



# School of Medicine

UNIVERSITY OF COLORADO  
ANSCHUTZ MEDICAL CAMPUS

## SOM MD PROGRAM POLICIES AND PROCEDURES

TREK CURRICULUM FOR

Class of 2025

Class of 2026

Class of 2027

**2023-2024**

**Academic Year**

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

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## How to Use this Document

Revised bi-annually (Fall, Spring), this document (aka “The Handbook”) 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), 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

AAMC	Association of American Medical Colleges
ADA	Americans with Disabilities Act
AEO	Office of Assessment, Evaluation, and Outcomes
AMCAS	American Medical College Application Service
AOA	Alpha Omega Alpha
ACLS	Advanced Cardiac Life Support
AHEC	Area Health Education Centers
ASC	Advanced Science Course
BCLS	Basic Cardiac Life Support
COMPASS	Coaching, Mindful reflection, Professional identity formation, Assessment, Self-care, Self-directed learning
CPE	Clinical Practice Exam
CPHP	Colorado Physician Health Program
CQI	Continuous Quality Improvement
CSC	Curriculum Steering Committee
CUSOM	University of Colorado School of Medicine
ERAS	Electronic Residency Application Service
FCC	Fort Collins Campus
FERPA	Family Educational Rights and Privacy Act
FRC	Faculty Review Committee (see Appendix on Student Honor Council Procedures)
HIPAA	Health Insurance Portability and Accountability Act
IPED	Inter-professional Education & Development
LCME	Liaison Committee on Medical Education
LIC	Longitudinal Integrated Clerkship
LOA	Leave of Absence

META	Medical Education Technology Alliance
MSA	Mentored Scholarly Activity
MSC	Medical Student Council
MSPE	Medical Student Performance Evaluation
NBME	National Board of Medical Examiners
NRMP	National Residency Matching Program
ODAI	Office Of Disabilities Access and Inclusion
OSHA	Occupational Safety and Health Administration
OSL	Office of Student Life
SADE	Senior Associate Dean for Education
SLSC	Student Life Steering Committee
SOCR	Students of Curriculum Reform
SPC	Student Promotions Committee
UME	Undergraduate Medical Education

Types of Curricular terms Referenced in the Handbook

Preclerkship	Plains
Core Clerkship (Clinical)	Foothills
Post Clerkship	Alpine-Summit



## 1 Section 1: Ensuring a Climate for Learning

### 1.1 Teacher-Learner Agreement

Among the four missions of the CUSOM 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 CUSOM 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. Failure to uphold the principles of the teacher learner agreement may result in referral to the Office of Professional Education (Faculty), the Student Professionalism Committee or the Student Promotions Committee (Students).

#### 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 ethics 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

<p>Teachers Must:</p> <p>Duty</p> <ul style="list-style-type: none"> <li>- Maintain high professional standards in all interactions with patients, students, colleagues, and staff.</li> <li>- Provide relevant and timely information.</li> <li>- Provide explicit learning and behavioral expectations early in a course.</li> <li>- Provide timely, focused, accurate and constructive feedback on a regular basis.</li> <li>- 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.</li> <li>- 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 <a href="#">1.3.1</a> and <a href="#">1.3.2</a>);</li> <li>- Provide thoughtful and timely evaluations at the end of a course.</li> <li>- 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.</li> <li>- 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 <a href="#">1.2.2</a> for options) and to treat all such reports as confidential.</li> </ul> <p>Integrity</p> <ul style="list-style-type: none"> <li>- Display honesty, integrity and compassion.</li> <li>- Solicit feedback from students regarding their perception of their educational experiences and personal interactions.</li> </ul> <p>Respect</p> <ul style="list-style-type: none"> <li>- Treat students fairly, respectfully and without bias related to age, race, ethnicity,</li> </ul>	<p>Students Must:</p> <p>Duty</p> <ul style="list-style-type: none"> <li>- Be active, enthusiastic, curious learners who work to enhance a positive learning environment.</li> <li>- Demonstrate professional behavior in all settings.</li> <li>- Recognize that not all learning stems from formal and structured activities.</li> <li>- Recognize their responsibility to develop personal learning goals and to participate as active learners.</li> <li>- Demonstrate a commitment to life-long learning, a practice that is essential to the profession of medicine.</li> <li>- Recognize the privileges and responsibilities that derive from the opportunity to work with patients in clinical settings.</li> <li>- Recognize the duty to place patient welfare above their own.</li> <li>- Recognize and respect patients' rights to privacy.</li> <li>- Provide teachers and the School of Medicine with constructive feedback that can be used to improve the educational experience.</li> <li>- Be familiar with the responsibilities of the Teacher-Learner Agreement and utilize appropriate mechanisms to report exemplary professionalism and professionalism lapses (see section <a href="#">1.2.2</a> for options).</li> </ul> <p>Integrity</p> <ul style="list-style-type: none"> <li>- Recognize personal limitations and seek help whenever it is needed.</li> <li>- Display honesty, integrity and compassion; these attributes include the responsibility for upholding the School of Medicine Honor Council Principles (see section <a href="#">1.3.2</a>).</li> <li>- Solicit feedback on their performance and recognize that criticism is not synonymous with “abuse”.</li> </ul> <p>Respect</p>
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<p>gender, sexual orientation, religion, spiritual or political beliefs, disability, or country of origin, federal and state protected classes.</p> <ul style="list-style-type: none"> <li>- Be prepared and on time.</li> <li>- In all educational, research and clinical care settings, welcome and respect patients and others who lower socioeconomic backgrounds, disadvantaged, uninsured or non-English speaking.</li> <li>- Recognize and respect patients' rights to privacy</li> </ul>	<ul style="list-style-type: none"> <li>- 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, federal and state protected classes.</li> <li>- Be prepared and on time.</li> <li>- In all educational, research and clinical care settings, welcome and respect patients and others who are lower socioeconomic backgrounds, disadvantaged, uninsured or non-English speaking.</li> <li>- Recognize and respect patients' rights to privacy</li> </ul>
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### 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:

1. Romantic involvements.
2. Business relationships, other than those that might emerge from joint educational projects.
3. Faculty or students accepting services or personal favors from each other (e.g., babysitting, house sitting, pet care, work in the office).
4. Accepting substantial gifts.
5. Special treatment of a student, including gifts, meals, entertainment, or social contacts (this includes social media), which 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 not be involved 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. [Educational Conflict of Interest Policy](#).

## **1.2 Mistreatment Policy**

### **1.2.1 Standards of Behavior and the Definition of Mistreatment**

The CUSOM 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 CUSOM 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 CUSOM will not tolerate the mistreatment of students, nor will it tolerate retaliation against any learner because they reported, in good faith, a violation of the school's professionalism standards. The CUSOM shall also:

- Provide mechanisms and procedures by which learners may safely report mistreatment against them or others.
- Provide information to students about what will happen to their reports of mistreatment; and
- 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 (e.g., 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.

#### 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 directors, to the Assistant Deans of Medical Education as appropriate or reported in your course or clerkship evaluation.

### **1.2.2 Procedures for Reporting Faculty and Staff Unprofessional Behavior**

If a student feels that they have witnessed unprofessional behavior in the learning or clinical environment, the student should contact the Office of Faculty Relations. The Office can serve as an advocate for fair and equitable treatment for medical students and can facilitate confidential and safe reporting of unprofessional behavior. For further information, go to the Office of Faculty Relations.

- **To make an online report, go to [Report an incident of professional excellence or unprofessional behavior](#)**

- If a student feels that they have witnessed or been subject to sexual misconduct, or discrimination or harassment based on a protected characteristic, the student should contact the University's Office of Equity. Policies and procedures can be located here: [University Policies and Procedures](#)

Contact by phone: 1-888-CU-TITLE

Contact by email at [equity@ucdenver.edu](mailto:equity@ucdenver.edu)

To make an online report, click on the [Submit a Report or Request](#) button

### **1.3 Being a Professional in the Community: Student Professionalism & Honor Council**

#### **1.3.1 Student Professionalism Committee**

Professional behavior is expected of CUSOM students throughout the medical school curriculum and is a program outcome for graduating medical students. Professional behavior includes, but is not limited to, respectful and integrity-based involvement, interactions, and introspection. This behavior manifests as 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 outcome, professional behavior will be considered when grades are assigned by Course or Clerkship Directors in the curriculum. Expectations for professional behavior evolve as a medical student moves into the Clerkships and assumes responsibility for patient care. For additional information, go to the [CU Medical Student Professionalism Committee](#) site.

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 from each class. The Student Honor Council Chair is an ex-officio member of the Committee 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. Minor concerns (i.e., late assignments, incomplete evaluations, or requirements etc.) identified by grading committees and staff are documented for tracking purposes and included in the Trek Dashfolio, but not automatically reviewed by the Student Professionalism Committee. Instead, these are reviewed for patterns by the Chair of the Student Professionalism Committee to identify students of concern to be included in Trek Progress Committee reviews. For all other professionalism lapses, faculty, staff, or peers (through a faculty member) may initiate the professionalism feedback process that includes direct communication with the student about their 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. Feedback documentation is reviewed by the Student Professionalism Committee which determines whether additional follow-up (reflections, required activities, etc.) is necessary. If unprofessional behavior is repetitive or egregious, a remediation plan is established for the student.

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. In addition, the Student Promotions Committee will determine if the behaviors rise to the level of being included in the MSPE. 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 Life will occur and be included in the information forwarded for Promotions Committee review.

The CUSOM 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 to confirm acceptance and understanding.

The Honor Code is designed 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 Honor Code of the University of Colorado School of Medicine states that students must not lie, cheat, steal, take unfair advantage of others, nor tolerate students who engage in these behaviors. It also provides anonymous, informal advice to students and faculty members with questions about ethical behavior of students. When unethical behavior, dishonesty or other transgressions occur, the Student Honor Council is obligated to uphold the standards of the Honor Code. This is in contrast to the Professionalism Committee which deals with behavior including, but is not limited to, responsibility to patients, to peers, to faculty members, to staff, and to oneself. It also includes responsibility for self-education and self-improvement, timeliness, attendance, and active participation in block activities. The Student Professionalism Committee works in concert with the Honor Council to ensure that a given incident will be considered by the correct committee.

The CUSOM Honor Code is designed and enforced by 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.

The Student Honor Council's policies and procedures are described in greater detail in the appendix. For more information, go to the [Student Honor Council's website](#).

All Honor Council reports in which a student has been deemed to be guilty of a violation of the Honor Code will be documented in the student's Dashfolio and uploaded to a secure electronic database with access 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 Life will occur and be included in the information forwarded for Promotions

Committee review. Professionalism or Honor Council matters referred to the Promotions Committee may be included in the MSPE.

### **1.3.2 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. Students have an obligation to perform these duties free from impairment and with regard to safety for themselves, patients, and others in the setting. The ability to function safely and without impairment is outlined in the Technical Standards for Admission, Promotion and Graduation and the Drug Screening Policy, which can be found in 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 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 Assistant or Associate Deans in OSL finds that the level of concern warrants immediate action, they 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, Office of Disabilities Access and Inclusion (ODAI), and/or the Colorado Physician Health Program (CPHP). If a student is referred to CPHP, they must sign a release to allow communication between the OSL Deans and CPHP. The student must complete the evaluation before being allowed 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 Student Promotions Committee (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 their 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.

### 1.3.3 Notification of Legal Violation

The CUSOM performs a background check at the time of matriculation which includes identifying convictions or pleas of guilt or nolo contendere for any felonies or misdemeanors. In the event a conviction or plea of guilt or nolo contendere for any felony or misdemeanor occurs after matriculation, a student is required to report such an event to the Associate Dean of Student Life or one of the Assistant Deans of Student Affairs. The fact of conviction or such a plea or the failure to report a conviction or plea will be referred to the Student Promotions Committee. Students who have been charged with a felony or misdemeanor are required to report the charge to one of the Assistant Deans of Student Affairs prior to a conviction in order to receive appropriate support and guidance.

### 1.4 Being A Member of The Community: Attendance & Absence Policies

Students, as full members of the CUSOM learning community, are expected to participate in required educational activities.

#### 1.4.1 Absence Policies by Phases and Curricular Areas

There are differences in how each Phase handles absences, and students should attend to these differences. The table below describes these policies.

##### 1.4.1.1 Attendance & Absence Policy for the Plains Curriculum

Plains Curriculum (Pre-Clerkship)	
Expectations	<p>Most aspects of a student’s educational experience at CUSOM require student participation. Active participation and engagement are an essential part of the educational experience. Consequently, attendance requirements are defined for all curricular elements. All learning events’ attendance requirements are clearly labeled/identified in each course’s syllabus and/or learning management system.</p> <p>Definitions &amp; Associated Attendance Requirements</p> <ol style="list-style-type: none"><li>1. <b>“Required Elements”</b> are learning events, for which attendance is mandatory. Some instructional methods, such as small group discussions, group labs or dissections, or topics, such as clinical skills and interprofessional teamwork, require all students to participate for the content (e.g., teamwork, physical exam skills) to be learned. In other words, required student attendance contributes to individual and peer learning. Other instructional methods, such as patient/provider panels or demonstrations, are important for students to experience to develop their professional identity as physicians.</li><li>2. Learning events that are not labeled as required tend to be less interactive and rely less upon student interaction contributing to individual and peer learning. While attendance at these events is not required, attendance at these events is strongly encouraged for students to remain “on track” with their studies and have ongoing opportunities to interact with and receive feedback from faculty, instructors, and peers. Students should be mindful that information learned at these sessions may be immediately applied to a subsequent “Required Element,” so students should plan accordingly.</li></ol>



3. **“Optional Elements”** are learning events, for which student attendance is optional.
4. **“Elective Elements”** are learning events that 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 and/or incur grading consequences.
5. **Tardiness or missed portions** of “Required Elements” can be disruptive to the instructor and colleagues. Thus, students arriving more than 10 minutes after the start and/or missing more than 10 minutes of a “Required Element,” regardless of the length of the learning event, will be considered absent and should submit an absence notification.

#### Allowable Absences

It is understood that life events interfere with schooling at times, and the CUSOM recognizes that mental health, physical health, obligations to family and friends, and outside interests may make attendance at all school events difficult. Therefore, some absences are allowed for “Required Elements” without requiring permission; nevertheless, students must either report their attendance at or absence from all “Required Elements” (see below). Students are responsible for how they apportion these hours, as **the allowable absence hours include missed sessions for any reason**, including but not limited to personal illness, preventive health services, care for acute illness, ongoing care for chronic illnesses, physical therapy, behavioral health services, religious observances, limited family emergencies, etc. Consistent with their rights under the 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.

1. For **“Required Elements,”** students may miss up to 20 hours of required elements during the Fall Semester, 30 hours of required elements during the Spring Semester, and 10 hours of required elements during the Summer Semester. Students may not miss more than 16 hours of “Required Elements” in any individual Plains course. Students may not preferentially miss “Required Elements” in (a) pillar or content area(s).
2. For **“Optional Elements” and learning events that are not labeled as required,** absences are permitted as students are not obligated to attend these sessions.
3. For **“Elective Elements,”** students should refer to the specific attendance requirements of these elements as outlined in the course syllabus.

#### Absences: Exceptional Situations

1. For each conference where a student is presenting their academic work or has a formal participation role (e.g., member of an advisory board) and has obtained advanced approval (minimum of 14 days prior to the absence) from the Assistant Dean of Medical Education for the Plains Curriculum, the student will be credited up to a maximum of 16 hours of missed “Required Elements” for no more than 2 days of missed classroom activities. Should a student exceed 2 days of missed classroom activities, the absences would be accrued in usual fashion.

	<p>2. Students are expected to seek necessary health care to maintain their physical and mental well-being. They should, whenever possible, schedule healthcare appointments outside of scheduled curricular activities. Students requiring regular (e.g., weekly) healthcare appointments should contact the Office of Disability, Access, and Inclusion (ODAI) to determine whether accommodations are needed.</p> <p>3. Significant life events (e.g., prolonged personal illness, hospitalization, birth/adoption of a child, illness of others requiring care, and/or death of a loved one) may occur and may necessitate extended absences. These situations will be discussed on a case-by-case basis with the student and both the Assistant Dean of Medical Education for the Plains Curriculum and the Associate Dean of Student Life.</p>
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PROCESS TO REPORT ATTENDANCE AT AND ABSENCE FROM LEARNING EVENTS

Reporting Attendance	<p>Students are responsible for either reporting their attendance at or absence from each “Required Element.” <b>Students will be prompted to report their attendance for a “Required Element” by e-mail 10 minutes prior to the event</b>, and they will have until 10 minutes after the start of the event to report their attendance. Should a student report their attendance but then an issue arises such that they are unable to attend and/or miss more than 10 minutes of that event, the student should promptly report their absence to update the record. Students that do not report their attendance for a “Required Element” within the appropriate timeframe will be considered absent regardless of whether they attended.</p>
Absence Reporting: Routine Absences	<p>Students are responsible for either reporting their attendance at or absence from each “Required Element.” Routine absences refer to the vast majority of absences, which include, but are not limited to, absences due to personal illness, healthcare appointments, limited family emergencies, obligations to family and friends, outside interests, conference attendance, and religious observances.</p> <p><b>Students should report their absence from a “Required Element” via the Plains Absence Reporting Form</b>, which is linked to every course homepage under the “Plains Specific Resources” section. Absences should be reported in advance whenever possible; absences due to involuntary and/or emergency situations (e.g., personal illness or family emergency) must be reported within 3 days of the initial absence.</p>
Absence Reporting: Significant Life Events	<p>Significant life events (e.g., prolonged personal illness, hospitalization, birth/adoption of a child, illness of others requiring care, and/or death of a loved one) may occur and may necessitate extended absences.</p> <p>Students should contact the Assistant Dean of Medical Education for the Plains Curriculum and/or the Associate Dean of Student Life, who will arrange to discuss the situation on a case-by-case basis with the impacted student. The goals of these discussions are 3-fold: provide student support, provide additional allowable absence hours, and/or consider whether curricular adjustments or a pause might be warranted. Reasonable documentation may be required as part of these discussions.</p>

## PREPARING FOR & POTENTIAL CONSEQUENCES OF ABSENCES

### Preparing for Absences & Assignment of Make-Up Work

When preparing for absences, students should consider whether they play a critical role to group work/assignments (e.g., an assigned small group role in DOCS), and they should take steps to ensure their group is not negatively impacted by the absences (e.g., recruit a peer to fulfil their DOCS role while absent).

Additionally, at the discretion of the Course or appropriate Pillar Director(s), a student may be required to complete make-up assignments for any absences. The timeframe for completing the assignment will be determined by the appropriate Course or curriculum Director taking into consideration the nature of the absence.

### Consequences for Exceeding Allowable Absences

Absences exceeding the allowable limits from “Required Elements,” such as:

- missing over 20 hours during the Fall Semester
- missing over 30 hours during the Spring Semester
- missing over 10 hours during the Summer Semester
- missing over 16 hours in any Plains course
- preferential absences in (a) pillar or content area(s)

may lead to professionalism feedback, a discussion between the student and the Assistant Dean of Medical Education for the Plains Curriculum, a discussion with the Assistant Dean of Student Affairs, and/or impact on the earned course grade.

Students who are not consistently reporting their attendance at or absence from each of the “Required Elements,” may receive professionalism feedback, including a discussion between the student and the Assistant Dean of Medical Education for the Plains Curriculum, and/or an impact on the earned grade.

The Assistant Dean of Medical Education for the Plains Curriculum will monitor all absences and inform the Associate Dean of Student Life of any students exceeding or at risk of exceeding the number of allowable absences as well as any students' circumstances surrounding absences that may warrant additional student support.

Any student failing to meet attendance requirements may be deemed to have not met the requirements to pass the Course and/or Pre-clerkship phase and may be referred to the Office of Student Life and/or Progress Committee. If there are concerns about circumstances that are preventing the student from adequately completing requirements for current and/or future courses, the Associate Dean of Student Life, in consultation with the Assistant Dean of

Medical Education for the Plains Curriculum, will consider a referral to the Student Promotions Committee for further discussion.

Of course, in the event of extenuating circumstances, the Assistant Dean of Medical Education for the Plains Curriculum and the Associate Dean of Student Life will work together with students to develop plans to meet required educational components without penalty.

#### 1.4.2 Definition of Absences for the Core Clerkship & Post-Clerkship Phases

An “**unexcused absence**” is an absence for which permission has not been granted and/or exceeds a student’s allowable absences. Unexcused absences should be reported by the student via learning management system and to the appropriate Assistant Dean and/or LIC Director if applicable, who will then report this to an Assistant Dean of Student Affairs or designee for further action.

An “**excused absence**” is an absence for which permission has been granted and/or falls within a student’s allowable absences. Excused absences include, requested absences that have been approved prior to the absence or absences that result from involuntary/emergent situations that are ultimately approved.

- **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. These absences should be reported in advance of the learning event via the learning management system
- **Involuntary/Emergency situations:** An absence for reasons outside the student’s control such as significant illness, family illness, or jury duty. Every effort should be made to report the absence proactively; nevertheless, these absences must be reported via the learning management system within 5 days of the absence. For any involuntary situation leading to absence of greater than two days, the student must notify the Office of Student Life and the appropriate Assistant Dean in addition to reporting via the learning management system.

