touch, vision and hearing.

D. Intellectual-conceptual, integrative and quantitative abilities

Students must be able to measure, calculate, reason, analyze, integrate and synthesize technically detailed and complex information in a timely fashion to effectively solve problems and make decisions. Information will be provided in a variety of educational settings, including lecture, small group discussions, and individual clinical settings. For example, students must be able to synthesize knowledge and integrate the relevant aspects of a patient’s history, physical findings and diagnostic studies to develop a diagnosis and to monitor an effective treatment program. In addition, students must be able to comprehend three-dimensional relationships and to understand spatial relationships of structures (e.g. macroscopic and microscopic structures).

E. Behavioral and Social Attributes

Students must possess the psychological ability required for the full utilization of their intellectual abilities, for the exercise of good judgment, for the prompt completion of all responsibilities inherent to diagnosis and care of patients, and for the development of mature, sensitive, and effective relationships with patients, colleagues and other health care providers. Students must be able to tolerate physically and mentally taxing workloads and function effectively under stress. They must be able to adapt to a changing environment, display flexibility and learn to function in the face of uncertainties inherent in the clinical problems of patients. Students must also be able work effectively as a member of a health-care team. As a component of their education, students must demonstrate ethical behavior consistent with professional values and standards.

F. Curriculum Requirements

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

G. Tests and Evaluations

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

H. Clinical Performance

Demonstration of clinical competence is of fundamental importance to the program. The process of staff and clinical preceptor evaluation of the clinical performance of the student is an integral and essential component of the curriculum. Students must meet program expectations for each clinical experience.

III. Reasonable Accommodation

It is the policy of the University of Colorado School of Medicine to provide reasonable accommodation to qualified students with a disability who can perform the essential functions as outlined in the above technical standards. Reasonable accommodation may be made in the form of administration of the evaluation where necessary; documented and requested in advance in accord with standards and requirements of the ADAAA. Whether or not a requested accommodation is reasonable will be determined on an individual basis. Determining what is a reasonable accommodation is an interactive process which the candidate/student should initiate with the Associate Dean for Student Affairs, in conjunction with the Office of Disability Resources and Services (www.ucdenver.edu/disabilityresources), prior to and/or during the doctor of medicine education program.

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

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

...........................................................................................................................................................................................
Signature Date
...........................................................................................................................................................................................
Printed Name