

# Foothills Guidebook Class of 2026

University of Colorado School of Medicine

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## Introduction to Foothills

### **Welcome Class of 2026!**

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 one year of studying to work, challenging you to apply concepts in the clinical setting and influence patient care. You will also 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; you bring a substantial influence to this process. 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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Clinical Pillar  
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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. A safe approach: if you have questions not answered by this guide, 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: that 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

	Check off	Requirement (see <a href="#">Policies and Procedures - Trek Curriculum</a> )
<b>Overall</b>		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.
<b>Foothills</b>		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 My Record Tracker.</i>
		Complete the 2-week Foothills Basecamp.
		Successfully complete Foothills LIC clerkships. <i>Confirm passing grades are posted on your transcript.</i>
<b>End of Foothills</b>		Students must pass Step 1 prior to beginning Individualized Alpine courses.

All Foothills LIC clerkships must be completed at University affiliated sites and/or approved sites.

To complete Foothills, a student must complete all LIC clerkship courses with passing grades. You can find the Off-Cycle LIC Enrollment Policy in the SOM Policies and Procedures at

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.

## 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 and the Clinical Practice Exam (CPE) by passing or remediating. In addition, all students will be reviewed by the Trek Progress Committee at the end of the Foothills and must demonstrate meeting all required milestones before advancing to the Alpine 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.

Because the CPE testing dates extend into the early Alpine phase, Alpine courses may be initiated prior to achieving a passing score or appropriate remediation.

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

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

## 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: <a href="#">Immunization Certification</a>
Drug Screening	Plains Alpine	Required at the start of Medical School Orientation and again prior to the start of Clerkship: <a href="#">Drug Screen Policy</a>
TB Mask Fitting	Plains Alpine	Required every other year.
Influenza Immunization	all four years	Required annually (unless medically contraindicated) through individual's health insurance coverage. Proof must be uploaded by November 1 <sup>st</sup> each year in <a href="#">MRT</a> .
TB Testing**	All four years	Required annually through individual's health insurance coverage. Proof must be uploaded by November 1 <sup>st</sup> each year in <a href="#">MRT</a> .
Health Insurance Portability and Accountability Act (HIPAA)	All four years	Required annually. See Clinical Requirements Course on Canvas or in OSL UMET9001 Course in North Star.
Universal Precautions OSHA Requirements – Hazardous Materials Exposure	All four years	Required annually. See Clinical Requirements course on Canvas. For CUSOM policy go to <a href="#">Hazardous Exposure Policy</a>  Read this document for step by step process: <a href="#">Needlestick &amp; Body Fluid Exposure</a>
Needle Stick Policy	All four years	Required annually. See Clinical Requirements course on Canvas. For CUSOM policy go to <a href="#">Hazardous Exposure Policy</a>  Read this document for step by step process: <a href="#">Needlestick &amp; Body Fluid Exposure</a>

BCLS	Plains Alpine	Required during Phases I (during Fall in FDC I) and III (on your own time).
Workers' Compensation	As needed	Go to this website, and look under the "Incident Procedure" tab for further detail: <a href="#">Workers' Compensation</a>  Read this document for step by step process: <a href="#">Needlestick &amp; Body Fluid Exposure</a>

\*\*Students can contact 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 [MyRecordTracker \(MRT\)](#)**

- Keeping immunizations current is your professional responsibility. PPD 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.
- COVID-19 Vaccinations were required by September 1, 2021 for current students and pre-matriculation thereafter. Recommendations are constantly evolving.
- The following are also required: Proof of Tdap (within 10 years), Polio, HepB, Varicella, MMRs (x2), and PPD (Annually).
- It is your professional responsibility to maintain all documentation in My Record Tracker. 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.

**myClinicalExchange (MCE)**

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.

## **Attendance and Absences:** Trek Foothills Attendance Policy

Attendance on clinical clerkships and didactic sessions (unless otherwise specified) is required. Every attempt must be made to schedule absences for voluntary situations outside of the required curricular elements (e.g. during holidays, course breaks). Students will be permitted a maximum of 5 excused absences for acute illness over the course of the LIC year. Any additional time off for acute illness will require students to do make up time. Students exceeding this number need to make up time during the LIC year or would be assigned an IP grade until that time was completed. Students requiring time away from clinical requirements for chronic illness or regularly occurring appointments will need accommodations through the Office of Disability, Access and Inclusion (ODAI).