**1.4.2.1 Attendance & Absence Policies for the Foothills Curriculum**

Foothills	Clinical Courses & Clerkships
Expectations	<p>Attendance on clinical clerkships and in learning seminars (unless otherwise specified) is required. Every attempt must be made to schedule absences for voluntary situations outside of the required curricular elements (e.g. during holidays, course breaks). Students will be permitted a maximum of 5 excused absences for acute illness over the course of the LIC year. Any additional time off for acute illness will require students to do make up time. Students exceeding this number need to make up time during the LIC year and will be assigned an IP grade until that time is completed. Students requiring time away from clinical requirements for chronic illness or regularly occurring appointments will need accommodations through the Office of Disability, Access, and Inclusion.</p> <p>Personal Days: Each student will be permitted a maximum of 5 excused absences for personal days for excused absence over the course of the LIC year. Requests for personal days must be submitted to the LIC Director at least 60 days in advance, except in cases of emergencies, and will be granted if curricular obligations allow. Additional personal days beyond the 5 may be granted for personal emergencies only but would require make-up time. Students must request a personal day if they need to protect any day for a personal day, including weekends. Appropriate reasons for a personal day include important events such as weddings, funerals, reunions, graduations, religious holidays, and extra conferences beyond the 48 hours allowed.</p> <p>Presentation at conference: Students are permitted attendance at one conference limited to 48 hours including the day of presentation over the course of the LIC year. Students must present documentation of their authorship and presentation at the conference to the LIC Director in order to qualify for absence from the LIC to attend a conference. Requesting a weekend day off for a conference will count as a conference day.</p>
PROCESS to Seek an Excused Absence or to Inform of an Involuntary Absence	
Requested Absence	<p>Process to Seek an Excused Absence or to Inform of a Voluntary Absence: Student must submit request in writing to their LIC Director. The student must inform his or her attending and/or resident of the approved absence. Involuntary Situation: Student must contact his or her attending and/or resident as well as the LIC Director as soon as possible. To be considered an “excused” absence, an absence for an involuntary situation must be approved by the LIC Director. The LIC Director must inform the Office of Student Life Student if student exceeds 5 days in the academic year of absences for illness or 5 personal days.</p>

<b>Involuntary Situation</b>	<p>Student must contact his or her attending and/or resident as well as the LIC Director as soon as possible or prior to missing any time.</p> <p>To be considered an “excused” absence, an absence for an involuntary situation must be approved by the LIC Director.</p>
<b>CONSEQUENCE OF ABSENCE (e.g., make-up work/days, remediation, professional report, grading)</b>	
	<p>CONSEQUENCE OF ABSENCE (e.g., make-up work/days, remediation, professional report, grading): If absences (voluntary or involuntary) exceed allotment for illness and/or personal days, the LIC Director or the LIC Coordinator will work with the student and faculty regarding make-up time/work, issues for credit, etc., consulting with an Assistant Deans of Clinical Clerkships and/or Student Affairs. 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 LIC Director will ask the Assistant Dean of Medical Education and Clinical Clerkships to convene an executive committee meeting of the LIC Directors to discuss the assignment of a non-passing grade (an “IP” or a “F”).</p>

**1.4.2.2 Attendance & Absence Policies for the Alpine & Summit / Post-clerkship Curriculum**

**Alpine & Summit / Post-clerkship (CU Students Only)**

**Overall Phase; See Specific Courses/Course Types Below**

**Overall Considerations**

Students have a great amount of flexibility and unscheduled time available during the post-clerkship phase. Every attempt must be made to schedule absences for voluntary situations outside of the required curricular elements, especially Advanced Science Courses, Trail Immersions, Basecamps, and Clinical courses.

Attendance of Post-clerkship Courses is generally required. Absences are generally not permitted, but extenuating circumstances may be considered, especially if requested > 60 days in advance.

Presentation at conference: One instance of up to 48 hours of excused absence time per academic year in Alpine-Summit phase may be granted during any course that is greater than 2 weeks. The 48 hours includes the day of presentation, travel time, etc. Students are responsible for coordinating with Course Directors and completing make-up work for any missed work/assignments that are required.

Definitions:

1. Voluntary absence: an absence requested greater than 4 weeks in advance for any reason (weddings, interview days, etc.)
2. Involuntary absence: an absence that was not requested in advance for a reason outside of the student’s control, i.e., sickness.

3. Excused absence: a voluntary absence that was requested in advance and approved, or an involuntary absence where student notified the course director and OSL promptly and was approved.
4. Unexcused absence: an absence for any reason that was not approved by the course director and/or OSL.

## **Advanced Science Courses**

### **Expectations**

Attendance in Advance Science Courses is required. Absences are generally not permitted, but extenuating circumstances may be considered.

Personal Days: Each student will be permitted a maximum of 2 excused absences for personal days for excused absence over the course of the Advanced Science Courses. Requests for personal days must be submitted via the Alpine Summit absence request form at least 60 days in advance, except in cases of emergencies, and will be granted if curricular obligations allow. Additional personal days beyond the 2 may be granted for personal emergencies only but would require make-up time. Students must request a personal day if they need to protect any day for a personal day, excluding weekends. Appropriate reasons for a personal day include important events such as weddings, funerals, reunions, graduations, religious holidays, and extra conferences beyond the 48 hours allowed.

Presentation at conference: Students are permitted attendance at one conference limited to 48 hours including the day of presentation over the course of an academic year. Students must present documentation of their authorship and presentation at the conference as a part of their absence request via the Alpine Summit absence request form.

Apart from absences, students will receive at least 1 day off per week in accordance with duty hour policy (4 days for 4-week rotations, 2 days for 2-week rotations).

### Definitions:

1. Voluntary absence: an absence requested greater than 4 weeks in advance for any reason (weddings, interview days, etc.)
2. Involuntary absence: an absence that was not requested in advance for a reason outside of the student's control, i.e., sickness.
3. Excused absence: a voluntary absence that was requested in advance and approved, or an involuntary absence where student notified the course director and OSL promptly and was approved.
4. Unexcused absence: an absence for any reason that was not approved by the course director and/or OSL.

Failure to obtain approval for absences is considered a professionalism issue.

## **PROCESS to Seek an Excused Absence or to Inform of an Involuntary Absence**

### **Requested Absence**

Submit your request via Alpine Summit absence request form for approval. Requests must be presented greater than 60 days in advance and submitted with reasonable documentation.

If accommodations can be arranged, an appropriate plan will be developed by the Course Director in conjunction with the student.

### Involuntary Situation

Student must contact the Alpine & Summit Curriculum Course Coordinator, the related Advanced Science Course Directors, the clinical preceptor, and complete the Alpine Summit absence request form as soon as possible.

To be considered an “excused” absence, an absence for an involuntary situation must be approved via the Alpine Summit absence request form. Absences for illness may require appropriate documentation.

Greater than 2 involuntary excused absences will require make-up work which typically occurs following the completion of the normal ASC timeframe and may result in a non-passing grade as below in “Consequences of Absence” section.

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

If absences (voluntary or involuntary) exceed allotment for illness and/or personal days, make-up work will be required, and the Course Directors and Coordinator will work with the student and faculty regarding make-up time/work, consideration of issues for credit, etc., consulting with the Assistant Dean of Post-Clerkship phase and/or Student Affairs. 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 Assistant Dean of the Post-Clerkship Phase and appropriate Course Directors may convene an executive committee meeting to discuss the assignment of a non-passing grade (an “IP” or a “F”).

### **Acting-Internships & Selectives & Electives & Trails**

#### **Expectations**

Attendance in Acting Internships, Selectives, Electives, and Trail courses is required. Absences are generally not permitted, but a unique circumstance may be considered.

Personal Days: Each student will be permitted a maximum of:

- 2 total excused absences days (for voluntary or involuntary reasons) in a 4-week course
- 1 total excused absence day (for voluntary or involuntary reasons) in a 2-week course
- 5 total excused absences for personal days per academic year in Alpine-Summit. Requests for personal days must be submitted via the Alpine Summit absence request form at least 60 days in advance, except in cases of emergencies, and will be granted if curricular obligations allow. Additional personal days beyond the 5 may be granted for personal emergencies only but would require make-up time. Students must request a personal day if they need to protect any day for a personal day, including weekends. Appropriate reasons for a personal day include important events such as weddings, funerals, reunions, graduations, religious holidays, interviews, and extra conferences beyond the 48 hours allowed.

\*Students only need to request absences during times in which they are enrolled in coursework and not while they are on unstructured time.

Presentation at conference: Students are permitted attendance at one conference limited to 48 hours including the day of presentation over the course of an academic year. Students must present documentation of their authorship and presentation at the conference as a part of their absence request via the Alpine Summit absence request form.

Apart from absences, students will receive at least 1 day off per week in accordance with duty hour policy (4 days for 4-week rotations, 2 days for 2-week rotations).



### Definitions:

1. Voluntary absence: an absence requested in advance for any reason (weddings, interview days, etc.)
2. Involuntary absence: an absence that was not requested in advance for a reason outside of the student's control, i.e., sickness.
3. Excused absence: a voluntary absence that was requested in advance and approved, or an involuntary absence where student notified the course director and OSL promptly and was approved.

Unexcused absence: an absence for any reason that was not approved by the Course Director and/or OSL.

### **PROCESS to Seek an Excused Absence or to Inform of an Involuntary Absence**

#### **Requested Absence**

Submit your request via Alpine Summit absence request form for approval. Requests must be presented greater than 60 days in advance and submitted with reasonable documentation.

If accommodations can be arranged, 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 and via the Alpine Summit absence request form. Absences for illness may require appropriate documentation.

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

If absences (voluntary or involuntary) exceed allotment for illness and/or personal days, make-up work will be required, and the Course Directors and Coordinator will work with the student and faculty regarding make-up time/work, consideration of issues for credit, etc., consulting with the Assistant Dean of Post-Clerkship phase and/or Student Affairs. 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 Assistant Dean of the Post-Clerkship Phase and appropriate Course Directors may convene an executive committee meeting to discuss the assignment of a non-passing grade (an "IP" or a "F").

#### **REQUESTING MAKE-UP TIME**

If a student misses less days than the maximum allowed (and is not required to do any make-up), but feels their grade, letters of recommendations and/or experience was impacted by the missed days, they have the option to work with the Office of Student Life, the course director and their career advisor to discuss make-up time.

### 1.4.2.3 Attendance & Absence Policies for Basecamps

#### Basecamps

##### Expectations

Attendance is mandatory for all Basecamp sessions, including lectures, small groups, large groups, etc. unless otherwise posted 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. If a student fails to complete at least 90% of the required Basecamp curriculum, they will be required to engage in make-up work.

##### PROCESS to Seek an Excused Absence or to Inform of an Involuntary Absence

##### Requested Absence

Voluntary (pre-planned) requests should be submitted at least 4 weeks prior to your requested absence dates using the Trek Alpine-Summit Absence Request Form. If this process is not followed, the absence may 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.

Missing a session due to an excused absence may require the student to complete make-up assignment(s) covering the missed material, and to do so in a timely manner. Further consequences are described below.

##### Involuntary Situation

Involuntary absences are, by definition, unpredictable and/or unavoidable. Students must contact the Basecamps Director(s), Basecamp Coordinators and the Associate Dean of Student Affairs ([brian.dwinnell@cuanschultz.edu](mailto:brian.dwinnell@cuanschultz.edu)) as soon as possible as well as complete the Trek Alpine-Summit Absence Request Form.

To be considered an “excused” absence, this process must be followed and an absence for an involuntary situation must be approved by the Course Director and the Associate Dean of Students Affairs.

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.

Missing a session due to an involuntary situation may require the student to complete make-up assignment(s) covering the missed material, and to do so in a timely manner. Further consequences are described below.

##### Inform Office of Student Life

Student or Basecamps Director must report to the Associate Dean of Student Affairs, any of the following:

- Any “unexcused” absence
- Involuntary absences exceeding 2 days.

Ultimate responsibility for notifying the Associate 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 or FCB clinical skills session will be responsible for rescheduling. Some sessions offered are only for student benefit and cannot be rescheduled so alternative make-up will be required. 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 student must complete at least 90% of the Basecamp curriculum or make-up work will be required.

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 Alpine medical school courses. Failure to submit assignments on time may lead to professionalism feedback with completion of the professional feedback form. Similarly, due to the proximity of the Summit Basecamp 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.

### **1.4.3 Absences Permitted to Seek Healthcare for Clerkship & Post-Clerkship Phases**

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 behavioral health services. Students are also expected to attend all required elements, and to the extent possible, should schedule healthcare appointments outside of required curricular activities or courses. Students requiring regular (e.g., weekly) healthcare appointments should contact the Office of Disability, Access, and Inclusion (ODAI) to determine whether accommodations are needed.

For planned absences related to healthcare, students should follow the specific procedures provided in Section 1.4.2 - Absence Policies by Phases and Curricular Areas. It is the student's responsibility to report absences to inform all relevant parties, which may include reporting through the learning management system, to supervising attendings or residents, course directors, and/or to the appropriate Assistant Dean, to coordinate time away from the course, clerkship, 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 are found under "Consequence of Absence" in the appropriate tables in Section 1.4.2.

### **1.4.4 Absences from Examinations and Assessments by Phases and Curricular Areas**

There are differences in how each Phase handles absences, and students should attend to these differences. The table below describes these policies.

#### **1.4.4.1 Absences from Examinations and Assessments for the Plains Curriculum**

All exams and assessments are required unless specifically denoted as "optional" (e.g., End of Week Checkpoints that occur the last week of each course and on weeks that have calendar impacts due to holiday observances).

Type of Assessment	Type of Situation	Notification Procedure to Seek Approval & Consequence of Absence
End of Week Checkpoint	Situation where advance notice is possible	<ul style="list-style-type: none"> <li>• Absences are permitted without requiring approval.* Students should report the absence via the Plains Absence Reporting Form, which is linked to every course homepage under the “Plains Specific Resources” section.</li> <li>• The Assistant Dean of Medical Education for the Plains Curriculum will make appropriate arrangements for the student to make-up the End of Week Checkpoint.</li> <li>• Students that are absent from the End of Week Checkpoint must also be absent from the corresponding Facilitated Review.</li> <li>• Consistent with the Attendance and Absence Policy for the Plains Curriculum, the aforementioned absences may draw-down allowable absence hours for “Required Elements.”</li> </ul>
End of Week Checkpoint	Situation where advance notice is NOT possible (e.g., severe acute illness or emergency)	<ul style="list-style-type: none"> <li>• Absences are permitted without requiring approval.* Students should report the absence via the Plains Absence Reporting Form, which is linked to every course homepage under the “Plains Specific Resources” section, as soon as possible and within 3 days of the absence</li> <li>• The Assistant Dean of Medical Education for the Plains Curriculum will make appropriate arrangements for the student to make-up the End of Week Checkpoint</li> <li>• Students that are absent from the End of Week Checkpoint must also be absent from the corresponding Facilitated Review</li> <li>• Consistent with the Attendance and Absence Policy for the Plains Curriculum, the aforementioned absences may draw-down allowable absence hours for “Required Elements”</li> </ul>
End of Course Assessment, Anatomy Practical, DOCS Clinical Skills Assessment, Comprehensive Basic Science Exam (CBSE)	Situation where advance notice is possible	<ul style="list-style-type: none"> <li>• Absences require approval from the Assistant Dean of Medical Education for the Plains Curriculum. Only acute illness or major emergencies will be considered for approval if they occur within 48 hours of the scheduled exam or have prevented a student from participating in coursework. Medical documentation is required for an illness-related absence.</li> <li>• In addition to contacting the Assistant Dean of Medical Education for the Plains Curriculum requesting approval, students should report the absence via the Plains Absence</li> </ul>

		<p>Reporting Form, which is linked to every course homepage under the “Plains Specific Resources” section.</p> <ul style="list-style-type: none"> <li>• If the absence is approved, the Assistant Dean of Medical Education for the Plains Curriculum will make appropriate arrangements for the student to make-up the exam.</li> <li>• If the absence is not approved, the student will receive a 0% as a grade for the exam and will not be entitled to make-up the exam. The student will be entitled to a re-take exam, consistent with the Plains policies and procedures; this would be the only and final exam attempt.</li> <li>• Consistent with the Attendance and Absence Policy for the Plains Curriculum, the absence may draw-down allowable absence hours for “Required Elements.”</li> </ul>
<p>End of Course Assessment, Anatomy Practical, DOCS Clinical Skills Assessment, Comprehensive Basic Science Exam (CBSE)</p>	<p>Situation where advance notice is NOT possible (e.g., severe acute illness or emergency)</p>	<ul style="list-style-type: none"> <li>• Absences require approval from the Assistant Dean of Medical Education for the Plains Curriculum. Only acute illness or major emergencies will be considered for approval if they occur within 48 hours of the scheduled exam or have prevented a student from participating in coursework. Medical documentation is required for an illness-related absence.</li> <li>• In addition to contacting the Assistant Dean of Medical Education for the Plains Curriculum requesting approval, students should report the absence via the Plains Absence Reporting Form, which is linked to every course homepage under the “Plains Specific Resources” section, as soon as possible and within 3 days of the absence.</li> <li>• If the absence is approved, the Assistant Dean of Medical Education for the Plains Curriculum will make appropriate arrangements for the student to make-up the exam.</li> <li>• If the absence is not approved, the student will receive a 0% as a grade for the exam and will not be entitled to make-up the exam. The student will be entitled to a re-take exam, consistent with the Plains policies and procedures; this would be the only and final exam attempt.</li> <li>• Consistent with the Attendance and Absence Policy for the Plains Curriculum, the absence may draw-down allowable absence hours for “Required Elements.”</li> </ul>
<p>*Absences from exams and assessments are reported to the Office of Assessment, Evaluation, and Outcomes as well as the Office of Student Life for general tracking purposes. If there are persistent patterns to a student’s absences at exams and assessments, this will initiate a discussion between the student and the Assistant Dean of Medical Education for the Plains Curriculum and will be relayed to</p>		

the Assistant Dean of Student Affairs, and this may lead to professionalism feedback and/or an impact on the earned grade.

**Consequences due to delayed exam downloading.** It is expected that students will download all exams and assessments no later than 7am the morning of the exam. This ensures that technologic issues nor exam availability will not impact the start of the exam. If a student has not downloaded the exam by 7am, they may receive professionalism feedback, including a discussion between the student and the Assistant Dean of Medical Education for the Plains Curriculum, may be considered absent for the exam, and/or may have an impact on the earned grade.

**Consequences due to tardiness to an exam and/or assessment.** It is expected that students are present and prepared to start all exams and assessments at their designated start time. Arriving after or being unprepared to start the exam at the designated start time may result in professionalism feedback, including a discussion between the student and the Assistant Dean of Medical Education for the Plains Curriculum, may result in an absence for the exam, and/or may have an impact on the earned grade. Should students begin testing after the start of the exam, the exam will end at the designated end time; students will not be entitled to the full test time.

#### **1.4.4.2. Absences from Examinations and Assessments for the Core Clerkship & Post Clerkship Phases**

All exams and assessments are required. Students are expected to take these as scheduled. All absences from scheduled exams will be reported by the student to the appropriate persons for their curricular phase as outlined below.

##### **Type of Situation and Notification Procedure by Phase**

###### **Foothills**

Situation where advance notice is possible.

In general students are not permitted to miss scheduled exams in Foothills outside of emergency or acute illness. This includes scheduled make-up exams.

Situation where advance notice is NOT possible (e.g., major emergency)

Notify appropriate Course or Clerkship Director and an Assistant Dean of Student Affairs as soon as possible.

Student will be required to make-up exam on designated date.

###### **Alpine, & Summit**

Situation where advance notice is possible.

To be considered an “excused” absence, an absence for an involuntary situation must be approved by the Course Director and via the Alpine Summit absence request form. Absences for illness may require appropriate documentation.

Situation where advance notice is NOT possible (e.g., major emergency)

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 and via the Alpine Summit absence request form. Absences for illness may require appropriate documentation.

Student will be required to make-up exam on designated date.

#### **1.4.4.2 Fort Collins Branch Plains Attendance Policy**

Expectations for attendance at the Fort Collins Branch are the same as at the Anschutz Medical Campus. If concerns arise about an individual’s participation, we will schedule a meeting with the student’s COMPASS guide and the FCB Assistant Dean to develop a plan that may include monitoring of attendance at an individual level.

### **1.5 Fostering A Learning Climate**

#### **1.5.1 Appropriate Dress**

Faculty involved in a 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 electronically. 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 Foothills Guide, or for a specific hospital setting. Inappropriate attire may result in the completion of a Professionalism Feedback Form and/or being asked to leave the setting returning wearing appropriate attire.

#### **1.5.2 Appropriate Persons in the Learning Setting**

The CUSOM values its students and recognizes the importance of family and friends to 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 web link 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).

[Guidelines for Non-Student Visitors in the Learning Setting.](#)

### **1.6 Improving the Community: Providing Feedback & Required Evaluations**

Evaluation of the quality and effectiveness of course components and faculty teaching are necessary to promote an optimal learning environment and continually improve the student experience and educational quality at the CUSOM. Evaluation results are used by Course Directors and the Curriculum Steering Committee to modify the existing curriculum, plan curricular changes, and meet LCME accreditation standards.

