University of Colorado SOM Phase III Rotation Policies  
COC Approved (TBD), 2014 modification from April 2006 approved document

**Definitions**
1. *Clerkship*: A course of medical training in one specialty.
2. *Block*: A course of clinical training within more than one specialty.

**Learning Objectives**
1. Clerkship and Block Directors [clinical block directors (CBDs) and Foundation of Doctoring (FDC) Directors] will work together and with their committees and thread directors to develop and refine learning objectives for each block that will foster student acquisition of required knowledge, skills, attitudes, and professional behavior consistent with the overall educational goals and objectives of the SOM. Competencies may be found at: [http://www.ucdenver.edu/academics/colleges/medicalschool/education/degree_programs/MDProgram/clinicalcore/Pages/default.aspx](http://www.ucdenver.edu/academics/colleges/medicalschool/education/degree_programs/MDProgram/clinicalcore/Pages/default.aspx)

2. CBDs will be responsible for ensuring that learning objectives are stated explicitly at the beginning of each rotation. They will assure that site directors are aware of the rotation-specific objectives and global objectives of the school with the explicit expectation that the objectives will be transmitted to the faculty and residents teaching at each site.

3. Learning objectives will include promoting self-directed learning and self-assessment.

4. CBDs will be responsible for ensuring that course faculty direct students to the resources necessary to accomplish the learning objectives.

5. CBDs will collaborate with other curriculum leaders to develop learning objectives that integrate basic science, clinical medicine, and threads (Culturally Effective Medicine, Bioethics and Humanities, Society and Medicine, and Informatics/Evidence Based Medicine) through all four years of the curriculum.

**Content and Schedule**
1. Clinical rotation curricula will:
   a. focus on clinical material that provides a foundation for the student’s future medical education.
   b. provide opportunities to learn and apply basic science and threads material in a clinical context.
   c. be linked directly to identified learning objectives
   d. foster student’s professional development

2. CBDs will use a variety of teaching/learning methods that will:
   a. encourage active learning
   b. provide independent learning opportunities with patients and for independent learning
   c. provide structured instruction on specific clinical skills
   d. integrate basic science and thread concepts

3. Faculty charged with directing clinical rotations will structure a curriculum to incorporate the following student duty hour requirements:
a. Duty hours for medical students follow R-2 duty hours.


c. Students are responsible for monitoring (Canvas) and compliance.

* In addition to clinical responsibilities, calculation of scheduled participation must include the Foundations of Doctoring rotation and activities mandated by the Assistant Dean of Student Affairs.


a. Definition of “absences”:

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

   i. **Voluntary Absences:** An absence for an event or events such as family events, conferences, review courses, and personal appointments. Every attempt must be made to schedule these situations outside of required curricular elements. Presenting at conferences or attending professional meetings is limited to 48 hours, including the day of presentation.

   ii. Involuntary Absences: An absence for serious illness, jury duty, and academic difficulties. If students have an illness or other emergency, they **must** contact their attending and/or resident as well as the CBD and/or FDC as soon as possible or prior to missing any time.

c. An “unexcused” absence is an absence for which permission has not been granted.

d. The student is required to contact the Office of Student Life for all absences, excused or unexcused.

e. If absences last for **more than two days**, the CBD and the **Assistant Dean of Student Affairs** will work with students and faculty regarding make-up time/work, issues for credit etc.

5. CBDs will provide an overview of the block at orientation.

6. Students will receive call schedules from the CBDs or coordinator one week in advance of their first call date.

7. Intra-rotation periods consisting of up to 2 days in the block maybe used to include clinical, basic science or thread material that is associated with the rotation. These periods can be arranged as each clerkship or block committee considers is appropriate but must include all the students in the rotation and provide structured instruction and assessment of material.
8. For the Rural and Community Care Block students will be required to have transportation to, and complete a rotation in a rural community. Exceptions for hardship will be approved through the Assistant Dean of Student Affairs. Other rural or AHEC rotations may be offered or required in other rotations. (COC approved 11/20/06)

9. Clerkship and block faculty will make educational and reference materials available no later than orientation.

10. There will be no scheduled night call preceding end-of-rotation assessments.

11. CBD will develop and provide on-going input and oversight for the rotations. The composition of CBD includes a multi-disciplinary group with representatives from the Threads, Basic Science who are these two, and appropriate members from clinical disciplines relevant to the rotation, Phase III, Phase IV, and MSTP students.