**Personal Days:** Each student will be permitted a maximum of 5 excused absences for personal days for excused absence over the course of the LIC year. Requests for personal days must be submitted to the LIC Director at least 60 days in advance, except in cases of emergencies, and will be granted if curricular obligations allow. Additional personal days beyond the 5 may be granted for personal emergencies only but would require make up time. Students must request a personal day if they need to protect any day for a personal day, including weekends. Appropriate reasons for a personal day include important events such as weddings, funerals, reunions, graduations, religious holidays, and extra conferences beyond the 48 hours allowed.

**Presentation at conference:** Students are permitted attendance at one conference limited to 48 hours including the day of presentation over the course of the LIC year. Students must present documentation of their authorship and presentation at the conference in order to qualify for absence from the LIC to attend a conference. Requesting a weekend day off for a conference will count as a conference day.

**PROCESS to Seek an Excused Absence or to Inform of a Voluntary Absence:** Student must submit request in writing to their LIC Director. The student must inform his or her attending and/or resident of the approved absence. **Involuntary Situation:** Student must contact his or her attending and/or resident as well as the LIC Director as soon as possible. To be considered an “excused” absence, an absence for an involuntary situation must be approved by the LIC Director. The LIC Director must inform the Office of Student Life Student if student exceeds 5 days in the academic year of absences for illness or 5 personal days.

**CONSEQUENCE OF ABSENCE** (e.g., make-up work/days, remediation, professional report, grading): If absences (voluntary or involuntary) exceed allotment for illness and/or personal days, the LIC Director or the LIC Coordinator will work with the student and faculty regarding make-up time/work, issues for credit, etc., consulting with an Assistant Deans of Clinical Clerkships and/or Student Affairs. If the agreed upon make-up session or work is not completed, not completed within the agreed upon timeframe, or not completed with satisfactory quality, then the LIC Director will ask the Assistant Dean of Medical Education and Clinical Clerkships to convene an executive committee meeting of the LIC Directors to discuss the assignment of a non-passing grade (an “IP” or a “F”).



## **LIC Move Time Allowance**

Medical students who are placed in LICs remote from their primary campus are required to move and re-establish a home for the duration of the LIC year in their LIC community, and then return to the Denver/Aurora area for the Alpine phase of the curriculum. Two days will be incorporated into the Foothills basecamp schedule to accommodate moving needs with the delay of clinical rotations by two days for these students. At the conclusion of the LIC, students will complete clinical work at their site two days before the conclusion of the Foothills year to allow time to return to Denver. All assignments and exams must be completed before the move dates with the exception of the rural LIC students who will return to the Anschutz Medical Campus for several on-site assessments requiring physical presence.

## **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.

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

Situation where advance notice is NOT possible (e.g., major emergency): 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. Approval by the Assistant Dean of Student Affairs is required to delay an exam. Student will be required to make up exam on designated date. Acceptable notification requires speaking directly to the LIC Director, LIC Coordinator and an Assistant Dean of Student Affairs. If a person is unavailable, the student should leave a phone message and immediately send an email.

## 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 here: <https://www.cuanschutz.edu/registrar/academic-calendars>

### Core Clinical Conditions and 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
9. Discuss the critical role of primary care including family medicine within any health care system

## **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

GI	Longitudinal Cancer	Any
	DVT/PE	Any
	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
Renal	Pneumonia	Child AND Adult
	Arrhythmia	Any
	Peripheral Artery Disease	Adult
	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
Neuro	Rheumatologic Disease	Any
	Altered Mental Status	Child AND Adult
	Disorders of Sensation	Any
	Weakness	Any

Psychiatry	Red Eye/ Change in Vision	Any
	Headache	Any
	Stroke/TIA	Adult
	Dementia	Adult
	Abnormal Movement	Any
	Epilepsy	Any
	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
Endocrinology	Feeding and Eating Disorders	Any
	Diabetes	Any
	Obesity	Any
	Osteoporosis	Adult
	Thyroid Disease	Any
	Dyslipidemia	Any
Ob/gyn	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
	Prevention/health promotion	Health Promotion and Disease Prevention
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