### 1.6.1 Process for reviewing evaluations

- **Evaluations in which the “I have concerns” box is checked are reviewed and responded to immediately.** All evaluations of faculty and residents include the question, "I have concerns about this individual continuing to work with medical students." This question is yes/no and if "yes" is selected, the student is required to leave a comment and will be contacted within 2 days by Dean Lockspeiser. Comments in this box are confidential and will not be released to the faculty/resident. The Trek Real Time Feedback is another mechanism of providing feedback that is read and responded to in real time.
- **All other evaluations (of faculty and courses) are not read or reviewed until AFTER the course ends**
  - AEO summarizes numeric scores and reads ALL comments in evaluations within ~28 days after a course ends or a specific content area evaluation is closed.
  - Summary data provided to course directors for review.
  - Individual evaluations of faculty as teachers released to faculty and uploaded to PRISM after course director review.

### 1.6.2 Who has access to individual faculty teaching evaluations?

In an effort to assure that our students receive high-quality education in an integrated curriculum, faculty teaching evaluations will be viewable by CUSOM leadership to allow for targeted faculty development and recruitment of teachers. However, we do aim to limit the number of individuals who can see teaching evaluations without the explicit consent of the faculty member. The following individuals can access faculty teaching evaluations:

- The individual faculty member and their direct supervisor have access to all teaching evaluations completed about them (these are uploaded regularly into PRISM).
- Course directors review the evaluations of teaching sessions in their particular course but cannot view teaching evaluations of an individual in other courses.
- Clinical, Medical Science, and Health and Society Content Directors can see faculty evaluations for sessions within their content area.
  - In the Foothills this means the LIC director and Clinical Content Director can see the evaluations.
- The curricular dean for each phase can view all evaluations for faculty in their phase.
- Given the integrated nature of our curriculum this means that any individual teacher's evaluations may be reviewed by up to 3 individuals (course director, content director, and phase dean).

### 1.6.3 Confidentiality of Evaluations

Only the AEO Office can connect a student name with their ratings/comments. This information is NEVER released outside of AEO in an identifiable format without the student's explicit permission. We only release data in the aggregate form. Faculty cannot access information about the identity of individual student who provides comments in an evaluation form. The only exception to this rule is the evaluations in the Longitudinal Integrated Clerkships (LIC) in which most faculty only work with one student per year. In this situation, the faculty member will be able to see the name of the individual who completed the form. However, any form that is identifiable to the faculty member has a space for



confidential comments that will only be visible to the AEO Office, the Assistant Dean of the Clinical Curriculum, and the LIC director/relevant clinical liaison.

#### **1.6.4 How is evaluation data used and disseminated as a part of Continuous Quality Improvement (CQI)?**

The goal of ongoing continuous quality improvement (CQI) for the Trek curriculum is to gather data from multiple sources that can be used to evaluate the program quality and guide ongoing improvements both to assure we are meeting the needs of our stakeholders (students, faculty, patients, and the community) and maintain LCME accreditation.

For any aspect of CQI there are 3 main steps (that mirror the steps we expect our students to take in looking at their own assessment data):

1. **Engagement with data:** Provide data to curriculum leaders in a timely fashion
2. **Analysis:** Encourage reflection and interpretation of the data
3. **Impact:** Create specific and actionable goals for change

CQI is a joint effort between the Assessment, Evaluation, and Outcomes (AEO) Office and the relevant curricular phase/pillar leadership. AEO is in charge of providing the data and supporting faculty in the analysis phase. We are moving to the use of dashboards that can provide clear visual depiction of the data and are easier to access and update. The curricular phase/pillar leadership is also involved with analysis and then primarily tasked with determining a plan for change. Across all areas of the curriculum, we utilize a discussion-based format to CQI that involves discussion about strengths and areas for improvement. This meeting and plan for moving forward is then summarized in a CQI report. Individual CQI reports are designed to encourage analysis and also to capture the discussion and changes planned. All CQI reports are available to anyone in the CUSOM community to allow for transparency and clear communication between areas.

Data provided by AEO for CQI will be in the aggregate with numeric summaries of all student data as well as key themes from the comments from the evaluation forms. This aggregate data will then be viewable to curricular leaders and students throughout the CUSOM to promote integration and ongoing improvement. Individual evaluations of specific faculty or individual comments from evaluation forms will not be included in this data to protect privacy.

#### **1.6.5 Comment Redaction Policy**

All comments submitted on evaluations are read by a member of the AEO office. In general, we do not modify or redact student comments collected as part of the evaluation process in an effort to respect what the students wrote and not censor their comments. We will move comments from an evaluation of an individual to the course evaluation if the comment is more directed towards course logistics rather than an individual's teaching. The only exception to this rule is in the case of extremely unprofessional comments which will be removed from the evaluation. In this situation, the Assistant Dean of Assessment, Evaluation, and Outcomes will also meet with the student to discuss the evaluation process and review professional feedback guidelines.

Faculty who wish to request or petition that a comment or comments be redacted from their evaluation/summary report can submit a Redaction Request Form. These requests will be reviewed by the Assistant Dean of AEO in consultation with the Director of AEO, and the Assistant Director of Evaluation. The AEO Office will maintain confidentiality of the faculty member to the extent possible regarding these matters, as well as student confidentiality. The Assistant Dean of AEO or an appointee will inform the faculty member of its decision within ten (10) university business days from the time of the request. If the redaction request is approved, the course/clerkship director and/or department head will be notified of the decision as well and the comment(s) will be removed from the faculty's PRISM file. If a faculty member would like to appeal the decision of the AEO office, they may do so in writing to the Senior Associate Dean of Medical Education. The faculty member will also be notified of the appeals decision within ten (10) university business days.

### **1.6.6 End of Phase Survey**

The end of phase survey is a unique evaluation in that it is not attached to a particular course or faculty member. It is designed instead to gather student perspective on topics that cross multiple courses as well as understand key student attitudes related to the outcomes of the Trek Curriculum. Faculty and students can ask to have items included in the End of Phase survey both from program evaluation and research purposes. All requests will be reviewed by the Trek Steering Committee.

### **1.6.7 Student Evaluation Completion**

Completing evaluations is a key component of medical professionalism and required of all students. Your feedback is critical to the ongoing monitoring, improvement, and accreditation of the medical school. Evidence suggests that failure to complete evaluations in medical school is indicative of professionalism problems in medical school and in practice. Completing evaluations is a crucial skill to learn and practice in medical school as providing feedback is something done by all practicing physicians. Medical students are expected to be professional and thoughtful with their evaluations. All comments submitted on evaluations are reviewed in AEO, and students will be contacted to discuss comments determined to be unprofessional.

- Students are required to complete all of the following evaluations: course evaluations, site evaluations, and small group facilitator evaluations. These evaluations are released throughout courses and are due within 10 business days of the course ending. Students will receive automated and email reminders to complete evaluations.
- Students are required to complete an End of Phase survey at the end of each academic year.
- In some courses, students may be randomly assigned content and lecturer evaluations that need to be completed by only a subset of the class. These evaluations are also due within 10 business days of the course ending.
- Throughout the years, students may be randomly selected to participate in focus groups to gather additional detailed information about specific aspects of the curriculum. If selected to participate, participation is required.
- In the situation of evaluation non-completion, students will receive an email from the Assistant Dean of Assessment, Evaluation, and Outcomes. We understand that sometimes extenuating circumstances make it difficult to meet the expectations around evaluation completion. Because of this we will document the instance of evaluation non-completion in our

professionalism feedback tracking system, and it will be visible in the Dashfolio. Individual instances of evaluation non-completion won't have a negative impact on the student. However, the Trek Progress Committee and Professionalism Committee will follow this data over time to look for patterns to assure all students are able to meet the professional expectations of being a physician.

### 1.6.8 Focus Groups

The office of Assessment, Evaluation, and Outcomes will perform focus groups to gather more detailed evaluation information on specific topics or courses. Students are randomly selected to participate in focus groups, and this is considered a required part of the CUSOM curriculum. Similar to other forms of evaluation, all information gathered from focus groups is confidential and will only be reported out in aggregate.

## 2 Section 2: Curriculum Structure & Leadership

### 2.1 Structure of the Curriculum

The curriculum consists of three longitudinal pillars of medical science, clinical science, and health & society that are taught in developmental phases: The Plains, the Foothills, and the Alpine/Summit. Please see [MD Degree Curriculum Overview](#) for more information.

The **Plains Curriculum** comprises the first 12 months of medical education. These 12 months are separated into ten organ system-based courses, each integrating foundational medical sciences, clinical sciences, and health & society concepts. Students are enrolled in a longitudinal Traverse course, which is ultimately 5 weeks in length, and course activities occur every 6-10 weeks, between certain courses; these weeks focus on assessments, reflection, coaching, and well-being. Students also participate in two Inter-professional Education Foundational courses integrated throughout the Plains curriculum as well as a Mentoring & Scholarly Activity longitudinal course. The medical science, clinical science, and health & society pillars are integrated into all Plains courses.

The **Foothills Curriculum** follows the Plains and a short summer break. This is the core clerkship phase of the curriculum further integrates the pillars in a Longitudinal Integrated Clerkship (LIC) format over 11 months. It provides intensive clinical experiences in hospital, ambulatory clinic, emergency and operating rooms, community, rural, and urban clinics, complemented by classroom sessions highlighting all curricular pillars.

The **Alpine and Summit Curriculum** encompasses the 20 months following the Foothills before graduation. This phase starts with a semester of Advanced Science Courses that integrate authentic advanced clinical experiences with advanced science learning. This is followed by USMLE protected study and exam time. Then, students complete an individualized learning plan, consisting of an Acting Internship and other required and elective clinical and non-clinical experiences with the goals of deepening their knowledge and skills as well-rounded physicians-in-training, choosing and preparing for their chosen residency and enhancing their ability to positively transform the health of their future community beyond their direct clinical practice.

Students participate in a longitudinal elements throughout the 4-year curriculum, such as mentored scholarly activity and basecamps. In the Foothills and Alpine & Summit, students complete longitudinal requirements and experiences related to professional identity formation and career development, 1-4 week Basecamps to help them complement and consolidate prior learning and prepare for the next phase of learning, and Mentored Scholarly Activity, which expands upon students' work in the Plains with the opportunity to work closely with a faculty mentor on a project of mutual interest across all four years.

## **2.2 Authority & Responsibility of Courses/Clerkships**

The curriculum consists of Courses and Clerkships. Courses may consist of non-clinical activities, clinical activities, or both clinical and non-clinical activities. In Plains, there are ten major organ system-based courses that integrate medical science, clinical science, and health & society concepts in addition to both interprofessional education courses and the longitudinal Traverse and Mentoring & Scholarly Activity courses. During the Foothills, each student completes a longitudinal integrated clerkship (LIC) comprised of seven clinical courses and an LIC course inclusive of non-clinical elements. During the Alpine, students complete an individualized schedule of Courses and Clerkships as well as other required Courses such as the Basecamps.

The Director and/or Co-Director for each required 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 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 or Clerkship. All Courses in the Plains are graded Pass/Fail and utilize a grading committee to determine final grades and/or other actions. All required Longitudinal Integrated Clerkships in the Foothills utilize a grading committee to determine final grades. In the Alpine students are allowed to take courses at institutions other than the CUSOM. For these away courses, 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.

A list of the Director(s) for the required curricular courses and clerkships along with their contact information is found on the course Canvas pages.

### **Curriculum Leadership and Committees**

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 curricular content and educational formats.
- Conducts systematic reviews of the curriculum, as well as at the phase and Course levels on a rotating schedule.

- 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 Pre-clerkship, Clerkship, and Post-clerkship Phases, as well as all other curriculum development faculty and the other Undergraduate Medical Education (UME) Committees to guide, revise, and implement changes and foster quality improvement. The CSC reports periodically to the Faculty Senate.

Trek Curriculum Committees	
Trek Steering Committee - Oversees and manages the undergraduate medical education program. Coordinates curriculum development and instruction. Issues charges to and acts on recommendations from various subcommittees.	Chair: Senior Associate Dean of Education
Assessment, Evaluations & Outcomes - Coordinates assessment and evaluation across all phases of the curriculum; focuses on program outcomes and graduation requirements. Defines student assessment and evaluation methods and policies for the overall education program and for its individual components.	Chair: Assistant Dean of Medical Education - Assessment, Evaluation, and Outcomes
SOCR- Collects and reviews student feedback about curricular and programmatic issues. Advises the Curriculum Steering Committee on proposed curricular innovations.	
Health & Society - Oversees curricular content, instructional delivery, and management of educational policies in Health & Society curriculum throughout all four years. Oversees case-based curricular materials to ensure they represent the diversity of the people and communities CU SOM serves, do not perpetuate stereotypes, and respect patients as individuals within a socioecological context. (Includes Courses, IPE and Global Health Track)	Chair: Co-Director of Health & Society
Medical Science - Oversees curricular content, instructional delivery, and management of educational policies regarding Basic Medical Science curriculum throughout all four years. (Includes Medical Science Content Directors, Radiology)	Chair: Director of Medical Science
Clinical Science – Oversees curricular content, instructional delivery, assessment and policies regarding clinical content across 4 years of curriculum (includes clinical content directors)	Chair: Director of Clinical Science

Plains - Oversees curricular content, instructional delivery, and management of educational policies in courses occurring during the Plains phase of the curriculum.	Chair: Assistant Dean of Medical Education, Plains
Foothills - Oversees curricular content, instructional delivery, and management of educational policies in required Longitudinal Integrated Clerkships during the Foothills phase of the curriculum.	Chair: Assistant Dean of Medical Education, Foothills
Alpine-Summit - Oversees curricular content, instructional delivery, and management of educational policies in Alpine-Summit Phases, electives, and Capstone.	Chair: Assistant Dean of Medical Education, Alpine-Summit
Information & Instructional Technology - Oversees information technology, data management, and instructional technology and manages IT policies for the education program.	Chair: Director, Educational Technology Innovation

Membership of Trek Curriculum Committees: Each Standing Sub-Committee shall consist of a Chair who is a member of the Curriculum Steering Committee, faculty members, a student who is a member of the Student Sub-Committee, ex-officio faculty members, and a staff member. The Chair(s) of the Curriculum Steering Committee will be responsible for the assignment of faculty members, students, and staff to Sub-Committees.

### 2.3 Student Representatives to Courses & Committees

Elected by their peers or selected by an application process, 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 select up to four representatives, depending on the committee, who share one vote representing that class year. The [Medical Student Council](#) (MSC) and Students of Curriculum Reform (SOCR) manage the selection of representatives.

In addition, for each Pillar, Course or Clerkship, students will select one or two of their peers to serve as representatives in all matters pertaining to that Pillar, Course or Clerkship to the Course/Clerkship Director and faculty. Student representatives may also provide course feedback and be asked to help write a continuous quality improvement (CQI) report for the Clerkship or Course.

### 2.4 List of Curricular Leadership

A list of curriculum leaders, curriculum committee chairs, student representatives, and key course or phase administrative staff can be found in Appendices. The list includes the names of faculty that direct required courses and clerkships.

### **3 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 profession and standards of the School of Medicine. It is also 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 nine 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 review process that starts with an application submitted to the Office of Student Life and the current student member of the Student Promotions Committee. Prospective student representatives are then interviewed and selected by a panel consisting of the outgoing senior representative with the Associate Dean for Student Life and the Assistant Deans of Student Affairs.

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 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 their discretion.

##### **3.1.3 Nature of Student Promotions 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 considers 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 considers such qualities as cognitive ability, communication skills, behavioral and social skills, humanistic traits, physical ability, and professional behavior. All 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 or Clerkship 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 Student Promotions Committee**

A student whose advancement or academic performance is in question shall be notified that their 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 from the University of Colorado School of Medicine, who must 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 can speak on behalf of the student. This is not a legal proceeding so attorneys and their representatives are excluded from these meetings.

There are two primary reasons for providing the student access to the Student Promotions Committee. First, the presence of the student assures them that the judgment will not be rendered in a remote or impersonal fashion; 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 Student Promotions Committee may take the following academic actions:

### **3.2.1 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 while in good standing 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 Courses 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.

### **3.2.2 Probation/Academic Warning**

Probation 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. Probation will be noted in the MSPE letter as an adverse action 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 Courses and Clerkship work at core programs in Colorado, as defined by the Course Directors and the Assistant Dean for Education, Clinical Curriculum. 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. Academic Probation is reportable on future applications that refer to a history of probation.

The Student Promotions Committee may place the student on a status of Academic Warning, if in the judgment of the majority of members; and/or the Progress Committee; the student is at academic risk. Such a notation should alert the student to the Committee's concern regarding the potential for academic problems in the future. A student who has failed to pass the USMLE Step 1, USMLE Step 2CK, or the Clinical Practice Exam (CPE) may be placed on Academic Warning. In the Plains, students may be

placed on Academic Warning if they fail a course or if they do not pass the initial end of course exam on more than 2 courses. The Committee will likely 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 their 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. Academic Warning is not required to be reported on future applications.

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 they have 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.

### **3.2.3 Remedial Action**

Any student receiving a grade of “PR” or “F” 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 Course or Clerkship, repeating a phase, particularly in the case of one or more Pass with Remediation (PR) and/or Fail (F), 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.

### **3.2.4 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.

The Student Promotions Committee may decide to exercise its discretion to recommend a student’s dismissal based on unsatisfactory academic or professional performance for any student who:

- Fails to perform adequately academically or professionally with respect to graded or required curriculum or any official school function.
- Is not able to pass USMLE Step 1 after three sittings or does not sit for USMLE Step 1 within a 12-month window following completion of Advanced Science Courses, whichever occurs first.
- Is not able to pass USMLE Step 2 CK after three sittings.
- Failure to abide by campus, school, or clinical site policy.

### **3.2.5 Trek Progress Committee**

The Trek Progress Committee is a sub-committee of the Promotions Committee. Given the belief that all students need various levels of support to succeed in medical school, the three goals of the Trek Progress Committee are to: 1) Provide feedback to all students about their progress and opportunities for growth, 2) Identify students who need extra support, 3) Create and oversee implementation of a plan for students who need higher levels of support to succeed. Given that the goal is student success, these discussions are not part of the permanent academic record.

The committee is chaired by the Assistant Dean of Assessment, Evaluation, and Outcomes and includes 5-8 voting members including a representative from each of the three curricular pillars and additional individuals to provide a diverse perspective. Representatives from the Office of Student Life and Remediation will be present as non-voting members. The committee will review all students twice a year to provide feedback and identify any student that could benefit from more support. In addition, the committee will meet monthly throughout the curriculum to review students with struggles in the curriculum. A student's COMPASS Guide will be present any time the student is discussed at the Trek Progress Committee. The COMPASS Guide is a non-voting member of the committee. The outcome of the committee is a plan for optional and/or required activities for the student to help assure their success in medical school. If a student is not succeeding despite the added support provided by the committee or if there are egregious concerns the student may be forwarded to the Promotions Committee for review.

## **3.3 The Grading System**

### **3.3.1 Official Grades**

The School of Medicine uses the following grades in the clinical curriculum for the official transcript: Honors (H), High Pass (HP), Pass (P), Pass with Remediation (PR), In Progress (IP), Fail (F), and Withdrawal (W). The 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 and requirements for remediation.

Course and Clerkship Directors must specify at the beginning of each academic year 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 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 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 of Medical Education.

### 3.3.2 Description of Grades

Unless otherwise specified, “grades” once assigned become a permanent part of the student’s academic record and transcript. In Progress (IP) is a temporary grade which will be permanently replaced by one of the other listed grades.

Grade	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 Course or Clerkship Director.
In Progress (IP)	A temporary grade of In Progress is given when a student is unable to complete the requirements for a Course or Clerkship. Students will be required to complete the course requirements for this grade to be changed. For more details, see Sections <a href="#">3.3.3</a> .
Pass with Remediation (PR)	A grade of Pass with Remediation is given to the student whose performance is initially below the passing standard (IP) or (F), but who meets 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 Course or Clerkship.
Withdrawal (W)	A grade of withdrawal is given when a student leaves a Course or Clerkship before being assigned a final grade AND requires approval by the appropriate Course Director or Assistant or Associate Dean.

### 3.3.3 Policies on In Progress, Incomplete, and Fail Grades

	Process
<p>In Progress</p> <ul style="list-style-type: none"> <li>• Has not completed all requirements</li> <li>• Uses full grade range upon completion</li> </ul>	<p>A temporary grade of In Progress (IP) is given when a student is unable to complete the requirements for a Course or Clerkship in the typical specified timeframe either because of illness or other extenuating circumstances or because they have not yet met the minimum passing standard. This grade is assigned by the appropriate Course or Clerkship Director in consultation with the appropriate Assistant Dean of Medical Education and the Associate Dean of Student Life.</p> <p>The temporary grade of In Progress (IP) on the transcript is replaced by the final earned grade (e.g., H, HP, P, PR, and F). Exception for Clinical Clerkships during Foothills: Initial failure of written exam results in a grade of In Progress (IP), in which case, the highest grade assigned for the Clerkship is High Pass (HP).</p> <p>If the student has not completed the Course or Clerkship requirements within one academic year from the end of the Course or Clerkship, then the grade of In Progress on the transcript may be replaced by a grade of Fail.</p>
<p>Fail</p> <ul style="list-style-type: none"> <li>• Has not met the passing standard</li> <li>• Remediation required</li> </ul>	<p>A grade of F is given when a student’s performance is clearly below the passing standards of the Course or Clerkship. Remediation is required. Policies for this process are described in section 3.3.6.</p> <p>Once a student has received a grade of Fail, the Student Promotions Committee:</p> <ul style="list-style-type: none"> <li>• <u>Must</u> approve the student for remediation.</li> <li>• <u>Must</u> approve the plan for remediation of the deficiency.</li> <li>• May review the student’s overall academic record.</li> <li>• May set a time limit for completion of remediation.</li> <li>• May require student to reregister for the Course or Clerkship and achieve a passing grade.</li> <li>• May impose Academic Warning, Probation or Leave of Absence.</li> <li>• May consider a recommendation for dismissal.</li> </ul> <p>In Plains, the highest grade available after remediation is “Pass with Remediation” (PR).</p> <p>In Foothills, a Failing grade stands on the transcript and the student must re-enroll in the course but is then eligible for any possible grade when retaking the clerkship.</p>

### 3.3.4 Additional Detail on Grades for Selected Curricular Areas

The tables below are meant to provide general guidance. Each of the 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 Courses and Clerkships.

