UNIVERSITY OF COLORADO
SCHOOL OF MEDICINE
Policies and Procedures
MD Program

Academic Year
2018-2019
Updated: 10-10-2018

This handbook does not constitute a contract, either expressed or implied, with the University of Colorado School of Medicine (CUSOM) 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, the most current version of this document takes precedence. The most current version is found here:

http://www.ucdenver.edu/academics/colleges/medicalschool/education/studentaffairs/studentresources/Documents/StudentHandbook.pdf

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

Document History

- *Approved for AY 2017-2018 by the CUSOM, Student Life Steering Committee on July 5, 2017 with an effective date of August 14, 2017.*
- *Updated on October 4, 2017 by the Student Life Steering Committee with an effective date of October 4, 2017. Updates are identified in the table following this cover sheet.*
- *Updated on April 4th, 2018 with three different updates (1.3.3 section was added, change in the ranking system for the MSPE letter, and an adjustment to the conditions in which a Phase III student can enroll in Phase IV elective).*
- *Updated on May 4th, 2018 by the Curriculum Steering Committee with an immediate effective date. Updates are identified in the table following this cover sheet.*
- *Updated on August 3rd, 2018 by the Student Life Steering Committee with an immediate effective date. Updates are identified in the table following this cover sheet.*
- *Updated on October 10th, 2018 by the Student Life Steering Committee with clarification on medical leave of absence*

Updates to AY 2018-2019 MD Program Policies & Procedures

Nature of the Change	Affected Section(s)
Clarify use of "administrative withdrawal" for "non-responsiveness" as distinct from "dismissal" for "unsatisfactory academic performance." Include failure to pass required USMLE Exams (Step 1, Step2 CK/CS) as examples underperformance.	3.2.2 Withdrawal from Medical School 3.2.5 Dismissal *(SLSC Approved on 10/4/2017)*
Enable students on Leave of Absence to be considered "enrolled" only for the purpose of taking USMLE exams.	3.6 Absence and Leave of Absence *(SLSC Approved on 10/4/2017)*
Under certain conditions, allow students delayed in completing all required Phase III courses prior to the start of Phase IV to enroll in select Phase IV electives.	3.7.4 Specific Requirements for Phase III. *(SLSC Approved on 10/4/2017)*
When enrolling in Phase IV electives, Phase III students in research electives do not have restrictions on the number of remaining weeks required to complete Phase III	3.7.4 Specific Requirements for Phase III. *(SLSC Approved on 10/14/2017; CSC Approved on 2/7/2018)*
Changes the ranking system in which students are placed into quartiles for the MSPE letter. The new process assigns a point-based system per block based on their grade, and the length of the block.	3.4.1 Ranking system for MSPE quartiles *(SLSC approved on 2/7/2018)*
Adds section 1.3.3: Duty to be safe and unimpaired when learning in a practice environment	1.3.3 added *(SLSC approved on 1/19/2018)*
Clarifies the Honors and Pass criteria for the class of 2021 and the class of 2022.	3.3.5 Additional Detail on Grades for Select Curricular Areas (SLSC & CSC approved on 05/02/2018)
Explains the authorities that will have access to professionalism feedback along with data storage.	1.3.1 Access to data and data storage paragraph added. (SLSC approved on 04/04/2018)
Explains the authorities that will have access to Honor Code violations along with data storage.	1.3.2 Access to data and data storage paragraph added. (SLSC approved on 04/04/2018)
Changes when students may start and complete Phase III as well as remediate Step 1 if necessary	3.7.3 Changes requirements for advancing to Phase III (SLSC approved on 8/1/2018)
Adjusts requirements for dismal related to passing Step 1	3.2.5 Dismissal Adjusts requirements for dismissal (SLSC approved on 8/1/2018)
Clarifies a medical leave of absence vs. a non-medical leave of absence	3.6 Absence and Leave of Absence (SLSC approved on 10/3/2018)

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HOW TO USE THIS DOCUMENT

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

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

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

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

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

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

Glossary and Abbreviations of Terms Used in this Handbook

AOA	Alpha Omega Alpha (see section 3.4.4)
ACLS	Advanced Cardiac Life Support (see section 4.4)
AHEC	Area Health Education Centers (see section 3.7.4)
BCLS	Basic Cardiac Life Support (see section 4.4)
CBD	Clinical Block Directors (Committee) (see section 2.3)
CEM	Culturally Effective Medicine Thread (see section 2.1)
CPE	Clinical Practice Exam (see section 3.7.4)
CSC	Curriculum Steering Committee (see section 2.3)
CUSOM	University of Colorado School of Medicine
EBM	Evidence Based Medicine Thread (see section 2.1)
ECBD	Essentials Core Block Directors (Committee) (see section 2.3)
FDC	Foundations of Doctoring (see section 2.1)
FERPA	Family Educational Rights and Privacy Act (see section 4.1)
FRC	Faculty Review Committee (see Appendix on Student Honor Council Procedures)
HEP	Humanities, Ethics and Professionalism Thread (see section 2.1)
HIPAA	Health Insurance Portability and Accountability Act (see section 4.4)
ICC	Integrated Clinician Course (see section 2.1)
IPED	Interprofessional Education & Development (see section 2.1)
LOA	Leave of Absence (see section 3.6)
LCC	Longitudinal Curriculum Committee (see section 2.3)
M&S	Medicine & Society Thread (see section 2.1)
META	Medical Education Technology Alliance
MSA	Mentored Scholarly Activity (see section 2.1)
MSC	Medical Student Council (see section 2.4)
MSPE	Medical Student Performance Evaluation (see section 3.4)
OSHA	Occupational Safety and Health Administration (see section 4.4)
OSL	Office of Student Life
PBL	Problem Based Learning (see section 2.1)
SADE	Senior Associate Dean for Education
SLSC	Student Life Steering Committee
UME	Undergraduate Medical Education (see section 2.3)

Types of Curricular Units Referenced in White Book

Term	Definitions
Block	A course of training within <u>more than one discipline or specialty</u>. For example, during Phases I and II, "essentials core" blocks integrate content across disciplines (e.g., pathology, physiology, pharmacology) on say, a given organ system (e.g., cardiovascular pulmonary and renal block). During Phase III, an example of a "clinical core" block would be Musculoskeletal Care, which includes multiple specialties.
Clerkship	A course of medical training in one specialty. Among the courses required during Phase III, some are "clerkships" while others are considered "clinical blocks."
Course	A series of sessions, experiences, assessments for which upon completion a student receives a grade.
Thread	A subject area that is woven across time in the curriculum. CUSOM has four required threads: CEM, EBM, HEP and M&S.

SECTION 1: ENSURING A CLIMATE FOR LEARNING

1.1 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.

1.1.1 Guiding Principles

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

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

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

1.1.2 Responsibilities of Teachers and Students

Teachers should:	Students should:
Duty • Maintain high professional standards in all interactions with patients, students, colleagues and staff; • Provide relevant and timely information; • Provide explicit learning and behavioral expectations early in a course; • Provide timely, focused, accurate and constructive feedback on a regular basis; • Practice insightful (Socratic) questioning, which stimulates learning and self-discovery and avoid overly aggressive questioning which may be perceived as hurtful, humiliating, degrading or punitive; • Be familiar with the Student Honor Council process and the Student Professionalism Committee process and the role that faculty and students play in each (see sections 1.3.1 and 1.3.2); • Provide thoughtful and timely evaluations at the end of a course; • Disclose to students, during lectures, seminars and mentored research activities, the existence of any financial ties or conflicts-of-interest that are related to the material being taught; • Be familiar with the responsibilities of the Teacher-Learner Agreement and utilize appropriate mechanisms to encourage students who experience mistreatment or who witness unprofessional behavior to report the facts immediately (see section 1.2.2 for options) and to treat all such reports as confidential. **Integrity** • Display honesty, integrity and compassion; • Solicit feedback from students regarding their perception of their educational experiences and personal interactions; **Respect** • 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; • Be prepared and on time; • In all educational, research and clinical care settings, welcome and respect patients and others who are poor, disadvantaged, uninsured or non-English speaking; • Recognize and respect patients' rights to privacy	**Duty** • Be active, enthusiastic, curious learners who work to enhance a positive learning environment; • Demonstrate professional behavior in all settings; • Recognize that not all learning stems from formal and structured activities; • Recognize their responsibility to develop personal learning goals and to participate as active learners; • Demonstrate a commitment to life-long learning, a practice that is essential to the profession of medicine; • Recognize the privileges and responsibilities that derive from the opportunity to work with patients in clinical settings; • Recognize the duty to place patient welfare above their own; • Recognize and respect patients' rights to privacy; • Provide teachers and the School of Medicine with constructive feedback that can be used to improve the educational experience; • Be familiar with the responsibilities of the Teacher-Learner Agreement and utilize appropriate mechanisms to report exemplary professionalism and professionalism lapses (see section 1.2.2 for options). **Integrity** • Recognize personal limitations and seek help whenever it is needed; • Display honesty, integrity and compassion; these attributes include the responsibility for upholding the School of Medicine Honor Council Principles (see section 1.3.2); • Solicit feedback on their performance and recognize that criticism is not synonymous with "abuse"; **Respect** • 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; • In all educational, research and clinical care settings, welcome and respect patients and others who are poor, disadvantaged, uninsured or non-English speaking; • Recognize and respect patients' rights to privacy

1.1.3 Relationships between Students and Teachers

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

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

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

Health providers who provide health services, including psychiatric/psychological counseling, to a medical student or their primary family members will have no involvement in the academic assessment or promotion of the medical student receiving those services. When students or their primary family members choose their health care providers from physicians who are on the faculty, they have the potential to be in a conflict-of-interest situation, where their provider is also evaluating their academic or clinical performance. Faculty members are not allowed to complete an evaluation for any students for whom they provide or have provided medical care including their primary family members. Conflicts arise between a faculty's role as the student's physician and their role as an evaluator of the student's performance. Faculty must notify students as soon as they recognize the conflict. Students likewise must notify a faculty member if they are assigned to a physician for evaluation who is providing or has provided medical care for them or their primary family members in the past. The student must also notify the course director who will find an alternative clinical site or provide an alternative faculty member for evaluation. Students may consult the Office of Student Life for a list of physicians who do not teach students.

The Educational Conflict of Interest Policy can be found here:
http://www.ucdenver.edu/academics/colleges/medicalschool/education/degree_programs/MDProgram/administration/policy/Documents/EducationalConflictofInterestPolicy.pdf

1.2 MISTREATMENT POLICY

1.2.1 Standards of Behavior and the Definition of Mistreatment

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

The School of Medicine is committed to creating a learning, research and clinical care environment that is supportive, that promotes learner well-being and that is free from ridicule, exploitation, intimidation, sexual or other forms of harassment, physical harm and threats of physical harm. To that end, the University of Colorado School of Medicine will not tolerate the mistreatment of students, nor will it tolerate retaliation against any learner because he or she has reported, in good faith, a violation of the school's professionalism standards. The School of Medicine shall also: 1) provide mechanisms and procedures by which learners may safely report mistreatment against them or others; 2) provide information to students about what will happen to their reports of mistreatment; and 3) use data from these reports to educate faculty, residents, professional staff and others about what constitutes mistreatment, with the goal of reinforcing a culture of respect.

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

Suboptimal Learning Environment
Although it is not mistreatment, a suboptimal work or learning environment can interfere with learning, compromise patient care, marginalize students and cause significant distress among students. Student feedback about suboptimal learning environments should be given to course or block directors, to the Assistant Deans of the Essentials Core, Clinical Core, or Longitudinal Curriculum as appropriate or reported in your course or block evaluation. For examples and additional information about suboptimal learning environments, go to:
http://www.ucdenver.edu/academics/colleges/medicalschool/facultyAffairs/Professionalism/Pages/DefinitionsExamples.aspx

1.2.2   Procedures for Reporting Student Mistreatment

If a student feels that he or she has been subject to <u>mistreatment</u> in the learning or clinical environment, the student should contact the Office of Professionalism. The Office can serve as an advocate for fair and equitable treatment for medical students and can facilitate confidential and safe reporting of mistreatment or abuse. For further information, go to:
http://www.medschool.ucdenver.edu/Professionalism

- **To make an online report**, go to:
  https://ucdenver.co1.qualtrics.com/jfe/form/SV_bf1dNP4CgyKzqeN

- **For FAQs**, go to:
  http://www.ucdenver.edu/academics/colleges/medicalschool/facultyAffairs/Professionalism/Documents/Mistreatment%20FAQ%20-%201-19-2017.pdf

If a student feels that they have witnessed or been subject to <u>sexual misconduct,</u> <u>or discrimination or harassment based on a protected characteristic</u>, the student should contact the University's Office of Equity. Policies and procedures can be located here:
http://www.ucdenver.edu/policy/TitleIX/Pages/default.aspx

- **Contact by phone** 1-888-CU-TITLE

- **Contact by email** at equity@ucdenver.edu

- **To make an online report**, click on the "Report a Concern" button (top right corner of this webpage): http://www.ucdenver.edu/policy/TitleIX/Pages/default.aspx

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1.3 BEING A PROFESSIONAL IN THE COMMUNITY: STUDENT PROFESSIONALISM & HONOR COUNCIL

1.3.1 Student Professionalism Committee

Professional behavior is expected of School of Medicine students throughout the medical school curriculum and is a program competency for graduating medical students (go to:
http://www.ucdenver.edu/academics/colleges/medicalschool/education/degree_programs/MDProgram/Pages/Program-Competencies.aspx). Professional behavior includes, but is not limited to, responsibility to patients, to peers, to faculty members, to staff, and to oneself. It also includes responsibility for self-education and self-improvement, timeliness, attendance, and active participation in curricular activities. Ensuring that students attain this competency, professional behavior will be considered when grades are assigned by Block, Course or Clerkship Directors in the basic science, clinical and longitudinal curriculum. Expectations for professional behavior evolve as a medical student moves into the clinical Courses, Blocks and Clerkships and assumes responsibility for patient care. For additional information, go to:
http://medschool.ucdenver.edu/studentprofessionalism

The purpose of the Student Professionalism Committee is to enhance and encourage medical student professional behavior, to review—in strict confidence—instances of substandard medical student professional behavior and to offer remediation for this behavior. The Chair of the Student Professionalism Committee is appointed by the Senior Associate Dean for Education. Committee membership includes basic science faculty, clinical faculty, 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 is a standing committee of the Student Promotions Committee.