# University of Colorado School of Medicine Foothills Phase Grading Policy and Overview

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

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

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

1. All use Oasis to gather assessments from the faculty and residents that you work with. These assessments include ample space for comments separated into different sections. Students must request assessments from any supervisor they work with for 3 or more clinical encounters (a shift or partial shift, a meaningful patient encounter, or other clinical learning experience); a failure to do so is considered a minor professionalism concern.
  - a. **Comprehensive Assessment** – This assessment includes questions across all the different activities taught and assessed in a particular clerkship. This form will be completed by longitudinal preceptors at the end of the year. This assessment form triggers a reciprocal evaluation that the student completes about the preceptor.
  - b. **Core Assessment** – This assessment includes ratings and comment boxes for the core tasks and allows the preceptor to select additional tasks to assess the student on. Residents and faculty that a student works with during an immersion (for 3 or more clinical encounters) will be assigned this assessment form. In addition, this will be used for the mid-year preceptor assessment and end-of-year emergency medicine preceptor assessment. This assessment form triggers a reciprocal evaluation that the student completes about the preceptor.
  - c. **Brief Assessment** – This assessment only includes 2 questions and is designed for shorter interactions with a supervisor (following a cohort patient, inpatient rounding, interactions with an interprofessional team member, demonstrating skills that pertain to a different specialty domain, etc.) or as ongoing feedback from a primary preceptor. Each clerkship has a specific number of forms that must be completed in order to pass the course. In the spirit of a growth mindset, it is to the student's benefit to collect as many brief assessments as possible.
    - i. These forms do NOT trigger a reciprocal evaluation.
    - ii. Brief Assessments may only be completed by licensed clinical providers (MA, PA, RN, NP, MD, SW, EMT, PhD, PsyD, etc.) – someone who completed a medical professional training program. Students in any training program may not complete assessments of other students.

- iii. Brief forms will only be open for 2 weeks. If incomplete at that time, the form will close as the purpose is in-the-moment formative feedback.
    - iv. All brief forms must be completed by June 1, emergency medicine brief forms must be completed by July 1.
  2. All clerkships utilize a grading committee to determine whether or not a student meets the criteria for a particular clinical grade (i.e. honors, high pass, pass). The committee is chaired by the clinical content director (CCD) and includes all the other liaisons for that specialty. All data seen by the grading committee is deidentified (no mention of name or gender of the student) to minimize bias. If a liaison has provided a comprehensive assessment for a particular student or is the student's LIC director, they will be recused from grading that student. The CCD is responsible for assigning all specialty clerkship grades once voted on by the grading committee.
  3. The LIC course grade is assigned by the LIC director for students who achieve a Pass. A passing grade will be assigned to all students who have met the course criteria. Students who do not meet these criteria will be discussed with the Assistant Dean of Medical Education and Clinical Clerkships. Failing criteria will be determined and a failing grade assigned by the Assistant Dean of Medical Education and Clinical Clerkships.
  4. All data gathered during the year is reviewed by the grading committee and utilized to determine a grade. However, the emphasis is placed on the skills/abilities a student can demonstrate at the end of the year so growth over the course of the year is encouraged and not penalized. The grading committee is looking for a pattern of performance, therefore one individual assessment with an outlying score or comment will not be the determining factor for the grade.
  5. Each LIC director will have the opportunity to add additional context information that will be viewable by each grading committee. This information will be written and reviewed together with the student and submitted into Oasis at the end of the Foothills year. Most students will not have additional context information that is necessary to submit, but in some cases, this information is important to understand unique situations related to the learning environment experienced by the student which may influence the way the grading committee interprets assessment data. Categories in which directors may submit context comments include: longitudinal preceptor changes or challenges, unusual immersion circumstances, interruptions in student continuity in the LIC, and other circumstances unique to the student or site. Context comments will be viewable to students in the Dashfolio.
  6. All clerkships that utilize an NBME subject exam (shelf) only include a passing score that must be achieved.
    - a. The passing score for all NBME subject exams is set at 2 standard deviations below the national mean.
    - b. Students who fail an exam will have the opportunity to retake the exam, but those students will not be eligible for honors.
    - c. Students who fail a subject exam twice are eligible only for a final overall grade of Pass with Remediation when the exam is passed.
    - d. The exam must be passed within 16 months of the first testing date; any exams that are not passed within this time frame will result in a final course grade of Pass with Remediation even if passed on the first retake attempt.
  7. Each clerkship has required assignments. All assignments are graded pass/fail. Some assignments include a comment section where the grader provides summative comments that will be viewed by the grading committee and used to assign the overall clinical grade. Passing all assignments is required to pass the clerkship. Assignments are graded by a liaison and/or LIC director. Any assignment with a failing grade is reviewed and verified by the respective Clinical Content Director before sending the grade to the student. Appeal of the grade on the assignment is not allowed after this second review. Students with failed assignments must respond to feedback and turn in a new assignment that reaches a passing level within 14 days of receiving the failed assignment grade. The assignment will be