#### 3.3.4.1 Plains/Pre-Clerkship

Transcript Grades	
Honors (H)	Not used.
High Pass (HP)	Not used.
Pass (P)	A grade of pass will be awarded in a course in the Plains if the student completes all course requirements as outlined in each course’s Grading Committee Criteria document.
Pass with Remediation (PR)	After a student fulfills the requirements for remediation, as specified by the Course Director, a failing grade will be replaced with a Pass with Remediation (PR). If a student earns a Pass with Remediation (PR) in two or more courses, the student will be referred to the Student Promotions Committee for further action, such as repeating all or part of the pre-clerkship curriculum. A failed remediation will result in a Fail for the course and referral to Promotions.
In Progress (IP)	<p>A temporary grade of In Progress (IP) is given when a student is unable to complete the requirements for a Course in the typical specified timeframe either because of illness or other extenuating circumstances. This grade is determined by the appropriate Grading Committee in consultation with the Assistant Dean of Medical Education for the Plains Curriculum and the Associate Dean of Student Life.</p> <p>After completing the course requirements, the IP will be replaced with the final grade earned (Pass or Fail). A student must complete requirements within one academic year from the end of the Course, otherwise the grade reverts to “F.”</p>
Fail (F)	A grade of Fail (F) will be assigned if a student does not successfully complete the requirements for the Course or if the student fails the planned remediation. When a student receives a grade of Fail (F), the student will be required to remediate the course. If offered the opportunity for remediation, the final grades available are Pass with Remediation (PR) or Fail (F). If the student fails to meet the requirements for remediation, as specified by the Course Director,, the failing grade will remain AND the student will be referred to the Student Promotions Committee for further action, which may include repeating all or part of the pre-clerkship curriculum.

### 3.3.4.2 Foothills Phase Grading Policy and Overview

Grading in the Foothills is different than in the Plains. While the Plains was exclusively pass/fail, the Foothills now includes grades of Honors/High Pass/Pass. While the first year used written exams as the primary means to determine grades, Foothills grades are primarily based on assessments completed by your supervisors (residents and attending physicians) about your performance in the clinical setting. While the Plains was fairly uniform across all students, each student in the Foothills will have a slightly different experience as he/she/they will work with different supervisors and see different patients.

There are six graded clerkships in the Foothills (Family Medicine, Internal Medicine, Obstetrics/Gynecology, Pediatrics, Psychiatry and Surgery) as well as one pass/fail clerkship (Emergency Medicine) and one additional pass/fail course (LIC). Each clerkship assigns grades using a criterion-based system which means that there are no limits to the number of honors we can assign (i.e., if all students meet the honors criteria, all students will receive honors) and you are not competing against your classmates for grades.

Each clerkship is different but there are certain grading characteristics that are the same across all the graded clerkships in the Foothills:

1. All use Oasis to gather assessments from the faculty and residents that you work with. These assessments include ample space for comments separated into different sections. Students must request assessments from any supervisor they work with for 3 or more clinical encounters; a failure to do so is considered a minor professionalism concern.
  - a. **Comprehensive Assessment** – This assessment includes questions across all the different activities taught and assessed in a particular clerkship. This form will be completed by longitudinal preceptors at the end of the year. This assessment form triggers a reciprocal evaluation that the student completes about the preceptor.
  - b. **Core Assessment** – This assessment includes ratings and comment boxes for the core tasks and allows the preceptor to select additional tasks to assess the student on. Residents and faculty that a student works with during an immersion (for 3 or more clinical encounters) will be assigned this assessment form. In addition, this will be used for the mid-year preceptor assessment and end-of-year emergency medicine preceptor assessment. This assessment form triggers a reciprocal evaluation that the student completes about the preceptor.
  - c. **Brief Assessment** – This assessment only includes 2 questions and is designed for shorter interactions with a supervisor (following a cohort patient, inpatient rounding, interactions with an interprofessional team member, demonstrating skills that pertain to a different specialty domain, etc.) or as ongoing feedback from a primary preceptor. Each clerkship has a specific number of forms that must be completed in order to pass the course. In the spirit of a growth mindset, it is to the student's benefit to collect as many brief assessments as possible.
    - i. These forms do NOT trigger a reciprocal evaluation.
    - ii. Brief Assessments may only be completed by licensed clinical providers (MA, PA, RN, NP, MD, SW, EMT, etc.) – someone who completed a medical professional training program. Students in any training program may not complete assessments of other students.
    - iii. All brief forms must be completed by June 1, emergency medicine brief forms must be completed by July 1.
2. All clerkships utilize a grading committee to determine whether or not a student meets the criteria for a particular clinical grade (i.e. honors, high pass, pass). The committee is chaired by the clinical content director (CCD) and includes all the other liaisons for that specialty. All data seen by the grading committee is deidentified (no mention of name or gender of the student) to minimize bias. If a liaison has provided a comprehensive assessment for a particular student or is the student's LIC director, they will be recused from grading that student. The CCD is responsible for assigning all specialty clerkship grades once voted on by the grading committee.
3. The LIC course grade is assigned by the LIC director for students who achieve a Pass. A passing grade will be assigned to all students who have met the course criteria. Students who do not meet these criteria will be

discussed with the Assistant Dean of Medical Education and Clinical Clerkships. Failing criteria will be determined and a failing grade assigned by the Assistant Dean of Medical Education and Clinical Clerkships.

4. All data gathered during the year is reviewed by the grading committee and utilized to determine a grade. However, the emphasis is placed on the skills/abilities a student can demonstrate at the end of the year so growth over the course of the year is encouraged and not penalized. The grading committee is looking for a pattern of performance, therefore one individual assessment with an outlying score or comment will not be the determining factor for the grade.
5. Each LIC director will have the opportunity to add additional context information that will be viewable by each grading committee. This information will be written and reviewed together with the student and submitted into Oasis at the end of the Foothills year. Most students will not have additional context information that is necessary to submit, but in some cases, this information is important to understand unique situations related to the learning environment experienced by the student which may influence the way the grading committee interprets assessment data. Categories in which directors may submit context comments include: longitudinal preceptor changes or challenges, unusual immersion circumstances, interruptions in student continuity in the LIC, and other circumstances unique to the student or site. Context comments will be viewable to students in the Dashfolio.
6. All clerkships that utilize an NBME subject exam (shelf) only include a passing score that must be achieved.
  - a. The passing score for all NBME subject exams is set at 2 standard deviations below the national mean.
  - b. Students who fail an exam will have the opportunity to retake the exam, but those students will not be eligible for honors.
  - c. Students who fail a subject exam twice are eligible only for a final overall grade of Pass with Remediation when the exam is passed.
  - d. The exam must be passed within 16 months of the first testing date; any exams that are not passed within this time frame will result in a final course grade of Pass with Remediation even if passed on the first retake attempt.
7. Each clerkship has required assignments. All assignments are graded pass/fail. Some assignments include a comment section where the grader provides summative comments that will be viewed by the grading committee and used to assign the overall clinical grade. Passing all assignments is required to pass the clerkship. Assignments are graded by a liaison and/or LIC director. Any assignment with a failing grade is reviewed and verified by the respective Clinical Content Director before sending the grade to the student. Appeal of the grade on the assignment is not allowed after this second review. Students with failed assignments must respond to feedback and turn in a new assignment that reaches a passing level within 14 days of receiving the failed assignment grade. The assignment will be regraded by the CCD to ensure passing quality. If not passed on the second attempt, the student will receive a Pass with Remediation in the course once the assignment is passed.
8. Professionalism is a required element of all Foothills courses. Students are expected to exhibit the core attributes of professionalism (reliability, willingness to ask for help/admit limits, integrity, duty, respect, honesty, advocacy) throughout their clerkships which includes attendance and participation in didactics and clerkship activities, respectful, honest, and timely communications with all clerkship faculty/staff, timely completion of all assignments and respectful and appropriate interactions with patients, families, communities, and care teams. If students do not meet these professionalism expectations their overall clerkship grade will be impacted. Minor professionalism concerns include things like tardiness, turning in an assignment late, or not participating in a single didactic session. Significant lapses include things like failing to attend scheduled clinical activities, unprofessional behavior with patients or clinical teams, or unprofessional behavior in small group learning settings. The LIC director is ultimately responsible for determining the level of concern (minor vs. significant) of a particular professionalism lapse. Significant professionalism concerns will be documented with a professionalism feedback form. Tracking of all professionalism lapses is done by LIC administration and in the student Dashfolio. Egregious concerns or a pattern of ongoing problems despite reminders may also be grounds for course failure. Examples of egregious concerns include, but are not limited to, untrustworthy behavior, dishonesty, endangering patients, racist, sexist, or otherwise biased behavior, and/or a significant pattern of ongoing problems despite documented feedback on multiple occasions. Egregious lapses and patterns of professionalism lapses (2 or more significant lapses or 3 or more minor concerns or as determined by the



grading committee) which may result in course failure will involve discussion between the LIC director, the Assistant Dean of Medical Education and Clinical Clerkships, and the Progress Committee.

- Students will receive *Semester grades* for the first two semesters. These will be Pass/In-progress grades and will be noted as a *Semester grade* on the transcript. In the final semester, students will see the *Final Course Grade* on the transcript. The *Final Course Grade* will be the grade on the MSPE.

### What are the criteria for each specialty clerkship grade?

	Honors	High Pass	Pass	Fail
Clinical Assessments	<ul style="list-style-type: none"> <li>Comments and ratings consistently demonstrate achievement of exemplary expectations for <b>most</b> clinical skills for patients <b>with common conditions AND</b></li> <li>Consistently demonstrates <b>many</b> clinical skills with <b>complex or undifferentiated patients</b></li> </ul>	<ul style="list-style-type: none"> <li>Comments and ratings consistently demonstrate achievement of minimum expectations for all clinical skills <b>with common conditions</b></li> <li>Demonstrates <b>some (but not all)</b> exemplary clinical skills expectations for patients with <b>common conditions</b></li> </ul> Demonstrates <b>some (but not all)</b> clinical skills with <b>complex or undifferentiated patients</b>	Comments and ratings consistently demonstrate achievement of minimum expectations for clinical skills for patients with <b>common conditions</b>	Comments and ratings <b>do not consistently demonstrate</b> achievement of minimum expectations for clinical skills for patients with <b>common conditions</b>
Professionalism	<ul style="list-style-type: none"> <li>No more than 1 minor professionalism concern; No significant professionalism lapses</li> </ul> Comments and ratings consistently demonstrate exemplary professionalism	No more than 2 minor professionalism concerns, no more than 1 significant professionalism lapse and no egregious professional lapses	No egregious professional lapses and no pattern of unprofessional behavior	Pattern of unprofessional behavior or egregious professional lapses
Assignments and exams	<ul style="list-style-type: none"> <li>Pass all assignments on first attempt</li> </ul> Pass exam on the first attempt	Pass all assignments and exams (allowed one retake)	Pass all assignments and exams (allowed one retake). If shelf exam is only passed on 2 <sup>nd</sup> retake (3 <sup>rd</sup> sitting) or an assignment is only passed after 2retakes, students only eligible for PR.	Does not pass all assignments even after allowed retakes, will result in PR once passed.  Does not pass shelf exam on 3 <sup>rd</sup> retake (4 <sup>th</sup> sitting).

To achieve a grade of honors a student must meet **all** three Honors criteria

A failing grade is assigned if a student meets **any** of the three Fail criteria

### What assignments and exams are used for each clerkship?

Course	Assignments
Emergency Medicine (Pass/Fail only)	<ul style="list-style-type: none"> <li>Trauma informed care interview</li> <li>Primary survey checklists (2)</li> <li>IPE reflection (Dashfolio comments)</li> <li>EM CAPE simulation (Dashfolio comments)</li> <li>Completion of at least 5 brief assessments (no comprehensive assessments)</li> </ul>
Family Medicine	<ul style="list-style-type: none"> <li>Musculoskeletal multiple-choice exam</li> <li>Cohort cost analysis assignment (Dashfolio comments)</li> <li>Microbiology /antibiotics modules</li> <li>Completion of at least 2 brief assessments</li> </ul>
Internal Medicine	<ul style="list-style-type: none"> <li>NEJM Healer assessment</li> </ul>

	<ul style="list-style-type: none"> <li>• Outpatient H&amp;P with pharmacology focus (Dashfolio comments)</li> <li>• ECG quiz</li> <li>• ABG/VBG (optional as learning seminar for some sites)</li> <li>• Dermatology module</li> <li>• Completion of at least 2 brief assessments</li> <li>• NBME Medicine subject exam</li> </ul>
Obstetrics and Gynecology	<ul style="list-style-type: none"> <li>• Obstetrics bingo</li> <li>• H&amp;P with discussion of evidence-based medicine (Dashfolio comments)</li> <li>• Ethics case preparation</li> <li>• Completion of at least 2 brief assessments</li> <li>• NBME Obstetrics and Gynecology subject exam</li> </ul>
Pediatrics	<ul style="list-style-type: none"> <li>• Observation of newborn physical exam</li> <li>• Anticipatory guidance assignment (Dashfolio comments)</li> <li>• Completion of at least 2 brief assessments</li> <li>• NBME Pediatrics subject exam</li> </ul>
Psychiatry	<ul style="list-style-type: none"> <li>• H&amp;P with biopsychosocial assessment (Dashfolio comments)</li> <li>• Psych interview, observation, and assessments (2) (Dashfolio comments)</li> <li>• MSE training videos</li> <li>• OPTIONAL - Psychiatry quizzes</li> <li>• Completion of at least 2 brief assessments</li> <li>• NBME Psychiatry subject exam</li> </ul>
Surgery	<ul style="list-style-type: none"> <li>• Informed consent Ethics assignment (Dashfolio comments)</li> <li>• Multi-station Observed Structured Clinical Exam (Dashfolio comments)</li> <li>• Completion of at least 2 brief assessments</li> <li>• NBME Surgery subject exam</li> </ul>
LIC Course (Pass/Fail only)	<ul style="list-style-type: none"> <li>• CAPE IPE Clinical transformations</li> <li>• LIC Reflective writing</li> <li>• LIC concentration learning experiences/project</li> <li>• Completion and logging of patient cohort</li> <li>• Completion and logging of clinical conditions</li> </ul>

<p><b>Minimum and Exemplary levels of supervision for each of the EPAS used during the Foothills</b></p> <p>For each of the clinical skills below, a minimum level of supervision (green) has been identified that a student <b>MUST</b> achieve for <b>common</b> clinical conditions by the end of Foothills (as evidenced both in comments and in ratings). An exemplary level of supervision (blue) has also been identified for each clinical skill when working with <b>common</b> clinical conditions. If a preceptor selects this exemplary level of supervision an additional question is provided that asks them to consider the same clinical skills and levels of supervision for patients who are <b>medically/socially complex or undifferentiated</b>.</p> <p>For a patient with a <b>common</b> concern, if you were to supervise this student again, how would you assign the task to the student to <b>ensure safe and effective patient care</b>?</p>				
EPA (Task)	“Watch me do this.”	“Let’s do this together.”	Repeat <u>all</u> findings or <u>substantial</u> input/revisions.	Repeat <u>key</u> findings or <u>minimal</u> input/revisions.

<b>Gather a history from a patient.</b>	I would gather the history myself	I would gather the history with the student	I would let the student gather the history and repeat <u>all</u> findings	I would let the student gather the history and repeat <u>key</u> findings
<b>Perform a physical exam.</b>	I would do the physical exam myself	I would do the physical exam with the student	I would let the student do the physical exam and repeat <u>all</u> findings	I would let the student do the physical exam and repeat <u>key</u> findings
<b>Develop a differential diagnosis.</b>	I would create the differential diagnosis myself	I would work with the student to create the differential diagnosis but take the lead	I would let the student create the differential diagnosis, but then provide <u>substantial</u> input	I would let the student create the differential diagnosis, but then provide <u>minimal</u> input
<b>Develop a management plan (including suggesting and interpreting lab tests and preventative care).</b>	I would create the management plan myself	I would work with the student to create the management plan but take the lead	I would let the student create the management plan but then provide <u>substantial</u> input	I would let the student create the management plan but then provide <u>minimal</u> input
<b>Provide written documentation of a clinical encounter.</b>	I would write the note myself	I would sit next to the student and write the note together	I would let the student write the note but then make <u>substantial</u> revisions	I would let the student write the note but then make <u>minimal</u> revisions
<b>Provide an oral presentation of a clinical encounter.</b>	I would not allow the student to present	I would do the presentation with the student but take the lead	I would let the student present the patient, but then provide <u>substantial</u> input	I would let the student present the patient, but then provide <u>minimal</u> input

In addition to the above clinical skills, there are several additional questions that a preceptor may be asked to assess depending on the specialty/context of the clinical encounter.

<b>Technical skills</b> <i>Only in Emergency Medicine, Ob/GYN and Surgery</i>	Is this student ready to perform basic technical skills (bag-mask ventilation, single interrupted suture, pap smear, etc.) under direct supervision?	Not yet	Almost	Yes
<b>Urgent/ Emergent care</b> <i>Only in Emergency Medicine and Surgery</i>	Is the student ready to identify a patient who needs urgent/emergent care independently (evaluate a patient with unstable vital signs, altered mental status, or cardiopulmonary distress and know when to call for help)?	Not yet	Almost	Yes
<b>Organization/ Prioritization</b> <i>Only in Core forms</i>	Is this student ready to organize and prioritize responsibilities to provide safe and efficient care for at least 2 hospitalized patients simultaneously?	Not yet	Almost	Yes

<b>Evidence Based Medicine</b>	Does this student consistently form clinical questions, retrieve, and appraise evidence to advance patient care?	Not consistently*	Yes	Exemplary*
<b>Professionalism</b>	Did this student consistently demonstrate the core attributes of professionalism that build trust (reliability, willingness to ask for help/admit limits, integrity, duty, respect, honesty)?	Not consistently*	Yes	Exemplary*
<b>Compassion</b>	Did this student consistently demonstrate behaviors that convey compassion, empathy, respect, and inclusion?	Not consistently*	Yes	Exemplary*
<b>Situational Awareness</b>	Does this student consistently act in a way that fosters success of the team and its members and promotes cohesive team dynamics (e.g., an awareness of team dynamics, good situational awareness/ “reading the room” well, ability to see situations from others’ perspectives and high emotional intelligence)?	Not consistently*	Yes	Exemplary*
<b>Advocacy</b>	Did this student consistently advocate for the well-being of patients and families?	Not consistently*	Yes	Exemplary*
<b>Interprofessional Collaboration</b>	Did the student engage with an interprofessional team to facilitate patient care?	Not consistently*	Yes	Exemplary*
<b>Self-directed learning/Agency</b>	Did this student consistently demonstrate responsibility/agency for patient care and their own learning (proactive, consistently follows cohort patients, educates self and others)?	Not consistently*	Yes	Exemplary*

\*Any response with an \* will require preceptors to provide specific comments based on their selection.

### Policy for Professionalism Grading in Trek Foothills

LIC director and coordinator will be a repository for professionalism concerns if they occur throughout the year with the expectation that students demonstrate professional behavior as a required element of all Foothills courses as outlined in the Grading Policy. Minor lapses will be determined by the LIC director and coordinator; examples of these include tardiness, turning in assignment late, or not participating in a single didactic session. When/if this occurs, students will receive written notification and the LIC coordinator will track this occurrence. The first occurrence results in a warning along with referrals to appropriate resources as needed (e.g., COMPASS Guide, OSL, ODAI); further minor lapses in a single course will impact final grades as outlined in the Grading Policy.

If the professionalism lapse/s reach the level of major/egregious or a pattern as defined in the Grading Policy, the student is at risk for receiving a Failing grade in that clerkship. As the LIC Director is exempt from grading students in their clerkship, a meeting will be convened to include the LIC director, the respective CCD, the assistant dean of clinical clerkships, and the assistant dean of assessment, evaluation and outcomes/chair of the progress committee. At this meeting, the LIC Director will present the de-identified professionalism concerns only, and other members of the meeting will make the determination if the concern is at the level to warrant an executive committee and consideration of Fail on the basis of professionalism.

### Policy for Clerkship Executive Committee and Failing Grades in Trek Foothills

In the rare case in which concerns are raised for a student to be on a trajectory toward failure in a single or multiple Longitudinal Integrated Clerkship (LIC) courses, or a grading committee recommends Fail at the end of the Foothills year, this policy outlines procedures for Clerkship Executive Committee discussion and process for Failing Foothills grades at mid-year and end-of year.

Students may fail a LIC course based on one or more elements:

- 1) Clinical Assessment,
- 2) Professionalism,
- 3) Assignments or Exams.

