

Foothills Guidebook Class of 2028

University of Colorado School of Medicine

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Information will be sent via your cuanschultz.edu email address. It is required that you check it daily. You are responsible for reading it and responding when appropriate.

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Introduction to Foothills

Welcome Class of 2028!

Welcome to the Foothills—a true milestone in your medical training! We hope this Guidebook will prepare you for the clinical year that lies ahead.

Foothills will allow you to put your hard work of studying in the Plains to work, challenging you to apply concepts in the clinical setting and impact patient care. You will be privileged to care for people in ways that you have never imagined. You will experience the excitement of life-saving interventions, feelings of accomplishment when optimal outcomes are attained, and fulfillment after guiding patients and families through challenging situations. You will also face new challenges. You will be distressed when optimal outcomes are not possible, frustrated when interventions are not working, and endure sadness when you lose patients.

Throughout these encounters, you will be faced with defining your own professional identity. Your core values and beliefs will merge with the demands and expectations inherent to the practice of medicine.

We hope that all your experiences in the clinical setting are positive ones with excellent role models; however, you may encounter situations that challenge your perceptions. You may feel that certain situations call for more empathy, more professionalism, and more attention to detail. Reflecting on these incidents and asking yourself what kind of physician you want to be and conscientiously developing your own professional identity will be yet another profound experience that begins during this exciting year.

Although it may not seem like it at times, you also serve as role models during your clinical years. You will inspire those you work with to look at things with fresh eyes, to critically think, and strive to teach well. The practice of medicine is never stagnant and requires life-long learning. Working as teams will challenge us to grow and find ways to better ourselves and our provision of care. Please recognize this role and utilize it as you start your journey to creating your own professional identity. Know that we (in the Curriculum Office and in the Office of Student Life) are here to support you along the way. Please do not hesitate to reach out to ask questions, reflect, discuss your goals, plan for residency, or just to talk.

Sincerely,



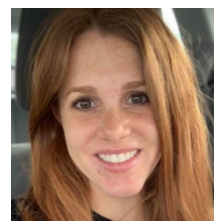
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How to use this Guide

This is a reference guide. You will receive additional information around scheduling, expectations, etc. from your LIC directors and in your course syllabus. Additional policies are found in the SOM Policies and Procedures posted on the SOM website. A safe approach: if you have questions not answered by this guide or found in other resources, ASK!

The Offices of Student Life (OSL) and Medical Education (OME) are here to make your life easier; we know this can be confusing!

Note: this Guidebook currently contains the latest version of the SOM Policies and Procedures. Policies are subject to change and will be updated on the website.

Requirements

Specific Requirements for Foothills Phase

	Requirement (see Policies and Procedures - Trek Curriculum)
Overall	<ul style="list-style-type: none">• Maintain status as a full-time student for a minimum of four academic years, including payment of tuition for each of the semesters of those academic years.• Complete the MD program in no longer than six years of academic enrollment.
Foothills	<ul style="list-style-type: none">• Successfully complete Plains required courses and achieve a passing grade in all courses, including electives. <i>Confirm passing grades are posted on your transcript. Complete immunization information on Complio.</i>• Complete the 2-week Foothills Basecamp.• Successfully complete Foothills LIC clerkships. <i>Confirm passing grades are posted on your transcript.</i>
End of Foothills	<ul style="list-style-type: none">• Students must pass Step 1 prior to beginning Individualized Alpine courses.

Specific Requirements for Foothills

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 with passing grades in all specialties. In addition, all students will be reviewed by the Trek Progress Committee at the end of the Foothills and must have documentation that demonstrates meeting all required milestones before advancing to the Alpine Phase of the curriculum. Students who have failed one or more Course/Clerkship or who have concerns identified by the Progress Committee may be subject to additional requirements as determined by the Student Promotions Committee.

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"> • Be in good academic standing • 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. • 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. 	<ul style="list-style-type: none"> • Limit Alpine elective course taking to no more than 8 weeks. • 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. • Must receive approval from the OSL to schedule courses. Student may not self-schedule. • No guarantee that a student will be enrolled in the desired elective course. • Must complete all required Foothills courses prior to taking the Clinical Practice Exam (CPE).

You can find the Off-Cycle LIC Enrollment Policy in the SOM [Policies and Procedures](#)

Clinical Requirements

The following instructions are **REQUIREMENTS** for each of the following locations. **You will NOT be allowed to begin your LIC rotations if each requirement is not completed.**

Students are expected to maintain a knowledge of and compliance with School of Medicine policies related to immunizations, BCLS and TB testing and TB mask fitting, needle sticks, Workers' Compensation, drug screening, HIPAA (Health Insurance Portability and Accountability Act), and universal precautions/OSHA (Occupational Safety and Health Administration) requirements. Determined by the Clinical Requirements Committee, these policies change throughout the year, and it is the responsibility of the student to maintain compliance. The table below is provided to assist you in keeping abreast with changes in policies and procedures.

Clinical Requirements	Year	CUSOM Policy – Website Location
Immunizations	Before Plains	Required Pre-Matriculation: Immunization Certification
Drug Screening	Plains Alpine	Required at the start of Medical School Orientation and again prior to the start of Clerkship: Drug Screen Policy
TB Mask Fitting	As needed	Policies at clinical sites and for individual campus units may continue to require Mask Fits, so students working in those sites should follow the policies of those sites or units.
Influenza Immunization	all four years	Required annually (unless medically contraindicated) through individual's health insurance coverage. Proof must be uploaded by November 1 st each year in Complio .
TB Testing	All four years	Required annually through individual's health insurance coverage. Both PPD or QuantiFERON are accepted for TB. Proof must be uploaded by November 1 st each year in Complio .
Health Insurance Portability and Accountability Act (HIPAA)	All four years	Required annually. See Clinical Requirements Course on Canvas or in OSL UMET9001 Course
Universal Precautions OSHA Requirements – Hazardous Materials Exposure	All four years	Required annually. See Clinical Requirements course on Canvas. For CUSOM policy go to Hazardous Exposure Policy

Needle Stick Policy	All four years	Required annually. See Clinical Requirements course on Canvas. For CUSOM policy go to Hazardous Exposure Policy Read this document for step by step process: Needlestick & Body Fluid Exposure Please note: if you are at UCH and have a needlestick, please proceed directly to the ED
BCLS	Plains Alpine	Required during Phases I (during Fall) and III (on your own time).
Workers' Compensation	As needed	Go to this website, and look under the "Incident Procedure" tab for further detail: Workers' Compensation Read this document for step by step process: Risk Management Exposure Report Form Please fill out this form within 48 hours of workplace injury, (including needlesticks) to receive workers' compensation at any clinical site: CU Injury Report

**Students can contact OSL or your Foothills coordinator to obtain information about sizing if you do not remember your size. LIC coordinators will facilitate the completion of necessary paperwork for additional sites you may rotate through during your LIC.

Confirm/Update Required Immunizations and Influenza shots in [Complio](#):

- Keeping immunizations current is your professional responsibility. PPD, BLS/BCLS and Tetanus have expiration dates.
- The clinical sites require that your immunizations are current. They often require letters of good standing which we cannot give you if your immunizations are not up to date.
- Influenza shots are required. You must be immunized for the upcoming flu season by November 1.
- The following are also required: Proof of Tdap (within 10 years), Polio, HepB, Varicella, MMRs (x2), and PPD/QuantIFERON (Annually).
- It is your professional responsibility to maintain all documentation in Complio. If you are out of compliance, you will immediately be pulled from your rotation. This may also result in Professionalism Reports, make-up work, and considerable delays in completing Foothills. Some sites may require additional records or onboarding paperwork not already mentioned above.

myClinicalExchange (MCE)

MCE is used by several hospital systems where students complete clinical training and is required for badging and credentialing. All Foothills students are required to create a student account for myClinicalExchange (MCE), if you do not have one, please contact SOM.Badging@ucdenver.edu.

Badging is completed in Plains year

Your LIC coordinator will ensure you have necessary badging and access at any required sites.

- CBI fingerprints are required for any student working in behavioral health settings with minors

Foothills Credits and Calendar

Required Foothills Requirements

During Foothills, the content from 7 required clinical specialties are required for graduation. Students will experience the curriculum through a Longitudinal Integrated Clerkship (LIC).

Course #	Course Name	Credits
IDPT 7012	Longitudinal Integrated Clerkship (SPECIFIC TO LIC)	12
IDPT 7013	Longitudinal Internal Medicine	12
IDPT 7022	Longitudinal Pediatrics	12
IDPT 7032	Longitudinal Obstetrics/Gynecology	12
IDPT 7033	Longitudinal Emergency Medicine	6
IDPT 7042	Longitudinal Psychiatry	12
IDPT 7052	Longitudinal Surgery/Anesthesia	12
IDPT 7062	Longitudinal Family Medicine	12

Academic Calendars: All academic calendars for the School of Medicine can be found on the website

Core Clinical Conditions & Course Objectives

Common Clerkship Learning Objectives

The following learning objectives are included in all clinical clerkships and are expected to be demonstrated to pass each clerkship.

1. Demonstrate behaviors that convey compassion, empathy, respect, and inclusion
2. Demonstrate professional behaviors that build trust
3. Apply ethical values to service of individual patients, communities, and the public at large
4. Advocate for the well-being of patients and families
5. Create a structural differential and adapt the care plan to account for individual, community, socio-ecological and/or systems factors
6. Consistently utilize patient and family-centered communication skills
7. Engage with an interprofessional team to facilitate patient care
8. Demonstrate and apply knowledge of foundational science concepts to a patient with a common complaint
9. Independently formulate basic clinical questions and retrieve basic information from a variety of resources

The next section includes the learning objectives for each of the specific LIC clerkships. The learning objectives listed here also constitute the criteria for a passing grade in the course (i.e. in order to pass the student must have evidence that demonstrates that they have met each of the learning objectives). These learning objectives can then be modified to create criteria for honors (i.e. rather than just take a history for a common complaint the criteria might be to take a history for any complaint even if it is complex or uncommon).