regraded by the CCD to ensure passing quality. If not passed on the second attempt, the student will receive a Pass with Remediation in the course once the assignment is passed.

8. Professionalism is a required element of all Foothills courses. Students are expected to exhibit the core attributes of professionalism (reliability, willingness to ask for help/admit limits, integrity, duty, respect, honesty, advocacy) throughout their clerkships which includes attendance and participation in didactics and clerkship activities, respectful, honest, and timely communications with all clerkship faculty/staff, timely completion of all assignments and respectful and appropriate interactions with patients, families, communities, and care teams. If students do not meet these professionalism expectations their overall clerkship grade will be impacted. Minor professionalism concerns include things like tardiness, turning in an assignment late, or not participating in a single didactic session. Significant lapses include things like failing to attend scheduled clinical activities, unprofessional behavior with patients or clinical teams, or unprofessional behavior in small group learning settings. The LIC director is ultimately responsible for determining the level of concern (minor vs. significant) of a particular professionalism lapse. Significant professionalism concerns will be documented with a professionalism feedback form. Tracking of all professionalism lapses is done by LIC administration and in the student dashfolio. Egregious concerns or a pattern of ongoing problems despite reminders may also be grounds for course failure. Examples of egregious concerns include, but are not limited to, untrustworthy behavior, dishonesty, endangering patients, racist, sexist, or otherwise biased behavior, and/or a significant pattern of ongoing problems despite documented feedback on multiple occasions. Egregious lapses and patterns of professionalism lapses (2 or more significant lapses or 3 or more minor concerns or as determined by the grading committee) which may result in course failure will involve discussion between the LIC director, the Assistant Dean of Medical Education and Clinical Clerkships, and the Progress Committee.
9. Students will receive *Semester grades* for the first two semesters. These will be Pass/In-progress grades and will be noted as a *Semester grade* on the transcript. In the final semester, students will see the *Final Course Grade* on the transcript. The *Final Course Grade* will be the grade on the MSPE.

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

	Honors	High Pass	Pass	Fail
Clinical Assessments	<ul style="list-style-type: none"> <li>• Comments and ratings consistently demonstrate achievement of exemplary expectations for <b>most</b> clinical skills for patients <b>with common conditions AND</b></li> <li>• Consistently demonstrates <b>many</b> clinical skills with <b>complex or undifferentiated patients</b></li> </ul>	<ul style="list-style-type: none"> <li>• Comments and ratings consistently demonstrate achievement of minimum expectations for all clinical skills <b>with common conditions</b></li> <li>• Demonstrates <b>some (but not all)</b> exemplary clinical skills expectations for patients with <b>common conditions</b></li> <li>• Demonstrates <b>some (but not all)</b> clinical skills with <b>complex or undifferentiated patients</b></li> </ul>	Comments and ratings consistently demonstrate achievement of minimum expectations for clinical skills for patients with <b>common conditions</b>	Comments and ratings <b>do not consistently demonstrate</b> achievement of minimum expectations for clinical skills for patients with <b>common conditions</b>
Professionalism	<ul style="list-style-type: none"> <li>• No more than 1 minor professionalism concern; No significant professionalism lapses</li> <li>• Comments and ratings consistently demonstrate exemplary professionalism</li> </ul>	No more than 2 minor professionalism concerns, no more than 1 significant professionalism lapse and no egregious professionalism lapses	No egregious professional lapses and no pattern of unprofessional behavior	Pattern of unprofessional behavior or egregious professional lapses