Mid-Year Failure Determination:

The LIC Director is exempt from grading but often will be the first aware of the concern. If the LIC Director and Coordinator (or others which may include but are not limited to the Office of Student Life (OSL) or the Progress Committee Chair) have concern for a possible risk of failure in any Foothills course at any point during the Foothills year, a meeting will be convened to include the LIC Director, the respective CCD (Clinical Content Director), the Assistant Dean of Clinical Clerkships, and the Assistant Dean of Assessment, Evaluation and Outcomes (AEO)/Chair of the Progress Committee. In the case of the LIC course, the meeting will include all of the above except a CCD. At any any point during the year, students may be eligible to fail only in the professionalism category. Concerns in the clinical or assignment/exam categories will be brought to The Progress Committee (TPC). At the meeting, the LIC Director will present the de-identified professionalism concern/s only, and other members of the meeting will make the determination if the concern is at the level to warrant an Clerkship Executive Committee and consideration of Fail (F)..

A Clerkship Executive Committee will include all Clinical Content Directors (CCDs), the Assistant Dean of AEO, a representative Dean from OSL, and will be chaired by the Assistant Dean of Clinical Clerkships. The LIC Director will prepare the presentation to include all relevant de-identified data and will be present to answer questions, but the presentation will be delivered by the Assistant Dean of Clinical Clerkships. The voting members of the Clerkship Executive Committee include the CCDs only. Any members of the CCDs who are also LIC Directors will recuse themselves if the student in question is in their own LIC program.

The Clerkship Executive Committee is advisory to the faculty course director assigning the grade. The committee will vote to demonstrate strength of support for grading decisions.

If a student is deemed to have reached failing criteria at the midpoint of the year based on professionalism criteria and is not eligible for remediation, a failing grade will be recommended by the Clerkship Executive Committee and assigned by the respective CCD (clinical clerkships) and/or LIC course (Assistant Dean of Medical Education and Clinical Clerkships). Further progression in the Foothills curriculum will be determined in conjunction with the Progress Committee and Promotions Committee.

End-of-Year Failure Determination:

Each clinical clerkship is assigned a grade by the respective Clinical Content Director (CCD) after discussion with a grading committee. Any failing grades recommended by the grading committees must be presented at the Clerkship Executive Committee (described above) prior to final grade assignment.

A passing LIC course grade is determined by the LIC director; students not felt to be passing are discussed with the Assistant Dean of Medical Education and Clinical Clerkships who makes the final determination and grade assignment of fail. Any failing grades recommended by the Assistant Dean of Medical Education and Clinical Clerkships for the LIC course must be presented at the Clerkship Clerkship Executive Committee (described above) prior to final grade assignment.

The Clerkship Executive Committee is advisory to the faculty course director assigning the grade. The committee will vote to demonstrate strength of support for grading decisions. The following options are available for students determined to be not passing at the end-of-year:

- 1) The student is unable to reach a passing level without remediation. In this case the student will be assigned a grade of In Progress (IP) and required to enroll in a Special Topics Pass/Fail Clinical Remediation Course for which the Clerkship Executive Committee will prescribe an appropriate length and setting for remediation. Students are eligible for this option only if they are not passing in one course; if students have failing recommendations in 2 or more courses, they may not receive a remediation option.

The Clinical Content Director and/or LIC Director will assign a topic that specifically addresses the area(s) of deficiency; this topic will be printed on the student’s transcript. The LIC Director will then work with OSL and the Director of Clinical Remediation and/or the Assistant Dean for Student Success to determine the logistics and expectations for this additional coursework. The student will be required to reach expectations for passing the Clinical Remediation course, which will result in a final Pass with Remediation (PR) grade in the in the respective LIC course (changed from IP). If the student does not reach a passing level in the Clinical Remediation course, a final grade of Fail (F) will be assigned to both the Clinical Remediation Special Topics Course, as well as the original LIC course(s), mandating the repeat of the entirety of the clerkship phase. The Clerkship Remediation must be completed with a final grade of PR before a student can progress to Step 1 and Advanced Clinical Coursework. Students in this situation are encouraged to consult with the Financial Aid and Scholarships Office to understand any implications to their Financial Aid eligibility.

2) The student is deemed to have reached failing criteria and is not eligible for remediation and/or is not passing in 2 or more courses. A failing grade will be assigned by the respective CCD (clinical clerkships) and/or LIC course (Assistant Dean of Medical Education and Clinical Clerkships). Further progression in the curriculum will be determined in conjunction with the Progress Committee and Promotions Committee.

### 3.3.4.3 Alpine & Summit Phases – Advanced Science Courses, Acting-Internships, Electives, Trails, and other Courses

Transcript Grades	Alpine Courses (4 weeks or longer)	Alpine Courses (2 weeks, non-clinical)
Specific Information	<p>Course Director assigns the final grade based on student performance on the course requirements.</p> <p>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.</p>	<p>Some Alpine courses do not offer Honors (H) or High Pass (HP). In general, these electives include:</p> <ul style="list-style-type: none"> <li>• Most 2-week courses (including clinical),</li> <li>• All Away electives,</li> <li>• Many Didactic electives, and</li> <li>• Research electives.</li> </ul> <p>Exceptions exist for specific electives that have petitioned to use a broader grade range. Students should review course syllabi for details.</p>
Honors (H)	Indicates <i>outstanding</i> overall performance	Not used.
High Pass (HP)	Indicates <i>excellent</i> overall performance with high integrity (e.g., performance, attendance, professionalism behavior, etc.).	Not used.
Pass (P)	Indicates <i>satisfactory</i> overall performance with high integrity (e.g., performance, attendance, professionalism behavior, etc.).	Indicates <i>satisfactory</i> overall performance with high integrity (e.g., performance, attendance, professionalism behavior, etc.).
Fail (F)	Indicates the student’s work is <i>not meeting passing requirements</i> <b>after</b> completing remediation.	Indicates the student’s work is <i>not meeting passing requirements</i> <b>after</b> completing remediation.

Pass with Remediation (PR)	Indicates <i>satisfactory</i> overall performance with high integrity (e.g., performance, attendance, professionalism behavior, etc.) <b>after</b> completing remediation.	Indicates <i>satisfactory</i> overall performance with high integrity (e.g., performance, attendance, professionalism behavior, etc.) <b>after</b> completing remediation.
In Progress (IP)	Indicates the student's work is still <i>in progress</i> and/or that they have not yet met minimum passing requirement for the course.	Indicates the student's work is still <i>in progress</i> and/or that they have not yet met minimum passing requirement for the course.
Withdrawal (W)	<p>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.</p> <ul style="list-style-type: none"> <li>• 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 Acting-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 Acting Internship whether the student's request will be approved.</li> <li>• 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.</li> <li>• Lack of adherence to this policy, including making requests directly to Course Directors, will result in rejection of the request.</li> <li>• A student may appeal a decision on their request to the Associate Dean of Student Life.</li> <li>• 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.</li> </ul>	

### Policy for Professionalism Grading in Alpine-Summit

Students are expected to demonstrate professional behavior as a required element of all Alpine-Summit courses, including clinical experiences, small group, and team-based learning sessions, other didactics, and simulation sessions. Lapses in professionalism will be communicated to Assistant Dean of Medical Education for the Post-Clerkship Curriculum. Examples of minor lapses may include tardiness, turning assignment late, or not participating in a didactic. Examples of major lapses may include absence from a required session without appropriate notifications (see absence requests/notifications in section 1.4,) or more than 2 absences (including excused absences) per month (1 day per 2-week course), more than 1 minor lapses, dishonesty, misrepresenting oneself. Major lapses will result in a professionalism feedback form and review by the professionalism committee. Students with Major lapses are not eligible for Honors in courses that utilize Honors in their grading. Egregious concerns or a pattern of ongoing problems despite reminders may also be grounds for course failure and/or other actions by promotion or other committees. Examples of this include, but are not limited to untrustworthy behavior, dishonesty, endangering patients, racist, sexist, or otherwise biased behavior, and/or a significant pattern of ongoing problems despite documented feedback on multiple occasions.

### 3.3.5 Timely Access to Grades and NBME Exam Scores

Grades for required Clerkships/Courses must be reported to students within six-weeks of the end of a Clerkship/Course. Scores from NBME Exams taken at any point during the curriculum (both subject exams and comprehensive exams) must be reported to students within 1 week of the receipt of the scores. Students must complete evaluations to receive a grade in Foothills, Alpine, and Summit or they receive an IP until evaluations are complete. Remediation in the Plains

While it is the Course Director's (or designee's) responsibility to notify the student in writing of their 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 (e.g., Fail (F)), including approval of the remediation plan and timeline for completion.

All remediation plans are subject to the requirements of the Course and to the course syllabus, unless the Course Director explicitly exempts, in writing, the application of a syllabus requirement. Remediation modalities employed may differ than teaching, learning, and assessment modalities listed in the course syllabus. Remediation resources may be limited in accordance with available CUSOM resources.

#### 3.3.5.1 Scheduling of Shelf Exam Policy

Students are permitted autonomy in scheduling the dates and order of shelf exams in Foothills within the parameters of dates offered by the AEO and Curriculum teams. Students must meet with their LIC directors within the first 6 weeks of the Foothills phase to discuss test date options and confirm a testing schedule. Once dates are confirmed, they cannot be changed unless there is acute illness or emergency.

#### 3.3.5.2 Multiple Shelf Exam Failure Policy

Most clinical clerkships require passing an NBME shelf exam in order to pass the clerkship. The current pass level is set at 2 standard deviations below the national mean. Remediation assistance is offered to any student who fails a shelf-exam, and students are offered multiple potential dates to retake the exam. If a student fails more than one shelf exam (either exams in different courses or fails the same exam more than once) it becomes increasingly difficult to meet clinical expectations and prepare appropriately for the remaining clinical experiences and shelf-exams. In the event a student has 2 or more shelf failures, including failing the same shelf exam twice, and/or exam delays which have yet to be remediated, the Assistant Dean of Medical Education and Clinical Clerkships will consult with the Progress Committee Chair, Office of Student Affairs and the clerkship directors of courses/LIC's and in which the student has completed or is enrolled about the student's clinical progress. If the student is not progressing as expected in clinical work, a success team may be considered to offer additional support which may include a curricular pause for remediation. Meeting with the Director of Clinical Remediation for exam taking support is required for all students who fail 2 or more shelf exams. If a student pauses their clinical curriculum for remediation, the Office of Student Life will make every effort to enable the student to remain on-cycle, however there is the possibility the student would need to delay graduation.

### 3.3.6 Narrative Written Feedback in the Curriculum

Students will receive structured written narrative assessments of their performance at several different points in the curriculum. In addition, certain Courses/Clerkships will contain specific assignments that will result in narrative feedback upon submission.

Curricular Area	Nature of Narrative Feedback
Plains Preceptorship	Preceptor Evaluation



Plains Small Group sessions	Facilitator and peer evaluations
COMPASS	COMPASS Guide will provide feedback to the student on their learning goals and progress through medical school
Mentored Scholarly Activity	Associate Director comments on “work-in-progress” session and final paper
Clinical clerkships	All clinical assessments in the Foothills and Alpine include space for narrative feedback from preceptors

- At the conclusion of the LIC during Foothills and each Acting-Internship during Alpine, 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 Course or Clerkship during Foothills and Acting-Internships during Alpine must be submitted within 4 weeks of the end of the Course, Clerkship, or Acting-Internship.
- The written narrative evaluation should be signed by the Clerkship, Course, or Acting-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. Comments from attending physicians will be incorporated into the MSPE when possible or appropriate.

### 3.3.7 Formative Feedback in the Curriculum

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, team-based learning, flipped classrooms incorporating problem solving exercises, and narrative feedback. Students who have failed an exam or major assignment will be required to meet with their COMPASS Guide to attempt to determine the potential reason(s) the student was not successful, make recommendations for learning strategies, and to help the student identify areas of strengths and weaknesses. Additionally, any individual student may request to meet and discuss formative feedback with Course Directors.

#### 3.3.7.1 Mid-Point or Formative Assessments

During Foothills, students will receive a formative assessment of their performance (i.e., mid-point feedback) approximately quarterly throughout their LIC. At a minimum, this assessment will involve a review of a student’s completed assessments to date, learning goals, and loggers and the completion of the LIC Course Assessment by the LIC Director. If the student has not received this feedback, it is the student’s responsibility to contact the Clerkship Director and/or the Assistant Dean of Medical Education and Clinical Clerkships to ensure feedback is received.

### 3.3.8 Academic Misconduct and Grades

As members of the academic and medical community and being subject to the student Honor Code, students are expected to recognize and uphold standards of intellectual and academic integrity. The School of Medicine expects that students will be honest and submit for credit only the products of their own efforts. Consistent with their [Honor Code](#), students should refrain from and report any and all forms of dishonorable or unethical conduct related to their academic works. The need for fairness and academic integrity dictates that all such dishonest work be rejected as a basis for academic credit.

The examples and definitions below are intended to clarify standards and expectations with respect to academic honesty and integrity. The list is not intended to be exhaustive and there may be other circumstances that will be judged as unacceptable, dishonorable academic misconduct.

### **3.3.8.1 Cheating**

Cheating is defined as using unauthorized materials or giving or receiving unauthorized assistance during an examination or other academic exercise. Examples of cheating include: copying the work of another student during an examination or other academic exercise, or permitting another student to copy one's work; taking an examination for another student or allowing another student to take one's examination; possessing unauthorized notes, study sheets, examinations, or other unauthorized materials during an examination or other academic exercise; collaborating with another student during a graded academic exercise (e.g. exam, quiz, paper, journal club or assignment) without the instructor's consent; and/or falsifying examination results.

### **3.3.8.2 Plagiarism**

Plagiarism is defined as the use of another's ideas or words (including paraphrasing or summarizing) without appropriate acknowledgment or presenting another's works as one's own. Examples of plagiarism include failing to use quotation marks when directly quoting from a source; failing to cite sources; fabricating or inventing sources; and copying information from the Internet. The submission of papers, assignments or projects authored by others as your own is plagiarism and cheating.

### **3.3.8.3 Unauthorized Possession or Disposition of Academic Materials**

Unauthorized (i.e., without the consent of the instructor) possession or disposition of academic materials, may include: copying, printing, distributing, online posting, selling or purchasing examinations, papers, reports or other academic materials; taking another student's academic work without permission; possessing or accessing examinations, papers, reports, or other assignments not released by an instructor.

### **3.3.8.4 Academic Sanctions**

The Student Honor Council is responsible for reviewing all breaches of the Honor Code, determining if an infraction has occurred and the appropriate consequences. The Honor Council may recommend academic sanctions as described in the Honor Code. The faculty are hereby authorized to implement the recommendations of the Honor Council with respect to academic misconduct and grades.

Penalties for academic misconduct determined by the Student Honor Council may include:

- Reduction in assessment or assignment scores or receiving no score
- Reduction in grade including failing a course
- Additional required assignments and/or assessments
- Required Remediation and "PR" grade

### **3.3.9 Educational Handoff Policy**

Background

All students benefit from continuity across the continuum of undergraduate medical education, and this benefit is even more pronounced for students with struggles. The medical school's duty to these students and society mandates an intentional approach to feedback and remediation for students with struggles. Course directors can be trained, and systems arranged, to avoid negative bias towards students with struggles. Additionally, course directors can be

empowered to utilize resources within their courses to support students with struggles and provide remediation with the support and guidance of expertise within the Office of Student Life (OSL). All medical students at key transitional stages of the curriculum will be reviewed holistically by the Trek Progress Committee with the goal of determining which students would benefit from an educational handoff.

#### Determination of who needs a Handoff

The Educational Handoff Policy can be utilized in any course in the SOM. Outside the parameters defined by this policy, assessment and grading information will not be shared between faculty. At the end of the Plains and Foothills phases of the Trek curriculum, each student will be comprehensively reviewed by the Trek Progress Committee (TPC). Students without a pattern of concern will only be reviewed by one member of the TPC and the student's COMPASS Guide. Students with a pattern of concern will be reviewed by the entire TPC, and the TPC will determine if an Educational Handoff meeting is required.

Additionally, students can self-identify and request an Educational Handoff meeting. These students will submit a written request to the OSL outlining the reasons they believe they are "at risk" for successful completion of the next phase of the curriculum. These requests will be reviewed by the Assistant Dean of Medical Education in the upcoming phase and a Dean from the Office of Student Life to determine if an Educational Handoff meeting or other mechanisms will best meet the students' needs. Lastly, any student requesting to enter the Foothills off-cycle will be required to have an Educational Handoff meeting.

#### Meeting Structure

The meeting will be organized by the Chair of the TPC and will include the student, their COMPASS guide, the relevant course director/s in the upcoming phase, the Assistant Dean of Medical Education in the upcoming phase, a Dean Representative from the Office of Student Life, a member of the Professionalism Committee if applicable, and a remediation specialist. Students will be offered the opportunity to bring an additional advocate of their choosing to the meeting.

The goal of the Educational Handoff meeting is to discuss student's strengths and challenges, develop a plan to be implemented by the course director with the support of the remediation team, delineate clear benchmarks for achievement, and develop a contingency plan if more advanced remediation expertise is needed. At a minimum, information will be used by the upcoming course director to strategically place students in settings or with faculty who can best support growth and learning plans and will require the course director to do more regular check-ins with the teaching faculty/team and with the student throughout their course. For students already receiving remediation services through OSL, a plan for continuing these services in the new learning environment will be discussed.

The meeting will conclude with a plan to revisit student progress at a decided upon time point. At this time point, if the student and the faculty group concur that the student has progressed in her or his areas of deficiency and is no longer "at risk," no further Educational Handoffs will occur to future courses or faculty. However, if the deficiencies are still present, future group meetings may be convened, more formal remediation may be enacted, or other steps may be taken to support student success.

It is critical that a limited number of faculty participate in oversight and information sharing to protect students from negative bias. Course directors participating in feed forward meetings will recuse themselves from grading decisions. Other faculty evaluating a student may be made aware of limited information shared in Educational Handoff meetings with the student's permission, recognizing that skills can often be best coached by faculty who are notified in advance of

specific growth areas. While all attempts will be made to avoid situations in which a course director involved in an Educational Handoff meeting with a student is placed in a supervisory clinical role in the future with that student, this may not be entirely avoidable in all courses. In that event, the course director will serve in only a teaching and supervisory role and will not provide clinical evaluations.

### **3.3.10 Policies on Adding, Withdrawal from or Dropping a Course**

Students may request to “drop” or to “withdraw” from a Course or Clerkship. Both situations (i.e., drop, withdrawal), require approval as described below.

Definitions:

- A “drop” from a course/clerkship means that there is no record of the course/clerkship on the student’s transcript.
- A “withdrawal” from a course/clerkship means that the course/clerkship is listed on the student’s transcript with a permanent grade of “W.”

A student is considered enrolled 28 days prior to the start of a course/clerkship. Once a student is enrolled in a course/clerkship, they must complete it.

**To “drop”:** The request must occur within the Drop period as specified by the registrar (before 28 days prior to the course/clerkship start date).

- In order to drop a course/clerkship within the 28-day window, the student must contact an Assistant Dean of Student Affairs (not the Course Director) with a specific rationale for why they are dropping the course/clerkship late.
- It is at the discretion of the Assistant Dean of Student Affairs after discussing it with the Course Director whether the student’s request will be approved.
- 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 their request to the Associate Dean of Student Life.

**To “withdraw”:** The appropriate Assistant Dean must recommend, and the Associate Dean for Student Life must approve after a discussion with the Course Director.

- The students must not be failing at the time of the request, AND
- The withdrawal must occur before the last 2 weeks of the Course or Clerkship.
- The Associate Dean for Student Life will notify the Student Promotions Committee of withdrawals from required Courses or Clerkships.
- Leaving a course/clerkship after being enrolled will result in a permanent grade of “W” (e.g., withdraw) on the transcript. In extreme circumstances, an Assistant Dean of Student Affairs may allow a student to “drop” the course/clerkship without a withdrawal being noted on the transcript.

**To “add”:** Students may add courses at any time up to 45 days from the start day of a course if there is space available. If the course is full, students will be added to a waitlist and notified if an opening becomes available. If a student wishes to add a course within the 45-day window, this will be considered only if there is space available and with approval from the Course Director for a late addition. Students should submit requests to an Assistant Dean of Student Life to start this process.

### 3.4 The MSPE

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 Generating the MSPE

The MSPE is completed by the Office of Student Life, which works with the Course/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., 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 their letter, the student may request that the Assistant Dean of Medical Education -- Assessment, Evaluation, and Outcomes complete the MSPE letter. Students should make this request to the Assistant Dean of Medical Education -- Assessment, Evaluation, and Outcomes. The Assistant Dean must use the same process, including the evaluations provided by the Course and Clerkship directors. The MSPE letter will be released on the date designated by ERAS and NRMP.

#### 3.4.2 Content of MSPE

Given the belief that there are numerous ways to succeed in medical school, the School of Medicine does not rank students in the MSPE. The evaluation letter consists of the following:

1. Noteworthy Characteristics Section (previously called Unique Characteristics):
  - a. This section includes information intended to help a residency program selection committee review an applicant in efforts to holistically to achieve a residency class that brings a diverse set of background experiences, characteristics and perspectives.
  - b. This section is comprised of three bullet points, 2 sentences each (maximum), which highlight the most salient characteristics of the student.
  