Emergency Medicine Learning Objectives

1. Gather a comprehensive patient centered history from a patient presenting with a common urgent or emergent concern
2. Perform a physical examination for a medically stable patient with a common urgent or emergent concern
3. Develop a prioritized differential diagnosis and problem list for a patient with a common urgent or emergent concern
4. Recommend and interpret common diagnostic and screening tests in a patient with a common urgent or emergent concern
5. With support from faculty, develop a management plan for a common urgent or emergent concern
6. Recognize and respond to unstable vital signs, altered mental status, and cardiopulmonary distress and immediately seek assistance
7. Participate in basic procedures with supervision
8. With support from faculty, organize the safe and efficient care of at least 2 patients simultaneously
9. Provide written documentation of a patient encounter for a patient with a common urgent or emergent concern

10. Present a patient with an urgent or emergent concern in an organized and efficient fashion

Family Medicine Learning Objectives

1. Gather a comprehensive patient-centered history from a patient with a common clinical condition
2. Perform a physical examination for a medically stable patient with a common clinical condition
3. Develop a prioritized differential diagnosis and problem list for a patient with a common clinical condition
4. Recommend and interpret common diagnostic tests in a patient with a common clinical condition
5. Provide evidenced-based preventive care and anticipatory guidance for health-care maintenance
6. With support from faculty, develop a management plan for a common clinical condition
7. Provide written documentation of a patient encounter for a patient with a common clinical condition
8. Present a patient with a common clinical condition in an organized and efficient fashion

Internal Medicine Learning Objectives

1. Gather a comprehensive and accurate patient-centered history from an adult patient with a common clinical condition
2. Perform a physical examination for a medically stable adult patient with a common clinical condition
3. Develop an initial assessment (supported by clinical data), a prioritized differential diagnosis and problem list for an adult patient with a common clinical condition
4. Recommend and interpret common diagnostic tests in an adult patient with a common clinical condition
5. Provide preventive care and anticipatory guidance for health-care maintenance in adult patients
6. With support from faculty, develop an evidence-based patient-centered management plan for a common clinical condition for an adult
7. With support from faculty, organize the safe and efficient care of at least 2 hospitalized patients simultaneously
8. Provide written documentation of a patient encounter for an ambulatory adult patient with a common clinical condition
9. Provide written documentation of a patient encounter for a hospitalized adult patient with a common clinical condition
10. Present an ambulatory adult patient with a common clinical condition in an organized and efficient fashion
11. Present a hospitalized adult patient with a common clinical condition in an organized and efficient fashion using a problem-based approach

Obstetrics and Gynecology Learning Objectives

1. Gather a comprehensive patient-centered history from a patient with a common gynecologic or obstetric condition
2. Perform a physical examination for a medically stable patient with a common gynecologic or obstetric condition
3. Under direct supervision, perform a breast and pelvic exam in a sensitive manner
4. Develop a prioritized differential diagnosis and problem list for a patient with a common gynecologic or obstetric condition
5. Perform an assessment of a laboring patient
6. Recommend and interpret common diagnostic and screening tests in a patient with a common gynecologic or obstetric condition
7. With support from faculty, develop a management plan for a common gynecologic or obstetric condition
8. Demonstrate basic technical skills with supervision
9. Demonstrate appropriate scrubbing and sterile technique in the operating room
10. Provide written documentation of a patient encounter for a patient with a common gynecologic or obstetric condition
11. Present a patient with a common gynecologic or obstetric condition in an organized and efficient fashion

Pediatrics Learning Objectives

1. Gather a comprehensive patient-centered history from a pediatric patient with a common clinical condition
2. Perform an age-appropriate physical examination for a medically stable pediatric patient with a common clinical condition
3. Perform an initial newborn physical examination
4. Develop a prioritized differential diagnosis and problem list for a pediatric patient with a common clinical condition
5. Recommend and interpret common diagnostic tests in a pediatric patient with a common clinical condition
6. Provide preventive care and anticipatory guidance for health-care maintenance of children of the following ages: Infant, toddler, school-age, and adolescent
7. Provide anticipatory guidance for a newborn prior to hospital discharge
8. With support from faculty, develop a management plan for a pediatric patient with a common clinical condition
9. With support from faculty, organize the safe and efficient care of at least 2 hospitalized pediatric patients simultaneously
10. Provide written documentation of a patient encounter for an ambulatory pediatric patient with a common clinical condition
11. Provide written documentation of a patient encounter for a hospitalized pediatric patient with a common clinical condition
12. Present an ambulatory pediatric patient with a common clinical condition in an organized and efficient fashion

13. Present a hospitalized pediatric patient with a common clinical condition in an organized and efficient fashion using a problem-based approach

Psychiatry Learning Objectives

1. Gather a comprehensive patient-centered history from a patient with a common psychiatric condition
2. Gather sensitive historical information (e.g. substance abuse, sexual history, or trauma)
3. Screen patients for urgent psychiatric concerns including suicidal ideation, homicidal ideation, and grave disability
4. Perform a mental status examination for a medically stable patient with a common psychiatric condition
5. Develop a prioritized differential diagnosis and problem list for a patient with a common psychiatric condition
6. With support from faculty, develop a management plan for a common psychiatric clinical condition
7. Provide written documentation of a patient encounter for a patient with a common psychiatric condition
8. Present a patient with a common psychiatric condition in an organized and efficient fashion
9. Demonstrate the ability to perform an encounter using telehealth

Surgery Learning Objectives

1. Gather a comprehensive patient centered history from a patient with a common surgical condition
2. Perform a physical examination for a medically stable patient with a common surgical condition
3. Perform an appropriate assessment of a surgical wound
4. Develop a prioritized differential diagnosis and problem list for a patient with a common surgical condition
5. Recommend and interpret common diagnostic tests in a patient with a common surgical condition
6. With support from faculty, develop a management plan for a common surgical condition
7. Recognize a patient requiring urgent or emergent surgical care including unstable vital signs, altered mental status, and cardiopulmonary distress
8. Demonstration basic technical skills with supervision
9. Demonstrate appropriate scrubbing and sterile technique in the operating room
10. Provide written documentation of a patient encounter for a patient with a common surgical condition
11. Present a patient with a common surgical condition in an organized and efficient fashion

Core Clinical Conditions

Students are required to log completion of all core clinical conditions listed below. These conditions are broad and can be seen across many clinical specialties and settings; they are foundational to the practice and learning of clinical medicine. Each time a student sees a patient with a core clinical condition, they will log this patient. Loggers will be reviewed with the LIC Director at mid-year check-in meetings to ensure progress and address gaps in clinical exposure.

Core Clinical Conditions		
General Symptoms	Fever	Child AND Adult
	Failure to Thrive	Child AND Adult
	Trauma	Any
	Edema	Any
	Fatigue	Any
	Shock	Child AND Adult
	Dizziness	Any
	Syncope	Any
	Pre-Operative Assessment (Surgical)	Any
	Toxic Ingestion (inc etoh and other SUD)	Any
	IV Fluid Management	Child AND Adult
	Hematology	Anemia
Longitudinal Cancer		Any
DVT/PE		Any
GI	Abdominal Pain (Acute)	Child AND Adult
	Abdominal Pain (Chronic)	Any
	Liver Disease	Any
	Jaundice/ Hepatobiliary Disease	Child (Newborn) AND Adult
	Hernia	Any
	GI Bleed	Any
	Vomiting/ Diarrhea	Child AND Adult
	GI Neoplasm	Adult
CVP	Cardiac Chest Pain	Adult
	Non-Cardiac Chest Pain	Any
	Coronary Artery Disease	Adult
	Dyspnea	Any
	CHF	Adult
	Asthma	Child AND Adult
	COPD	Adult
	Upper Respiratory Symptoms	Any
	Cough	Child AND Adult
	Lung Cancer	Adult

	Pneumonia	Child AND Adult
	Arrhythmia	Any
	Peripheral Artery Disease	Adult
Renal	Hypertension	Adult AND Pregnant
	Acute Kidney Injury	Any
	Chronic Renal Disease	Any
	Hematuria	Any
	Electrolyte Disturbance	Any
	Dysuria	Any
	Acid/Base Disturbance	Any
Msk/skin	Back Pain	Adult
	Rash	Child AND Adult
	Wound Care	Any
	Skin Neoplasm	Adult
	Osteoarthritis	Adult
	Sprain/Strain	Any
	Fracture	Any
	Rheumatologic Disease	Any
Neuro	Altered Mental Status	Child AND Adult
	Disorders of Sensation	Any
	Weakness	Any
	Red Eye/ Change in Vision	Any
	Headache	Any
	Stroke/TIA	Adult
	Dementia	Adult
	Abnormal Movement	Any
	Epilepsy	Any
Psychiatry	Chronic Pain	Any
	Anxiety Disorders	Any
	Depressive Disorders	Any
	Bipolar and Related Disorders	Any
	Personality Disorders	Any
	Schizophrenia Spectrum and other Psychotic Disorders	Any
	Substance Use Disorders	Any
	ADHD	Child
	Neurodevelopmental Disorders	Child
	Sleep Disorders	Any
	Somatic Symptom and Related Disorders	Any
	Trauma and Stressor-Related Disorders	Any
	Feeding and Eating Disorders	Any
Endocrinology	Diabetes	Any

Ob/gyn

Obesity	Any
Osteoporosis	Adult
Thyroid Disease	Any
Dyslipidemia	Any
Abnormal Uterine Bleeding	Any
Pelvic Pain	Any
Early Pregnancy Failure/SAB	Any
Normal Pregnancy	Any
Family Planning	Any
Gyn Neoplasia (Pre-malignant or Malignant)	Any
Normal Labor	Any
High Risk Pregnancy	Any
Complication of Pregnancy	Any
GU Infection	Any
Breast Complaint	Adult
Breast Exam	Adult
Incontinence	Adult
Health Promotion and Disease Prevention	Child AND Adult AND Geriatric
Abuse, Neglect, Intimate Partner Violence	Child AND Adult
Smoking Cessation	Any
HEEADSSS Exam	Child (Adolescent)
Diet and Exercise Counseling	Child AND Adult
Geriatric Assessment	Geriatric
Cancer Screening	Adult
Capacity and Competency Evaluation	Adult
Safety and Risk Assessment (SI/HI)	Any

Prevention/health promotion

AY 25-26 NBME Subject Exam Passing Scores

Exam	Passing Score
Internal Medicine	62
Obstetrics and Gynecology	66
Pediatrics	66
Psychiatry	72
Surgery	62

*** These passing scores are subject to change as described above in the Grading Policy and Overview*

The passing score for each exam is set using the 5-year average of 2 standard deviations below the national mean score

Remember this is an Equated Percent Correct and not an actual percentage.