<b>Assignments and exams</b>	<ul style="list-style-type: none"> <li>• Pass all assignments on first attempt</li> <li>• Pass exam on the first attempt</li> </ul>	Pass all assignments and exams (allowed one retake)	Pass all assignments and exams (allowed one retake). If shelf exam is only passed on 2 <sup>nd</sup> retake (3 <sup>rd</sup> sitting) or an assignment is only passed after 2 retakes, students only eligible for PR.	Does not pass all assignments even after allowed retakes, will result in PR once passed. Does not pass shelf exam on 3 <sup>rd</sup> retake (4 <sup>th</sup> sitting).
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To achieve a grade of honors a student must meet **all** three Honors criteria

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

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

Course	Assignments
<b>Emergency Medicine (Pass/Fail only)</b>	<ul style="list-style-type: none"> <li>• Trauma informed care interview</li> <li>• Primary survey checklists (2)</li> <li>• IPE reflection (Dashfolio comments)</li> <li>• EM CAPE simulation (Dashfolio comments)</li> <li>• Completion of at least 5 brief assessments and 1 Core form (no comprehensive assessments)</li> </ul>
<b>Family Medicine</b>	<ul style="list-style-type: none"> <li>• Musculoskeletal multiple-choice exam</li> <li>• Cohort cost analysis assignment (Dashfolio comments)</li> <li>• Microbiology /antibiotics modules</li> <li>• Completion of at least 2 brief assessments</li> </ul>
<b>Internal Medicine</b>	<ul style="list-style-type: none"> <li>• NEJM Healer assessment</li> <li>• Outpatient H&amp;P with pharmacology focus (Dashfolio comments)</li> <li>• ECG quiz</li> <li>• ABG/VBG (optional as learning seminar for some sites)</li> <li>• Dermatology module</li> <li>• Completion of at least 2 brief assessments</li> <li>• NBME Medicine subject exam</li> </ul>
<b>Obstetrics and Gynecology</b>	<ul style="list-style-type: none"> <li>• Obstetrics bingo</li> <li>• H&amp;P with discussion of evidence-based medicine (Dashfolio comments)</li> <li>• Ethics case preparation</li> <li>• Completion of at least 2 brief assessments</li> <li>• NBME Obstetrics and Gynecology subject exam</li> </ul>
<b>Pediatrics</b>	<ul style="list-style-type: none"> <li>• Observation of newborn physical exam</li> <li>• Anticipatory guidance assignment (Dashfolio comments)</li> <li>• Completion of at least 2 brief assessments</li> <li>• NBME Pediatrics subject exam</li> </ul>
<b>Psychiatry</b>	<ul style="list-style-type: none"> <li>• Initial Visit Note Writing Exercise (Dashfolio comments)</li> <li>• Psych interview, observation, and assessments (2) (Dashfolio comments)</li> <li>• MSE training videos</li> <li>• OPTIONAL - Psychiatry quizzes</li> <li>• Completion of at least 2 brief assessments</li> <li>• NBME Psychiatry subject exam</li> </ul>
<b>Surgery</b>	<ul style="list-style-type: none"> <li>• Informed consent Ethics assignment (Dashfolio comments)</li> <li>• Multi-station Observed Structured Clinical Exam (Dashfolio comments)</li> <li>• Completion of at least 2 brief assessments</li> <li>• NBME Surgery subject exam</li> </ul>

LIC Course  
(Pass/Fail only)

- CAPE IPE Clinical transformations
- LIC Reflective writing
- LIC concentration learning experiences/project
- Completion and logging of patient cohort
- Completion and logging of clinical conditions

## Minimum and Exemplary levels of supervision for each of the EPAS used during the Foothills

For each of the clinical skills below, a minimum level of supervision (green) has been identified that a student MUST achieve for **common** clinical conditions by the end of Foothills (as evidenced both in comments and in ratings). An exemplary level of supervision (blue) has also been identified for each clinical skill when working with **common** clinical conditions. If a preceptor selects this exemplary level of supervision an additional question is provided that asks them to consider the same clinical skills and levels of supervision for patients who are **medically/socially complex or undifferentiated**.