2. Academic History: This section includes:
  - a. The month and year of the student's initial matriculation in and expected graduation from medical school
  - b. 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
  - c. 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.
  - d. Information, based on school specific policies, of coursework that the student was required to repeat or otherwise remediate during the student's medical education.
  - e. Information, based on school specific policies, of any adverse action(s) imposed on the student by the medical school.
  
3. Academic Progress: This section includes:
  - a. Information about the student's academic performance and professionalism attributes in preclinical coursework and core clinical and elective rotations.
  - b. A description of professionalism or Honor Code violations that rise to the level of the Student Promotions Committee who deems their inclusion necessary.

### 3.4.3 Honor Society

Appointment to Alpha Omega Alpha (AOA), the medical honor society, is indicated in the MSPE when the information is available. AOA at CUSOM is a peer selection with students in AOA making the selection of future members. Student selection uses academic performance 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. AOA is selected after completion of the Foothills, using assessment information from the Plains and grades in the required Longitudinal Integrated Clerkships in the Foothills.

### 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 or other Grading Committee Action in Plains Phase

There are four situations in which a grade (or other action by the Grading Committee) appeal may be considered: 1) the student feels they were subjected to bias or discrimination that may have negatively impacted their assessments and grading decisions, 2) the student feels they were subjected to mistreatment or there was interpersonal conflict that negatively impacted their assessment or grading decisions, 3) the student feels there was an error in the Grading Committee process, such as a mathematical and/or clerical error, and/or 4) the student feels the grading decision was based upon standards unreasonably different from those that were applied to other students in the same course.

The table below describes the procedure for appeal. Please note this policy applies only to final grade appeals, not performance evaluations or any other type of assessments. Students will be required to submit their appeal to the Assistant Dean of Medical Education for the Plains Curriculum, who will shepherd the student through the appeals process. The student must state at the start of the appeal the criteria for which the appeal should be considered, and the Assistant Dean of Medical Education for the Plains Curriculum or delegate will determine whether the appeal merits consideration. If the appeal is deemed to merit consideration, the process will move forward. If concerns exist that the appeal does not merit consideration, a committee comprised of the Assistant Dean of Assessment, Evaluation and Outcomes and two Course Directors in the Plains, who are not involved in the appeal, will convene to review the appeal and decide to accept or reject the decision for the appeal to move forward.

Timeframe	Action	Procedures for Appealing a Grade
Within 3 weeks (21 days) of receiving grade	<ul style="list-style-type: none"><li>Meet with the Assistant Dean of Medical Education for the Plains Curriculum</li><li>Submit appeal letter to the</li></ul>	<ul style="list-style-type: none"><li>Prior to submitting a grade appeal, the student must meet with the Assistant Dean of Medical Education for the Plains Curriculum to discuss grading concerns.</li><li>If the student chooses to move forward with an appeal, they must send an appeal letter to the Grading Committee within 3 weeks of receiving grade.</li><li>The appeal letter will identify the course and the grade being appealed, state the criteria for appeal from the list above, and specify the requested change/remedy with rationale.</li></ul>

	Grading Committee	
Within 6 weeks (42 days) of receiving appeal	<ul style="list-style-type: none"> <li>Grading Committee review and decision</li> </ul>	<ul style="list-style-type: none"> <li>Within 6 weeks of receiving the appeal, the Assistant Dean of Medical Education for the Plains Curriculum must convene the Grading Committee to review the appeal and submitted materials.</li> <li>The Grading Committee will make a decision regarding the appeal and the Assistant Dean must inform the student of the decision regarding the appeal.</li> <li>If a grade change is warranted, the Grading Committee will change the grade in a timely manner.</li> </ul>
Within 2 weeks (14 days) of Grading Committee's decision	<ul style="list-style-type: none"> <li>Appeal to Assistant Dean of Medical Education for the Plains Curriculum</li> </ul>	<ul style="list-style-type: none"> <li>Within 2 weeks (14 days) of the Grading Committee's decision, the student may appeal that decision to the Assistant Dean of Medical Education for the Plains Curriculum.</li> <li>The Assistant Dean, at their discretion, may meet with the student, faculty, and/or staff, and may consult with the Grading Committee before making a decision.</li> <li>The Assistant Dean will make a decision within 2 weeks (14 days) of receiving the request and notify the student in writing of this decision.</li> </ul>
Within 2 weeks (14 days) of the Assistant Dean's decision	<ul style="list-style-type: none"> <li>Appeal to Senior Associate Dean of Education</li> </ul>	<ul style="list-style-type: none"> <li>Within 2 weeks (14 days) of receiving the decision from the Assistant Dean of Medical Education for the Plains Curriculum, the student may make a final request to the Senior Associate Dean of Education for a review of due process.</li> <li>The decision of the Senior Associate Dean is final.</li> <li>The Senior Associate Dean will make a judgment within 2 weeks (14 days) of the student's final appeal and notify the student in writing of this decision.</li> </ul>

### 3.5.2 Appeal of Grade Decision in Foothills Phase

There are five situations in which a grade appeal may be considered: 1) the student thinks they were subjected to bias or discrimination based on their own personal characteristics that may have negatively impacted their assessments and grading decisions, 2) the student thinks they were subjected to mistreatment or there was unresolved interpersonal conflict with an assessor that negatively impacted their assessment or grading decisions, 3) there is a critical missing assessment (brief forms are not considered critical; forms must have been requested before the end of the LIC to be considered critical), 4) insufficient assessment data to make a grading decision (completed assessments will not be

re-opened to request additional information; this refers only to a rare situation in which circumstances led to insufficient data for the entire clerkship extending beyond a single context, individual or form), and/or 5) there was a violation in the grading policy. The table below describes the procedure for appeal. Please note this policy applies only to final grade appeals, not individual assessments, assignments, exams, or any other type of assessments.

Students must meet with the LIC director to discuss any questions of appeal. The purpose of this meeting is to review assessments and explain the criteria for appeal; the LIC director will not be in a position of advocacy for grade changes. If students decide to proceed with appeal, they will be required to submit their appeal to the AEO office via an online form and must document the date the concern was discussed with the LIC director. Appeal letters will be limited to 500 words and should succinctly state which of the five criteria for appeal is met. A separate submission is required if multiple grades are appealed. If a missing assessment is the cause for appeal, the name of the specific individual/s must be listed. Students may not contact any who has completed an assessment directly for additional information or clarification related to a grade assignment or appeal. Students may contact clinical contact directors as well as LIC directors with questions.

Submission of an appeal form will prompt a review of the appeal by the Assistant Dean of Assessment, Evaluation, and Outcomes or delegate. Appeals deemed to meet criteria will be evaluated by the clinical content director. The clinical content director is responsible for addressing the reasons brought forward in the appeal. If concerns exist that the appeal does not meet these criteria, a committee comprised of the Assistant Dean of Assessment, Evaluation, and Outcomes and two clinical content directors who are not involved in the appeal will convene to review the appeal and decide if the appeal meets the criteria or not. Appeals which do not meet criteria will not move forward.

An appeals committee is chaired by the clinical content director and comprised of at least 4 liaisons in that specialty. The clinical content director will present a de-identified summary of the student's appeal letter. The committee will review all assessment data again in a de-identified fashion with modifications as applicable depending on action taken by clinical content director as a result of the appeal (new assessments added from missing evaluators, redactions, etc.). The committee will determine a new clinical grade for the student which may be the same, higher, or lower than previously assigned. Grades would not have the possibility of being lowered without the acquisition of new information (either addition or redaction). The clinical content director is recused from voting on the appeal decision, all information presented to the committee is de-identified, and the committee is blinded to the original grade assigned.

Because the Assistant Dean of Medical Education and Clinical Clerkships determines if students will be assigned failing grades in the LIC course, there is a foreshortened appeals process in these cases. Appeals should be submitted to AEO per normal procedure within 21 days including discussion with the LIC director. AEO will forward appeals directly the Assistant Dean of Medical Education and Clinical Clerkships, bypassing the CCD grading committee. The Assistant Dean of Medical Education and Clinical Clerkships will have 8 weeks/56 days to meet with the student and make a ruling. Further appeal would proceed as outlined to the Senior Associate Dean of Education.



Timeframe	Action	Procedures for Appealing a Grade
Within 3 weeks (21 days) of receiving grade	Meeting with LIC Director, Appeal letter to AEO	Prior to submitting a grade appeal, the student must meet with the LIC Director to discuss the grading concerns. Meetings can be in person, by phone or by videoconference. If student then chooses to move forward with appeal, they must submit an appeal to the online AEO form within 3 weeks of receiving grade (due by 5:00 pm mountain time on the 21 <sup>st</sup> day). The appeal letter will identify the Course and the grade being appealed and state the reason(s) for appeal from the list above. The appeal will be reviewed by the Assistant Dean of Assessment, Evaluation, and Outcomes as outlined above.
Within 8 weeks (56 days) of meeting with student	CCD and grading committee review and decision	Within 8 weeks of the appeal deadline, the Clinical Content Director must meet with the student to discuss the appeal. Meetings can be in person, by phone or by videoconference. Following this meeting, the Clinical Content Director must convene the grading committee to review the appeal and submitted materials, make a decision regarding the grade change appeal and must inform the student in writing of the decision regarding the grade change appeal. If a grade change is warranted, the CCD will change the grade in a timely manner.
Within 2 weeks (14 days) of CCD's ruling	Appeal to Assistant Dean of Med Ed and Clinical clerkships	Within 2 weeks (14 days) of the CCD's ruling, the student may appeal the decision of the Clinical Content Director to the Assistant Dean of Medical Education and Clinical Clerkships by forwarding copies of all correspondence related to the appeal. The Assistant Dean, at their discretion, may meet with the student, the faculty, the CCD or the LIC Director, and may consult with the appropriate curriculum committee (e.g., CCD committee) before making a ruling. The Assistant Dean will make a decision within 2 weeks (14 days) of receiving the request and notify the student in writing of this decision.
Within 2 weeks (14 days) of the Assistant Dean's ruling	Appeal to Senior Associate Dean of Education	Within 2 weeks (14 days) of receiving the ruling from the Assistant Dean, the student may make a final request to the Senior Associate Dean of Education for a review of due process. The decision of the Senior Associate Dean of Education is final. The Senior Associate Dean of Education will make a judgment within 2 weeks (14 days) of the student's final appeal and notify the student in writing of this decision.

### 3.5.3 Appeal of Grade Decision in Alpine & Summit Phase

There are four situations in which a grade appeal may be considered: 1) the student feels they were subjected to bias or discrimination that may have negatively impacted their assessments and grading decisions, 2) the student feels they were subjected to mistreatment or there was interpersonal conflict that negatively impacted their assessment or grading decisions, 3) there is a missing assessment from a critical supervisor or insufficient assessment data to make a grading decision, and/or 4) there was a violation in the grading policy. The table below describes the procedure for appeal. Please note this policy applies only to final grade appeals, not performance evaluations or any other type of assessments.

Timeframe	Action	Procedures for Appealing a Grade
Within 3 weeks (21 days) of receiving grade	Meeting with Course Director, Appeal letter to Course Director	Prior to submitting a grade appeal, the student must meet with the Course Director to discuss grading concerns. If student then chooses to move forward with appeal, they must send an appeal letter to the Course Director within 3 weeks of receiving grade. The appeal letter will identify the Course and the grade being appealed, state the reason(s) for appeal from the list above, and specify the requested change.
Within 6 weeks (42 days) of meeting with student	Course Director and grading committee review and decision	Within 6 weeks of meeting with a student, the Course Director must convene the grading committee to review the appeal and submitted materials, make a decision regarding the grade change appeal and must inform the student of the decision regarding the grade change appeal.
Within 2 weeks (14 days) of Course Director's ruling	Appeal to Assistant Dean of Med Ed and Alpine & Summit	Within 2 weeks (14 days) of the Course Director's ruling, the student may appeal the decision to the Assistant Dean of Medical Education, Alpine & Summit by forwarding copies of all correspondence related to the appeal. The Assistant Dean, at their discretion, may meet with the student, the faculty, or the Course Director, and may consult with the appropriate curriculum committee (e.g., PCPCC) before making a ruling. The Assistant Dean will make a decision within 2 weeks (14 days) of receiving the request and notify the student in writing of this decision.
Within 2 weeks (14 days) of the Assistant Dean's ruling	Appeal to Senior Associate Dean of Education	Within 2 weeks (14 days) of receiving the ruling from the Assistant Dean, the student may make a final request to the Senior Associate Dean of Education for a review of due process. The decision of the Senior Associate Dean of Education is final. The Senior Associate Dean of Education will make a judgment within 2 weeks (14 days) of the student's final appeal and notify the student in writing of this decision.

### 3.5.4 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:

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

- Whether there is evidence of discrimination as determined by the appropriate Institutional Office.
- 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
- 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. An Associate or Assistant Dean from OSL will sit on the committee as a nonvoting member. 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 their case. After the student presents, the student is excused, and the five faculty members will deliberate and will confer with the Senior Associate Dean for Education.

After conferring with the panel, 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 an Assistant Dean of Student Affairs or Associate Dean of Student Life. Students interested in taking time out of the curriculum must first contact an Assistant Dean of Student Affairs or the Associate Dean of Student Life who will consider the merits of each individual case and work with the student and appropriate faculty.

## Formal Leave of Absence

A Formal Leave of Absence (LOA) is defined as not taking any courses in the MD program, during an academic period (e.g., semester). Individuals on leave are not considered students during the leave period other than for the purpose of taking USMLE exams for those on a non-medical LOA. A Leave of Absence may be for medical or general (e.g. academic, professional, personal, etc. ) reasons. A medical leave is considered in a centralized process involving student services and will require medical documentation (please see more details on [Anschutz Medical Leave Policy](#)). The student requesting the LOA must provide the reasons for the leave and a plan to return, in writing, to an Assistant Dean of Student Affairs or the Associate Dean Student Life. The Deans in OSL have been given the authority by the Student Promotions Committee to 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 (other than MSTP which is a separate process) although in special circumstances a LOA may be extended at the discretion of the Student Promotions Committee. However, LOAs are not unlimited, and the Student Promotions Committee may recommend that a student be dismissed or withdrawn. Additional 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 (excluding medical LOA), 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 contact an Assistant Dean of Student Affairs or the Associate Dean of Student Life at least 3 months prior to any matriculation date of the other program for a LOA from the School of Medicine. At the end of a leave, the student must notify an Assistant Dean of Student Affairs or the Associate Dean of Student Life at least 60 days prior to their return. Any leave that has been greater than one year will require the Student Promotions Committee to determine the student's readiness to proceed with the curriculum and may require remediation, including repetition of medical science or clinical science 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 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, that they are medically fit to resume their studies ([Anschutz Medical Leave Policy](#)). The Student Promotions Committee may request a separate independent medical evaluation (e.g. Colorado Physicians Health Program) 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 of greater than one year, the Student Promotions 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 Courses or Clerkships, or participate in any school activities or organizations which are not open to the general public. Students enrolled in CU Dual Degree programs or research on the Anschutz Campus may be able to participate in student interest groups and committees at the discretion of the Deans in the Office of Student Life. Of note, students

who leave in the middle of a semester and return at the beginning of another, or who, through their leave, extend the duration of their time in medical school, have the option of applying for a tuition waiver for one semester, which may or may not be approved. The tuition associated with additional semesters is a student's responsibility, and no assumption of any tuition forgiveness should be assumed.

### **3.6.1 Curricular Pause**

CUSOM strives to support the needs of student with extenuating circumstances who would like to continue in the medical school curriculum without taking a Leave of Absence (LOA). Examples would include parenting students, those with a personal or family illness, etc. Students who want or need time away for parental responsibilities during pregnancy, birth, adoption, or time for personal medical treatment, care for a loved one, etc. will be accommodated to the best of the School's ability. However, there are some limitations due to the structure of medical education, and some periods of training allow for more flexibility than others.

Students may be permitted to have a limited break ("Pause") from course/clinical work without taking a formal Leave of Absence. Depending on the timing of this pause, students may be required to attend virtual (remote) sessions during this period. Students will be required to make up any missed work and must complete all requirements of a phase prior to moving on to the next phase of training. The purpose of a pause is to allow students to attend to urgent personal or medical concerns without impact on their curricular activities. Pauses may not be used for structured remediation without being enrolled in the Special Topics – Remediation Course as assigned.

The permissible length of this break will vary depending on the opportunities for make-up work. Generally, pre-clinical courses are only offered once per year and, as such, pauses during this time may be limited. In contrast, clinical courses are taught longitudinally and may allow for greater flexibility. Longer pauses may be more available during these phases, however, longer pauses could have downstream effects including a delay in graduation.

Students needing an extended period away from the curriculum may take a LOA. Further details can be found under the Leave of Absence policy. Please note, however, that this will likely delay graduation.

Due to the variable training circumstances as outlined above, the School will make individual plans with all students in order to best accommodate each unique situation. Any student who plans to need time away should reach out to the Associate Dean of Student Life and the appropriate curricular dean (this will include a Longitudinal Integrated Clerkship Director if the student is in the Foothills) for the course in which they desire a pause as far in advance as possible to make arrangements and determine the terms of the pause. It is not permissible to engage in structured clinical remediation during a pause.

Should the student disagree with the terms, they may seek an appeal through a committee process. The student must submit a request for appeal to the Senior Associate Dean for Education. The committee would include the respective course stakeholder(s) (e.g., the Course Director), the Assistant Dean of the student's curricular phase the Senior Associate Dean for Education, a representative from the Office of Diversity and Inclusion, and an optional student-appointed faculty or staff advocate of the student's choice. This committee will come to a decision within 2 weeks of the student's appeal. The decision from this committee is final.

#### **3.6.1.1 Foothills Curricular Pause:**

Pauses in the Foothills must be made up regardless of the reason for the pause or the length. Because clinical time, assignments, and assessments may be pending when the standard Foothills year concludes and students may choose to make up this work after the Advanced Science Courses, the assignment of grades may also be delayed as outlined below.

For students who missed time in a single specialty/i.e. (immersion/s) regardless of the length of that pause but have fully completed all requirements including clinical time in all other specialties, grades will be assigned for complete clerkships at the conclusion of Foothills. The grades in clerkships in which immersion time is incomplete and the LIC course will be

assigned as IP until clinical work is completed, supervisor assessments will be collected, and a delayed grading committee will convene to assign final grades.

Students who have missed integrated ambulatory LIC time of 14 or more days will have all clerkship and the LIC course grades assigned as IP at the conclusion of the Foothills. When clinical work and other requirements in all specialties are complete, supervisor assessments will be collected, and delayed grading committees will convene to assign final grades.

Students who have missed 13 or fewer integrated ambulatory LIC days will have the opportunity to make a decision, in consultation with their LIC director, about whether or not to have final grades assigned at the conclusion of the Foothills if all assignments and shelf exams are complete with passing grades. This recognizes the fact that the make-up time will include minimal additional clinical time with any given preceptor to add to a final comprehensive assessment (~2 clinical sessions with each). Students may also choose to have grades assigned as IP at the conclusion of Foothills, planning to delay comprehensive assessments from preceptors until make-up time is complete at which point a delayed grading committee will convene to assign final grades. If students choose to proceed with grades assigned at the end of the Foothills, they must consent to understanding an appeal or revisiting of grades will not be possible on the basis of incomplete information or missing assessments. Students also must complete clinical make-up time as assigned; failure to do so will result in professionalism feedback and may result in a grade change on the basis of professionalism.

In all scenarios, if a shelf exam or assignment is delayed, but clinical work is complete, the grading committee will proceed with assigning a clinical grade at the conclusion of the Foothills but the student will receive an In Progress (IP) grade in the respective course until all requirements are satisfactorily met.

### **3.6.2 Additional Degree/Scholars Year Timing Policy**

Many medical students choose to pursue additional degrees or a Scholars Year during their medical training. Due to the nature of the MD curriculum, students who are accepted to the Scholars Year are permitted to begin only after passing Advanced Science Courses and passing USMLE Step 1. This can be scheduled starting in the winter semester of third year, allowing students to return to the MD curriculum the following year to enter Trails Immersion, Alpine Basecamp, and the full Alpine curriculum. Alternatively, students may choose to do a Scholars Year starting in the summer semester after the completion of third year, delaying the 4<sup>th</sup> year of the MD program.

Leaves of absence (LOA) to pursue additional degrees may occur only after completion of the 1<sup>st</sup> year (Plains) or after passing all LIC coursework in the Foothills, Advanced Science Courses and passing USMLE Step 1. Due to the nature of the MD curriculum and aligning with the academic year of degree-granting programs, most students will choose to complete the Trails Immersion, Alpine Basecamp, USMLE Step 2 and the spring semester of Alpine coursework before their LOA begins in the summer semester, thereby delaying the 4<sup>th</sup> year of the MD program.

There is not a curricular break in the MD program between Foothills and Alpine that allows students to take a LOA or Scholars Year and return to the curriculum with ease, therefore this option is generally not permitted. Exceptions to this policy will require approval by the Foothills and Alpine phase deans and the Associate Dean of Student Affairs. This policy does not apply to students enrolled in the MSTP program.

### **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 two years may be devoted to the Plains phase and no more than two years to the Foothills phase. Failure to satisfy a professional/cognitive requirement may result in a recommendation for dismissal.

### 3.7.1 Exemptions from Courses

No exemptions are allowed from required courses or clerkships.