All clerkships that utilize an NBME subject exam (shelf) only include a passing score that must be achieved.

- a. Students who fail an exam will have the opportunity to retake the exam, but those students will not be eligible for honors.
- b. Students who fail a subject exam twice are eligible only for a final overall grade of Pass with Remediation when the exam is passed.
- c. Students who fail a subject exam three times are not eligible for a retake and will fail the course.
- 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.

NBME Comprehensive Clinical Sciences Exam

All students are required to take the CCSE (an NBME exam that simulates Step 2) at the end of the Foothills year. We use this test to identify students who may struggle on the standardized tests needed to become a physician. Therefore, there is a cut-off score for the CCSE exam in the Foothills. Students who cannot obtain a score **above 175** (5th 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.

Examination Environment Expectations:

Arrival for Examination

- Exams will have check-in times and start times. Students are expected to arrive by the check-in time to facilitate a timely start to the exam.
- Students who arrive more than 15 minutes after the actual exam start time will NOT be allowed to take the exam and will have to reschedule their exam at a later date

During the Examination

- Items allowed at your seat during examinations
 - Blank scratch paper/ pencil (NBME exams)
 - Soft foam earplugs
- Items NOT ALLOWED at the examinee's seat during examinations
 - Cell phones
 - iPads/tablets (unless using for testing)
 - iPods/media devices
 - Smart Watches or Watches with alarms, computer, or memory capability
 - Calculators
 - Paging devices
 - Noise-canceling headphones
 - Recording/filming devices
 - Reference materials (book, notes, papers)
 - Backpacks, briefcases, luggage
 - Coats, outer jackets, headwear (religious headwear is allowed)
 - Beverages or food of any type

No questions or requests for clarification of exam items are permitted during the examination. If a student feels there is a problem with a particular question, have them answer it to the best of their ability. The examinee can notify a proctor about a problem, and he/she can report it to the appropriate testing authority.

Technical Difficulties: If a student encounters technical problems during an exam, refer to the Chief Proctor Manual for troubleshooting solutions.

- Students may not leave the testing area during the examination, except to go to the restroom.
 - Only one student will be allowed to go to the bathroom at any given time.
 - Students should not be absent for more than 5 minutes.
- If a student begins an examination and does not complete it for any reason, their exam will still be scored and applied toward their grade.
- Irregular Behavior: Students seen to engage in any of the following behaviors will be noted and reported to the Associate Dean of Student Affairs:
 - Disrupting testing conditions of other students
 - Copying answers from another student
 - Allowing answers to be copied by another student

- Receiving or providing unauthorized information about the examination content
- Using notes during the examination
- Writing on the scratch paper prior to starting the exam, other than student ID#
- Making notes on anything besides the scratch paper
- Removal of scratch paper from the testing room
- Continuing to work after time is called by the proctor

Foothills Scheduling of Exams 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. Exams will be offered on 8 possible dates throughout the year; students will select 5 dates for their exams, in their chosen order. 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. The confirmed dates will be entered into a central tracking form and confirmed by email from the coordinator to the student. Exam dates cannot be changed after November 1. Students with testing accommodations must take exams on regularly scheduled exams dates even if proctored separately. If a student misses an exam due to illness or emergency, they will be permitted to reschedule a single exam to an open CUSOM-designated proctor date later in the year if available. If this occurs an additional time/s later in the year, they will not be permitted to reschedule those exams to a later Foothills date and will be required to reschedule any additional exams to a scheduled make-up date after the Foothills phase.

Exam policy for IT failures

In rare cases, a student may feel a technical difficulty or other emergency **significantly** impacted exam performance. In this case, a student will be allowed to retake the exam if the following conditions are met: 1) The technical difficulty or emergency was reported to a proctor in real-time during the exam, and 2) immediately after submitting their exam the student requests that it be excluded and not scored by the NBME.

Exam Absence Policy

All exams and assessments are required. Students are expected to take these as scheduled. All absences from scheduled exams will be reported by the appropriate Course or Clerkship Director to an Assistant Dean of Student Affairs and Assistant Dean of Medical Education, Clerkships.

Situation where advance notice is possible: In general students are not permitted to miss scheduled exams in Foothills outside of emergency or acute illness.

Situations where advance notice is NOT possible (e.g., major emergency): Major emergencies or illnesses will only be considered if they occur within 48 hours of a scheduled exam or prevent a student from participating in any clerkship activities. Medical documentation is required for an illness-related absence. Students must notify LIC Director, LIC Coordinator and an Assistant Dean of Student Affairs as soon as possible. If a person is unavailable, the student should leave a phone message and immediately send an email. Approval by the Assistant Dean of Student Affairs is required to delay an exam and adequate documentation

will be required including a doctor's note for medical emergencies. Student will be required to make up exam on designated proctor date.

Academics and Student Support:

Academic Support

Please reach out to the Office of Student Life for any assistance related to your learning! There are 2 Assistant Deans of Student Affairs available to meet, coach and identify resources for you. Deans Deb Seymour and Nida Awadallah are medical educators, learning coaches and clinical remediation experts within the OSL.



Deborah Seymour, PsyD. is a clinical psychologist who serves as a learning coach in the OSL. Dr. Seymour is available to help students reach their optimal level of learning, retention, and academic performance in their courses as well as on USMLE/NBME exams. She will meet with you individually by zoom or in person. Just send her an email with a request to meet and times that you are available. She is available to help you become more successful in your clinical learning and can help you with the adjustment from classroom to clinical site learning. In addition, she offers support when students have questions such as the following:

- How do I study for step 1 and 2 during the clerkship year?
- How can I study more effectively for shelf exams? My approach doesn't give me enough time to cover all the material.
- Is my memory inadequate? How can I improve my retention? Is it possible that I have an attention disorder?
- How do I prepare for Step exams and how do I make a schedule?
- I want a score two standard deviations above average. How do I reach it?



For Foothills and Alpine students who are having clinical or academic challenges, Nida Awadallah, MD, is available to meet on an individual basis to assist with all matters of performance, including but not limited to:

- Medical knowledge and test taking (Shelf/subject exams)
- Clinical Reasoning
- Presentations, Note Writing, Organization
- Interpersonal Skills and Communication

Safety Resources

Injury/Needlestick: Please let us know if you experience any injury while on your clinical rotation. We want to make sure you are supported and there is a process to have the ED visit. A report must be filed within 48 hours at this site: [CU Injury Report](#)

Completing this form is critical regardless of which site the injury occurs. Since you are medical students, you are eligible for workers compensation coverage, but only if it is reported within 48 hours!

Disability Resources

The University of Colorado Anschutz Medical Campus is committed to providing equal opportunities and fostering the personal growth and development of all students. AMC strives to accomplish these goals on behalf of students with disabilities. The staff of the Office of Disability, Access, and Inclusion (ODAI) are available to aid students with disabilities and arrange for reasonable accommodations. They also work continuously with members of the campus community to identify solutions to attitudinal and architectural barriers that might impede the successful completion of studies by a student with a disability.

The staff of the Office of Disability, Access, and Inclusion (ODAI) can serve most efficiently and effectively when an aid or service is requested well in advance by a student. The services are free, private and confidential. Students are encouraged to take the following important steps to obtain accommodations:

- First: Make an appointment with an Access Coordinator from ODAI, as early as possible because accommodations are not retroactive.
- Second: Complete an Access Form and submit supporting documentation prior to your initial meeting when possible. Please understand, the completion of the Access Form and the submission of documentation which meets the stated guidelines is required for approval of accommodations.
- Accommodations for testing at CUSOM does not guarantee accommodations for USMLE testing. Please discuss this with ODAI.

Examples of aids and services available to School of Medicine students include:

- Priority registration.
- Assistance in identifying note takers.
- Alternative testing for classroom examinations, which may include: extended time, a reduced distraction testing environment, reader, scribe, and/or assistive or adaptive technology.
- Interpreters (oral / sign language) or captioning services.

- Referral to on-campus support services, i.e. Writing Center, Tutoring, Student Mental Health Services.
- Textbooks in alternate format (E-Text, Braille, Audio, and Enlarged Print).

Website: [The Office of Disability, Access, & Inclusion](#)

Contact Information:
12950 East Montview Blvd.
V23-1409
Denver, CO 80045
Phone: 303-724-5640
Fax: 303-724-5641

Clinical Policies and Procedures:

LIC Move Time Allowance

Rural LIC students -

Medical students who are placed in the rural LIC are required to move and re-establish a home in a rural and distant community for the majority of the LIC year and then return to the Denver/Aurora area near the end of the Foothills Phase and for the Alpine phase of the curriculum. Two days will be allotted to each student after completion of their Denver/Aurora-based curriculum at the beginning of the LIC year to accommodate moving needs to their rural LIC site. At the conclusion of the rural LIC time, two days will be allotted to each student to accommodate moving needs to the Denver/Aurora area.

All other LIC students > 40 miles outside Denver/Aurora metro area -

Medical students placed 40-79 miles from their primary campus (NoCO LIC class of '28 only, CSB and LMB) will be allotted two half days which will be scheduled by the LIC program within the first month of the Foothills curriculum to accommodate relocation needs. This is in lieu of specific moving days given the short distance required to move. At the completion of the Foothills year, all students will be allotted one full day off to support relocation back to the Denver/Aurora area.

The Dress Code Policy for Students in Clinical Settings:

As a student of the University of Colorado Anschutz Medical Campus, you are expected to adhere to appropriate attire for your work in various classroom and clinical settings. Students are encouraged to consider the patient perspective in their appearance and how they present themselves may impact the patient provider relationship. Please be advised that you should review the specific dress code policy for the clinical site and/or course as it pertains to you. Some sites have more specific or structured rules and you are responsible for being aware of those regulations. These are updated frequently, so please check the link below for the most recent information. If you are rotating at a site not included here, please ask your course or clerkship director for more specific information. 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 through Canvas. Inappropriate attire may result in the completion of a Professionalism Feedback Form and/or being asked to leave the setting to return with appropriate attire.

Guideline Areas:

Identification:

ID Badges must be worn and remain visible at all times. Most sites require the badge to be worn above the waistline and require that it is not blocked from view and can be seen in its entirety.