For a patient with a **common** concern, if you were to supervise this student again, how would you assign the task to the student to **ensure safe and effective patient care**?

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

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

<b>Technical skills</b> <i>Only in Emergency Medicine, Ob/GYN and Surgery</i>	Is this student ready to perform basic technical skills (bag-mask ventilation, single interrupted suture, pap smear, etc.) under direct supervision?	Not yet	Almost	Yes
<b>Urgent/ Emergent care</b> <i>Only in Emergency Medicine and Surgery</i>	Is the student ready to identify a patient who needs urgent/emergent care independently (evaluate a patient with unstable vital signs, altered mental status, or cardiopulmonary distress and know when to call for help)?	Not yet	Almost	Yes
<b>Organization/ Prioritization</b> <i>Only in Core forms</i>	Is this student ready to organize and prioritize responsibilities to provide safe and efficient care for at least 2 hospitalized patients simultaneously?	Not yet	Almost	Yes
<b>Evidence Based Medicine</b>	Does this student consistently form clinical questions, retrieve, and appraise evidence to advance patient care?	Not consistently*	Yes	Exemplary*
<b>Professionalism</b>	Did this student consistently demonstrate the core attributes of professionalism that build trust (reliability, willingness to ask for help/admit limits, integrity, duty, respect, honesty)?	Not consistently*	Yes	Exemplary*
<b>Compassion</b>	Did this student consistently demonstrate behaviors that convey compassion, empathy, respect, and inclusion?	Not consistently*	Yes	Exemplary*
<b>Situational Awareness</b>	Does this student consistently act in a way that fosters success of the team and its members and promotes cohesive team dynamics (e.g., an awareness of team dynamics, good situational awareness/ "reading the room" well, ability to see situations from others' perspectives and high emotional intelligence)?	Not consistently*	Yes	Exemplary*
<b>Advocacy</b>	Did this student consistently advocate for the well-being of patients and families?	Not consistently*	Yes	Exemplary*
<b>Interprofessional Collaboration</b>	Did the student engage with an interprofessional team to facilitate patient care?	Not consistently*	Yes	Exemplary*
<b>Self-directed learning/Agency</b>	Did this student consistently demonstrate responsibility/agency for patient care and their own learning (proactive, consistently follows cohort patients, educates self and others)?	Not consistently*	Yes	Exemplary*

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



## NBME Subject Exam Passing Scores

Exam	Passing Score
Internal Medicine	58
Obstetrics and Gynecology	63
Pediatrics	62
Psychiatry	69
Surgery	58

*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.*

Students will be required to complete assignments for each clerkship as described above. All assignments are graded Pass/Fail. Many have comments submitted by graders which contribute to the dashfolio and are viewed by the grading committee. Requests for grade changes on assignments will not be considered until the end of the LIC year to ensure equity and fairness across all LICs and students who may be completing assignments at different times. To ensure fairness, assignments are graded by compass guides, specialty liaisons, clinical content directors or LIC directors who have participated in standard setting.

Grade	Definitions
Honors (H)	A grade of Honors is given to a student whose performance is of a very high caliber. Total honor points are calculated as the number of credit hours with the honors grade and may be used to determine academic nomination of students for various awards and commendations.
High Pass (HP)	A grade of High Pass is given to a student whose performance clearly exceeds the Pass requirements but does not reach Honors level.
Pass (P)	A grade of Pass is given to a student whose performance meets the minimum requirements established by the Course or Clerkship Director.
In Progress (IP)	A temporary grade of In Progress is given when a student is unable to complete the requirements for a Course or Clerkship. Students will be required to complete the course requirements for this grade to be changed. For more details, see Sections <a href="#">3.3.3</a> .
Pass with Remediation (PR)	A grade of Pass with Remediation is given to the student whose performance is initially below the passing standard (IP) or (F), but who meets the course requirements after remediation.
Fail (F)	A grade of F is given when a student's performance is clearly below the passing standards of the Course or Clerkship.

## Withdrawal (W)

A grade of withdrawal is given when a student leaves a Course or Clerkship before being assigned a final grade AND requires approval by the appropriate Course Director or Assistant or Associate Dean.