### 3.7.2 Specific Requirements for Plains

To advance to Foothills (Core Clerkship), a student must have completed all required coursework and achieved a passing grade in all required Courses within the Plains (Pre Clerkship) in sufficient time for a decision to be reached by the first day of class in September. In addition, all students will be reviewed by the Trek Progress Committee at the end of the Plains and must demonstrate meeting all required milestones before advancing to the Foothills. All students are also required to take the CBSE (an NBME exam that simulates Step 1) two times during the Plains. There is a cut-off score for the last CBSE exam in the Plains. Students who cannot obtain a score **above 40** (~5th percentile nationally on the CBSE at the end of the pre-clinical time) will be reviewed by the Trek Progress Committee and may not be able to start the Foothills on time. Students who cannot obtain a score **above 45** (~10th percentile nationally) will be noted as a concern that will be reviewed by the Trek Progress Committee in addition to their performance on the other exams in the Plains. Students who have failed one or more Course or who have concerns identified by the Progress Committee may be subject to additional requirements as determined by the Student Promotions Committee.

### 3.7.3 Specific Requirements for Foothills/LIC

Specific Requirements for clinical courses must be completed at a site approved by both the University of Colorado, School of Medicine and the course, including the AHEC (Area Health Education Centers) system. To complete Foothills, a student must complete the required Longitudinal Integrated Clerkships, the LIC course, and the Traverse course with passing grades in all. In addition, all students will be reviewed by the Trek Progress Committee at the end of the Foothills and must demonstrate meeting all required milestones before advancing to the Alpine. All students are required to take the CCSE (an NBME exam that simulates Step 2) at the end of the Foothills. Students who cannot obtain a score **above 160** (5<sup>th</sup> percentile nationally) will be noted as a concern that will be reviewed by the Trek Progress Committee in addition to their performance on the other exams in the Foothills.

Off-cycle students delayed in completing all required Foothills courses prior to the start of Alpine may be allowed, under certain conditions, to enroll in selected Alpine courses, which are longer than two weeks. Qualifications and restrictions are defined in the table below:

Eligibility	Course Taking Restrictions
<ul style="list-style-type: none"><li>• Be in good academic standing</li><li>• Be off-cycle (i.e., delayed) and unable to enroll in a clerkship due to limited availability or overlap of the schedule with required Basecamps.</li><li>• Need no more than 8 weeks of clerkships to complete Foothills; however, for enrollment in Research Electives, there is no restriction regarding how many weeks of Foothills clerkships remain to be completed.</li></ul>	<ol style="list-style-type: none"><li>1. Limit Alpine elective course taking to no more than 8 weeks.</li><li>2. May not enroll for Acting-internships, away electives, or electives that are like AIs (e.g., DH Career elective in Emergency Medicine). The determination of “like AIs” is at the discretion of the OSL.</li><li>3. Must receive approval from the OSL to schedule courses. Student may not self-schedule.</li><li>4. No guarantee that a student will be enrolled in the desired elective course.</li><li>5. Must complete all required Foothills courses prior to taking the Clinical Practice Exam (CPE).</li></ol>

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.

### 3.7.4 Specific Requirements for Alpine & Summit

Students are required to complete and pass the Clinical Practice Exam (CPE), an objective structure clinical examination, during the Advanced Science Courses (ASC's), which assesses students' clinical skills. If students do not pass a portion of the CPE they will be required to remediate as determined by the Director of the CPE. While students may engage in Alpine electives as they are completing remediation, students may not engage in Alpine Acting Internships until remediation has been successfully completed.

Students are only eligible to take Step 1 after successfully completing all of their preclinical coursework, clinical coursework, and Advanced Science Courses (ASC's). Students who have not completed all of their clinical coursework may be eligible to take Step 1 early in the following circumstances:

- Demonstrate a score above the Step 1 low pass range on the CBSE offered in ASC's (>68)
- Completed at least 50% of the core clinical course work
- No more than 1 incomplete or failed NBME subject exam
- Must be approved for this exception by OSL and the Progress Committee

Students would not be able to miss any required coursework in the ASC's or in their make-up clinical course work to study for or take Step 1.

Students must sit for Step 1 (in addition to completing all clinical course work and the ASC's) prior to beginning the January Trail Immersion. A passing score on Step 1 is required prior to sitting for Step 2.

Students who may need to request accommodations from the NBME (National Board of Medical Examiners) are required to contact the NBME directly. Accommodations at the CUSOM do not extend to the NBME. Students should recognize that the NBME accommodation process might take time; therefore, it is recommended that the request for accommodations be made well in advance of the student's anticipated test date. We strongly encourage students to work with ODAI on their NBME accommodations request. Information may be found at <http://www.usmle.org/testaccommodations> or [ODAI will assist in your request for accommodations.](#)

Any student who receives a failing grade on USMLE Step 1 will be required to retake the exam 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 Alpine courses after sitting for the exam while awaiting their score. The student may not self-schedule this course and may not enroll in Acting Internships, away electives or electives that are like Acting 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 Foothills are subject to consideration by the Student Promotions Committee for dismissal from medical school.

Students are also required to sit for USMLE Step 2, Clinical Knowledge by July 19 of the academic year of their planned graduation. Students requesting a delay in sitting for these exams, who have extraordinary need, may request a postponement from an Assistant Dean of Student Affairs. It is strongly recommended that Step 2 is taken prior to applying to residency. However, 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/courses until the student has passed the exams.



## **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 Student Promotions Committee.

### **3.8.2 Passing NBME Exams**

Students must take and pass both Step 1 and Step 2 Clinical Knowledge exams of the USMLE and record the results in the Office of Student Life. It is required that the Step 2 exams be taken by April 15 of the academic year in which graduation is anticipated unless an Assistant Dean of Student Affairs has approved a delay.

### **3.8.3 Passing Coursework**

Students must achieve a passing grade in all required courses/clerkships.

### **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 CUSOM, 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.

## **3.9 Uniform Standard for Graduation**

The CUSOM has a single standard for the advancement and graduation of medical students across all locations, including the branch campuses. 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/clerkships 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.

## 4 Section 4: Other Educational Policies

### 4.1 LIC Match Policy

CUSOM students have the opportunity to participate in a match process when choosing a Longitudinal Integrated Clerkship (LIC) program for the Foothills phase of their medical school curriculum. Exceptions are those students who have matriculated into programs that include a LIC site as a requirement of the program (the Fort Collins Branch and Rural Program). Students in these programs who wish to participate in a different LIC program should refer to the Transfer Policy. At the time of acceptance to the CUSOM, students are notified that they may be placed outside of the Denver/Aurora metropolitan area for the entirety of the Foothills phase of the curriculum. All LIC programs require travel between clinical sites. As such, students are required to have adequate transportation and all students are advised of the possible need to relocate in Year 2 depending on the LIC match.

The match process begins in Year 1 with an opportunity for students to work with the Office of Disability, Access and Inclusion (ODAI) if they believe they have any form of disability that would limit their ability to be placed in any of the available LIC sites, including those located outside of the Denver/Aurora metropolitan area. If accommodations are granted by ODAI that specify a requirement that a student maintain proximity to medical providers during the Foothills, this will be accommodated in the match process. At the same time, students may apply for Close-to-Home (CTH) status. CTH is defined as placement within 30 miles of the Anschutz Medical Campus. A committee comprised of the Assistant Dean of Clinical Clerkships, the Associate Dean of Student Life, and an Assistant Dean of Student Affairs meets to review all CTH requests. CTH status is generally approved for students with significant caregiving responsibilities in Denver/Aurora. CTH status is also provided to MSTP students returning to MD curriculum after completion of PhD thesis work.

The match is introduced to students with an overview of all LIC programs mid-year in Plains. All LIC programs provide comparable clinical learning experiences, have identical curricular requirements and grading policies, and provide outstanding educational experiences. Students are encouraged to meet with faculty and student participants during a “LIC Fair”. Following this, students are provided access to an electronic survey in which they rank LIC sites, LIC curricular concentrations, and are given optional space to describe goals for their Foothills year. The match algorithm aims to create the most equitable solution for the greatest number of students by running the algorithm multiple times to find the best solution. This process generates de-identified matches for all participating students. Members of the OME curriculum team review each survey response individually to ensure an appropriate match.

Matches in LIC programs are considered final with rare exceptions. The CUSOM has a precise number of student spots in each of its LIC programs set to match with the number of students entering the match each academic year. Therefore, there is very limited flexibility for changes in assignment once the match is complete. However, the CUSOM understands that occasionally there are major life circumstances that may change which may warrant a reconsideration of LIC placement. The process for LIC placement reconsideration is described below:

1. Any student who wishes to request a new LIC placement must submit a written request for placement change and justification (less than 1000 words) to the Assistant Dean of Clinical Clerkships within 14 days of notification of LIC placement.
2. Students may not arrange switches or swaps with other students; many factors are considered in placement which may not be apparent to peers. However, if a student is willing to be considered for a possible switch, they may self-nominate by sending their name to the Assistant Dean of Clinical Clerkships and expressing which sites they would be willing to consider switching to if it helped another student.
3. A committee comprised of the Assistant Dean of Clinical Clerkships, the Associate Dean of Student Life, and an Assistant Dean of Student Affairs will meet to review all requests and create a prioritized list to move students to new placements as space allows. Every effort will be made to honor students’ requests; however, this will only occur on a space-available basis.

4. Students may request changes to their LIC program assignment at any time after the 14-day window up until the start date of the Foothills curriculum if extenuating circumstances evolve that may warrant consideration. These requests will be reviewed on a case-by-case basis by the committee described above.

## **4.2 Clerkship Site Assignment Policy**

The LICs utilizing more than one clinical site provide students with the ability to indicate preferences prior to 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 their clinical training. Given appropriate rationale, clinical course or LIC director will attempt to facilitate the change. Students will be given the opportunity to apply for Close to Home status prior to clerkship placements. The School of Medicine defines close to home placements for clinical rotations as within 30 miles of the Anschutz Medical Campus or Regional campus where the student is assigned.

## **4.3 Duty Hours Policy**

### **4.3.1 Preclerkship Hours Policy**

Scheduled hours and required activities outside of regularly-scheduled class time (e.g., DOCS Preceptorship) in the preclerkship period shall not exceed 32 hours per week, averaged for each week across the academic year. Students shall have at least two half-days per week of unstructured time for self-directed, independent learning.

- Scheduled hours are defined as all core sessions accounted for in the CUSOM curriculum and learning management systems, including (but not limited to) lectures, exams, assessments, small groups, labs, team-based learning and problem-based learning sessions.
- Required activities outside of regularly-scheduled class time are defined as core activities required by a course, pillar, or program that occur outside of scheduled hours. Examples of such activities include Developing Our Clinical Skills (DOCS) Preceptorship, meetings with COMPASS Guides, completion of modules, or required work to specifically prepare for learning events. These required activities do not include time for regular study or review.

### **4.3.2 Clinical Hours Policy**

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

- 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 3<sup>rd</sup> 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.

During Foothills, students are required to indicate whether they have complied with duty hour policy as stated above, and if unable to comply, to provide the reason(s) for non-compliance. Duty hour compliance will be assessed randomly throughout the year and at the end of the Phase as described in the attached Duty Hours Policy. Students should contact

their LIC director when they are approaching duty hour limits and discuss with the directors about how to proceed including possible schedule adjustment at the clinical site.

#### **4.4 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 directory information regarding enrolled students, as permitted by law. The [University of Colorado's FERPA Policy](#).

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.

#### **4.5 Student Access and Modification to Own Academic Files**

In order to review their records, medical students may 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 [45 days the request is received](#). Students are permitted to review all the content of their academic file (i.e., AMCAS application, undergraduate transcript, signed contracts (e.g., technical standards), current transcript, and MSPE). The MSPE may not be released from the Office of Student Life until after the NRMP Match. 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.

#### **4.6 Equal Opportunity and Non-Discrimination**

##### **4.6.1 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. Go [here](#) to learn more about CU's [Diversity and Inclusion](#) mission. (The SOM has its own site as well – should we include that? <https://medschool.cuanschutz.edu/deans-office/diversity-inclusion>)

##### **4.6.2 Equal Opportunity and Accommodations**

The goal of the Americans 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, Access, & Inclusion 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](#) for [the Office of Disability, Access, & Inclusion](#). Please note that USMLE has a site to request accommodations. It can be found by [clicking here](#). ODAI will help the student during this process as well.

#### **4.7 Clinical Requirement Responsibilities**

The student is expected to maintain a knowledge of and comply with School of Medicine policies related to immunizations, BCLS (Basic Cardiac Life Support) TB testing and 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 Plains	Required Pre-matriculation: Please use MyRecordTracker for recording Immunizations.
Drug Screening	Plains Alpine	Required every other year: Required within 60 days of the start of working in a clinical site during Plains and Alpine. More details can be found in Appendix Drug Screen Policy.
TB mask fitting	Plains Alpine	Required every other year: Required once during Plains and once during Alpine.
Influenza Immunization	All Phases	Required annually (unless medically contraindicated) through individual’s health insurance coverage.
TB testing	All Phases	Required annually through individual’s health insurance coverage.
HIPAA (Health Insurance Portability and Accountability Act)	All Phases	Required annually. See <a href="#">Student Life Resources and Requirements on Canvas</a>
Universal Precautions/OSHA Requirements – Hazardous Exposure/Materials	All Phases	Required annually. See Student Life Resources and Requirements on Canvas
Blood Borne Pathogens		For CUSOM’s <a href="#">Exposure to Infectious and Environmental Hazards Policy</a>
Needle Stick Policy		
BCLS	Plains Alpine	Required during Plains and Alpine Boot Camp
Covid Vaccination	All Phases	Required to be fully vaccinated by June 30, 2022. No religious exemptions will be offered.
Workers’ Compensation	As needed	Follow Instructions under <a href="#">Incident Procedures</a>

#### 4.8 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, Memorial Hospital in Colorado Springs and UHealth facilities in Fort Collins -- 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 in the [Exposure to Infectious and Environmental Hazards Policy](#).

#### 4.9 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 or who are on a Leave of Absence are not covered by this policy.
- Students 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. The Office of Student Life should approve all non-course credit volunteer activities in writing 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.

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

Procedures specifically for needle stick and body fluid exposures, go to the “[incident procedure](#)” tab.

**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.

#### 4.10 Career Exploration 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.

##### Career Exploration 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. Opportunities are available for students to experience clinical exposure to a variety of settings and specialties through pairing with practitioners who hold appointments through the School of Medicine-however, these experiences require that students inform the SOM of their planned participation and that they remain supervised appropriately during these experiences. A Career Exploration [Clinical Experience form](#) (see Requirements below) MUST be completed and submitted online (click on the hyperlinked text below) by the student prior to beginning their Clinical Experience.

##### Requirements:

- Academic good standing
- Submitted and approved Clinical Experience Form
- Successful completion Foundational Principles, Hematologic & Lymphatic Systems, and Gastrointestinal System courses
- Estimated time (in general, time limits of 16 hours are the standard, but additional time will be considered if other circumstances require prolonged exposure)
- Faculty contact information
- Location of experience

Please note: This experience is in addition to the DOCS preceptorship requirement and cannot count towards completion of that requirement in the Plains. In addition, this experience should not take the place of a clerkship or an Acting-Internship, as no credit is provided for these experiences.

##### Supervision expectations:

Every medical student comes to clinical experiences with a variety of skills and prior proficiencies. As such, each faculty member is responsible for assessing and supervising each student. However, general guidelines around medical student skills and abilities by year are below:

##### Plains phase medical students:

By the end of the Plains phase (pre-clerkship year) of medical school, students have successfully completed the following courses:

- Foundational Principles
- Hematologic & Lymphatic Systems
- Gastrointestinal System
- Pulmonary & Cardiovascular Systems
- Renal & Urinary Systems
- Nervous System
- Musculoskeletal & Integumentary System
- Mind & Behavior
- Endocrine & Metabolic Systems
- Reproductive System & Life Cycle

Within each of these organ-based courses, students will have explored gross anatomy & embryology, biochemistry, histology & cell biology, genetics, immunology, microbiology, physiology, pharmacology, radiology, and pathology. Additionally, Health & Society and Clinical Skills content is integrated within each course that will develop students' knowledge and skills to provide effective, equitable, patient-centered care. By the end of the Plains phase (pre-clerkship year) of medical school, students have learned how to perform a patient-centered medical interview, a physical exam on a healthy adult, and foundational clinical reasoning, as well as basic medical documentation and oral presentation.

By the end of the first year of medical school, students have completed foundational patient-centered communication training including:

- Opening the visit
- Gathering information
- Building and sustaining the relationship with the patient
- Building and sustaining the structure of the visit
- Sharing information with the patient
- Closing the visit
- Cross cultural communication

The specific physical exam components taught during the first year of medical school include:

- Vital signs
- Abdominal exam
- Pulmonary exam
- Cardiac exam
- Neurologic exam
- Musculoskeletal exam
- Dermatologic exam
- Head & Neck exam
- Sensitive exams, including the breast, pelvic, genitourinary & rectal exams

In addition to oral presentations, by the end of their first year, students have learned the following medical documentation:

- Comprehensive H&P
- Focused SOAP notes



Students have completed the following training:

- Basic Life Support
- HIPAA
- Blood borne pathogens and Hazardous material (Standard Precautions, PPE, needlesticks and other exposures)

By the end of the Foothills phase of medical school, students have completed rotations in the following specialties:

Family Medicine

Psychiatry

Obstetrics and Gynecology

Internal Medicine

Pediatrics

Surgery

Emergency Care

Students have completed the following training:

- Basic Life Support
- HIPAA
- Blood borne pathogens and Hazardous material (Standard Precautions, PPE, needlesticks and other exposures)

Students have participated in small group sessions focused on:

- Medical professionalism

### **Approval Process**

Upon receipt of the [Clinical Experience form](#), the faculty member will receive an automated email noting the following information:

- Student name
- Student year
- Date of experience
- Location of experience
- Developmentally staged information around student skills and abilities, as well as supervision needs
- A request to the faculty member to confirm availability and interest in having the student participate. (It is recommended that students reach out to faculty members before submitting the clinical experience form.)

Once the submitted information is confirmed, Student Affairs personnel will inform the faculty and student that the experience has been approved.

<https://medschool.cuanschutz.edu/education/current-students/support-for-students/career-exploration>

#### 4.11 Dual Degree programs

The School of Medicine currently has six formal joint or dual degree programs, the Medical Scientist Training Program (MSTP), Medical Doctorate/Master of Aerospace Engineering Sciences Master of Public Health (MPH), Master of Science in Bioengineering (MS), the Masters in Business Administration (MBA) and the combined MD/JD program.

There are several possible locations during the Trek curriculum in which students can pause to complete a dual degree and each student is required to work with the Office of Student Life and Trek Curriculum leadership to develop an approved plan. The strongly preferred location to pause is during the individualized Alpine curriculum in the third year after completion of the Advanced Science Courses, USMLE Step Exams, and Acting Internships. Students may also choose to pause immediately after Plains or immediately after Foothills, although these options are less preferred.

The MSTP program offers a combined MD/PhD degree through a rigorous multi-year program in which students complete the School of Medicine Plains phase (pre-clerkship) curriculum and the Longitudinal Integrated Clinical Clerkships; students then enter the PhD phase through the Graduate School to complete basic science research, leading to a doctoral thesis, before returning to complete the School of Medicine's curriculum. For [MSTP Program](#) details.

##### Medical Doctorate/Master of Aerospace Engineering Sciences

The School of Medicine has joined with the Department of Aerospace Engineering Sciences at CU Boulder to offer a [new MD-MS degree program](#). The first class launches in fall 2023 and the program began accepting applications in fall 2022. The program is designed by Ben Easter, MD, assistant professor of emergency medicine, and Allie Anderson, PhD, assistant professor of aerospace engineering at CU Boulder. To support the program, Ben and Allie received a [CU Next Award](#), which is a grant that helps faculty members working on intercampus collaborations. The goal is to prepare trainees to understand the engineering and spacecraft systems, and to understand human health and interactions with those systems. For more information click [here](#).

The MD/MPH program is a joint degree program in which students generally take MPH coursework for 3 semesters. 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. [Dual Degrees with the Colorado School of Public Health](#).

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. 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. Click for more information about [Dual Bioengineering Degrees](#).

The School of Medicine, working with the University of Colorado Denver's downtown campus as well as the Leeds School of Business on the Boulder campus, also provides the opportunity for students to earn a Master of Business Administration (MBA) degree in one calendar year. 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. Click for additional details on the [MBA programs](#).

Details regarding the MD/JD program can be found here:

<https://www.colorado.edu/law/academics/degrees/dual-degrees-and-certifications>

#### 4.12 Sensitive Physical Exam Policy

Medical students must be chaperoned in their performance of any sensitive exam on a patient 2 years of age or older, defined as any physical exam involving body parts typically covered by undergarments (examples being breasts, genitals, buttocks, groin/pubis region, and rectal area). Additionally, students must follow clinical site-specific policies related to sensitive exams and must defer to the preferences of individual preceptors and only perform exams, even if chaperoned, with their supervisor's explicit approval.

#### 4.13 Off-Cycle LIC Policy (legacy curriculum students) (update 9.1.23)

##### Background:

Legacy curriculum MSTP and some off-cycle students return to medical school in the Longitudinal Integrated Clinical (LIC) Foothills training phase of the Trek Curriculum. Because these students completed 2 years of pre-clinical training in the legacy curriculum, after completion of the clerkship curriculum, they move forward to phase 4 and apply to residency as outlined in the Off-Cycle Enrollment Policy.