The Student Professionalism Committee process encourages timely and regular feedback to students on their professional behavior. Faculty, staff or peers (through a faculty member) may initiate the professionalism feedback process that includes direct communication with the student about 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 Student 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. All professionalism feedback reports will be uploaded in a secure electronic file whose access is limited to the Chair of Student Professionalism and the Associate Dean of Student Life. More than one Professionalism and/or Honor Council issue requiring remediation will be referred to the Student Promotions Committee by the Office of Student Affairs. If a student is referred to the Promotions Committee for any reason, a review of their Professionalism/Honor Council materials in the Office of Student Affairs will occur and be included in the information forwarded for Promotions review. The Professionalism/Honor Council materials held in the secure files described above will be destroyed upon graduation, or may be held for a maximum of 5 years at the discretion of the Associate Dean of Student Life.

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

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

1.3.2 Student Honor Council and Honor Code

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

The Honor Code depends primarily on the individual and collective desire of all members of the academic community to prevent and deter violations rather than impose penalties after violations have occurred. The goal of the Student Honor Council is to provide education and peer support in matters of ethical behavior. The Student Honor Council also provides anonymous informal advice to students or faculty members with questions about ethical behavior of students. When unethical behavior, dishonesty or other transgressions occur however, the Student Honor Council is obligated to uphold the standards of the Honor Code.

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

Student Honor Council's procedures and processes are described in greater detail in the appendix. The Student Honor Council's website is found here: http://www.ucdenver.edu/academics/colleges/medicalschool/education/studentaffairs/Academic Life/HonorCouncil/Pages/default.aspx

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

1.3.3 Learning in a Practice Environment

Learning to be a physician requires learning in the practice environment. Students as part of their medical training are placed in the practice environment and actively participate in patient

care activities. Therefore students have a duty to be perform their functions in this setting free from impairment and with safety for both themselves, patients, and others in the setting. The ability to function safely and without impairment is outlined in the Technical Standards and the Drug Screening Policy, which can be found in the Appendices of this document.

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

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

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

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

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

1.4 BEING A MEMBER OF THE COMMUNITY: ATTENDANCE AND ABSENCE POLICIES

Some aspects of a student's education experience at CUSOM require student participation. Some instructional methods, such as small group discussions, group labs or dissections, or topics, such as interprofessional teamwork, require all students to participate in order for the content (e.g., teamwork, physical exam skills) to be learned. In other words, required student attendance contributes not only to the learner him or herself, but also to creating a learning environment that enables his or her peers' learning. As a full member of the CUSOM learning community, students are expected to participate in these types of required activities.

Consequently, mandatory attendance is 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.

Elective curricular opportunities, such as "tracks," may have their own attendance requirements. Although not required of all students, students choosing to participate in such activities need to meet that activity's attendance requirements or potentially lose the privilege of being a part of that activity. Participating and being an engaged member of the CUSOM community, whether in required or elective curriculum, is an essential part of the educational experience.

1.4.1 Definition of Absences

An **"unexcused absence"** is an absence for which permission has not been granted. An involuntary situation can be an unexpected or unforeseen event (e.g., sudden illness) that after the fact could be considered an "excused absence" with the approval from the appropriate curriculum director or Assistant Dean. See table below. Unexcused absences should be reported to the appropriate Block, Course, or Clerkship director and/or appropriate Assistant Dean who should then report this to the Assistant Dean of Student Affairs or designee for further action. For further details, see table in Section 1.4.3.

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

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

- **Involuntary situations:** An absence for serious illness, family illness, jury duty or academic difficulties. The student must notify the Office of Student Life, the Course, Clerkship or Block director, or the appropriate Assistant Dean of any involuntary absence of greater than two days. The ultimate responsibility for notification lies with the student.

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

1.4.2 Absences Permitted to Seek Healthcare

Absences related to healthcare are considered "requested absences" as defined above. Students are expected to seek necessary health care to maintain their physical and mental well-being. Examples of necessary health care include preventive health services, visits for acute illness, ongoing care for chronic illnesses, physical therapy, and counseling and psychological services. Students are also expected to attend all required sessions, and to the extent possible, should schedule healthcare appointments outside of required curricular activities or courses.

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

Consistent with their rights under University policies and the law, students have a right to privacy when seeking care. Students need not disclose the specific type of healthcare that is being sought. Additionally, a student's decision to seek healthcare during a required curricular activity or course should have no impact on his or her performance evaluation. Details regarding work-related expectations can be found under "Consequences of Absences" in the appropriate tables in Section 1.4.3.

1.4.3 Absence Policies by Phases and Curricular Areas

There are differences in how each Phase and the ICCs (Integrated Clinician Courses) handle absences, and students should attend to these differences. The table on the following page describes these policies.

ATTENDANCE & ABSENCE POLICY FOR PHASES I & II

Phases I & II Essentials Core Blocks and Longitudinal Curriculum (e.g., Foundations of Doctoring, Problem-Based Learning, Threads*, MSA, IPED)	
Expectations	Must attend required sessions. Required sessions include, but are not limited to exams, team-based learning, labs, problem-based learning sessions, preceptor sessions (Foundations of Doctoring), CAPE sessions, small group sessions, and any other session designated as required by the director.
PROCESS to Seek an Excused Absence or to Inform of an Involuntary Absence	
Requested Absence	At the discretion of the Assistant Dean of the Essentials Core Blocks, a student may be excused from attending a required session. As needed, the Assistant Dean will work with the Block or other appropriate curriculum Director(s) to determine approval. Possible reasons for requesting an absence include, but are not limited to a healthcare appointment (that could not otherwise be scheduled outside of a required session), religious observance, attendance at the wedding of a close relative, or participation in an academic function (e.g. academic conference). Requests must be presented well in advance, in writing, and reasonable documentation is required. Once the absence is approved, it is the responsibility of the student to inform the small group, the small group facilitator or PBL tutor, of his or her excused absence and arrange for other members of the group to assume his or her duties, if necessary.
Involuntary Situation	Absences due to an involuntary situation include but are not limited to personal illness or family emergency. Students must contact the Assistant Dean of Essentials Core as soon as possible. Reasonable documentation is required. An absence due to an involuntary situation must be approved by the Assistant Dean of the Essentials Core Blocks in order to be considered an "excused" absence.
Inform the Office of Student Life	Assistant Dean of the Essentials Core will monitor any absences, excused or unexcused, voluntary or involuntary and inform the Assistant Dean of Student Affairs of any students with 3 or more absences of any kind during a semester.
CONSEQUENCE OF ABSENCE (e.g., make-up work/days, remediation, professional report, grading)	

	At the discretion of the Block or other appropriate curriculum Director(s), student may be required to complete any missed assignment for any absences, excused or unexcused. The timeframe for completing the assignment will be determined by the appropriate Block or curriculum Director. In the case of an "excused" absence, there will be no penalty for "late" assignments in this situation. However, at the discretion of the Block or other appropriate curriculum Director(s), a late penalty may be assigned in the case of an "unexcused" absence.
	
	Within a Phase, an "unexcused absence," will be regarded as unprofessional behavior. Consequence include the following:
	    1st unexcused absence – Contact from Assistant Dean, Essentials Core with a warning.
	    2nd unexcused absence – Meet with the Assistant Dean, Essentials Core, and complete a Professionalism Feedback Form.
	    3rd and subsequent unexcused absence – Meet with the Assistant Dean, Essentials Core, and complete a second Professionalism Feedback Form which results in a review by the Student Professionalism Committee (see Section 1.3.1) and required remediation.
	
	Within a semester, students with 3 or more absences regardless of the reasons, whether excused or unexcused, voluntary or involuntary, will be required to meet with an Assistant Dean of Student Affairs to discuss causes and a plan for improved attendance.

*Threads include: CHES=Culture, Health Equity, & Society; EBM=Evidence Based Medicine and Informatics, HEP=Humanities, Ethics, and Professionalism

ATTENDANCE & ABSENCE POLICIES FOR PHASES III

Phase III Clinical Blocks & Clerkships	
Expectations	Attendance on clinical rotations and didactic session (unless otherwise specified) are required. Rotations end on the last Friday afternoon of each rotation. Every attempt must be made to schedule absences for voluntary situations outside of the required curricular elements (e.g., holidays, course breaks). ***Specific expectations:*** Presentation or attendance at conference: limited to 48 hours including the day of presentation for any course greater than 2 weeks.
PROCESS to Seek an Excused Absence or to Inform of an Involuntary Absence	
Requested Absence	Submit your request in writing to the Office of Student Life, which will forward the request to the Clinical Block/Clerkship Director for approval. Requests must be presented well in advance, in writing and reasonable documentation is required. The student must inform his or her attending and/or resident of the approved absence. **EXCEPTIONS**: Students enrolled in the DH-LIC or the CSB use a different process. See respective syllabi for details.
Involuntary Situation	Student must contact his or her attending and/or resident as well as the Clinical Block Director as soon as possible or prior to missing any time. To be considered an "excused" absence, an absence for an involuntary situation must be approved by the Block or Clerkship Director. **EXCEPTIONS:** Students enrolled in the DH-LIC or the CSB use a different process. See respective syllabi for details.
Inform Office of Student Life	Student must inform the Assistant Dean of Student Affairs of <u>any</u> absences, excused or unexcused, involuntary or voluntary. **EXCEPTIONS:** Course leadership in the DH-LIC or CSB will inform the OSL of absences. See respective syllabi for details.
CONSEQUENCE OF ABSENCE (e.g., make-up work/days, remediation, professional report, grading)	
	If an absence (excused or unexcused) lasts for more than 2 days, the Block/Clerkship Director or the Student Coordinator, and the Assistant Dean of Student Affairs will work with the student and faculty regarding make-up time/work, issues for credit, etc. If the agreed upon make-up session or work is not completed, not completed within the agreed upon timeframe, or not completed with satisfactory quality, then the Clinical Block/Clerkship Director will ask the Assistant Dean of the Clinical Core to convene a meeting of the CBDs to discuss the assignment of a non-passing grade (an "I" or a "F"). **EXCEPTIONS:** Course leadership in the DH-LIC or CSB will work with students to "make up" missed work. See respective syllabi for details.

ATTENDANCE & ABSENCE POLICIES FOR PHASES IV

Phase IV (CU Students Only) Sub-Internships & Electives	
Expectations	Attendance on clinical rotations is required. Absences are generally not permitted, but a unique circumstance may be considered. ***Specific Expectations:*** Presentation or attendance at conference: limited to 48 hours including the day of presentation for any course greater than 2 weeks. Interview days (including interview days for CU residency program) are considered "voluntary situations" for which students should request an excused absence. Make-up requirements are as follows: 4-wk courses: > 2 days, must make up work. 2-wk electives: > 1 day, must make up work
PROCESS to Seek an Excused Absence or to Inform of an Involuntary Absence	
Requested Absence	Submit your request in writing to the Office of Student Life, which will forward the request to the Sub-Internship or Elective Director for approval. Requests must be presented 45 days before the start of the student's rotation, and submitted in writing and with reasonable documentation. If accommodations can be made, an appropriate plan will be developed by the Course Director in conjunction with the student.
Involuntary Situation	Student must contact their attending and/or resident as well as Course Director, as soon as possible. To be considered an "excused" absence, an absence for an involuntary situation must be approved by the Course Director.
Inform Office of Student Life	Student or appropriate Sub-Internship or Elective Director must report to the Assistant Dean of Student Affairs, any of the following: • <u>Any</u> "unexcused" absence • Involuntary absences exceeding 2 days. Ultimate responsibility for notifying the Assistant Dean of Student Affairs rests with the student.
CONSEQUENCE OF ABSENCE (e.g., make-up work/days, remediation, professional report, grading)	
	For 4-week Sub-Internships or Electives: An "excused" or approved absence (voluntary or involuntary) for 2 or fewer days does not require a student to make up missed time. Absences exceeding more than 2 days, whether excused or unexcused, whether a voluntary or involuntary situation, require a student to make up any missed time beyond the 2 days. The Course Director will work with the student regarding make-up time/work, issues for credit, etc. **For 2-week electives:** An absence (voluntary or involuntary) for 1 day does not require a student to make up missed time. Absences exceeding more than 1 day, whether excused or unexcused, whether a voluntary or involuntary situation, requires a student to make up any missed time beyond the 1 day. The Course Director will work with the student regarding make-up time/work, issues for credit, etc. **Failure to comply with absence policy** is considered unprofessional behavior that may affect the student's grade and/or be forwarded to the Student Professionalism Committee at the discretion of the Course Director.