White Coats:

Most sites require a clean white coat to be worn over scrubs whenever possible. Most hospitals specify that staff outside of primary work areas wear white coats and students caring for patients in non-routine or emergent situations wear white coats or other protective attire. In outpatient settings, guidelines are more variable, and students should seek guidance from their clinical supervisors.

Shoes/Footwear:

Footwear should be appropriate to the work setting, clean and in good quality. Patient care teams do not allow for open-toed shoes.

Jewelry and Messages:

Jewelry and other accessories must be professional, appropriate and not interfere with job performance or safety. Students may be prohibited from wearing clothing, pins, buttons, emblems or insignia bearing a political, controversial, inflammatory or provocative message.

Tattoos/Body Art:

At most sites, students are expected to cover tattoos with appropriate clothing in order to create a professional environment for patients and visitors. Typical coverings would include collared shirts or long-sleeve shirts, etc.

Clothing:

Clothing should be clean, fit properly in a length and style that does not interfere with the performance of work duties. Clinician appearance should be neat and clean to reflect a professional image which includes clean clothes and clean shoes. Overall appearance should be professional.

Personal Hygiene (Hair):

Hair should be clean, groomed and kept at a reasonable length. Long hair must be maintained appropriately and tied back when necessary or required. Most sites require that hair color or style cannot be extreme.

Personal Hygiene (Nails):

Fingernails should be clean and of appropriate length for safety purposes and to prevent infection. Almost all of the clinical sites prohibit artificial nails.

Personal Hygiene (Odor/Teeth):

Body odor and bad breath can be offensive to patients and team members. Fragrances are discouraged and odors should be minimized as much as possible to avoid sensitivity reactions in those around you.

Scrubs:

Specific sites may require a specific color/kind of scrubs or a particular uniform dependent upon the setting. Specific blocks or departments at specific sites may allow scrubs while others do not permit scrubs at all. Please be aware that some sites have specific rules about outside contamination and may require you to change scrubs if you leave and return to the hospital.

Specific Site Related Dress Code Policies:

[CHCO](#)

[Colorado Springs Branch](#)

Denver Health: [Denver Health Personal Appearance Dress Code](#)

[Saint Joseph's Hospital](#)

[UCH](#)

HIPAA POLICIES AND RESOURCES

Always...

- Use Hospital Equipment to take patient photos.
- Ensure appropriate authorizations are in place if photos are not for patient care.
- Dispose of patient information in shredding/confidential bins, not regular trash.
- Encrypt all internet directed e-mail containing Personal Health Information (PHI). Can do this by writing PHI or Safemail in the email title.
- Understand HIPAA definitions of PHI, privacy breach, security breach.
- Be familiar with your sites HIPAA Policies.
- Obtain verbal permission from patient before discussing care in front of visitors.
- Encrypt mobile devices (phones, laptops, USB drives) that contain PHI.
- Report violations of Code of Conduct.

- Ask if in doubt!
- Log off or lock your computer when leaving it unattended.

Never...

- Take patient records or notes off hospital/clinic premises.
- Take patient photos with personal cameras or cell phones.
- Discuss patient status or care in public places (elevators, cafeterias, hallways).
- Leave patient information, including your personal notes, unattended or in public view (ex. Conference rooms, whiteboards, lunch areas).
- Discuss patient care in front of visitors without permission from the patient.
- Access patient records without a business need.
- Leave patient information in your care- your care is not secure.
- Share your logon or password- you are responsible for anything done on your credentials.
- Share patient information with anyone who does not have a need to know the information in order to do his/her job.

Use of Interpreters

You must **always** use interpreters with your non-English-speaking patients unless you are certified as an interpreter. Use of a certified interpreter is essential to prevent miscommunication and diagnostic error. If you are fluent in a non-English language and would like to become certified as an interpreter, please ask your site coordinator how to do so.

When working with an interpreter, always document the interpreter number or name and date & time of call.

Medical Student Duty Hour Policy:

Policy Intent: The CUSOM seeks to support students in their ability to maintain their health and well-being during their medical education. While clinical experiences necessitate demands on time within a setting, excessive hours working in a clinical setting may compromise rather than support student learning. This policy specifies the parameters under which medical students may work in clinical settings for educational purposes.

Policy Definitions:

Duty or Work Hours: Refers to hours spent on patient care and in required educational activities within the clinical setting. These hours do not include studying, reading academic preparation, or travel time.

Clinical Setting providing Medical Education: A site that a student is assigned in order to complete a clinical course.

The 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:

1. Students will not work more than 80 hours per week when averaged over four weeks.
2. Students will have a minimum of one day in seven off, when averaged over four weeks.
3. 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.
4. Students should have 10 hours free of duty between work shifts.
5. After a 24-hour shift, students should have 14 hours free of duty.
6. No more than every 3rd night on call (excluding rotations in which students are working consecutive night or swing shifts and have days off)

Duty hour 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.

Foothills Procedure:

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 select clerkships as described below. Students should contact the LIC director when they are approaching duty hour limits and discuss with them about how to proceed including possible schedule adjustment at the clinical site. Students will also have the opportunity to report any violation in duty hour rules in real time directly for immediate review.

Snapshot Surveys:

Twice during the academic year, all active Foothills students enrolled in an LIC will be asked to log duty hours every day for a week.

Each day of the week, the students will receive an email invitation to complete a Qualtrics survey. Monday through Saturday, the survey will have one question that will ask the students to enter the number of hours they worked that day.

On Sunday, the final survey day, the survey will have an additional question:

If you were not able to comply with Duty Hour Requirements during this course, please check the requirement that led to a violation of duty hour requirements:

- I worked more than 80 hours per week when averaged over four weeks.
- I did not have a minimum of one day in seven off, when averaged over four weeks.
- I worked more than 24 consecutive hours of scheduled participation during one period of time and more than 4 additional hours to accomplish an effective transition of patient care.
- I did not have 10 hours free of duty between work shifts.
- After a 24-hour shift, I did not have 14 hours free of duty.
- I had more than every 3rd night on call (excluding rotations in which I was working consecutive night or swing shifts and have days off).
- Not applicable because I complied with Duty Hour Requirements.

Comment box: Please provide explanation of any areas above that you have not been able to comply with.

The surveys will be set to send a reminder daily until each survey is complete.

The Foothills Coordinator will monitor survey completion of the duty hour logs during the week and ensure completion. Each student will have a unique URL which will enable correlation of the student's schedule and duty hour logging. After the logging is completed, the survey data will be downloaded and combined with clinical site data.

Students will have the opportunity to report instances of duty hour violations directly at the time of occurrence and a summary of duty hour violations will be queried at the end of the LIC year in the LIC course evaluation.

Compliance with logging is a professionalism expectation.

Clinical Logger Requirements

To ensure that students are seeing all of the required conditions during Foothills, the following requirements of students and clerkship directors are in place:

Logger Requirements

- Log each required clinical condition once
- Log honestly.
- Review the logger at LIC Director/Student check in meetings throughout the year.

LIC Directors or their Designee will:

- Review aggregate data three times annually to ensure that all required clinical conditions are seen by all students and to ensure that alternate methods are used minimally to achieve this.

Students not completing their requirements will face the following consequences:

- Dishonest Logging of Patient Encounters will be deemed a violation of the Student Honor Code and be referred to the Student Honor Council for further discussion.
- Failure to complete logging of Duty Hours when requested will be deemed a professionalism violation and may require escalation to the professionalism committee.

Please refer to the video presentation from Foothills basecamp for instructions on how to successfully use the logger if you run into technical issues or submit a [tech support ticket](#) through the Medical Education Support tile.

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 UCHealth 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.

- [University of Colorado Hospital](#)
- [Denver Health Medical Center](#)
- [Children's Hospital Colorado](#)
- [Rocky Mountain Regional VA Medical Center](#)
- [University of Colorado Anschutz Medical Campus](#)
- [University of Colorado School of Medicine](#)

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

- University of Colorado Anschutz Medical Campus: [Social Media Policy](#)
- University of Colorado brand and identity guidelines: [Brand and Identity Guidelines](#)
- Denver Health Social Media policy: [DH Social Media Policy](#)

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.

Professionalism:

The Importance of Professionalism: Yours and Others

As you enter the clinical phase of your training, your professionalism and the professionalism of others is needed for effective learning and compassionate, high quality patient care. CUSOM is committed to creating an environment of mutual respect among all those involved in the clinical setting -- students, patients, faculty, residents, and staff.

Your Professionalism

Professional behavior is expected of students throughout their medical school curriculum and is a program competency for graduation. Some expected behaviors include:

- Be conscientious, reliable and timely with required responsibilities
- Be truthful in documenting and reporting clinical and administrative information
- Accept and acknowledge personal errors
- Maintain patient confidentiality
- Recognize and respond to others' unprofessional behavior

The Student Professionalism Committee and the Student Honor Council strive to address concerns of student professionalism with the goal of helping students to achieve and maintain the standards of behavior expected by the profession.

Resources
Student Professionalism Committee
Student Professionalism – Student Feedback Form
Honor Council

Professionalism of Others

In order to create an environment conducive to effective learning and patient care, it matters how those in the healthcare setting – students, faculty, residents, staff, and patients – are treated and treat each other. In the case of students, AAMC defines mistreatment as “behavior (that) shows disrespect for the dignity of others and unreasonably interferes with the learning process” whether “intentional or unintentional.” See [Support for Students](#)

Feedback to each other is one way that we can learn how others view our behaviors. We encourage you to report incidents of unprofessional behavior and mistreatment. There are a variety of resources to help you in thinking about any incident you are considering reporting. [Feedback Options for Students](#). Feedback can be managed in such a way to mitigate any concerns about impact on grading or any other form of retaliation.

See Appendix B for details on providing feedback and for reporting incidents to the Office of Professionalism. You are also encouraged to speak to LIC Directors and the

Assistant/Associate Deans regarding any professionalism or mistreatment concerns. They want to hear from you!

Relationships between Students and Teachers

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

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

A partial list includes:

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

Health providers who provide health services, including psychiatric/psychological counseling, to a medical student or their primary family members will 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 LIC 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.

Mistreatment

If a student feels that he or she has been subject to mistreatment in the learning or clinical environment, there are a variety of options for reporting. We recognize that students may differ in how they want to address this issue, and we seek to provide a wide array of reporting options.