##### Students Impacted:

- 1. MSTP legacy students** returning to LICs 2022 and beyond *after* completion of essentials core curriculum, some clinical clerkships, and their PhD graduate study **who are not permitted to complete their LIC by July 1.**
- 2. MD legacy students** returning to LICs only in 2022 after LOA *after* completion of essentials core curriculum **who are not permitted to complete their LIC by July 1.**
- 3. Off-cycle legacy students who require late start** (Delayed Start in Foothills Policy) who are not allowed to complete the LIC early.

##### Policy:

Off-cycle students follow the Off-Cycle LIC Enrollment Policy starting in September with LIC Basecamp and fulfill all their LIC requirements on an expedited schedule by July 1. Off-cycle students

completing LIC in July must enroll in an additional 4 weeks (8 credits) of advanced clinical elective coursework (8000 level credit) as a graduation requirement *in addition* to all existing graduation requirements, including an acting internship. Courses for this requirement must be approved by the Assistant Dean of the Post-Clerkship Curriculum. Students who previously completed a traditional clerkship or who completed the Trailhead re-entry rotation (8 credits IDPT 8033) will have satisfied that requirement already.

Students are evaluated for clinical training/progress throughout the LIC. In rare cases, students may not meet the passing standard for the shortened off-cycle LIC. Those students are notified by the Trek Progress Committee that they will be required to complete the full-length LIC. Every effort will be made to make this determination early in the year, but this may not be apparent until near the end of the LIC year as ongoing efforts are made throughout the clerkship to support student growth and success. Students identified by the Trek Progress Committee as not on track to meet Foothills competencies, will be reviewed by a committee including the Assistant Dean of Clerkship Curriculum, a Dean from the Office of Student Life, the Director of the MSTP (if an MSTP student), and the Chair of the Progress Committee to determine if the full the full-length Trek LIC training will be required.

An off-cycle student required to complete the full-length LIC can consider delaying graduation to allow adequate time to complete acting internships, finalize the MSPE, and develop their ERAS application. Options will be discussed with the student including financial implications. After thorough review of the individual situation and unique circumstances compelling completion of the full LIC, the SOM leadership team will work with the student to develop a plan for the student to complete their medical school requirements and obtain an appropriate opportunity to apply for residency training.

The Trek Progress Committee will review student competencies and let students know as early as possible if they will not be eligible for the shorter off-cycle LIC schedule. Students are responsible for notification of the Alpine phase dean and administrators of this change in plan and withdraw/reschedule any 4<sup>th</sup> year electives that they will not be able to complete.

Several options can be considered for completion of the MD degree and participation in the NRMP for students delayed in completion of the LIC. The student's final decision must be from the options offered by the SOM (and MSTP advisors for MSTP students).

1. The student may complete all necessary coursework, credits, and exams and graduate in the spring (May) following their LIC while delaying match until the following year. This is generally not recommended as there is the potential to have no clinical activity for the year between applying and starting residency which may not lead to a successful residency match process.
2. The student may complete their advanced electives, USMLE tests, and obtain letters immediately following the LIC to enter the Match schedule and graduate in May. With August completion of the LIC, the student may not have adequate time for extensive pre-match acting internships and advanced coursework depending on their chosen specialty (see above).
3. The student may complete all required work above, but delay application and certification of the match until February, planning to apply for residency through the SOAP Match in March graduate in May.

4. The student may complete all required work above on an extended schedule through summer or winter of the following year with a planned December graduation and apply for NRMP in the next annual cycle. Tuition waivers or extended MSTP support may be available for up to two semesters; students must apply for the waiver and are eligible only if they have previously paid for the semester in question and have not already used tuition waivers in the past. The option for extended SOM coursework/semesters is not available to students as an elective decision (e.g., those who completed the shortened off-cycle Legacy/LIC policy or who simply want additional clinical training before residency application). Legacy MSTP students *may* be eligible for continued stipend payments, but only after review and approval by both the SOM and MSTP leadership. Students who extend their LIC due to professionalism or integrity concerns will not be considered for extended stipend coverage. Students who do not receive a stipend can arrange financial aid/ living support through the mechanisms available to all medical students.

Rules for dismissal from the SOM or MSTP are outlined in other policies/handbooks and are separate from these opportunities for extended learners.

## APPENDICES

### 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; therefore, must possess skills and abilities in the following domains: observation; communication; motor; intellectual-conceptual, integrative, and quantitative; behavioral, and professionalism/ethics.

Candidates for the MD degree must be able to meet these technical standards, with or without reasonable accommodation (see Section II).

- II. Reasonable Accommodations

The University of Colorado School of Medicine is committed to diversity and to attracting and educating students who will make the population of healthcare professionals' representative of the national population. We provide confidential and specialized disability support and are committed to excellence in accessibility; we encourage students with disabilities to disclose and seek accommodations.

Students who, after review of the technical standards determine that they require accommodation(s) to fully engage in the program, should contact the [Office for Disability, Access and Inclusion \(ODAI\)](#) to confidentially discuss their accommodations needs. Given the clinical nature of the program, additional time may be needed to implement accommodation(s). Accommodations are never retroactive; therefore, timely requests are essential and encouraged.

- III. Technical Standards

- A. Observation

Students must be able to obtain information from 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 assess a patient

accurately and completely at a distance and closely and interpret diagnostic information to determine a patient's condition.

#### B. Communication

Communication: Students should be able to communicate with patients to elicit information, to detect changes in mood and activity, and to establish a therapeutic relationship. Students should be able to communicate via English effectively and sensitively with patients and all members of the healthcare team both in person and in writing.

#### C. Motor:

Students should, after a reasonable period, possess the capacity to perform a physical examination and perform diagnostic maneuvers. Students should be able to execute some motor movements required to provide general care to patients and provide or direct the provision of emergency treatment of patients. Such actions require some coordination of both gross and fine muscular movements, balance, and equilibrium.

#### D. Intellectual, conceptual, integrative, and quantitative abilities

Intellectual, conceptual, integrative, and quantitative abilities: Students should be able to assimilate detailed and complex information presented in both didactic and clinical coursework and engage in problem-solving. Candidates are expected to possess the ability to measure, calculate, reason, analyze, synthesize, and transmit information. In addition, students should be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures and to adapt to different learning environments and modalities.

#### E. Behavioral and Social Attributes

Students should possess the emotional health required for full utilization of their intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive, and effective relationships with patients, fellow students, faculty, and staff. Students should be able to tolerate physically and mentally taxing workloads and to function effectively under stress and to attend classes and clinical placements regularly. They should be able to adapt to changing environments, to display flexibility, and to learn to function in the face of uncertainties inherent in the clinical problems of many patients.

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. Compassion,

honesty, integrity, concern for others, interpersonal skills, professionalism, interest, and motivation are all personal qualities that are expected during the education processes.

F. Ethics and professionalism:

Students should maintain and display ethical and moral behaviors commensurate with the role of a physician in all interactions with patients, faculty, staff, students, and the public and be accountable to their scheduled duties, arriving on time to all events. The candidate is expected to understand the legal and ethical aspects of the practice of medicine and function within the law and ethical standards of the medical profession.

CUSOM Technical Standards for Admissions, Promotion and Graduation 2021

School Policies

Tests and Evaluations

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.

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 preceptor evaluations of a student's clinical performance is an integral and essential component of the curriculum. In addition, students must meet program expectations for each clinical experience.

All Candidates for the M.D. degree will be regularly evaluated to determine their ability to meet the Academic and Technical Standards of the School of Medicine.

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**



## 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 two 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, which 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.
- A urine drug-screening test which returns positive for marijuana will require a repeat test within 30 days. A second positive test will lead to automatic CPHP referral and possible removal from all school activities pending CPHP evaluation.
- 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.

## CUSOM Social Media Policy

The University of Colorado School of Medicine (CUSOM) has established a policy for social media use. This **Social Media Policy** is to be included for distribution in admissions and orientation materials for medical students.

**Patient Privacy.** Do not post patient information of any kind on social media or networking sites without the **patient's informed consent**. This guideline applies to de-identified patient information. Informed consent by a patient requires a signed informed consent document stating the patient's willingness to have personal health information documented on the named social networking site.

**Clinical Settings.** You must have the **written consent of the clinical institution** and comply with the institution's policies regarding social media posts. Photos and posts that include a clinical site, such as images of the building or signage, must be approved by that institution's communications department. This includes CUSOM's primary clinical affiliates, the UHealth system, Denver Health Medical Center, Children's Hospital Colorado, and the Rocky Mountain Regional VA Medical Center. It also applies to community practices and global health experiences. Contact information for university communications and affiliated hospitals can be found at the links below. If one is training at an institution not included below, please refer to the policies of that institution.

- a. University of Colorado Hospital: <https://www.uhealth.org/public-relations-and-communications/>
- b. Denver Health Medical Center: <https://www.denverhealth.org/about-denver-health/media>
- c. Children's Hospital Colorado: <https://www.childrenscolorado.org/about/news/media-resources/>
- d. Rocky Mountain Regional VA Medical Center: <https://www.va.gov/eastern-colorado-health-care/contact-us/>
- e. University of Colorado Anschutz Medical Campus: <https://news.cuanschutz.edu/media-contacts>
- f. University of Colorado School of Medicine: <https://medschool.cuanschutz.edu/deans-office/about-us/communications>

**Comply with Institutional Policies.** Residents and fellows should have a working familiarity with the following documents, which address matters specific to these institutions.

- a. University of Colorado Anschutz Medical Campus: <https://www.cuanschutz.edu/social-media-policy>

- b. University of Colorado brand and identity guidelines: <https://www.cu.edu/brand-and-identity-guidelines>
- c. Denver Health Social Media policy: <https://denverhealth.policystat.com/policy/7532335/latest/>

**Personal Information.** Students should always consider their professional roles and associated responsibilities as a student, trainee, or employee of the University of Colorado School of Medicine when managing the content of their personal social networking profiles. Students should responsibly use and self-govern personal profiles on social media sites. While we follow the CUSOM's commitment to free speech and encourage you to interact with CUSOM leadership, we will review all content and comments and will require one to remove any that contain threats, hate speech, sexually explicit or pornographic material, obscenity, illegal suggestions, unauthorized advertisements/SPAM/solicitation or the exposure of another user's protected data. The following are some tips for responsible social media use:

- Avoid content or material you are not comfortable sharing with coworkers, patients, supervisors, and members of the media.
- Avoid content or material about colleagues that you would not post about yourself, or that would be detrimental to those colleagues.
- Avoid posts that could be considered unprofessional behavior, such as photos or comments depicting alcohol abuse, drug use, sexually explicit or racially derogatory comments.
- Avoid posts with clothing, logos, or signs that imply institutional endorsement of such conduct.

**Professional conduct.** Posts can create potential liability for future careers and for professional standing within the university and at affiliated clinical settings. The ramifications of unprofessional social media behavior could have serious negative consequences. Complaints to professional governing boards (medical staff credentialing, and medical licensing, e.g., Colorado Medical Board) could come from anyone with direct – or indirect- access to social media, including patients and their family, employers and co-workers, family and friends, and law enforcement agencies.

**Privacy Settings.** Most social networking sites provide strict privacy settings. It is recommended that you review the privacy settings of your social media accounts to ensure who has access to the information you post. However, privacy settings often do not prevent others who have access to your postings from forwarding or posting your content.

**Media Contacts.** If a student is contacted by the media about issues that relate to work on the campus or at any affiliated clinical setting in any way, it is recommended you contact the School of Medicine Director for Communications Mark Couch and the clinical site's communication director.

**Violations of Policy** Violations of this policy will be referred to the Student Professionalism Committee and Associate Dean of Student Life. In consultation with the relevant legal department(s), they will determine appropriate remediation and/or referral to the Student Promotions Committee for disciplinary actions.

## Use of Recording & Posting of Recorded Learning Events & Other Created Learning Materials

### Background

As part of the ongoing effort to increase student knowledge, learning, and to provide outstanding educational programs, the MD Program of the University of Colorado School of Medicine (CUSOM) has determined that the need exists for recording of in-class events during the Plains and Advanced Science Courses of the Trek curriculum. In addition to in-class lecture and large group recordings, the need for creating learning materials for out of classroom learning across the Trek curriculum has been identified. These materials may be created by faculty, with faculty as subject matter experts or to meet faculty and student needs.

Learning event recordings and learning materials are intended primarily for use by currently enrolled CUSOM students, along with the faculty, and course and content directors charged with delivering the learning events and administering the courses. Individuals other than the intended users must receive permission from the instructor to access a recording or created learning material.

In accordance with Policy 5-K of the University of Colorado Board of Regents, entitled "[Policy on Intellectual Property that is Educational Material](#)", faculty members of the University of Colorado ("CU") maintain copyright ownership of their lectures. CU will maintain ownership of these recordings, assume responsibility for improper use or distribution of the recordings, and will use recordings in accordance with this policy.

The CUSOM policy for digital audio or video recording of university learning events and learning materials created by university faculty, staff and students is as follows:

#### Section 1 : Prior Agreement to Terms & Conditions of Use

All users of the recordings and materials (students, faculty and course and content directors) must agree to the terms and conditions of this policy prior to website access. The intended users are currently enrolled CU SOMD students, along with the faculty and directors charged with delivering the learning events and administering the courses. Students agree to the terms and conditions of this policy during Matriculation by signing *Acceptance of the Policy on Recording and Posting Recorded Learning Events, and Other University Created Learning Materials*. By their participation in the curriculum, faculty and block directors agree to the terms and conditions stated here.

#### Section 2 : Access and Maintenance of Learning Event Recordings and Created Learning Materials

2.1 CU will record each lecture and large group given during the Plains (with documented exceptions) and the Advanced Science Course of the medical curriculum. Recorded learning events will be posted on a secure university-controlled website (<https://ucdenver.hosted.panopto.com>) as soon as possible after the learning event is delivered.

2.2 University created learning materials will be posted on a secure website either on-campus and controlled by CU SOMD or approved of by the CU OIT security office and managed by CU SOMD.

2.3 The recorded learning events and created learning materials will be maintained on the secured servers for not less than three years after the event, with materials accessible to currently enrolled CUSOM students, along with the faculty and course and content directors charged with delivering the learning events and administering the courses.

#### Section 3 : Limitations Governing Use of Recordings & Materials

3.1 The learning event/material and any information contained in the recorded lecture/learning material are protected under copyright laws and may not be copied, displayed, broadcast or published without the consent of the instructor/creator and without giving proper attribution to the instructor/creator. This prohibition includes placing the recording/learning material on any web page or the Internet for use by, or access to, any person, including the student. In addition to any legal ramifications, misuse of recordings/learning materials will be considered unprofessional behavior and appropriate disciplinary action will be taken according to CU policy and procedures.

3.2 According to copyright policy, instructors/creators maintain ownership of their original learning events/learning materials and may use them as they wish. CU will maintain the routine recordings/learning materials. No recorded learning event material, university maintained or otherwise, may be shared by CU with any individual or organization within or outside the CU without prior written permission from the instructor/creator. Recordings are for educational use only and are to be considered confidential.

3.3 CU will take reasonable measures to prevent the inappropriate use of such recordings by individuals with access to the web site on which the recorded learning events are posted, but cannot guarantee against possible misuse. While students will be able to download audio and video recordings for personal use, sharing or posting the recordings will be considered a violation of copyright and the honor code.

3.4 Materials used in learning events may be subject to copyright protection. The University provides the following resources to users of recorded materials:

<http://www.cu.edu/ope/aps/1014>

<https://library-cuanschutz.libguides.com/c.php?g=259525&p=1732599>

<https://www.cu.edu/regents/policy/5>

Section 4 : Individual faculty decision whether to allow recording of lecture/event. Faculty who do not wish to have learning events recorded must indicate their wishes to course directors prior to or at the time of learning events in order to not have the event recorded. The ultimate decision on whether a lecture/event will be recorded is up to the faculty member charged with that event/lecture.

Section 5 : Use Permission for non- CUSOM affiliated students, faculty, and staff Individuals who are not enrolled medical students or faculty/directors as described above may request permission to view recorded learning events/materials, and the determination of approval to view learning events/materials will be made by the individual faculty member or content creator who gave that learning event(s) or created the learning material.

The University of Colorado School of Medicine Student Acceptance of the  
Policy on Recording and Posting Recorded Learning Events and Other Created Learning Materials

The University of Colorado School of Medicine records in-class learning events and makes them and other created learning materials available for academic purposes to currently enrolled students pursuant to the *Use of Recording and Posting of Recorded Learning Events and Other Created Learning Materials Policy*. My signature below serves as an acknowledgement that I have read and understand this policy. I understand that recording, copying, distributing, sharing or any other unauthorized use of learning event recordings and other creating learning materials is considered unprofessional behavior that is strictly prohibited and that engaging in these behaviors may be cause for disciplinary action up to and including dismissal from CU School of Medicine. I further understand that in addition to CU SOMD consequences, there may be legal ramifications associated with copyright infringement associated with violation of this policy by its users.

Individuals other than the intended users must receive permission from the instructor/creator to access a recording or other learning material.

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Name (Print)

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Signature

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Date

NOTE: This acceptance will be collected electronically during the Trek Curriculum Orientation in the Student Resources course in Canvas, the CU SOMD program learning management system.

### Undergraduate Medical Education Curriculum Leadership

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### Student Life/Student Affairs/Admissions

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Educational Technology & Instructional Design:

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Financial Aid: call 303-724-9117 or email [Deedee Colussy](mailto:Deedee.Colussy)

Immunizations/Clinical Requirements and MSC Reimbursements: please call 303-724-6407

Admissions: call 303-724-6407 or email [Admissions](#)

Pre Clerkship and Core Clerkship Schedule and Grades: call 303-724-6404 or email [Phase I-III](#)

Post Clerkship Schedule and Grades (including VSLO for CU SOM Students): call 303-724-6408 or email [Phase IV](#)

VSLO for Students wanting to come to CU: [SOM.VisitingStudents@ucdenver.edu](mailto:SOM.VisitingStudents@ucdenver.edu)

Current Student Document Requests: [CLICK HERE](#)

COMPASS College Program: [Hannah Garcia](#)

Clinical Badging Issues: [Som.badging@cuanschultz.edu](mailto:Som.badging@cuanschultz.edu)

University Badging Issues for Students: [Deborah Jackson](#)

NBME Tokens/Data Queries: contact [Chris Read](#)

Director of Educational Technology & Instructional Design (OME):  
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Office of Assessment, Evaluation, and Outcomes [tai.lockspeiser@cuanschultz.edu](mailto:tai.lockspeiser@cuanschultz.edu)

## Security, Student Safety, and Disaster Preparedness Table

This information in this table is applicable to all students. However, if you are doing a rotation at a clinical site and you feel unsafe, you are expected to immediately notify the clerkship director by either 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	Fort Collins Campus	Security at Clinical Sites
<p><b>During regular classroom hours</b>-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.</p> <p>Blue light emergency call stations are located outdoors throughout the AMC and are regularly assessed and</p>	<p><b>During regular classroom hours</b>-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 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 numerous police communications personnel and 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</p>	<p>During regular classroom hours-On the CSU campus, the Colorado State University Police Department operates 24 hours a day, seven days a week.</p> <p>CSUPD officers are commissioned officers in the city of Fort Collins and Larimer County. CSU police officers routinely patrol all buildings. Reports about on-campus incidents should be made to CSU police immediately by calling 911.</p> <p>CSUPD dispatchers have enhanced system that allows them to see where you are calling from, but 911 calls made from cell phones within the city are first routed to Fort Collins PD so, if you are calling from campus, be sure to tell the dispatcher right</p>	<p><b>The University of Colorado Hospital (UCH)</b> 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</p>

maintained. The push button on the pole dials directly to the UPD and a dispatcher answer 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 x4-4444 or calls, 303-724-4444 on campus the emergency will be responded to immediately via emergency communications. The University of Colorado Denver |

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

away. The non-emergency number is (970) 491-6425 or visit.

Campus Safety Officers are student employees who assist and provide safe escorts across campus via SafeWalk if needed. More information at: <https://police.colostate.edu/safe-walk/>.

At UCHealth hospitals, security is staffed at the ED entrances at all times and can be accessed by dialing 66 from an internal phone, or 911 off-campus.

The number for non-emergent concerns are:

(970) 495-7452 for Poudre Valley Hospital

(970) 624-1055 for the Medical Center of the Rockies.

An officer is assigned to exterior mobile patrol and hospitals have exterior surveillance cameras. Emergency Call Boxes are located

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.

**Denver Health (DH)** security officers are available 24 hours a day, 7 days a week, and are responsible for providing a safe and secure

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. They 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.

located at the CSPD. The UCCS PD receives an “echo” notification and will dispatch an officer to that location.

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

throughout the parking lots, and security will accommodate escorts.

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

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.

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.

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.

#### Useful Links:

<https://www.cuanschutz.edu/police/divisions/emergencymanagement>

[https://www.cuanschutz.edu/docs/librariesprovider37/default-document-library/cu-anschutz-emergency-preparedness-guide.pdf?sfvrsn=58ae8eb8\\_2](https://www.cuanschutz.edu/docs/librariesprovider37/default-document-library/cu-anschutz-emergency-preparedness-guide.pdf?sfvrsn=58ae8eb8_2)

Fort Collins:

<https://police.uccs.edu/emergencyplan>

<https://safety.colostate.edu/emergency-response-plan/>

<http://www.uccs.edu/~pusafety/>

## How The OME Implements Curricular Changes