ATTENDANCE & ABSENCE POLICIES FOR ICC during Phases III & IV

Integrated Clinician Courses (during Phases III & IV) ICC7001, 7002, 7003, 8004, and 8005	
Expectations	Attendance is mandatory for **all** ICC sessions, including lectures, small groups, large groups, etc. unless otherwise posted in ILIOS as "optional." Every attempt must be made to schedule absences for voluntary situations outside of the required curricular elements (e.g., holidays, course breaks). In general, voluntary absences will NOT be approved.
PROCESS to Seek an Excused Absence or to Inform of an Involuntary Absence	
Requested Absence	Petition the Assistant Dean of Student Affairs for approval. Requests must be presented well in advance, in writing and reasonable documentation is required. In general, requested absences will NOT be approved. Absences that are not approved are considered "unexcused" absences. "Unexcused absences" result in completion of a Professional Feedback Form, and may result in a review by the Student Professionalism Committee and required remediation.
Involuntary Situation	Student must contact ICC Director(s) as soon as possible. To be considered an "excused" absence, an absence for an involuntary situation must be approved by the Course Director. Missing a session due to an involuntary situation requires the student to complete make-up assignment(s) covering the missed material, and to do so in a timely manner. Further consequences described below.
Inform Office of Student Life	Student or ICC Director must report to the Assistant Dean of Student Affairs, any of the following: • <u>Any</u> "unexcused" absence • Involuntary absences exceeding 2 days. Ultimate responsibility for notifying the Assistant Dean of Student Affairs rests with the student.
CONSEQUENCE OF ABSENCE (e.g., make-up work/days, remediation, professional report, grading)	
	Students missing required sessions (or exams) at the CAPE will be responsible for rescheduling. Some sessions offered are only for student benefit; while no make-up is required for these sessions, no alternative method of obtaining this material will be offered, and any requirements that students have to obtain this material will be the student's sole responsibility (i.e., ACLS or BLS certification). Additionally a student excused for a voluntary situation may be responsible for the costs involved in rescheduling the CAPE session/exam. Other mandatory sessions may require similar costs. A grade of IP for the course will be posted 3 weeks after the completion of the course until remediation is completed and may result in the disqualification to take the USMLE Step 2 and/or not being promoted (e.g., allowed) to take Phase IV medical school courses. Similarly, due to the proximity of ICC 8005 and graduation, timely completion of make-up assignments must be within two calendar days of the course ending, otherwise a student's graduation certificate may be delayed.

1.4.4 Excused Absences from Examinations and Assessments

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

Phase	Type of Situation	Notification Procedures
Phase I or Phase II (Includes exams or assessments in FDC or other Longitudinal Curriculum)	Situation where advance notice is possible	• Student should notify Assistant Dean for Essentials Core. • Assistant Dean for Essentials Core notifies the Course Director and the Assistant Dean for Student Affairs.
	Situations where advance notice is NOT possible (e.g., illness or emergency)	• Student should notify Assistant Dean for Essentials Core as soon as possible. • Assistant Dean for Essentials Core notifies the Course Director and the Assistant Dean for Student Affairs.
Phase III or Phase IV (Includes exams or assessments in FDC or other Longitudinal Curriculum)	Situation where advance notice is possible	• Student should notify appropriate Block, Course or Clerkship Director in advance of exam and request an "excused absence." • Block, Course, or Clerkship Director notifies Assistant Dean for Student Affairs.
	Situation where advance notice is NOT possible (e.g., major emergency)	• Notify appropriate Block, Course or Clerkship Director **and** the Assistant Dean of Student Affairs as soon as possible. **Acceptable notification** requires speaking directly to the appropriate Block, Course, or Clerkship Director **and** the Assistant Dean of Student Affairs. If a person is unavailable, the student should leave a phone message and immediately send an email. The student must continue to follow-up until contact is made with the appropriate persons.

1.4.5 Tardiness to Required Sessions in Phases I & II

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

Students arriving more than15 minutes after the start of a required session will be considered "tardy." Tardy students may sign-in, but must note their arrival time.

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

- 2nd tardy -- Contact from Assistant Dean, Essentials Core to discuss.
- 3rd tardy -- Meet with Assistant Dean to complete a Professionalism Feedback Form.

(Continued on next page)

(Continued from prior page)

- Subsequent tardy -- Meet with the Assistant Dean and complete a second Professionalism Feedback Form which results in a review by the Student Professionalism Committee (see Section 1.3.1) and required remediation.

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

1.5 FOSTERING A LEARNING CLIMATE

1.5.1 Appropriate Dress

Faculty involved in a Block, Course or Clerkship may request that students wear appropriate professional attire for a lecture or small group session, typically for sessions that involve patients or standardized patients. Students will usually receive notice of such occasions through Canvas. You may choose to wear your white lab coat over your professional attire. Details for specific courses may be found in the course syllabi, the Phase I & II Guide, or for a specific hospital setting, at this website:
http://www.ucdenver.edu/academics/colleges/medicalschool/education/degree_programs/MDProgram/administration/policy/Documents/DressCode.pdf
Inappropriate attire may result in the completion of a Professionalism Feedback Form and/or being asked to leave the setting returning with appropriate attire.

1.5.2 Appropriate Persons in the Learning Setting

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

In general, learning settings, such as classrooms, labs, clinical exam rooms, study rooms, and the like, are typically not appropriate places for a non-student visitor to be present on a frequent or continuing basis. Exceptions are described in detail in the weblink below, and may include brief visits, special occasions set aside for such visitors, emergency situations, or by prior arrangement with the instructor after consideration of various factors as established in the policy. Such persons are not permitted in any learning setting in which safety or confidentiality factors exist (e.g., labs, patient interactions). Further details about this policy can be located here:
http://www.ucdenver.edu/academics/colleges/medicalschool/education/degree_programs/MDProgram/administration/policy/Documents/GuidelinesforNonstudentVisitorsinLearningSettings.pdf

1.6 IMPROVING THE COMMUNITY: PROVIDING FEEDBACK & 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 (see Section 2.3) 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 <u>required</u> 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 depending on the Phase.

Formative evaluations or research surveys administered by faculty or students are optional, and the Evaluation Office cannot assure student anonymity or confidentiality.

SECTION 2: CURRICULUM STRUCTURE & LEADERSHIP

2.1 STRUCTURE OF THE CURRICULUM

The curriculum is divided into Phases: the Essentials Core (Phases I & II), the Clinical Core (Phase III & IV), and the Longitudinal Curriculum. For additional information please see the website: http://medschool.ucdenver.edu/MDDegree

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 last 8 to 10 weeks and present basic science in a clinical context. During both phases, there is a time when blocks run concurrently.

The **Clinical Curriculum** is comprised of Phases III and IV. Phase III (Clerkships & Clinical Blocks) consists of 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 includes a sub-internship, residency preparation, clinical, basic science, research and other electives.

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

- Clinical education and experience begin with the Foundations of Doctoring Curriculum (FDC), providing students with training in direct patient care and professional development. The Foundations of Doctoring curriculum runs concurrently with other courses and blocks throughout Phases I, II and III.

- Also part of the longitudinal core, Problem-Based Learning (PBL) sessions are designed to accompany the learning during the Essentials Core Blocks during Phases I & II. In a small group setting, with the same peers and "tutor," students work on solving medical problems as a group.

- Woven through all Phases are four Threads: Humanities, Ethics and Professionalism (HEP), Cultural, Health Equity, and Society (CHES), and Evidence Based Medicine and Informatics (EBM).

- In addition, the Mentored Scholarly Activity (MSA) course provides students with the opportunity to work closely with a faculty mentor on a project of mutual interest across four years.

- The Integrated Clinician Course (ICC) is an 8-week course composed of five mini-courses spread out across Phases III and IV. The ICC brings together an entire class to focus on important skills and knowledge in areas that are vital to the practice of medicine but are

often difficult to teach in the clinical setting – health policy, ethics, professionalism, and clinical decision-making among many others.

- Along with peers from other health professions programs on campus, students participate in the Interprofessional Education Program. During Phase I & II, the Interprofessional Education and Development (IPED) course introduces students to basic knowledge, skills and attitudes in the domains of Teamwork/Collaboration, Values/Ethics, and Safety/Quality. During Phase III, students participate in Clinical Transformations, a simulation experience where they apply their interprofessional learning.

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

2.2 AUTHORITY & RESPONSIBILITY OF BLOCKS/COURSES/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, and continue across Blocks and there are Sub-Internships and Electives during Phase IV. In Phase III a Block is a course of clinical training within more than one specialty. A Clerkship is a course of clinical training in one specialty.

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

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

MD REQUIRED CURRICULUM
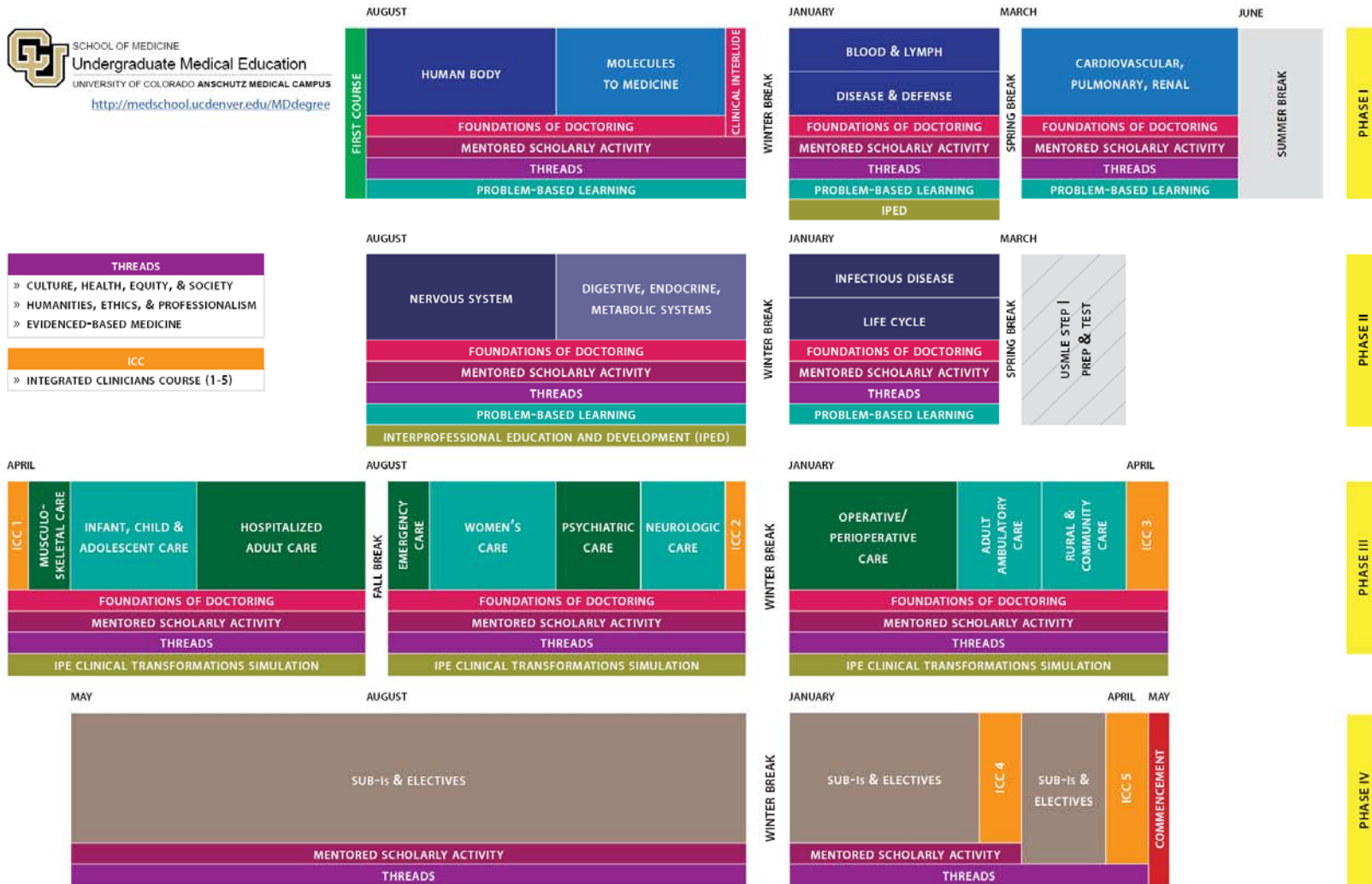
2.3 CURRICULUM LEADERSHIP AND COMMITTEES

For each area of the curriculum, there is an Assistant Dean and a Curriculum Leadership Committee. Chosen by their peers, each class year has at least one student representative on each committee. More information about these committees and others within Undergraduate Medical Education (UME) can be found at: http://medschool.ucdenver.edu/UMECommittees

Committee	People
Essentials Core Block Directors (ECBD) Phase I & II	Chair: Assistant Dean for the Essentials Core Members: All Block Directors during Phases I & II (a clinical and basic faculty member), and Student Representatives.
Clinical Block Directors (CBD) Phase III & IV	Chair: Assistant Dean for the Clinical Core Members: All Clinical Blocks and Clerkship Directors, Sub-Internship Directors, Elective Director, and Student Representatives.
Longitudinal Curriculum Committee (LCC) All phases	Chair: Assistant Dean for the Longitudinal Curriculum Members: Threads Directors (CEM, EBM, HEP, M&S), PBL Director, FDC Director, ICC Directors, IPED Director, MSA Director, Track Director(s), Student Representatives as well as other basic science and clinical faculty.

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

- Guides reviews, and approves courses as well as block content and educational formats;
- Conducts systematic reviews of the curriculum as a whole, as well as at the Phase and Course, Block, or Thread level on a rotating scheduling;
- Establishes the evaluation procedures for curriculum, student and faculty assessment and focuses on helping achieve specific curricular outcomes associated with graduating superior physicians;
- Reviews and amends educational policies periodically; and
- Recommends, facilitates and develops procedures for approving changes to the curriculum and assuring they are implemented.