Please check the [website](#) for information and reporting regarding mistreatment vs. suboptimal learning

Standards for Medical Professionals

For Students, House Officers, Fellows, and Faculty Practicing Within the Core Health Systems of the CU School of Medicine

- I. A professional consistently transmits respect for patients by his/her performance, behavior, attitude and appearance.
 - A. Respect for privacy and confidentiality.
 1. Knock on door before entering room.
 2. Appropriately drape patient during examination.
 3. Do not discuss patient information in a public area; including elevators, and cafeterias.
 4. Keep noise levels low when patients are sleeping.
 5. Patient confidentiality includes following HIPAA rules regarding appropriate accessing patient files, including electronic files.)
 - B. Respect for self-autonomy and the right to be involved in care decisions.
 1. All professionals introduce themselves to patients and patient's families and explain their role in the patient's care.
 2. All professionals wear name tags clearly identifying their names and roles.
 3. Time is taken to assure patient and family understanding, and informed consent, of medical decisions and progress.
 - C. Once a healing relationship is initiated a professional never abandons a patient.
 1. A professional assures continuity of care by clearly documenting who will provide care after a patient is discharged from a hospital and informing the patient of how that caregiver can be reached.
 2. A professional responds promptly to phone messages and pages.
 3. A professional is responsible for providing reliable coverage through colleagues when he/she is not available.
 - D. Present a professional appearance.

1. All professionals shall comply with acceptable standards of dress as defined by the institutions in which they work.
- II. A professional consistently transmits respect for peers and co-workers.
- A. Respect is demonstrated by effective communication.
 1. Primary care providers will be informed of their patient's admission, the hospital content, and discharge plans.
 2. Consulting physicians will be given all data pertinent to providing a consultation.
 3. Medical records will be kept legible and up to date; including dictating discharge summaries within approved guidelines. (dictations done by housestaff and attendings, not students)
 4. All non-medical professionals who are part of the care team will be kept informed of patient plans and progress.
 5. Continuing verbal and written communication will be given to referring physicians.
 6. By understanding a referring physician's needs and concerns about their patients.
 - B. Respect is demonstrated for diversity of opinion, gender, and ethnicity.
 1. The work environment must be free of harassment of any sort.
 2. The opinions of all professionals involved in the care of patients must be respected.
- III. A professional is responsible for his/her own education.
- A. One must be a motivated self-directed learner
 - B. We must recognize the limits of our knowledge or skills and ask for help when appropriate.

Office of Faculty Relations (formerly Office of Professional Excellence)

The Office of Faculty Relations exists to provide faculty, residents, fellows and students a resource on campus to obtain fair and equitable treatment for all matters. Under appropriate circumstances, the office can serve as an advocate for fair and equitable treatment for faculty, residents, fellows, and students and can facilitate safe reporting of mistreatment or abuse. Feedback can be managed in such a way to mitigate any concerns about impact on grading or any other form of retaliation. The Office is available to help faculty, residents, fellows, and students with all issues and concerns and provides consultations, short-term coaching, counseling, referrals, alternative dispute resolution and facilitation. The Office can also assist faculty, students, and staff members in preparation for various meetings and conversations. The services of the Office of Faculty Relations are provided free of charge. Contact the office by email- FacultyRelations@cuanschutz.edu or Phone- 303-724-4PRO (4776). For faster response, (no confidential information please) call 303-724-7854. Visits are by appointment only.

CU Denver | CU Anschutz Office of Equity

The [Office of Equity's](#) stated mission is to stop, prevent, and remedy discrimination, harassment, sexual misconduct, and any related retaliation; provide education, training and outreach; design policies and procedures to make our campus safer and more inclusive; and ensure all individuals are treated with dignity, compassion, and respect.

Foothills Financial Aid Planning

Class of 2028,

We hope this section helps you navigate the complexities of financial matters specific to your clerkship year at the University of Colorado School of Medicine. If you have questions or concerns about your financial aid please reach out to me. The information included in this section is accurate as of June 1st, 2025, and is subject to change without notification.

A friendly reminder: whenever you have a question or concern related to financial aid or student debt, please ask! I want you to be equipped with accurate information to make informed decisions.

If you need to discuss your financial aid outside of business hours, please send me an email to identify an alternate time. I will do my best to accommodate early morning or evening requests for assistance.

Sincerely,

Matthew Holland

SOM Financial Aid Program Manager

matthew.2.holland@cuanschutz.edu

Direct Phone: 303-724-1557

[Schedule an appointment](#)

Living Expense Refunds

Students should expect to receive their living expense deposit (also referred to as a “refund”) the first week of classes each new semester. Students are required to be registered and in good standing with the CU School of Medicine, and all necessary financial aid information and/or paperwork must be complete. Missing or incomplete requests will delay your living expense refund and your account is subject to service and late fees if it is not paid by the due date established by the Bursar’s Office (bursar@udenver.edu or 303-315-1800). The Bursar’s Office sends email notifications regarding billing statements and due dates.

Common issues that will delay your refund:

1. Missing FAFSA application and/or additional documentation. You can view your current award and application status in UCD Access in the Student Center.

- a. www.ucdenver.edu/ucdaccess

- b. You need to submit the 25-26 FAFSA for your Fall 2025, Spring and Summer 2026 semesters. This application was made available at www.studentaid.gov. Your 2023 tax information will be used to complete this application.
- c. Your Student Center “To Do List” details FAFSA receipt and unresolved items.

2. The financial aid offer has not been accepted. Student loans must be accepted by you for CU to begin processing the funds. You are notified via email when an award offer is available for you to accept.

- a. Both Direct Unsubsidized Stafford and PLUS Loans are accepted in UCD Access under the 2026 Year.
- b. Fall, Spring and Summer (SUM) loans are offered. This is a new feature for this school year. Best practice: accept the fall/spring loans, then set a reminder for mid-April 2025 to accept the summer (SUM) loans you need then. Once accepted, you cannot adjust the loan amount without my assistance.
- c. Fall/Spring (September 2025-May 2026) and the amount will be equally divided between the two semesters.
- d. Fixed Interest rates for the upcoming school year:
 - i. Direct Unsubsidized Stafford: 7.942%
 - ii. Direct Graduate PLUS: 8.942%
- e. Direct PLUS requires an approved credit check. This will be done once you accept the loan. The credit decision will be made and communicated to you by Direct Loans.
- f. Institutional loans (Perkins, Loans to Disadvantaged Students, CU Medical School Loan, etc.) can take longer to process. Watch for an email message from ECSI (it is often found in your junk/spam folder) for directions to complete the entrance counseling and promissory note online.

Direct deposit gives you the quickest access to living expense refunds. We strongly recommend sending your refund to your savings account, and then having a scheduled monthly transfer for your checking account for living expenses.

Living Allowance Funds

When you receive your refund, plan your finances carefully to last you until your next deposit. If you do not have a personal budget or need to revise your plan, I have a comprehensive worksheet that can be emailed to you upon request. The \$2,800 allowance applies to the 2025- 2026 academic year. To avoid overspending, students are encouraged to account for non-monthly and irregular expenses (example: car insurance, maintenance, registration fees,

personal travel, and gifting) when establishing the monthly transfer amount to ensure the funds are available when those expenses are incurred.

Here are the estimated refund dates for each semester.

- a. Fall 2025: week of July 28th for students enrolled in the Discovery MSA or Research Track courses. Students not taking one of those courses will receive their aid the week of September 1st when Basecamp begins.
- b. Spring 2026: week of January 5th
- c. Summer 2026: week of May 12th

Students can reduce the amount they borrow each semester. You have 45 days from the time you receive a financial aid disbursement to contact me to request an adjustment to lower your principle borrowing. Returning unneeded loan funds during this time will reverse loan origination fees and interest.

Unusual Circumstances

Occasionally, a medical student experiences unforeseen health care and/or automobile expenses. We can consider unusual expenses for medical, dental, pharmaceutical, optical, and major car repair charges with itemized documentation. It is advisable for students to contact me to discuss their situation prior to submitting their request. Health related appeals will require Explanation of Benefit (EOB) statements from your insurance company. Credit card receipts do not detail the necessary information needed for budget increase appeals. Car-related expenses can only be considered for major repairs. Maintenance (oil changes, mileage service, etc.) cannot be considered, as they (along with insurance and registration) are covered by the personal transportation allowance incorporated into the living allowance. Approved increases will be processed as a reimbursement.

Locating Essential Information

- a. UCD [Access](#)
- b. [StudentAid.gov](#)
- c. Managing Your Finances During Medical School [AAMC](#)
- d. AAMC's [FIRST](#) (Financial Information, Resources, Services, and Tools)
- e. Annual Credit Report [website](#)

- This federally sponsored website allows you to obtain your three free credit reports.
- The reports do not provide your credit score without paying a fee, but it is more important you review the information for accuracy. It is advisable to review one of the three reports every four months to have an ongoing look at your credit history throughout the year. If you find an error or incorrect information you need to follow the dispute directions detailed in the report.
- It is important to remember your federal Graduate PLUS loans require “adverse-free credit history” for you to receive this type of funding. As a rule: delinquencies, bankruptcies, court judgements against you, or other negatively perceived financial information about your ability to repay a debt could prevent or delay your ability to borrow this type of loan.
- Considering recent data breaches many consumers are concerned about protecting their personal identity and placing a credit freeze on their consumer credit files. Generally, this does not pose a problem for student aid, however, you should be aware that you will need to unfreeze your report for a credit check to be completed when you accept a PLUS loan. Most students will undergo a credit check twice per academic year if they opt to borrow this type of financing.