**Student Assessment**

1. CBDs will be responsible for developing, administering, and evaluating the results of all formative and summative assessments in their rotation.

2. Clerkship and block faculty will design summative assessment activities (designed for the purpose of grading) that match the stated learning objectives and competencies (http://www.ucdenver.edu/academics/colleges/medicalschool/education/degree_programs/MDProgram/clinicalcore/Pages/default.aspx). Students will use their learning logs specific for clinical problems (required by LCME) in a consistent manner throughout the curriculum according to SOM policy.

3. Clerkships and blocks will use a grading committee to assure consistency of grading within the blocks. Members of the committee may include clinical directors, site directors at each hospital/clinic, core clinical teaching faculty with frequent exposure to the students and/or chief residents if responsible for significant mentoring/teaching of students.

4. The CBDs will state explicitly the grading criteria and how such grades will be determined at the beginning of each rotation. Faculty will evaluate student performance in a variety of activities that will be as consistent as possible throughout the core rotations.

5. Clinical grades will consist of Honors, High Pass, Pass, Fail, In Progress, Incomplete, and Pass with Remediation. Students MUST pass all required components of the rotations (see specific course requirements) including both the clinical and cognitive assessments to pass the rotation. The determination of a passing grade will be competency based. Students must achieve a passing score on the clerkship written examination in order to pass the block/clerkship. Students may have up to 2 attempts to pass the written examination. If there is an initial exam failure, the student cannot receive honors or high pass in the block/clerkship. In the event that a student fails the written exam, a grade of IP (In Progress) will be given as long as all other components of the clerkship have been completed satisfactorily. The maximum final grade that can be achieved after re-taking and passing the exam is Pass. Failing the written exam 2 times will result in a grade of I.
with PR being the highest grade achievable. Remediation plans for failing students will be developed through a coordinated effort between the block director, remediation specialist, and the Office of Student Affairs. Students who require additional clinical experience or remediation will receive an I or an IP at the discretion of the CBD.

High pass is an official transcript grade at The University of Colorado and will be recognized and valued as a grade that can be incorporated into the Medical Student Performance Evaluation (MSPE). Distribution of grades in Phase III is as follows: up to 20% Honors, up to 20% High Pass, with the remainder being Pass, Pass with Remediation, Incomplete, or, Fail. There is an option to increase the number of students in Honors/High Pass categories at the year-end review to a maximum of 30% in each category, the total combined assignment of Honors and High Pass must not exceed 50%. Students must achieve Honors designation for the clinical assessment to qualify for a final grade of Honors. Students must achieve High Pass designation for the clinical assessment to qualify for a final grade of High Pass. Individual clerkships and blocks may have a written exam minimum score in order to receive an Honors or High Pass grade.

Musculoskeletal Care and Emergency Care, which are 2 weeks in length will be graded on a pass/fail basis only. Requirements for a passing grade for 2-week rotations are outlined in the respective syllabi.

6. Written examinations should comprise a MAXIMUM of 20% of the overall course grade; for those clerkships or blocks using a NBME Shelf Examination, the national mean, rather than the local mean should be used to determine grading.

7. Each clinical core rotation will use the rotation specific clinical assessment form for students approved by the CBD in March 2012. Clinical evaluations should comprise a MINIMUM of 50% of the overall clerkship grade

8. Project work is not a required component of all rotations. When project work is required, it should be included in the formal student grade. All grading of project work MUST include a grading rubric. Rotations may not use “extra credit” projects as a means to determine an honors grade.