The CSC works closely with the Assistant Deans for Essentials Core, Clinical Core, and Longitudinal Curriculum, as well as all other curriculum development faculty and the committees of Undergraduate Medical Education (UME) to guide, revise, and implement changes and foster quality improvement. The CSC reports periodically to the Faculty Senate. Additional information regarding UME committees can be found at: http://medschool.ucdenver.edu/UMECommittees

2.4 STUDENT REPRESENTATIVES TO COURSES & COMMITTEES

Elected by their peers, student representatives from each class year sit on each of the curriculum committees described above. Student representatives are full voting members of each committee, and represent the student perspective during meetings. Each class may elect up to two representatives, who share one vote representing that class year. The selection of representatives is managed by the Medical Student Council (MSC) and Class Officers. For more information, go to: http://medschool.ucdenver.edu/msc

In addition, 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.

2.5 LIST OF CURRICULAR LEADERSHIP

A list of curriculum leaders, curriculum committee chairs, student representatives, and key course or phase administrative staff is found in the appendix. This list includes the names of faculty that direct required blocks, courses, and thread content.

SECTION 3: PROMOTIONS, ADVANCEMENT, GRADING, GRADUATION

3.1 STUDENT PROMOTIONS COMMITTEE

The Student Promotions Committee is charged by the Dean and the faculty with maintenance of the 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 Professionalism Committee is a standing committee of the Student Promotions Committee. The Student Promotions Committee reports to the Faculty Senate.

3.1.1 Membership and Voting

The Student Promotions Committee is composed of no more than 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.

3.1.2. Frequency of Meetings

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

3.1.3 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.

3.1.4 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, who 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 and professional behavior. If the student does not provide any additional information, the Committee will base their decision on the information available to them at the time. The Committee retains the option to request consultations or assessments, including those of a medical nature, regarding any student who experiences problems that interfere with academic performance. The Committee has the discretion to set specific rules for a meeting and these will be communicated to the student in advance.

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

3.2 ACADEMIC ACTIONS AVAILABLE TO STUDENT PROMOTIONS COMMITTEE

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

3.2.1 Recommendation for Promotion, Graduation and Citation for Academic Excellence

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.

3.2.2 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 of 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 and the AMCAS general application process.

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

A student who withdraws from the School of Medicine prior to establishment of a medical school academic record (by completion of 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.

3.2.3 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, School of Medicine, 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. 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.

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 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.

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.

3.2.4 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 student's entire academic file. Each case is considered on an individual basis. The Student Promotions Committee may require remedial action, including, but not limited to, repeating a Block, Course or Clerkship, repeating a Phase or more or additional study in a subject area even if the student has recorded a passing grade in the course. The Student Promotions Committee may also impose Probation, Academic Warning, and/or a required Leave of Absence, separately or in combination with a remedial action. Alternatively, the Student Promotions Committee may recommend that the student who has a failing grade be dismissed.

3.2.5 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 appendices). The Student Promotions Committee may decide to exercise its discretion to recommend a student's dismissal based on unsatisfactory academic performance for any student who: (i) fails to perform

adequately with respect to graded or required curriculum; (ii) is not able to pass USMLE Step 1 after three sittings or sit USMLE Step 1 within a 12-month window following completion of Phase I and Phase II requirements, whichever occurs first; or (iii) is not able to pass USMLE Step 2 (CK & CS) after three sittings.

3.3 THE GRADING SYSTEM

3.3.1 Official Grades

The School of Medicine uses the following grades for the official transcript: Honors (H), High Pass (HP), Pass (P), Pass with Remediation (PR), Incomplete (I), In Progress (IP), Fail (F), and Withdrawal (W). The Block, Course and Clerkship Directors have the latitude to not use the full range of grades available. While directors may not alter the definition of the grades, they may provide additional details regarding how a grade may be achieved. Each of the Blocks, Courses or Clerkships may provide additional information regarding grades and remediation.

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. A grading policy may not be changed once the course starts.

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

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

3.3.2 Description of Grades

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

	Definitions
Honors (H)	A grade of Honors is given to a student whose performance is of a very high caliber. Total honor points are calculated as the number of credit hours with the honors grade and may be used to determine academic nomination of students for various awards and commendations.
High Pass (HP)	A grade of High Pass is given to a student whose performance clearly exceeds the Pass requirements but does not reach Honors level.
Pass (P)	A grade of Pass is given to a student whose performance meets the minimum requirements established by the Block, Course or Clerkship Director.
In Progress (IP)	A <u>temporary</u> grade of In Progress is given when a student is unable to complete the requirements for a Block, Course or Clerkship because of illness or other extenuating circumstances <u>AND</u> is considered to be passing by the Block, Course or Clerkship Director at the time the grade is given. For more detail, see 3.3.3 and 3.3.7.
Incomplete (I)	A <u>temporary</u> grade of Incomplete is given when a student has not successfully completed all of the Block, Course or Clerkship requirements at the end of the Block <u>AND</u> requires remediation as determined by the Block, Course or Clerkship Director in order to meet the minimum requirements of the Block, Course, or Clerkship. For more detail, see 3.3.3 and 3.3.6.
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.
Withdrawal (W)	A grade of withdrawal is given when a student leaves a Block, Course, or Clerkship before being assigned a final grade <u>AND</u> requires approval by the appropriate faculty, Course Director, or Assistant or Associate Dean. In some cases, a student must be in "good standing" before being allowed to withdraw. For more detail, see 3.3.4.

3.3.3 Policies on In Progress, Incomplete, and Fail Grades

	Process
In Progress - Has not completed all requirements - Is in good academic standing in course - Uses full grade range upon completion	A temporary grade of In Progress (IP) is given when a student is unable to complete the requirements for a Block, Course or Clerkship because of illness or other extenuating circumstances AND is considered to be passing by the Block, Course or Clerkship Director at the time the grade is given. Assigned by the appropriate Block, Course or Clerkship Director in consultation with the appropriate Assistant Dean and the Associate Dean of Student Life. The temporary grade of In Progress (IP) on the transcript is replaced by the final earned grade (e.g., H, HP, P, F) or with a temporary grade of Incomplete (I) if used by the curricular area (i.e., Essential Core Blocks do not use the grade of Incomplete). **Exception** for Clinical Blocks/Clerkships during Phase III: Initial failure of written exam results in a grade of In Progress (IP), in which case, the highest grade assigned for the Block or Clerkship is Pass (P). If the student has not completed requirements within <u>one</u> academic year from the end of the Block, Course or Clerkship, then the grade of In Progress on the transcript <u>may</u> be replaced by a grade of Fail.
Incomplete - Has not completed all requirements - Remediation required to meet minimum course standards - Highest final grade is PR - Not used in Essentials Core Blocks	A temporary grade of Incomplete is given when a student has not successfully completed all of the Block, Course or Clerkship requirements at the end of the Block, Course or Clerkship AND requires remediation as determined by the Block, Course or Clerkship Director in order to meet the minimum requirements of the Block, Course, or Clerkship. Remediation policies are described in section 3.3.7. Once a student has received a grade of Incomplete, the Student Promotions Committee: • <u>Must</u> approve the student for remediation. • <u>Must</u> approve the plan for remediation of the deficiency. • May require remedial actions, including but not limited to repeating a Block, Course or Clerkship, entire Phase, or requiring additional study in subject area. • May review the student's entire academic file. • May impose Academic Warning or Leave of Absence. If the requirements have been successfully completed, the grade of Incomplete on the transcript is replaced by a grade of Pass with Remediation. If the student has not completed requirements within <u>one</u> academic year from the end of the Block, Course or Clerkship, then the grade of Incomplete on the transcript <u>may</u> be replaced by a grade of Fail.
Fail - Has not met the passing standard - Remediation required	A grade of F is given when a student's performance is clearly below the passing standards of the Block, Course or Clerkship. Remediation is required. Policies for this process are described in section 3.3.7. Once a student has received a grade of Fail, the Student Promotions Committee: • <u>Must</u> approve the student for remediation. • <u>Must</u> approve the plan for remediation of the deficiency. • May review the student's overall academic record. • May set a time limit for completion of remediation. • May require student to reregister for the Block, Course or Clerkship and achieve a passing grade. • May impose Academic Warning, Probation or Leave of Absence. • May consider a recommendation for dismissal. In an Essential Core Block, the highest grade available after remediation is "Pass with Remediation" (PR). In a Clinical Block or Clerkship, the grade of F is maintained on the transcript. In this case, remediation requires repeating the course, which allows the student to receive the earned grade.

3.3.4 Policies on Withdrawal from or Dropping a Course

Students may request to "drop" or to "withdraw" from a Block, Course, or Clerkship. Both situations (i.e., drop, withdrawal), require approval as described in the table below. Definitions:

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

	Requirements for Withdrawal or Drop
Required Curriculum	To "drop": • The request must occur within the Drop/Add period as specified by the registrar AND must be recommended by the appropriate Assistant Dean and approved by the Associate Dean for Student Life. To "withdraw": • The appropriate Assistant Dean must recommend and the Associate Dean for Student Life must approve, • The students must not be failing at the time of the request, AND • The withdrawal must occur before the last 2 weeks of the Block, Course, or Clerkship. The Associate Dean for Student Life will notify the Student Promotions Committee of withdrawals from required Blocks, Courses or Clerkships.
Elective Curriculum (Phase I & II Only)	To "drop" : • The request must occur within the first 2 weeks of the course start date AND the faculty in charge of the course must approve the request. To "withdraw": • The request must occur after the first 2 weeks of the course start date, but before the last 2 weeks of the course AND the faculty in charge of the course must approve the request.
Phase IV Curriculum (Sub-Internships & Electives)	A student is considered enrolled **28 days prior to the start of a course**. Once a student is enrolled in a course, he or she must complete it. Leaving a course after being enrolled may result in a permanent grade of "W" (e.g., withdraw) on the transcript. In extreme circumstances, the Directors of Electives or Sub-Internship may allow a student to "drop" the course without a withdrawal being noted on the transcript. In order to drop a course within the 28-day window, the student must contact the Directors of Electives or Sub-Internship (not the Course Director) with a specific rationale for why they are dropping the course late. It is at the **discretion of the Directors of Electives or Sub-Internship** whether the student's request will be approved. Students may add courses within the 28-day window only if there is space available. Students should submit requests to Directors of Electives or Sub-Internship for approval. Lack of adherence to this policy, including making requests directly to Course Directors, will result in rejection of the request. A student may appeal a decision on his or her request to the Assistant Dean of the Clinical Core.

3.3.5 Additional Detail on Grades for Select Curricular Areas

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

Phases I & II (Essentials Core Blocks)

Transcript Grades	Phases I & II – Basic Science Blocks (NOT including Longitudinal Curriculum)
General Info	Grade is determined by scores on written exams or any other required elements. The Block Director(s) in the Essentials Core must notify students of their grades on examinations and provide the minimum passing score. Exams submitted after the scheduled end of the exam will not be accepted. At the discretion of the Assistant Dean of the Essentials Core, in consultation with the appropriate Essentials Core Block Director, a late exam may be accepted and subject to a penalty.
Honors (H)	For class of 2021: Achieve a cumulative average of 90% or higher on graded assessments. If fewer than 20% of the assigned grades are Honors, then this criterion may be lowered at the discretion of the Block Directors. Effective class of 2022: **Not used.**
High Pass (HP)	**Not used.**
Pass (P)	Achieve a cumulative average of at least 70%.
Pass with Remediation (PR)	After remediation, if the student achieves a final average of 70% or above, the failing grade will be replaced with a Pass with Remediation.
In Progress (IP)	Cannot complete Block requirements due to illness or other extenuating circumstance. Must be in good academic standing in the course or block at time of assignment of grade (as defined by Block Directors). Assigned by the appropriate Block, Course, or Clerkship Director in consultation with the appropriate Assistant Dean and the Associate Dean of Student Life. After completing requirements, the IP will be replaced with the final grade earned (e.g., Honors, Pass, Fail). Must complete requirements within one academic year from the end of the Block, otherwise the grade reverts to "F."
Incomplete (I)	**Not used.**
Fail (F)	Achieve a final average of less than 70%. Block directors may recommend to the Student Promotions Committee that the student receive one opportunity for remediation. Student may be required to reregister for the course. After remediation, the final grades available are Pass with Remediation (PR) or Fail (F). If the student achieves a final average of less than 70%, the failing grade will remain AND the student will be referred to the Student Promotions Committee for further action.