## Appeal of Grade Decision in Foothills Phase

There are five situations in which a grade appeal may be considered: 1) the student thinks they were subjected to bias or discrimination based on their own personal characteristics that may have negatively impacted their assessments and grading decisions, 2) the student thinks they were subjected to mistreatment or there was unresolved interpersonal conflict with an assessor that negatively impacted their assessment or grading decisions, 3) there is a critical missing assessment (brief forms are not considered critical; forms must have been requested before the end of the LIC to be considered critical), 4) insufficient assessment data to make a grading decision (completed assessments will not be re-opened to request additional information; this refers only to a rare situation in which circumstances led to insufficient data for the entire clerkship extending beyond a single context, individual or form), and/or 5) there was a violation in the grading policy. The table below describes the procedure for appeal. Please note this policy applies only to final grade appeals, not individual assessments, assignments, exams, or any other type of assessments.

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

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

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

Because the Assistant Dean of Medical Education and Clinical Clerkships determines if students will be assigned failing grades in the LIC course, there is a foreshortened appeals process in these cases. Appeals

should be submitted to AEO per normal procedure within 21 days including discussion with the LIC director. AEO will forward appeals directly to the Assistant Dean of Medical Education and Clinical Clerkships, bypassing the CCD grading committee. The Assistant Dean of Medical Education and Clinical Clerkships will have 8 weeks/56 days to meet with the student and make a ruling. Further appeal would proceed as outlined to the Senior Associate Dean of Education.

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

## NBME Subject Exams

Some specialties utilize a subject exam created by the NBME (National Board of Medical Examiners) as part of the required assignments for the course. Students must pass the exam in order to pass the course. Please notify the LIC coordinator if you have received accommodations for testing. Students must pass the exam in order to pass the course. A grade of In Progress (IP) is assigned after first failure of the subject exam if the student has satisfactorily completed all other components of the clerkship. In this situation, the highest final grade that can be assigned is High Pass (HP). After a second failure of the written exam, the highest final grade that can be assigned in the course is Pass with Remediation (PR). Policies governing shelf exam failures can be found in the [Policies and Procedures - Trek Foothills Curriculum](#). Please notify the LIC coordinator if you have received accommodations for testing.

## NBME Comprehensive Clinical Sciences Exam

All students are required to take the CCSE (an NBME exam that simulates Step 2) once during the Foothills at the end of the year. Students will have the option to take the CCSSA exam mid-year to allow for assessment of progress as you move through the year and encourage reflection on your learning, but it is not required. We also want 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 160** (5<sup>th</sup> percentile nationally) will be noted as a concern that will be reviewed by the Trek Progress Committee in addition to their performance on the other exams in the Foothills.

## 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

### Rescheduling of Examinations

- The final decision regarding whether a student may or may not reschedule the examination rests with the LIC Director.
- If a student needs to reschedule an examination for any reason, the student should contact the LIC Coordinator and/or LIC Director prior to the start of the exam.
- If a student is approved to take their examination on an alternate date, the student is responsible for contacting the LIC Coordinator to schedule the alternate date/time.

## **Scheduling of Shelf Exam Policy**

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

### **Exam policy for IT failures**

In rare cases, a student may feel a technical difficulty **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 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.

### **Multiple Shelf Exam Failure Policy**

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

### **Trek Educational Handoff Policy** (Formerly Feed Forward Policy)

Background:

All students benefit from continuity across the continuum of undergraduate medical education, and this benefit is even more pronounced for students with struggles. The medical

school's duty to these students and society mandates an intentional approach to feedback and remediation for students with struggles. Course directors can be trained, and systems arranged, to avoid negative bias towards students with struggles. Additionally, course directors can be empowered to utilize resources within their courses to support students with struggles and provide remediation with the support and guidance of expertise within the Office of Student Life (OSL). All medical students at key transitional stages of the curriculum will be reviewed holistically by the Trek Progress Committee with the goal of determining which students would benefit from an educational handoff.

Determination of who needs a Handoff:

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

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

Meeting Structure

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

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

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

future group meeting may be convened, more formal remediation may be enacted, or other steps may be taken to support student success.