9. Clerkship and block curricula will provide frequent opportunities for formative assessment. The primary purpose of formative assessment is to provide constructive feedback to students about their progress and monitor for improvement. Students will be required to participate in specified formative assessment activities mid-way during the rotation with their learning logs and Mid-point Feedback Forms. Faculty will review these forms, sign them and forward to the course coordinator. Two-week rotations are excluded from requiring Mid-Point Feedback Forms.

10. Student assessments must be submitted no later than 6-weeks after the rotation is completed.

11. CBDs will have a low threshold to initiate the professionalism process. If a professionalism issue was raised, the CBD will be required to investigate and complete a professionalism form. The professionalism process will follow the algorithm adopted by the Student Professionalism Committee. As with all professionalism reports, the proceedings of the committee will remain confidential. However, CBDs have the discretion to determine that unprofessional behavior warrants the non-confidential inclusion of the behaviors on the final evaluation.
12. CBDs will serve as peer reviewers on difficult student assessment issues for other CBDs. This peer review process will be completed as soon as possible after the completion of a block. Students will be informed that their grades will be discussed in this peer review venue and they will be informed of the outcome. Prior to assigning a grade of F, a discussion will occur at CBD Executive Session. Any grade of F will be brought to this group as well as instances where there is a mis-match between the final grade and the written evaluations. CBDs and the Assistant Dean of Student Affairs can initiate a review.

The process will consist of the following – 1) CBDs or Assistant Dean of Student Affairs will notify the Assistant Dean for the Clinical Core one-week in advance of the meeting of the students to be brought to the group and the reason; 2) CBD will bring documentation of student performance so peer review process can comment on the situation; 3) students names will NOT be anonymous to the Assistant Dean of Student Affairs but will be anonymous to the CBD peer review group. All names should be blocked out before distribution of material; 4) Student Life will utilize this information to optimize student performance on future rotations; 5) Executive sessions of the CBD may include Senior Associate Dean for Education, Associate Dean for Student Life, Assistant Dean of Student Affairs, the remediation specialist, and CBDs.

13. CBDs will notify the Assistant Dean of Student Affairs if, in their opinion, a student may be at risk of failure on future core rotations. CBDs will notify the Assistant Dean of Student Affairs if any student will receive an IP, I, or F in the rotation. If student personal issues surface in the rotation, which might affect future performance, the individual CBD will work with the student and encourage them to seek the support and guidance of the Assistant Dean of Student Affairs. The Assistant Dean of Student Affairs will work with the individual students and the clerkship directors of pending rotations to help place the students in the most appropriate location to allow improvement in performance. CBDs will not inform clerkship faculty of such arrangements. Professionalism issues will be handled confidentially in accord with the professionalism process.

14. Students will also be required to pass an end of Phase III Clinical Practice Exam (CPE) per SOM policy.

15. Faculty may utilize the Office of Evaluation, Center for Advancing Professional Excellence (CAPE), and the Academy of Medical Educators (AME) when developing assessment tools.

**Evaluation and Development of Curriculum and Faculty**

1. CBDs will be responsible for monitoring the quality of the block, including observation of faculty as educators. CBDs will work with the Curriculum Steering Committee and Evaluation Office to solicit and review standard online block and instructor evaluations. The Evaluation Office will provide annual summary data comparing clerkship block evaluations and summary data within clerkship blocks across sites.

2. The Evaluation Office and AME will promote faculty and curriculum development by
   a. compiling and developing resources for block directors and faculty to use in curriculum design and implementation.
   b. organizing a required initial education session for all block directors and subsequent sessions for faculty, as needed, on learning objectives, active teaching formats, and assessment methods.
   c. working with block directors and threads directors to identify educational needs of their block faculty and formulate plans for appropriate faculty development.