Phase III – Clinical Blocks and Clerkships

Transcript Grades	Phase III – Clinical Blocks and Clerkships
General Info	Grade consists of a Clinical and Cognitive Component. Requirements for each component may vary by block/clerkship. See specific Block or Clerkship syllabi for details. For a summary go here: http://www.ucdenver.edu/academics/colleges/medicalschool/education/degree_programs/MDProgram/administration/policy/Documents/Phase3GradingOverview.pdf In general, some feature of Phase III grading include the following: − Clinical assessments must account for no less than 50% of overall grade (minimum=50%). − Written assessment must account for no more than 20% of overall grade (maximum=20%). − Grades assigned by Director with a Grading Committee. − An end of year review process enables the Director to increase the number of honors and high pass students to 35% for each category, although the total of both categories cannot exceed 70% of all assigned grades. − All 2-week blocks are graded Pass/Fail. Honors and High Pass grades should not exceed 70% of all assigned grades.
Honors (H)	At a minimum, the student: - Must achieve Honors (H) on the clinical component of the grade. - Must pass written exam on initial attempt. Minimum exam score may be required for assignment of Honors (H) grade. Honors and High Pass grades should not exceed 70% of all assigned grades.
High Pass (HP)	At a minimum, the student: - Must achieve at least High Pass (HP) on the clinical component of the grade. - Must pass written exam. A minimum exam score may be required for assignment of a High Pass (HP) grade. Honors and High Pass grades should not exceed 70% of all assigned grades.
Pass (P)	Must pass all required clinical and cognitive assessments, including any written exam or required project work in order to achieve a grade of Pass (P) for the block/clerkship.
Pass with Remediation (PR)	A final grade of Pass with Remediation (PR) replaces a grade of Incomplete (I) upon successfully completing remediation.
In Progress (IP)	A grade of In Progress (IP) is assigned after first failure of the written exam as long as the student has satisfactorily completed all other components of the block/clerkship. In this situation, the highest grade that can be assigned is Pass (P). A grade of IP can also be assigned in the case that students are in good standing but have not yet completed all the required clinical or cognitive requirements of the block. Assigned by the appropriate Block, Course or Clerkship Director in consultation with the appropriate Assistant Dean and the Associate Dean of Student Life.
Incomplete (I)	A temporary grade of Incomplete (I) is assigned when a student may need remediation in order to meet the requirements of the clinical block or clerkship. Two specific instances include, the second failure of the written exam or stopping a block at any point for remediation. After successful remediation, the highest grade that can be assigned is Pass with Remediation (PR), per the grade definitions in Section 3.3.2. Prior to the assignment of a grade of I, a discussion must occur at a CBD Executive Session. This discussion is advisory to the Block/Clerkship Director's assignment of a final grade. See description of the process below, under further detail about assigning a grade of F. A remediation plan will be developed with the Clinical Block or Clerkship Director, the remediation specialist, and the Office of Student Life. For further information see section 3.3.6. After completing remediation (for either the cognitive or clinical components), the student will be assigned a grade of Pass with Remediation or Fail.

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Phase III – Clinical Blocks and Clerkships

Transcript Grades	Phase III – Clinical Blocks and Clerkships
Fail (F)	Prior to assigning a grade of Fail, a discussion must occur at CBD Executive Session. This discussion is advisory to the Block/Clerkship Director's assignment of a final grade. The process will consist of the following: • The Block/Clerkship Director or Associate Dean of Student Life will notify the Assistant Dean of the Clinical Core one week in advance of meeting regarding the student. • The Block/Clerkship Director will bring documentation of student performance with the name of student redacted on any presented document. • Student names will be anonymous to the other Block/Clerkship Directors, but not to the Associate Dean of Student Life. • The information from the discussion may be utilized by the Office of Student Life to optimize student performance in future clinical blocks or clerkships. Students will be notified by the Office of Student Life in advance when such information is shared with future Block/Clerkship Directors. • This executive session may include the Senior Associate Dean for Education, Associate Dean of Student Life, Assistant Dean of Student Affairs, Assistant Dean for the Clinical Core, the remediation specialist, and the CBD.
Withdrawal (W)	Must be recommended by Assistant Dean of the Essentials Core, and approved by Associate Dean of Student Life. Must be in good academic standing (e.g., not in need of remediation or failing at time of request). Must occur before the last 2 weeks of the Block, Course, or Clerkship. Student Promotions Committee must be notified by the Associate Dean of Student Life.

Phases IV – Sub-Internships & Electives

Transcript Grades	Phase IV Sub-Internships & Clinical Electives (4 weeks or longer)	Phase IV Electives (2 weeks, non-clinical)
Specific Information	Course Director assigns the final grade based on student performance on all the standard competencies. Grades are primarily based on direct observation and assessment of a student's clinical performance. Other assessments (e.g., written exams) may be required, and are described in each course syllabus.	Some Phase IV Electives do not offer Honor (H) or High Pass (HP). In general, these electives include: • Any 2-week course (including clinical), • All Away electives, • Didactic electives, and • Research electives. Exceptions exist for specific electives that have petitioned to use a broader grade range. Students should review course syllabi for details.
Honors (H)	Indicates *outstanding* overall performance with high integrity (e.g., performance, attendance, professionalism behavior, etc.).	Not used.
High Pass (HP)	Indicates *excellent* overall performance with high integrity (e.g., performance, attendance, professionalism behavior, etc.).	Not used.
Pass (P)	Indicates *satisfactory* overall performance with high integrity (e.g., performance, attendance, professionalism behavior, etc.).	Indicates *satisfactory* overall performance with high integrity (e.g., performance, attendance, professionalism behavior, etc.).
Fail (F)	Indicates the student's work is *not meeting passing requirements* **after** completing remediation.	Indicates the student's work is *not meeting passing requirements* **after** completing remediation.
Pass with Remediation (PR)	Indicates *satisfactory* overall performance with high integrity (e.g., performance, attendance, professionalism behavior, etc.) **after** completing remediation.	Indicates *satisfactory* overall performance with high integrity (e.g., performance, attendance, professionalism behavior, etc.) **after** completing remediation.
In Progress (IP)	Indicates the student's work is still *in progress* and the student is in good academic standing in the Sub-Internship or Elective.	Indicates the student's work is still *in progress* and the student is in good academic standing in the Elective.
Incomplete (I)	Indicates the student's work is *not meeting passing requirement* at time of grading and that remediation may be ongoing.	Indicates the student's work is *not meeting passing requirement* at time of grading and that remediation may be ongoing.
Withdrawal (W)	A student is considered enrolled 28 days prior to the start of a course. Once a student is enrolled in a course, he or she must complete it. • Leaving a course after being enrolled may result in a permanent grade of "W" (e.g., withdraw) on the transcript. In extreme circumstances, the Directors of Electives or Sub-Internship may allow a student to "drop" the course without a withdrawal being noted on the transcript. In order to drop a course within the 28-day window, the student must contact the Directors of Electives or Sub-Internship (not the Course Director) with a specific rationale for why they are dropping the course late. It is at the discretion of the Directors of Electives or Sub-Internship whether the student's request will be approved. • Students may add courses within the 28-day window only if there is space available. Students should submit requests to Directors of Electives or Sub-Internship for approval. • Lack of adherence to this policy, including making requests directly to Course Directors, will result in rejection of the request. • A student may appeal a decision on his or her request to the Assistant Dean of the Clinical Core. • Note: Students should be aware that limitations on course registration exist. Course registration is only available for those courses and timeframes listed in the official CUSOM course catalog for the specified academic year. Student requests for schedule changes will not be executed if the request deviates from officially listed course offerings, course lengths, or fixed start/stop dates as determined by the Office of Student Life.	

Foundations of Doctoring

Transcript Grades	Foundations of Doctoring (Phases I, II, III)
General Info	Foundations of Doctoring (FDC) is a longitudinal course that runs across Phases I, II, and III. Students receive a grade for each semester of each Phase (Fall, Spring).
Honors (H)	Not used.
High Pass (HP)	Not used.
Pass (P)	In order to pass the course, students must complete all requirements (tasks and assignments), actively participate in all sessions (classroom-based and preceptor-based), and pass all assessments. Additionally, students must demonstrate adequate professional development in the course competencies. If student-demonstrated knowledge, skills or behavior is not adequate in a particular component of the course, students will be asked to participate in a required remediation of that component. Remediation varies by the type of session missed/inadequately demonstrated and the content involved.
Fail (F)	Failure to complete multiple required aspects or demonstrate adequate knowledge, skills or behavior will result in a 'Fail' grade.
Pass with Remediation (PR)	This grade is assigned when the student has either received an "F" and has successfully remediated OR when an "I" has originally been assigned (due to failure to complete course requirements) and these requirements are now successfully completed.
In Progress (IP)	An 'In-Progress' grade is used when a student cannot complete course requirements due to illness or other extenuating circumstance, or when student has completed requirements but their preceptor's evaluation of their performance is still pending at the time of grade submission. Must be in good academic standing at time of assignment of grade (as defined by course directors).
Incomplete (I)	Failure to successfully complete required aspects of the course by course deadlines, in absence of student illness or other extenuating circumstance that prevented completion will result in an 'Incomplete' grade. This grade will be amended to a PR (Pass with Remediation) upon successful completion of all course requirements.
Withdrawal (W)	• Must be recommended by appropriate Assistant Dean and approved by Associate Dean of Student Life. • Must be in good academic standing. • Must occur before the last 2 weeks of the Block, Course, or Clerkship. Student Promotions Committee must be notified by the Associate Dean of Student Life.

3.3.6 Timely Access to Grades and NBME Shelf Exam Scores

Grades for required clerkship/block/course must be reported to students within four-weeks of the end of a clerkship/block/course. Scores from National Board Shelf Exams taken during clerkships and clinical blocks must be reported to students within 1 week of the receipt of the scores. For details, go here:
http://www.ucdenver.edu/academics/colleges/medicalschool/education/degree_programs/MDProgram/administration/policy/Documents/TimelyStudAccesstoAssessments.pdf

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

3.3.7 Remediation in the Essentials, Clinical, and Longitudinal Curriculum

While 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), only the Student Promotions Committee can approve remediation for a student after a student is assigned a non-passing grade, i.e., Incomplete (I) or Fail (F), including approval of the remediation plan and timeline for completion. All remediation plans are subject to the requirements of the Course, Block or Clerkship and to the course syllabus, unless the Block, Course, or Clerkship director explicitly exempts, in writing, the application of a syllabus requirement. Remediation resources may be limited in accordance with available CUSOM resources.

3.3.8 Narrative Written Feedback in the Longitudinal Curriculum

Students will receive written narrative assessments of their performance for some parts of the Longitudinal Curriculum.

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

3.3.9 Formative Feedback in Essentials Core and Longitudinal Curriculum

Students will receive formative feedback during required courses in the Essentials Core (Phases I & II) and the Longitudinal Curriculum (Phases I – IV) that are more than 2 weeks in length. This feedback will enable students to measure his or her learning progress, and to allow students to take steps to remediate any deficiencies. For details, go here:
http://www.ucdenver.edu/academics/colleges/medicalschool/education/degree_programs/MDProgram/administration/policy/Documents/FormativeFeedbackPolicyEC-LC.pdf

Methods of formative feedback include, but are not limited to: face to face feedback, audience response sessions, case studies with questions and answers, practice questions, quizzes, interactive review sessions, case-based small group exercises, SNAPP questions written by students for use by

their peers and reviewed by faculty, team based learning, flipped classrooms incorporating problem solving exercises, and narrative feedback.

Students who have failed an exam or major assignment (defined as an assignment constituting more than 30% of the grade for the course) are required to meet with Course/Block Directors to attempt to determine the potential reasons the student was not successful, make recommendations for learning strategies, and to help the student identify areas of strengths and weaknesses.   Any student scoring between 70 and 75% on an exam will receive an email strongly suggesting they meet with the Course Directors. Additionally, any individual student may request to meet and discuss formative feedback with Course/Block Directors.

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

Mid-Point or Formative Assessments
During Phase III, students will receive a formative assessment of their performance (i.e., mid-block feedback) approximately midway through each Clinical Block or Clerkship lasting longer than two weeks. At a minimum, this assessment will involve a review of a student's learning log and the completion of the Mid-Point Feedback Form signed by both the student and the Block/Clerkship Director, and then forwarded to the Clinical Block or Clerkship coordinator. If the student has not received this feedback, it is the student's responsibility to contact the Block/Clerkship Director to ensure feedback is received.

Narrative Written Assessments
- At the conclusion of each required Block or Clerkship during Phase III and each Sub-Internship during Phase IV, the respective director will submit a formal written narrative evaluation of a student's performance to the Office of Student Life where it will become a permanent part of the student's academic file.

- The final written narrative evaluation from each Block or Clerkship during Phase III and each Sub-Internship during Phase IV must be submitted within 4 weeks of the end of the Block, Clerkship or Sub-Internship.

- The written narrative evaluation should be signed by the Clerkship, Block, or Sub-Internship Director attesting that the student has or has not achieved all required objectives in a competent manner. The final evaluation should include both formative and summative comments. Formative comments are designed to inform a student development in future Courses, Blocks, or Clerkships. Summative comments from attending physicians will be incorporated into the MSPE when possible or appropriate.

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

- Students will not work more than 80 hours per week when averaged over four weeks.
- Students will have a minimum of one day in seven off, when averaged over four weeks.

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

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

Phase III students are required to weekly log their ability to comply with these duty hour policies, and if a duty hours violation occurs, students must report the reason for the violation. Sub-internship students must speak directly with the course director when approaching duty hour limitations. All students are encouraged to report potential duty-hours violations to the clinical block/clerkship director for schedule adjustment at the clinical site. For details, go here: http://www.ucdenver.edu/academics/colleges/medicalschool/education/degree_programs/MDProgram/administration/policy/Documents/MedStudDutyHoursPolicy.pdf

Logging Requirements during Phase III
Student must log at least one instance of each required clinical experiences for each clerkship or clinical blocks. On a weekly basis, students must log their ability to comply with duty hour policies. Falsifying reports is considered a violation of the student honor code and will be referred to the Student Honor Council. Logger data will be reviewed during the student's mid-block feedback session. For details, go here: http://www.ucdenver.edu/academics/colleges/medicalschool/education/degree_programs/MDProgram/administration/policy/Documents/LoggingRequiredClinicalExperiences-PhaseIII.pdf

Site Assignment Policy
The Colorado Springs Branch and clinical blocks utilizing more than one clinical site provide students the ability to indicate preferences prior the start of the course, and reasonable efforts are made to fulfill student preferences. If there are extenuating circumstances, a student may request an alternative site during the clinical block or clerkship. Given appropriate rationale, clinical block or clerkship director will attempt to facilitate the change. For details, go here: http://www.ucdenver.edu/academics/colleges/medicalschool/education/degree_programs/MDProgram/administration/policy/Documents/ClinicalSiteAssignmentPolicy.pdf

Branch Assignment Policy
Students are assigned to the Colorado Springs Branch prior to matriculation. Students may request changes to this assignment for economic or personal hardship. For details, go here: http://www.ucdenver.edu/academics/colleges/medicalschool/education/degree_programs/MDProgram/administration/policy/Documents/BranchAssignmentPolicy.pdf

3.4	THE MSPE AND CLASS RANK

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

3.4.1 Process of Ranking

Although students in the School of Medicine are not numerically ranked, the School does follow the AAMC recommendations for placing students in strict comparative quartiles listed as one of four categories: Outstanding, Excellent, Very Good, and Good. Quartiles are determined by a weighted method assigned 25% to the first 2 Phases and 75% to Phase 3. For the first 2 Phases, each block is assigned a number of points based on its length and students receive a portion of those points equivalent to their percent score in the course. If a student must repeat a course, the two scores in that course are averaged. Phase 3 points are the number of weeks of each block and an Honors grade is worth twice the number of points as a High Pass grade; a grade of Pass receives no points. The total number of points are tallied at the end of Phase 3 and the quartile will be designated in the MSPE. USMLE scores, community service, and research are not considered in the quartile placement.