Foothills LIC Clerkship Contact Information:

AMC Longitudinal Integrated Clerkship – Equity

LIC Director: Dr. Kate Jennings – kate.jennings@cuanschutz.edu

LIC Coordinator: Emily Martin – Emily.e2.martin@cuanschutz.edu

Children’s Hospital of Colorado Longitudinal Integrated Clerkship - Advocacy

LIC Co-Director: Dr. Meghan Treitz - Meghan.treitz@childrenscolorado.org

LIC Co-Director: Dr. Amy Grover – Amy.grover@childrenscolorado.org

LIC Coordinator: Margie Rodgers – Margie.rodgers@cuanschutz.edu

Colorado Springs Longitudinal Integrated Clerkship – Health Equity

LIC Director: Dr. Heather Cassidy - heather.cassidy@cuanschutz.edu

LIC Coordinator: Julia Walden – Julia.walden@cuanschutz.edu

Colorado Springs Longitudinal Integrated Clerkship – CHCO

LIC Director: Dr. Heather Cassidy - heather.cassidy@cuanschutz.edu

LIC Coordinator: Julia Walden – Julia.walden@cuanschutz.edu

Colorado Springs Longitudinal Integrated Clerkship – Quality Improvement & Patient Safety

LIC Director: Dr. John Frerichs - john.frerichs@cuanschutz.edu

LIC Coordinator: Erin McKay - erin.mckay@cuanschutz.edu

Community Health Longitudinal Integrated Clerkship – Advocacy

LIC Director: Dr. Henry Colangelo - henry.colangelo@cuanschutz.edu

LIC Assistant Director: Dr. Hana Smith - hana.smith@childrenscolorado.org

LIC Coordinator: Shelley Moore - shelley.moore@cuanschutz.edu

Denver Health Longitudinal Integrated Clerkship – Advocacy

LIC Director: Dr. Anne Frank - Anne.frank@dhha.org

LIC Assistant Director: Dr. Kate Adkins - kate.adkins@dhha.org

LIC Coordinator: Kristina Oatis - Kristina.oatis@dhha.org

Denver Health Longitudinal Integrated Clerkship – Health Equity

LIC Director: Dr. Vishnu Kulasekaran - vishnu.kulasekaran@dhha.org

LIC Assistant Director: Dr. Kate Adkins - kate.adkins@dhha.org

LIC Coordinator: Kaley Batley - kaley.batley@dhha.org

Fort Collins/Northern Colorado Longitudinal Integrated Clerkship – Public & Population Health

LIC Director: Dr. Ben Leon – Benjamin.leon@uchealth.org

LIC Coordinator: April Hoyland april.hoyland@cuanschutz.edu

Kaiser Permanente Longitudinal Integrated Clerkship – Inquiry

LIC Director: Dr. Sharisse Arnold-Rehring - sharisse.arnold-rehring@kp.org

LIC Coordinator: Kristi Wright - kristi.wright@kp.org

Longmont/Boulder Longitudinal Integrated Clerkship – Public & Population Health

LIC Director: Dr. Amy Johnson – amy.johnson@uchealth.org

LIC Assistant Director: Dr. Abby Emdur – abby.emdur@uchealth.org

LIC Coordinator: Jessica Smith – Jessica.c3.smith@cuanschutz.edu

Rural Longitudinal Integrated Clerkship – Public & Population Health

LIC Director: Dr. Roberto Silva - Roberto.silva@cuanschutz.edu

LIC Assistant Director: Amanda Swanson – Amanda.b.swanson@cuanschutz.edu

LIC Assistant Director: Megan Lykke – megan.lykke@cuanschutz.edu

LIC Coordinator: Melissa Darzins – melissa.darzins@cuanschutz.edu

LIC Coordinator: Julia Kendrick – Julia.kendrick@cuanschutz.edu

University of Colorado Hospital Longitudinal Integrated Clerkship – Inquiry Dissemination

LIC Director: Dr. Benjamin Vipler – Benjamin.vipler@cuanschutz.edu

LIC Coordinator: Andra Breazeale – andra.breazeale@cuanschutz.edu

University of Colorado Hospital Longitudinal Integrated Clerkship – Inquiry Interpretation

LIC Director: Dr. Frank Merritt – frank.merritt@cuanschutz.edu

LIC Coordinator: Nicole Perez – Nicole.perez@cuanschutz.edu

University of Colorado Hospital Longitudinal Integrated Clerkship – Quality Improvement & Patient Safety

LIC Director: Dr. Emily Gottenborg – Emily.gottenborg@cuanschutz.edu

LIC Coordinator: Jenna Wyrick – jenna.wyrick@cuanschutz.edu

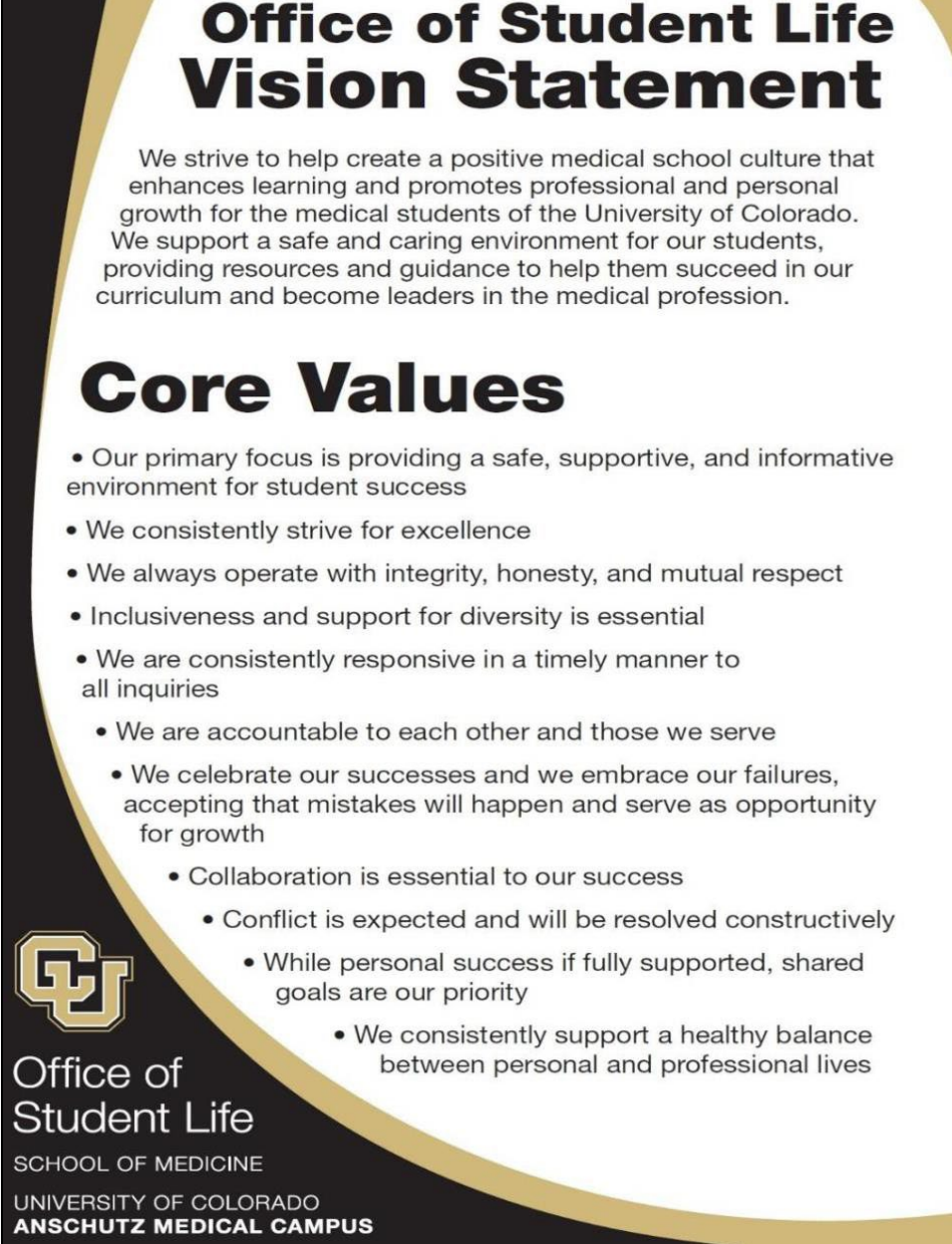
Veteran Affairs Longitudinal Integrated Clerkship – Quality Improvement & Patient Safety

LIC Director: Dr. Samantha Robin – Samantha.robin@cuanschutz.edu

LIC Coordinator: Kali Ballard – kali.ballard@cuanschutz.edu

Office of Student Life:

The Office of Student Life is located in the Fitzsimons Building, on the first floor, room N1219. The primary mission of the Office of Student Life is to assist medical students from the time they applied to medical school, to the first day of matriculation, through graduation and beyond.


A graphic with a white background and a black border. A large, curved gold shape on the left side contains the text. The title is in large, bold black font. The mission statement is in a smaller black font. Below it is the heading 'Core Values' in large, bold black font, followed by a bulleted list of 12 items. At the bottom left is the CU logo and the office name and address in black font.

Office of Student Life Vision Statement

We strive to help create a positive medical school culture that enhances learning and promotes professional and personal growth for the medical students of the University of Colorado. We support a safe and caring environment for our students, providing resources and guidance to help them succeed in our curriculum and become leaders in the medical profession.

Core Values

- Our primary focus is providing a safe, supportive, and informative environment for student success
- We consistently strive for excellence
- We always operate with integrity, honesty, and mutual respect
- Inclusiveness and support for diversity is essential
- We are consistently responsive in a timely manner to all inquiries
 - We are accountable to each other and those we serve
 - We celebrate our successes and we embrace our failures, accepting that mistakes will happen and serve as opportunity for growth
 - Collaboration is essential to our success
 - Conflict is expected and will be resolved constructively
 - While personal success if fully supported, shared goals are our priority
 - We consistently support a healthy balance between personal and professional lives


Office of
Student Life
SCHOOL OF MEDICINE
UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS

Dr. Brian Dwinnell, Associate Dean of Student Life; the Assistant Deans of Student Affairs – Dr. Nida Awadallah, Dr. Liz Gundersen, Dr. Maurice Scott, Dr. Deb Seymour, and Dr. Jeffrey Soohoo, and the rest of the Student Life team are always available to answer questions and address your concerns. Our doors are always open.