3.4.2 Generating the MSPE

The MSPE is completed by the Office of Student Life which works with the curriculum Block/Clerkship Directors to provide summaries of the student's progress through medical school. The information is obtained from the student's official academic file (e.g., Block, Course or Clerkship evaluations, letters from preceptors, official correspondence) and from the Senior Questionnaire (extracurricular activities, achievements, research experience, publications). If a student has concerns regarding the role of the Office of Student Life in generating his or her letter, he or she may request that the Assistant Dean for the Clinical Core complete the MSPE letter. Student should make this request to the Assistant Dean for the Clinical Core. The Assistant Dean must use the same process, including the evaluations provided by the curriculum block directors. The MSPE letter will be released on October 1 of each year.

3.4.3 Content of MSPE

The evaluation letter consists of the following:

1. Noteworthy Characteristics Section (previously called Unique Characteristics): This section includes information intended to help a residency program selection committee review applicants holistically to achieve a residency class that brings a diverse set of background experiences, characteristics and perspectives. This section is comprised of three characteristics (maximum), which highlight the most salient characteristics of the student.

2. Academic History: This section includes:
   - The month and year of the student's initial matriculation in and expected graduation from medical school

- An explanation based on school specific policies of any extensions, leave(s) of absence, gap(s), or break(s) in the student's educational program
- Information about the student's prior, current, or expected enrollment in and the month and year of the student's expected graduation from dual, joint, or combined degree programs.
- Information, based on school specific policies, of coursework that the student was required to repeat or otherwise remediate during the student's medical education.
- Information, based on school specific policies, of any adverse action(s) imposed on the student by the medical school.

3. <u>Academic Progress</u>: This section includes information about the student's academic performance and professionalism attributes in preclinical/basic science coursework and core clinical and elective rotations. Any professionalism reports requiring remediation and its completion will be described in this section.

4. <u>Summary Section</u>: A summative assessment will be provided, based upon the school's evaluation system, of the student's comparative performance in medical school, relative to his/her peers, including information about any school-specific categories used in differentiating among levels of student performance.

3.4.4 Honor Society

Appointment to Alpha Omega Alpha (AOA), the medical honor society, is indicated in the MSPE when the information is available. AOA at the University of Colorado School of Medicine is a peer selection with students in AOA making the selection of future members. 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 Clinical Core Blocks.

3.5 ACADEMIC RIGHTS AND APPEALS

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

3.5.1 Appeal of Grade Decision by a Block, Course, or Clerkship Director

<u>Criteria for Appealing a Grade</u>:

A student may appeal a final Block or Course grade on the grounds that the methods or criteria for evaluating academic or clinical performance, as stated in the Block/Course syllabus, were not applied in determining the final grade, and/or the faculty applied the grading criteria unfairly. The table below describes the procedure for appeal.

Appeals Procedures:

Timeframe	Procedures for Appealing a Grade
Within 30 days of receiving grade	Student sends an appeal letter to the Block Director(s) within 30 calendar days of receiving grade. The appeal letter will identify the Block/Course and the grade being appealed, state the reason(s) for appeal, and specify the requested change. Students are encouraged to discuss the appeal informally with the Block Director(s) before submitting a formal appeal.
Within 15 days of receiving appeal letter	The Block Director(s) will meet with the student to discuss the appeal within 15 calendar days of receipt of the appeal letter. Before the meeting, the student should provide the Block/Course Director or Co-Directors with copies of all materials pertinent to the appeal, such as the Block/Course syllabus, papers, tests, write-ups, evaluations, or other assessments.
Within 5 days of meeting with student	Within 5 calendar days of meeting with a student, the Block, Course or Clerkship Director must inform the student of his or her decision regarding the grade change appeal. If a grade change is warranted, then the Block, Course, or Clerkship Director will change the grade in a timely manner.
Within 7 days of Block Director(s) ruling	The student may appeal the decision of the Block Director(s) to the appropriate Assistant Dean by forwarding copies of all correspondence related to the appeal within 7 calendar days of the Block Director(s) ruling. The Assistant Dean, at his/her discretion, may meet with the student, the faculty, or the Block Director(s), and may consult with the appropriate curriculum committee (e.g., ECBD, CBD, LCC) before making a ruling. The Assistant Dean will make a decision within 10 calendar days of receiving the request.
Within 7 days of the Assistant Dean's ruling	Within 7 calendar days of receiving the ruling from the appropriate Assistant Dean, the student may make a final request to the Senior Associate Dean for Education for a review of due process. The decision of the Senior Associate Dean for Education is final. The Senior Associate Dean for Education will make a judgment within 10 calendar days of the student's final appeal.

3.5.2 Appeal of Decisions of the Student Promotions Committee

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

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

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

met. If the conditions have been met, the Office of Student Life will forward the appeal to the Senior Associate Dean for Education.

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

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

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

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

4. Whether there is evidence that the committee acted in an arbitrary or capricious manner.

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

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

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

Burden of Proof: In the original hearing, the Student Promotions Committee has the burden of proving by a preponderance of evidence that the student violated the University's policies, procedures or rules. During the appeals process, the burden of proof rests with the student. The standard of proof remains the same.

3.6 ABSENCE AND LEAVE OF ABSENCE

Students may request to be away from the medical school curriculum for a time less than a full academic period as defined by the University. There may be a variety of reasons for granting this

request, as determined by the Assistant Dean of Student Affairs. Students interested in taking time out of the curriculum must first contact the Assistant Dean of Student Affairs who will consider the merits of each individual case and work with the student and appropriate faculty.

Formal Leave of Absence

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

Students who wish to take a LOA to complete a degree in dual programs must petition the Student Promotions Committee at least 3 months prior to any matriculation date of the other program for a LOA from the School of Medicine. The total leave from the School of Medicine may be limited by the Student 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 require remediation, including repetition of basic science or clinical curriculum.

Leave of absence is classified into only two types: medical leave of absence and general leave of absence. As previously stated, reasons for leave are extensive and varied; however, the distinction in between these two types of leaves have only one specific difference; the focus on medical issues. Medical leave allows for students to maintain eligibility for student insurance; students requesting a medical LOA must submit appropriate medical documentation to support the request. Students on medical leave of absence are not eligible for Federal Financial Aid, and the insurance premium will be billed directly to the student. When students are ready to return from medical leave, they must submit appropriate documentation, 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 regarding the student's readiness to return. The Student Promotions Committee will determine whether the student is eligible to return to medical school, based on the student's previous academic performance and documentation of medical fitness.

For all students returning from leave, the Committee may require that students complete additional coursework or other remedial work, if they have been away for longer than one calendar year. If the Student Promotions Committee determines that the student did not meet the academic requirements of the medical school prior to beginning leave, the Committee may recommend an academic action, including but not limited to dismissal from the School of Medicine. No student on Leave of Absence may enroll in required or elective medical school Blocks, Courses or Clerkships, or participate in any school activities or organizations which are not open to the general public.

3.7 MINIMUM REQUIREMENTS FOR ADVANCEMENT AND RETENTION

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

3.7.1 Exemptions from Blocks

No exemptions are allowed from required courses, blocks, or clerkships.

3.7.2 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 in sufficient time for a decision to be reached by the first day of class in August. This includes completion of all required longitudinal activities. Students who have failed one or more Blocks or Course may be subject to additional requirements as determined by the Student Promotions Committee.

3.7.3 Specific Requirements for Advancing to Phase III

To advance to Phase III, a student must have achieved at least a passing grade in all of the required Blocks or Courses in Phases I and II, all required longitudinal activities and have completed Basic Cardiac Life Support training. Students who have failed one or more Blocks or Course may be subject to additional requirements as determined by the Student Promotions Committee. In addition, the United States Medical Licensing Examination (USMLE) Step 1 must be taken prior to beginning Phase III. A student must have passed all Phase I and II coursework prior to requesting a Step 1 administration date. Students are required to request a Step 1 administration date and **sit** for the examination **prior** to the start date of IDPT 7001. This course usually starts in late April and the student is responsible for knowing the exact dates.

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

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

Any student who receives a failing grade on Step 1 will be required to retake the exam at the end of Phase III after a minimum of four weeks of leave to study and then sit for the examination again. With approval from the OSL the student may enroll in select Phase 4 electives after sitting for the exam while awaiting their score. The student may not self-schedule this course and may not enroll in sub-internships, away electives or electives that are like sub-internships. Students who have failed USMLE Step 1 must meet with an education specialist in the Office of Student Life. Students who do not pass USMLE Step 1 after three sittings or do not sit for the exam for the first time within 12 months of the end of Phase II are subject to consideration by the Student Promotions Committee for dismissal from medical school.

3.7.4 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 complete Phase III, a student must complete all required Phase III clerkships with passing grades, all required Longitudinal Curriculum elements, the formative CAPE assessment, and the Clinical Practice Exam (CPE) by passing or remediating.

Because the CPE testing dates extend into the early blocks of Phase IV, courses may be initiated prior to achieving a passing score or appropriate remediation. However, students may not sit for Step 2 CS prior to passing or remediating the CPE. Students should complete all Phase 3 clinical requirements prior to taking the CPE or Step 2 CS. Failure of the CPE may result in halting of Phase IV and reporting to Student Promotions Committee. Exceptions related to not attending a required ICC course or taking the CPE must be initiated with the Assistant Dean for Student Affairs who will work respectively, with the ICC Director or CPE Director on the student's behalf.   The Assistant Dean for Student Affairs is authorized to allow exceptions to these requirements in special circumstances.

Students delayed in completing all required Phase III courses prior to the start of Phase IV may be allowed, under certain conditions, to enroll in selected Phase 4 electives. Restrictions on course taking and eligibility are defined in the table below.

Eligibility	Course Taking Restrictions
1. Be in good academic standing 2. Be off-cycle (i.e. delayed). On-cycle students are not eligible to complete electives prior to completing the 3rd year. 3. Be unable to enroll in a clerkship due to limited availability or overlap of the schedule with required ICC. 4. Need no more than 8 weeks of clerkships to complete 3rd year; however, for enrollment in Research Electives, there is no restriction regarding how many weeks of Phase 3 clerkships remain to be completed.	1. Limit 4th year elective course taking to no more than 8 weeks. 2. May not enroll for Sub-internships, away electives, or electives that are like Sub-Is (e.g., DH Career elective in Emergency Medicine). The determination of "like sub-Is" is at the discretion of the OSL. 3. Must receive approval from the OSL to schedule courses. Student may not self-schedule. 4. No guarantee that a student will be enrolled in the desired elective course. 5. Must complete all required 3rd year courses prior to taking the Clinical Practice Exam (CPE). Must complete the CPE prior to taking Step 2 CS.

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

3.7.5 Specific Requirements for Phase IV

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

Students 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 of Student Affairs. The Assistant Dean of Student Affairs may grant a delay up to December 31. After that, the student's failure to sit for the exams is reported to the Student Promotions Committee and the student may not take additional clerkships until the student has passed the exams.

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 (8 credits), and the grade range is restricted to pass/fail. Phase IV students may take a maximum 32 credits of clerkships/courses outside Colorado. Students may petition the Student Promotions Committee for additional time away from Colorado. There is no limit on the number of AHEC rotations a student may take in Colorado or Wyoming except as limited by availability.

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

Phase IV: Course Requirements & Limitations	Course Weeks	Course Credits
Integrated Clinician Courses (IDPT 8004, IDPT 8005)	4 weeks	8 credits
One CUSOM Approved Subinternship	4 weeks	8 credits
8000 Level Coursework Electives (minimum required credits) *Maximum credits of research elective=24 credits* *Maximum credits of away electives=32 credits* – *Minimum away course length=4 weeks (8 credits)* – *Grade range for away = P/F* *All course scheduling must comply with course offerings, course lengths and official start/stop dates.*	24 weeks	48 credits
Total Credits Required for Graduation	**32 weeks**	**64 credits**

3.8 REQUIREMENTS FOR GRADUATION

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

3.8.2 Passing National Board Exams: 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 must 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 Assistant Dean of Student Affairs has approved a delay.