Office of Student Life



Brian Dwinell, MD

Associate Dean of Student Life

BRIAN.DWINNELL@CUANSCHUTZ.EDU



Deborah Seymour, PsyD

Assistant Dean, Student Affairs for Student Success

Education and Learning Specialist

Associate Director of DOCS, communication skills

DEB.SEYMOUR@CUANSCHUTZ.EDU

- Academic advising
- Student Life Steering Committee
- Step and Shelf exam Preparation
- Study Skills development



Nida Awadallah, MD, MACM

Assistant Dean, Student Affairs

Director of Clinical Remediation

Learning Specialist

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- Clinical Remediation
- Clinical Assistance
- Step Preparation



Elizabeth Gundersen, MD

Assistant Dean, Student Affairs

Director, Scholar's Year

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Maurice "Scotty" Scott, MD

Assistant Dean, Student Affairs

Ft Collins and Colorado Springs Liaison

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Jeffrey SooHoo, MD, MBA

Associate Dean, Student Affairs and Admissions

Director, Masters of Medical Science

AOA Chapter Advisor

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OSL Dean Joint Responsibilities

- MSPE
- VSLO
- Residency Prep
- Step 1 tracking/support programs
- Step 2 tracking/support programs
- Remediation Coordination
- Assisting students through Personal and Academic Issues

Office of Student Life (OSL) Staff

Admissions:



Karina Goodwin
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303-724-8264
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Lamar Cherry
Senior Principal Professional
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Danielle Schmidt
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- Alpine/Summit Registration/Grades
- Grade Issues/Changes
- MSPE Letters
- Visiting Student Learning Opportunities



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Hope Professional
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Marilyn Amarachukwu

Events Coordinator

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- Student Events and Support
- Student Awards
- OSL Weekly Newsletter
- MSC, SIGs, and Honor Society Support



Laura Bryant

Compass Program Coordinator

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Matt Holland

Program Manager, Financial Aid & Scholarships

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Victoria Savage

Clinical Badging and Compliance Coordinator

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Shea Roodberg

Student Affairs Professional

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Career Services- Office of Student Life



The Office of Student Life is strongly committed to assisting our students with career and professional development. Beginning with orientation, personnel in this office are responsible for assisting students with providing unbiased information about medical specialties, residency application, preparation for interviews, and their participation in various residency matching services.

Career planning is an interactive process: we can assist students in setting and achieving academic, professional, and personal goals that are consistent with their own interests, values, abilities, degree requirements, and career expectations. The Office of Student Affairs provides a wide range of information and resources to students and may refer them to other appropriate campus resources. There are many factors involved with planning a medical career and our office can assist students in understanding each of those factors and help in the decision-making process.

We coordinate with the AAMC Careers in Medicine program, an online resource, which aids students in understanding their personality types, skills, interests, and values. This program is designed to assist students in a logical process of self-assessment and career planning. To schedule a one-on-one session about career advising, please call the Office of Student Life at 303-724-6407.

Need a jump start when thinking about careers?

- The AAMC Careers in Medicine website. This site has tools that enable you to identify career goals, create a personal profile identifying skills, interests, personality, values, lifestyle choices, and other personal experiences that affect career choice, provides information about 128 specialties and subspecialties, provide match, training and workforce information and the personal characteristics of physicians in each specialty.
- Check out specialty organizations and resources
- Talk with an Assistant Dean in Student Affairs
- Meet up with preceptor or other faculty

- Have a chat with the faculty or student mentor in your Advisory College

The School of Medicine Office of Access and Engagement

The School of Medicine Office of Access and Engagement is here to connect you with mentors, services and departments throughout the university system and in the community that will assist and support your academic and professional success.

We aspire to build a medical campus community that thrives on access and engagement; strives to eliminate social injustices and health disparities through measurable commitments, strategic, systemic and sustainable systems of accountability; and demonstrates trust and respect for ALL through inclusive practices and policies.

As a world-class medical destination at the forefront of transformative education, science, medicine and health care, we will combine efforts and leverage all of the campus missions to attain our goal. This includes expanding on the endeavors of the former Community-Campus Partnership program and strengthening the collaboration with our hospital partners.

We also work to develop a respectful and inclusive environment in the School of Medicine and across the Anschutz Medical Campus where all members of the community feel supported to be successful in achieving the mission of health through our educational programs, patient care and research.



Regina Richards, PhD, MSW
Vice Chancellor for Office of Access and Engagement
Regina.richards@cuanschutz.edu

Contact Us:
Office of Access and Engagement
Anschutz Medical Campus Box C292
13001 East 17th Place, Fitzsimons Building
Aurora, CO 80045

Clinical Placements Driving Distance Policy

Many of the clinical training sites used by the University of Colorado School of Medicine are located in communities outside of the Aurora/Denver metropolitan areas or off-site from the main campuses of our major affiliate hospital partners. Therefore, reliable transportation is a necessity to participate in clinical training. During Plains and Alpine, students may be placed with preceptors up to 40 miles from their primary campus. During Foothills, students may be placed at clinical sites up to 40 miles from the primary training site of their LIC. Primary training sites for LICs are defined in each LIC syllabus. Colorado AHEC provides housing for students on clinical rotations more than 40 miles from the Anschutz Medical Campus or their primary LIC site.

Colorado AHEC Housing Policies



Colorado Area Health Education Center (COAHEC)

COAHEC Housing Program

The State of Colorado is divided into six regions (Centennial, Front Range, San Luis Valley, Southeastern Colorado, Southwestern Colorado, and Western Colorado) with an Area Health Education Center Office in each region. The regions are overseen by the Colorado AHEC Program Office (COAHEC) on the CU Anschutz Medical Campus, Ed2N 5th floor.

For complete details on COAHEC housing, visit our [website](#) or reach out to anyone on the [COAHEC Housing team](#)



CLINIC: Use Account Code: _____

AUTHORIZATION TO PROVIDE SERVICES

AUTHORIZATION INFO

Authorized by (signature) _____
 Authorized by (print name) Jeffrey Druck
 Authorizer's Phone Number 303-724-6407
 Date of Authorization January 01, 2020

EMPLOYER INFO

Company Name University of Colorado School of Medicine
 Company Phone 303-724-6407
 Company Fax 303-724-6409
 Address 13001 East 17th Place, C292
Aurora, CO 80045

PATIENT INFO

Patient Name _____
 Job Title MD Student
 SS# _____
 Date of Birth _____ Check if employee is to pay for service

Thank you for choosing CareNow Urgent Care

SERVICES AUTHORIZED

WORK RELATED INJURY

Are you seeking treatment for a work related injury?
 Yes No Date of Injury _____
 Do you require a drug screen with injury? Yes No

DRUG SCREENS (CareNow to Perform) **REASON**
 Standard 10 panel drug screen Random
 Standard 5 panel Non-DOT drug screen Pre-employment
 Instant 10 panel drug screen Post Accident
 Instant 5 panel drug screen Other
 DOT drug screen
 Breath Alcohol test
 Hair Follicle drug screen

COLLECTION ONLY FOR TPA

COLLECTION TYPE
 DOT
 Non-DOT

For DOT Drug Screen or Collection—DOT Agency is Required:
 FMCSA FAA FRA FTA PHMSA USCG

PHYSICALS

Basic Physical (If drug screen needed, check box above)
 DOT Physical (If drug screen needed, check box above)
 Guard Physical
 Other Physical (describe) _____

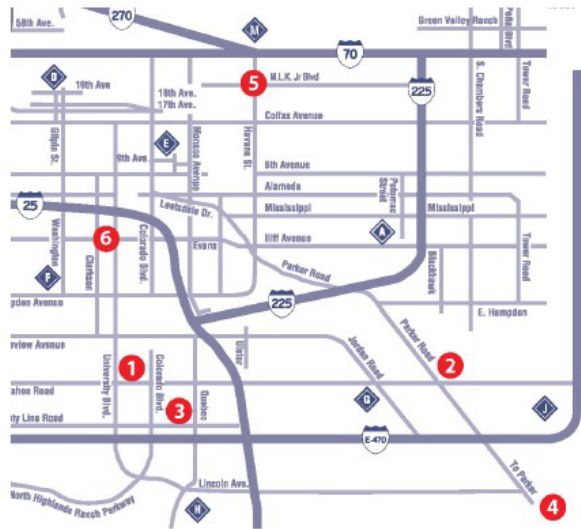
OTHER SERVICES

Pulmonary Function (Spirometry)
 Other
 (Describe) _____

CONVENIENT DENVER LOCATIONS Weekdays 8am – 8pm Saturday 8am – 8pm Sunday 8am – 5pm

Open Every Day

- | | |
|---|--|
| <p>1. Greenwood Village
 5990 S. University Blvd.
 Greenwood Village, CO 80121
 Phone: (720) 446-5890
 Fax: (303) 797-5505</p> <p>2. Aurora
 5620 S. Parker Rd.
 Aurora, CO 80015
 Phone: (720) 446-5893
 Fax: (303) 690-2810</p> <p>3. Highlands Ranch
 7120 E. County Line Rd.
 Highlands Ranch, CO 80126
 Phone: (720) 446-5891
 Fax: (303) 220-9688</p> <p>4. Parker
 11339 S. Pikes Peak Dr.
 Parker, CO 80138
 Phone: (720) 588-4000
 Fax: (303) 841-2688</p> | <p>5. Stapleton
 3001 N. Havana St.
 Denver, CO 80238
 720-458-6825</p> <p>6. DU
 1405 E. Evans Ave.
 Denver, CO 80210
 720-449-8050</p> <p>7. Arvada
 6413 Fig St.
 Arvada, CO 80127
 720-449-8060</p> |
|---|--|



*Visit us at www.CareNowDenver.com
for detailed maps to each location*

CUSOM Guide to Providing Peer Feedback

Providing feedback to peers can be a difficult thing to do. We all have doubts in our minds when we approach someone in this manner – (Who am I to be giving this feedback? I'm not their boss; I'll let someone else take care of it; what if I am wrong and what I think is happening isn't the case?) While it is easy to use any one of those thoughts as an excuse to not provide feedback, as professionals we have a duty and responsibility to speak up. Feedback needs to be rooted in genuine concern for the other person and our profession. People are often unaware what they are doing. For example, think about a time you had food stuck in your teeth. You were oblivious to the fact that it was there, and it is far more embarrassing to go through the entire day and interact with people than to just have someone point it out. Feedback should be looked at in the same way. It isn't a conflict, it is helping someone avoid an embarrassing and unfavorable situation. Below are a few tips to help make it easier to approach someone and provide feedback.

6 characteristics needed to provide EFFECTIVE feedback:

1. **Specific:** should reference a specific action or event
2. **Constructive:** an opportunity to improve, not pointing out a weakness
3. **Proactive:** provide before the issue becomes a bigger problem
4. **Timely:** provide as close as possible after the action or event
5. **Relevant:** it needs to be something that the person has the ability to fix
6. **Reciprocal:** if you are receptive to feedback your peers are far more likely to accept feedback from you

While the above characteristics are good to know so that your feedback can be effective, how do you actually do it? Asking for someone's permission to provide feedback is a good way to start. If they are not in a state to accept feedback at that time, coming back at an appropriate time is beneficial. Craft an honest, measured opening. Getting started is often the hardest part of a challenging conversation. It might be tempting to soften your message or ease your way into things, but this can confuse or upset people. Use examples and context to support your message. Below are some examples of how to initiate the conversation:

- "Hey, do you have a minute to talk? If you don't now, when would you?"
- "Can we step aside for a minute? I just want to clarify something."
- "I have some feedback to give you, when is a good time?"
- "I have a question about earlier, is now ok?"
- "This may be a hard conversation but I want to give you some honest feedback"

Now that you have the conversation started, approach them with a neutral tone and body language. Let's use the following example of someone showing up to a small group late as an opportunity to give feedback.

- Make them aware of the situation:
"We had small groups starting at 10 this morning."
- Inform them of your observation (Using only facts, be objective, clear and avoid emotion phrases like "I feel"): "I noticed that you came in 30 minutes late."

At this point, they may inform you that their car broke down and they have already been in contact with block directors to address the issue. If that is the case, by initiating peer-to-peer feedback you have shown them that you care. But let's say that they tell you they have trouble waking up in the morning and woke up late today.

- Make the impact of their actions apparent (ex: "When I see [X behavior], it portrays [Y impression]."): "By coming late, it can be construed as disrespectful to the facilitator and our colleagues"
- Demonstrate why you care about their actions and are providing feedback.
"I know you are caring person and dedicated student, which is why I don't want you to be perceived in a negative light for running late."
- Ask if they would like your suggestions and/or help:
"I could call you in the evening before a required session to make sure you set your alarm."
- Then illicit their opinion to make them invested and agree on a plan:
"What do you think? Does that sound like it could work?"

Being a professional is not easy and providing feedback is one of the harder aspects of being professional. With time and practice, it will become easier and you will become better at giving feedback. This is a great time in your career to put these steps into practice and develop these skills!

Here are a few more tips for providing feedback:

DON'T:

- Give feedback in public, if possible.
- List of all the things they have done "wrong."
- Make generalizations.
- State your interpretations of their actions
- Talk down to the person receiving feedback
- Become defensive or argumentative
- Rehearse your response - it will make you more confrontational.
- Lose sight of the goal to uphold professionalism.

DO:

- Give feedback in private.
- Give feedback on one issue at a time.
- Focus on the behaviors they displayed and are able to improve.
- Remain objective; discuss the impact on the team, organization, profession.
- Involve them in the feedback process.
- Consider including something that was positive in addition to raising a concern.

Of course, everyone and every situation is different. Most of the time there has been a

misunderstanding and the person will be able to clear it up when you ask them to talk. Other times the person may not be willing to speak with you or become defensive. At that point, consider these additional options for support or follow-up:

Timely Feedback/Resolution Identifiable

Student representatives (Course, Honor Council, Professionalism, Class) Supervising faculty (Classroom, Clinical)
COMPASS Guide
Student Professionalism Committee Chair
Deans for Student Life, Office of Diversity, Equity & Inclusion AMC Office of Equity
AMC Ombuds Office



Delayed Feedback/Resolution Confidential

References:

1. Wiggins, G. (2012, September). Seven Keys to Effective Feedback. *Educational Leadership*. 7(1), 10-16.
2. Archer, J. C. (2010), State of the science in health professional education: effective feedback. *Medical Education*, 44: 101–108.
3. Hewson, M.G., Little, M.L. (1998, February). Giving Feedback in Medical Education. *Journal of General Internal Medicine*. 13, 111-116.
4. Insight Assess, Victorian Curriculum and Assessment Authority. (2014, 04). Characteristics of Effective Feedback. <http://www.insight.vic.edu.au/feedback-and-reporting/characteristics-of-effective-feedback>
5. Informal Peer to Peer Feedback Guide (2011). The Corporate Executive Board Company.

Medical Student Professionalism Committee, 2025

How can students provide feedback to teachers at CUSOM?

As we know that our faculty need feedback just as much as you do, we have multiple ways of providing feedback to teachers:

Timely Feedback/Non-Confidential/Resolution Identifiable

- Speak directly with the faculty*
- Contact appropriate student representative*
- Contact Course, Clerkship, LIC Director*
- Contact Assistant Dean (Curricular or Student Life)*
- Use Trek Real Time feedback form*
- Use clerkship or course evaluations*
- Use individual faculty evaluations within clerkship or course*
- Report to Office for Faculty Relations or Office of Equity*
- Report to Health System Safety Reporting Structure*



Delayed Feedback/Confidential/Resolution Undisclosed

- Speak directly with faculty*
- Direct, timely feedback is always the best, and faculty are most able to make changes when given specific

information in person or in writing. If you have a strong relationship and/or feel comfortable providing [constructive](#) feedback, this approach is most likely to have a significant effect.

Contact appropriate student representative

If the feedback relates to course content or processes, student course representative(s) may be contacted. If feedback relates to broader concerns including advising and student life, contact your class president or other officers.

Contact Course, Clerkship or LIC Director

Course, Clerkship and LIC Directors are responsible for all aspects of a course, and they can assure your confidentiality in discussions. They also can work to improve future interactions for students who come after you, although they may recommend elevating concerns to either Deans or Office of Faculty Relations.

Contact Assistant Dean (Curricular, Student Life, or Assessment, Evaluation and Outcomes)

The Assistant Deans of the School of Medicine are invested in positive learning environments on campus; they are always resources for student concerns and can address many issues directly.

Use Trek Real Time Feedback Form

The Trek Real Time Feedback Form can be completed anonymously or including your name and is meant for brief in the moment feedback. This feedback is seen immediately by the appropriate curricular dean and the Assessment, Evaluation, and Outcomes Office. If you include your name, you will be contacted with information on what was done with your feedback.

Use course or clerkship evaluations

Course evaluations are seen by Course Directors and Deans after the course is complete and grades are submitted, thereby protecting your course grade from any risk of retaliation. These are confidential, with no ties to individual students. However, the confidentiality and delayed timing makes follow up and action difficult.

Use individual faculty evaluations within a clerkship or course

Individual faculty evaluations are confidentially collected by the Office of Assessment, Evaluation and Outcomes. After the course is completed and grades are submitted, they are generally batched every six months and anonymously shared with Course Directors, Deans, and faculty. Discussion of specific issues will be delayed, and may not be addressed due to the anonymity, timing and volume of evaluations.

Evaluations of LIC preceptors include your name however there are several boxes for confidential comments that are NOT shared directly with your preceptor.

Report concerns to the CUSOM Office for Faculty Relations

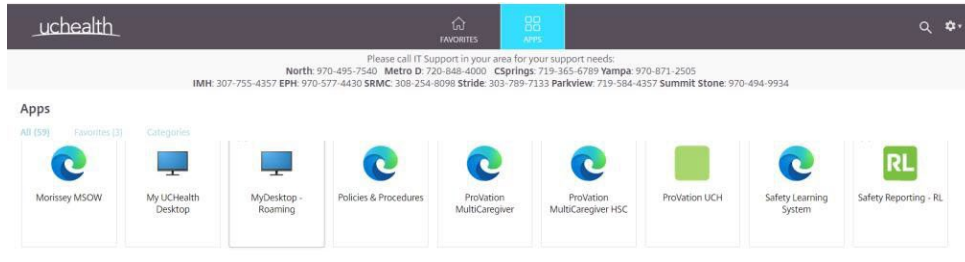
The [Office for Faculty Relations](#) provides students and other members of the Anschutz community a private or anonymous reporting process for episodes of mistreatment or unprofessional behavior by faculty, fellows or residents, no matter what kind or where it occurs (classroom, lab or clinical setting).

Report discrimination/harassment/sexual misconduct concerns to the AMC Office of Equity

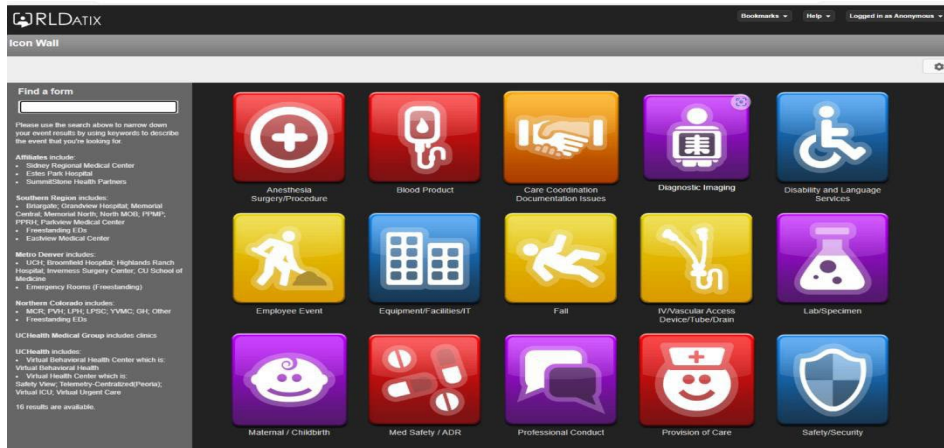
The [Office of Equity](#) offers a confidential/anonymous reporting structure for concerns about discrimination/harassment, sexual misconduct as well as intimate partner violence and stalking.

Report concerns to Health System Safety Reporting Structures

If the concern relates to an employee of the health system (e.g. nurse, pharmacist, therapist, assistant) rather than an AMC faculty member, use the Health System Safety Reporting structure typically embedded within the electronic medical record. For example, at UHealth, use the RL Safety Reporting App on the EPIC login (see end of screenshot for green square with white RL letters)



Once this is selected, there is a Professional Conduct option (purple comment boxes image)



Additional help needed?

Consider contacting the [Ombuds Office](#) which is a safe, confidential, and nonbiased resource that members of the University of Colorado Denver | Anschutz can approach to discuss, voice, and clarify any university-related concerns. They are a neutral third-party resource that is available to hear individual complaints and help sort out and identify options for resolving those concerns. This and other resources can be found through [CU HelpCompass](#), an online triage tool that helps identify relevant campus services/offices to address challenging situation.