3.8.3 Passing Coursework: Students must achieve a passing grade in all required courses.

3.8.4 Financial Obligations: Students must discharge all financial obligations to the University prior to graduation.

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

3.9 UNIFORM STANDARD FOR GRADUATION

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

3.10 LIMITATIONS ON COURSE REGISTRATION

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

SECTION 4: OTHER EDUCATIONAL POLICIES

4.1 STUDENT PRIVACY

Pursuant to the Family Educational Rights and Privacy Act (FERPA), students may annually file written notification requesting the withholding of certain personal information from disclosure. Such requests must be filed with the Registrar's Office. Without such filing, the Registrar's Office will provide student director information regarding enrolled students, as permitted by law. The University's FERPA Policy may be found at http://www.ucdenver.edu/anschutz/studentresources/Registrar/StudentServices/FERPA/Pages/default.aspx

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

4.2 STUDENT ACCESS AND MODIFICATION TO OWN ACADEMIC FILES

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

4.3 EQUAL OPPORTUNITY AND NON-DISCRIMINATION

4.3.1 CUSOM's Commitment
The School of Medicine is committed to equal opportunity, including opportunity for individuals with disabilities. The School of Medicine does not discriminate on the basis of, race, color, national origin, sex, age, disability, creed, religion, sexual orientation, gender identity, gender expression, veteran status, political affiliation or political philosophy in admission and access to, and treatment and employment in, its educational programs and activities. To learn more about diversity and inclusion at CUSOM go here:
http://www.ucdenver.edu/academics/colleges/medicalschool/administration/diversity/Pages/diversity.aspx

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

office. Go here to learn more: http://www.ucdenver.edu/student-services/resources/disability-resources-services/Pages/disability-resources-services.aspx

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4.4 CLINICAL REQUIREMENT RESPONSIBILITIES

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

Clinical Requirements	Year	CUSOM Policy – Website Location
Immunizations	Before Phase 1	Required prematriculation: http://www.ucdenver.edu/academics/colleges/medicalschool/education/Admissions/AcceptedStudents/Documents/Immunization%20Certification%20Form.pdf
Drug Screening	Phase 1 Phase 3	Required within 60 days of the start of working in a clinical site during Phase I and Phase III. CUSOM policy is in the Appendices or go to this link: http://www.ucdenver.edu/academics/colleges/medicalschool/education/Admissions/AcceptedStudents/Documents/Drug_Screening_Final_9%2017%202012.pdf
TB mask fitting	Phase 1 Phase 3	Required once during Phase I (during FDC) and once before beginning Phase III (during MS2 Class Retreat).
Influenza Immunization	Phase 1,2,3,4	Required annually (unless medically contraindicated) through individual's health insurance coverage.
TB testing	Phase 1,2,3,4	Required annually through individual's health insurance coverage.
HIPAA (Health Insurance Portability and Accountability Act)	Phases 1,2,3,4	Required annually. See Clinical Requirements course on Canvas.
Universal Precautions/OSHA Requirements – Hazardous Exposure/Materials Blood Borne Pathogens Needle Stick Policy	Phase 1,2,3,4	Required annually. See Clinical Requirements course on Canvas. For CUSOM policy go to: http://www.ucdenver.edu/academics/colleges/medicalschool/education/degree_programs/MDProgram/administration/policy/Documents/CUSOM-Hazardous%20Exposure%20Policy.pdf
BCLS	Phase 1 ,3	Required during Phases I (during Fall in FDC I) and III (during ICC 7001).
ACLS	Phase 4	Required during Phase IV (completed during ICC 8005).
Workers' Compensation	As needed	Go to this website, and look under the "Incident Procedure" tab for further detail: http://www.cu.edu/risk/services/workers-compensation

4.5 HAZARDOUS EXPOSURE

Students who are exposed to blood borne pathogens, needle sticks, bodily fluids or other hazards must seek appropriate healthcare immediately. In these affiliated hospitals -- UCH, CHC, VAMC, DHHA, and Memorial Hospital in Colorado Springs -- go to the dedicated unit for treatment during business hours, otherwise at other sites and during non-business hours go to the nearest Emergency Department. All students receive a "what to do if exposed" lanyard card with brief instructions about how to proceed. Students may receive reimbursements for healthcare cost by following procedures under Workers Compensation. Specific details on policies, procedures, and reimbursement can be found here:
http://www.ucdenver.edu/academics/colleges/medicalschool/education/degree_programs/MDProgram/administration/policy/Documents/CUSOM-Hazardous%20Exposure%20Policy.pdf

4.6 MALPRACTICE, WORKERS COMPENSATION; HEALTH AND DISABILITY INSURANCE

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

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

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

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

Volunteer activities performed by medical students enrolled at CU are covered by the Malpractice Trust if they fall within the course and scope of the individual's responsibilities as a student. In most circumstances, the volunteer activity will be a recognized activity within the approved curriculum and course credit will be awarded to the student. In other situations, contact the Professional Risk Management Office (303-724-7475) or the Office of the University Counsel (303-315-6617) for guidance. All non-course credit volunteer activities should be approved in writing by the Office of Student Life before engaging in the activity.

Workers' Compensation: Workers' compensation benefits may apply to students in clinical rotations. Students in on-campus classroom activities are not covered by workers' compensation. For information on Workers' Compensation generally and procedures specifically for **needlestick**

and body fluid exposures, go to the "incident procedure" tab on this webpage:
http://www.cu.edu/risk/services/workers-compensation

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

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

Disability Insurance: All students are enrolled automatically in a disability insurance plan, and receive disability insurance as a student in the MD Program. Further details are available from the Office of Student Life.

4.7 SHADOWING AND HANDS-ON CLINICAL EXPERIENCES

Career Exploration and Development

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

Shadowing and Hands-On Clinical Experiences

As medical students progress through their career development process, they are encouraged to pursue opportunities (extracurricular and curricular via Electives) to learn more about the different medical disciplines. Two types of career exploration and development activities are available to the medical student: "Shadowing" and "Hands-On Clinical Experience." Whether a student pursues shadowing and/or hands-on clinical activities is specific to each student and his/her career development path.

Shadowing and Hands-on Clinical Experience activities each have specific criteria that need to be considered and followed by the medical student. A *Shadowing and Hands-on Clinical Experience Request Form* (see Requirements below) MUST be completed and submitted online (click on the hyperlinked text below) by the student prior to beginning either a Shadowing or Hands-On Clinical Experience:

	SHADOWING	HANDS-ON CLINICAL EXPERIENCE
PURPOSE	Opportunity to observe a health professional as he/she practices (outside of the *Foundations of Doctoring* course) in order to gain insight into what a "typical day" is for that discipline	Opportunity to practice clinical skills related to a specific discipline outside of the *Foundations of Doctoring* course
DEFINITION	Brief, observation-only, time-limited activities (no more than 16 TOTAL hours per shadowing experience) designed to promote exposure to medical disciplines	Involves direct patient/family clinical interactions such as history taking, physical examinations, and procedures

REQUIREMENTS	• Academic good standing status
	• Completed and submitted Shadowing and Hands-on Clinical Experience Request Form to include the following information:
	  – Estimated start date for the shadowing experience
	  – Location where the shadowing experience will occur
	  – Faculty contact information
		• Academic good standing status
		• Not permitted during Phase 1, Human Body Block
		• Completed and submitted Shadowing and Hands-on Clinical Experience Request Form to include the following information:
		  – Related elective (if applicable)
		  – Estimated start date for the hands-on clinical experience
		  – Location where the hands-on clinical experience will occur
		  – Faculty contact information

APPROVAL PROCESS (Applies to both Shadowing and Hands-On Clinical Experiences requests)	• Upon submission of the Shadowing and Hands-on Clinical Experience Request Form, the faculty member listed for this experience will receive a notification email that includes the following:
	  – Student's submitted information regarding the Shadowing or Hands-on Clinical Experience.
	  – Developmentally-staged information about supervision needs, student skills and abilities.
	  – Policies and procedures relevant to Shadowing and/or Clinical Hands-On Experiences.
	  – Confirm faculty and student ability to comply with site-level requirements.
	  – Request to confirm his/her availability for the Shadowing or Hands-on Clinical Experience by replying to the Office of Student Affairs. It is advised that you contact the faculty member about your intentions prior to submitting this form.
	• Once the submitted information is confirmed, the Office of Student Affairs will let the student know he/she is approved to participate in the Shadowing or Hands-On Clinical Experience.
	
	If you have any questions, please contact the Assistant Dean for Student Affairs or the Office of Student Life.	

4.8 DUAL DEGREE PROGRAMS

The School of Medicine currently has four formal joint or dual degree programs, the Medical Scientist Training Program (MSTP), Masters of Public Health (MPH), Masters of Science in Bioengineering (MS) and the Masters in Business Administration (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 enters the graduate school to complete basic science research leading to a doctoral thesis before returning to complete the clinical curriculum. For further details, go to:
http://www.ucdenver.edu/academics/colleges/medicalschool/education/degree_programs/mstp/Pages/MSTP.aspx

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. For further details, go to:
http://www.ucdenver.edu/academics/colleges/PublicHealth/Academics/degreesandprograms/Pages/DualDegrees.aspx

The MD/MS in Bioengineering program enables current MD candidates to complete MS requirements in bioengineering. A motivated student can complete these requirements in three semesters, usually taking a year off between Phases III & IV (May to May). Additional time may be required depending on the student's course choices and research project. All students will be evaluated in a final oral defense examination that includes an open research seminar. For further information about dual Master's Degrees, go to:
http://www.ucdenver.edu/academics/colleges/Engineering/Programs/bioengineering/GraduateProgram/MasterofScience/Pages/MasterofScience.aspx

The School of Medicine, working with the University of Colorado Denver's downtown campus, also provides the opportunity for students to earn a Master of Business Administration (MBA) degree in one calendar year. Students 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 health care administration. For further details, go to:
http://www.ucdenver.edu/academics/colleges/business/degrees/mba/dual-degrees/Pages/MD-MBA.aspx

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Curriculum Leadership, AY 2017-2018 (ver: 10-19-2017)

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Undergraduate Medical Education

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(continued on next page)

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Director of CAPE	Elshimaa Basha	elshimaa.basha@ucdenver.edu
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Event Coordinator (FDC – Communication Sessions & Assessments)	Jed Jensen	Jedidiah.Jensen@ucdenver.edu 303-724-8821
Event Coordinator (Formative & Summative Clinical Practice Exam)	Danielle O'Connor	Danielle.OConner@ucdenver.edu 303-724-1210
School of Medicine, Office of Inclusion and Diversity – http://www.ucdenver.edu/academics/colleges/medicalschool/administration/diversity/Pages/diversity.aspx		
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Director, Diversity & Inclusion	Regina Richards, M.S.W	Regina.Richards@ucdenver.edu
Diversity & Inclusion Professional	Stephanie Flores, M.A.	Stephanie.Flores@ucdenver.edu

Useful Websites

Financial Aid – Med. Students	http://www.ucdenver.edu/anschutz/studentresources/FASO/school-pages/Pages/medical-students.aspx
Advisory Colleges	http://medschool.ucdenver.edu/acp
MD Degree Curriculum	http://medschool.ucdenver.edu/MDDegree
CUSOM Organizational Charts	http://www.ucdenver.edu/academics/colleges/medicalschool/administration/Pages/orgchart.aspx
MD Degree Policies and Guidelines	http://www.ucdenver.edu/academics/colleges/medicalschool/education/degree_programs/MDProgram/administration/policy/Pages/default.aspx
UME Committees	http://www.ucdenver.edu/academics/colleges/medicalschool/education/degree_programs/MDProgram/administration/Pages/UMECommittees.aspx
People Search Directory	https://directory.ucdenver.edu/
Student Campus Services, Anschutz	http://www.ucdenver.edu/anschutz/studentresources/student-assistance/Pages/default.aspx

University of Colorado School of Medicine
Student Professionalism Feedback Process

1. A Professionalism issue may be 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 Student 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 the issue and has a discussion. The Student Professionalism Feedback Form is filled out by the faculty member (or Chair) and submitted to the Chair of the Student 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 Student Professionalism Committee.)
3. The student is given a copy of the form and asked to submit a written reply to the Chair of the Student Professionalism Committee.
4. If the behavior described is egregious or a documented repeated behavior, then the Student Professionalism Committee Chair refers the matter to the Student Professionalism Committee. If the behavior relates to the Honor Code, the Student Professionalism Committee Chair confers with the Chair of the Honor Council and refers the matter to the Honor Council. The issue cannot be referred to both the Student Professionalism Committee and the Honor Council simultaneously. If the behavior is not particularly egregious and not a documented repeated behavior, the Chair of the Student Professionalism Committee may choose to follow-up with the student individually rather than referring the matter to the Student Professionalism Committee or Honor Council.
5. The Student Professionalism Committee or Chair makes a recommendation and suggests a remediation plan.
6. If the remediation plan is successfully completed, the feedback form, student response and all other related documentation are destroyed upon 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 Student Promotions Committee.
8. In the case where students are referred to the Student Promotions Committee, the Student Professionalism Committee will remain available to assist in the development of a remediation plan when deemed appropriate by the Student Promotions Committee.

For further information, please contact:
Wendy S. Madigosky, MD MSPH
Chair, Medical Student Professionalism Committee
University of Colorado 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

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 _____

2   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 _____

3   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 _____

4   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)

_____
_____
_____
_____
_____
_____
_____
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_____
_____

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

University of Colorado School of Medicine
Student Honor Council – Procedures and Processes

See the "Medical Student Honor Code" for further details, go to:
http://medschool.ucdenver.edu/MedicalStudentHonorCode or contact Honor Council Chair,
Ian Eisenhauer, ian.eisenhauer@ucdenver.edu, 570-367-8625.

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 a Student Honor Council investigation is entitled to receive confidential advice from the Associate Dean for Student Advocacy or from another trusted faculty member; the student is also entitled to have the Associate Dean for Student Advocacy or other faculty member represent him or her at the Student Honor Council hearing.
- In cases where the Student Honor Council finds that the student was guilty of a violation, the findings and recommendations for remediation, discipline or referral to the Student Promotions Committee, if warranted, shall be forwarded to the Associate Dean for Student Life.
- The Associate Dean for Student Life will then appoint a Faculty Review Committee (FRC) of at least two faculty members to review the Student Honor Council's findings of Honor Code violations as well as recommendations with respect to remediation or discipline. Faculty to serve on the FRC will be selected by the Associate Dean for Student Life based on their knowledge of student affairs and the undergraduate medical education curriculum and their experience in dealing with student issues, particularly related to honorable behavior and remediation.

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

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

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

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

OMBUDS OFFICE

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

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

When an individual presents a problem, the ombudsperson will listen carefully and help to sort out the issues 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 student may contact the Ombuds Office with a concern or problem. These may include issues of discrimination, work environment conflicts, interpersonal relationships, sexual harassment, and intimidation, dealing with change or other related concerns.

CONTACT INFORMATION

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

Website: http://www.ucdenver.edu/about/departments/OmbudsOffice

University of Colorado
School of Medicine
Technical Standards for Admission, Promotion and Graduation

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

Applicants for admission to the School of Medicine and continuing students must possess the capability to complete the entire medical curriculum and achieve the degree. In addition to successfully completing all courses in the curriculum, students must be able to acquire the knowledge and skills necessary to function in a broad variety of clinical situations and to render a wide spectrum of patient care. Candidates for the M.D. degree must have abilities and skills in the following areas: observation; communication; motor; intellectual-conceptual, integrative and quantitative; and professional, behavioral, and social.

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

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

C. Motor

Students must possess sufficient motor function to perform basic tasks involved in the practice of medicine and patient care. Students must also be able to execute motor movements reasonably required for routine and emergency care and treatment of patients. Examples of emergency treatment required of physicians are cardiopulmonary resuscitation, administration of intravenous medication, application of pressure to stop bleeding and opening of obstructed airways. These skills require coordination of both gross and fine muscular movement, equilibrium and the integrated use of touch, vision and hearing.

D. Intellectual, conceptual, integrative and quantitative abilities

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

E. Professional, Behavioral and Social Attributes

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

F. Curriculum Requirements

In addition to the abilities specified above, students must be able to successfully complete, with or without reasonable accommodation, all required components of the curriculum. Academic and professional integrity are cornerstones of medicine. They require an ongoing

commitment to honesty, integrity, respect, altruism, accountability, compassion, empathy and self-improvement. Students must be able to maintain a reasonable degree of academic and professional integrity as it pertains to meeting core competencies of medical knowledge for practice, patient care, interpersonal and communication skills, professionalism, practice-based learning and improvement, systems-based practice, interprofessional collaboration, and personal and professional development.

G.   Tests and Evaluations

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

H.   Clinical Performance

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

III.   Reasonable Accommodation

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

the Technical Standards set forth above would constitute an unacceptable substantial modification.

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

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

Signature   Date

Printed Name

University of Colorado School of Medicine
Drug Screening Policy

Policy Statement

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

Rationale

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

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

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

Drug Screening Process

- Students enrolled in the MD, PT, and PA programs will receive information about the requirement for drug screening, deadlines for compliance, results reporting and associated fees from their respective educational program representatives. The frequency and timing of drug screening may vary by educational program. Students will be responsible for the cost of the required drug screening, either individually or through a student fee as determined by each program.
- Students will receive specific instructions from their program representatives regarding the location of the designated vendor drug screen sites and a Drug Screen Authorization document to submit to the vendor including authorization for results to be released to the designated individual in their educational program.
- Results of the student drug screen will be reported electronically to the designated individual in the appropriate educational program, typically within 2 business days. Review of drug screen results will be conducted by the Medical Director of the designated vendor to determine a passing or failing level. The information will be conveyed to the designated individual within the education program. Students who receive a positive screen will be reviewed by the individual program either by a designated individual or a committee and any consequences will be communicated to the student in writing.
- Drug screens that are reported as indeterminate or dilute must be repeated. Students will be responsible for all costs of the required repeat drug screening.
- The student has the right to review the information reported by the designated vendor for accuracy and completeness and to request that the designated vendor verify that the drug screen results are correct. Prior to making a final determination that may adversely affect the student, the program will inform the

student of his/her rights, how to contact the designated vendor to challenge the accuracy of the report, and the role of the designated vendor in any decisions made by the program.

- Drug screening results will be recorded in an internal database within each educational program and maintained only for the duration of study for each student.
- Drug screen results may be reported to clinical rotation sites for clinical placements in compliance with contractual agreements.
- If required by a specific clinical site, a student may be required to submit to additional drug screening based on the contractual agreements with those clinical sites.
- Any individual student may be required at any time to submit to immediate drug screening for cause. This may occur through the designated vendor or it is possible that a contract with a specific clinical training site may have specific requirements dictating the process, handling, and reporting of "for cause" drug screening of an individual student while the student is participating in a clinical rotation there.
- Students who refuse to submit to any required drug screen may be dismissed from their education program.

Positive Drug Screening Results

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

Additional Policy/Procedure Information

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

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

Last Revised: 9/17/2012
Approved by Clinical Requirements Committee: 9/17/2012

SECURITY, STUDENT SAFETY, AND DISASTER PREPAREDNESS TABLE

This information in this table is applicable to **all** students. However, if you doing a rotation at a clinical site and you feel unsafe, you are expected to immediately notify the clerkship director either by email or phone. The director will respond to the student's concern and address any safety issues, and if needed, move the student to another site.

Anschutz Campus	Colorado Springs Campus	Security at Clinical Sites
During regular classroom hours The security systems in place during regular classroom hours at the main Anschutz Medical Campus (AMC) include a full-service police force and security personnel who patrol the campus 24 hours a day 7 days a week 365 days a year. The University Police Department (UPD) for the University of Colorado Denver provides police, security, and access control to the AMC. The UPD maintains a full-service staff of 27 full-time police officers who hold police commissions with the State of Colorado. The UPD also employs 6 security guards and 13 full-time Emergency Communications Center personnel in addition to administrative staff. Blue light emergency call stations are located outdoors throughout the AMC and are regularly assessed and maintained. The push button on the pole dials directly to the UPD and a dispatcher answers on the speaker. At the entrances to most buildings on the AMC are call boxes that are mounted to the buildings or within pedestals that contain a telephone. The police department can be contacted from any of these devices by pressing the call button, or by dialing 911 or x4-4444 from any campus telephone. Every elevator has a call button on the control panel that is a direct link to UPD. Upon request, the UPD will provide escorts to any of the parking lots and near-by side streets that are within a four-block radius of the university. All buildings and offices have Emergency Preparedness Quick Reference Guides available to any student or employee that outlines what to do for any type of emergency. If a student dials x 4-4444 or calls 303-724-4444 on campus the emergency will be responded to immediately via emergency communications.	**During regular classroom hours** The University of Colorado, Colorado Springs (UCCS) Department of Public Safety (DPS) is responsible for police operations, communications, environmental health and safety, and risk management. The DPS maintains a full-service police department which employs 18 police officers who are all fully certified and hold police commissions with both the State of Colorado and the Colorado Springs Police Department (CSPD). The UCCS PD also has seven (7) police communications personnel and five (5) safety service personnel in addition to administrative staff. The UCCS PD provide services which include crime prevention information programs, round-the-clock response related to the safety and security of people and property associated with the University, documentation of criminal activity and certain defined noncriminal incidents as required by law and administrative policy, preventive and directed uniform patrol by vehicle or foot to lessen criminal activity and to assist people generally, locking and unlocking of designated University buildings, and security guard patrols of campus grounds and buildings, assistance to individuals with special needs, and making arrests, collecting evidence, writing citations, providing information for prosecution and testifying in court. The UCCS police are on duty 24-hours a day, seven (7) days per week 365 days a year. More information can be found at the DPS home page: http://www.uccs.edu/~pusafety/. A blue light emergency call station is located outside the north entrance of the Lane Center for Academic Health Sciences. The blue light is easily visible in the adjacent parking lots and around the pedestrian areas and is regularly assessed and maintained. The push button on the pole dials directly to the UPD and a dispatcher answers on the speaker. Additionally, there is another button on the pole that dials direct to the 911 Center located at the CSPD. The UCCS PD receives an "echo" notification, and will dispatch an officer to that location.	**The University of Colorado Hospital (UCH)** is under the jurisdiction of the UPD and is served by many of the campus security systems. There are on-site security staff present on the AMC 24 hours a day 7 days a week 365 days a year, with officers staffing the main patient/visitor entrances 24 hours a day and a minimum of 2 security personnel in the Emergency Department at all times. Security staff stay in constant contact with the call center and have direct connection to campus police and area law enforcement. The 24-hour call center keeps constant watch on exterior and interior activities. Security staff monitor the parking lots and buildings 24 hours a day, seven days a week and do patrol on a scheduled routine basis. Each parking lot has ample lighting to assure optimum visibility and are monitored by security camera systems 24 hours a day 7 days a week. Emergency "Blue" phones are located throughout parking lots and garages, as well as along all pedestrian walkways. Security also provides a variety of support activities for staff, students, patients and visitors including: Escorts to and from personal vehicles, recharging dead vehicle batteries, Assistance in contacting services related to keys locked in the car, flat tires and disabled automobiles. Students, staff, patients, and visitors can call 911 for any emergency and they will be connected with the Hospital Shared Services Emergency dispatchers, or can dial x8-7777 to request an escort to their vehicle after dark. **The Children's Hospital Colorado (CHCO)** is under the jurisdiction of the UPD and is served by many of the campus security systems. Students are able to request escorts to their vehicles.

Continued from prior page.

Anschutz Campus	Colorado Springs Campus	Security at Clinical Sites

The University of Colorado Denver l Anschutz Medical Campus Emergency Notification System, commonly referred to as the RAVE system, provides campus emergency notification via text and voice-message when conditions develop on or near the Denver-based campuses which pose an imminent threat of danger to the campus community. Chancellor Don Elliman has determined that all students, faculty, and staff will automatically receive emergency alerts and campus closure notifications via university-issued email addresses. In addition to the Emergency Notification System (RAVE), students, faculty, and staff can sign up to receive general alert information from university safety and facilities personnel on the campus Alerts Webpage. The can also get updates regarding the operational status of the campus by going to the Alerts Webpage or by calling 1-877-463-6070.

Outside regular classroom hours
The standard and default hours of operation for the security of exterior entrance doors on the Anschutz Medical Campus are from 6:00 a.m. to 6:00 p.m. After hours, those individuals enrolled in the Access Control System (badging) will be able to enter any access controlled door for which after-hours access has been granted to that cardholder.

The UCCS has an Emergency Notification System (UCCSAlerts) that is managed by the PSD. For all emergencies that pose an immediate threat to the health and safety of the campus community, as well as weather-related campus closures or delays, the UCCSAlerts system is used to send all uccs.edu email users an emergency notification either via text, email or voice-message, as well as UCCS Emergency Management social media sites, and select voice mails to UCCS main desk areas.

Outside regular classroom hours
The standard and default hours of operation for the security of exterior entrance doors on the UCCS Campus are from 7:30 am to 10:30 pm, Monday-Saturday, and all members of the UCCS campus have access during these business hours, and for scheduled classes and events on Sundays. Those enrolled in the Access Control System (badging) will be able to enter any access controlled door for which after-hours access has been granted to that cardholder. This measure allows for control over which areas are authorized to be accessed by a particular individual after hours. The main entrances to most buildings are unlocked and publicly accessible during the weekday/daytime hours.

UCCS branch campus students will potentially be required to work late night hours on the Emergency Medicine, Surgery, and OB/Gyn rotations. Sites utilized for these rotations are Memorial Central, Memorial North, Penrose, St. Francis, and Evans Army Community hospitals. Each of these sites have safe, secured call rooms available to students, after-hours security procedures, and on-site 24/7 security personnel available to walk students to their cars or respond to their needs. These site procedures and relevant contact information will be provided to students at orientation. Students are instructed during orientation that if they feel unsafe at any time, they should contact the security office (phone numbers are provided during orientation) at the site for immediate assistance, or they can call the branch campus leaders, Dr. Erik Wallace or Dr. Chad Stickrath, 24 hours a day, 7 days a week. To continue to monitor and improve the safety of our students on the UCCS campus and off campus clinic sites, students will give feedback on the safety of sites in student evaluations three times per year.

Denver Health (DH) security officers are available 24 hours a day, 7 days a week, and are responsible for providing a safe and secure environment for all patients, visitors and staff. Security can be reached by dialing x67444 from any hospital or clinic telephone or by dialing (303) 436-7444 from outside the system. Students are also able to request escorts to their vehicle.

The Denver Veteran's Affairs (VA) Office of Security and Law Enforcement (OS&LE) is responsible for developing policies, procedures and standards that govern VA's infrastructure protection, personal security and law enforcement programs; protecting Veterans, visitors, and staff on department facilities and grounds. The VA Eastern Colorado Health Care System has a Police Service and its officers provide 24-hour patrols of the facility and parking lots. For general police assistance, please dial 1-888-336-8262 x5233. In case of an emergency, dial 1-888-336-8262 x3911. On-site 24/7 security personnel are available to walk students to their cars or respond to their needs and can be reached at 303-393-5233. The VA Medical Center is federal property and as such all persons and bags are subject to search.

Off-campus clinical sites are expected to comply with accreditation requirements for safety and security.

Source: LCME Self-Study, Standard 5.7, Version date: 12-14-2016