It is critical that a limited number of faculty participate in oversight and information sharing to protect students from negative bias. Course directors participating in feed forward meetings will recuse themselves from grading decisions. Other faculty evaluating a student may be made aware of limited information shared in Educational Handoff meetings with the student's permission, recognizing that skills can often be best coached by faculty who are notified in advance of specific growth areas. While all attempts will be made to avoid situations in which a course director involved in an Educational Handoff meeting with a student is placed in a supervisory clinical role in the future with that student, this may not be entirely avoidable in all courses. In that event, the course director will serve in only a teaching and supervisory role and will not provide clinical evaluations.

## **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

## 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:**

### **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 to 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 Cite Related Dress Code Policies: CHCO::

<https://www.childrencolorado.org/globalassets/research/orientation-training-handbook-nonemployees-medical-staff.pdf>

Colorado Springs Branch (under frequently asked questions):

<https://medschool.cuanschutz.edu/education/colorado-springs-branch>

Denver Health: Denver Health Personal Appearance Dress Code

Exempla Saint Joseph's Hospital: <https://www.sclhealth.org/-/media/files/shared/for-medicalprofessionals/student-placement/studentguidelinessclhealthdenvercaresites150220.pdf?la=en>

UCH: Dress Code and Professional Appearance VA: <https://www.denver.va.gov/clinicaltrainee/Docs/00-006-Employee-Attire-Guidelines.pdf>

## 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.

### **Family Member or Close Personal Relationships with Preceptors Policy:**

Family members, or those with a current or former close relationship to a medical student, will not be involved in the academic assessment or promotion of a medical student. When students or their family members who are in a supervisory role are working together in a School of Medicine course, there is the potential for a conflict-of-interest in evaluating the student's academic or clinical performance. For the purposes of this policy, family member is defined including spouses, domestic or romantic relationships, siblings, parents, grandparents, cousins, aunts, uncles, or any other close relationship through blood, marriage, or otherwise that may create a conflict of interest. If not a relative or family member described

above, application of this policy will be at the discretion of the course director in consultation with the Assistant Dean of the Clinical Curriculum and/or the Associate Dean of the Office of Student Life. Course assignment at a clinical site or in a lab or classroom setting with a family member will be also avoided at the discretion of the course Director. Faculty must notify students as soon as they recognize the conflict-of-interest. Students likewise must notify their course director if they are assigned to a faculty for evaluation who has a potential conflict of interest due to a family member relationship as described above. Once identified, the course director must find an alternative placement or provide an alternative supervisor for evaluation.

### **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 8 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 8 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.

## End of Course Evaluations:

For the Longitudinal Integrated Clerkships, students will receive the end of block evaluation question by survey at the conclusion of each immersion block as well as all of the snapshot surveys given to the class as a whole. They will complete the standard course evaluation question at the conclusion of the LIC.

Compliance with logging is a professionalism expectation.

## Clinical Logger Requirements

In order 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 each 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 UHealth system, Denver Health Medical Center, Children's Hospital Colorado, and the Rocky Mountain Regional VA Medical Center. It also applies to community practices and global health experiences. Contact information for university communications and affiliated hospitals can be found at the links below. If one is training at an institution not included below, please refer to the policies of that institution.

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

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

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

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

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

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

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

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

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

## Professionalism:

### The Importance of Professionalism: Yours and Others

As you enter the clinical phase of your training, your professionalism and the professionalisms 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
<a href="#">Student Professionalism Committee</a>
Student Professionalism – <a href="#">Student Feedback Form</a>
<a href="#">Honor Council</a>

### 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 <https://medschool.cuanschutz.edu/education/current-students/support-for-students/policies-procedures-guidelines>.

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

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

<https://www.cuanschutz.edu/offices/professionalism>

## 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 a 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@cuanschultz.edu](mailto:FacultyRelations@cuanschultz.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

<https://www.ucdenver.edu/offices/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 2026,

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 9th, 2023 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,  
Deedee Colussy  
Financial Aid Program Manager  
[deedee.colussy@cuanschutz.edu](mailto:deedee.colussy@cuanschutz.edu)  
Direct Phone: 303-724-9117  
[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](mailto: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](http://www.ucdenver.edu/ucdaccess)
  - b. You will need to submit the 23-24 FAFSA for your Fall 2023, Spring and Summer 2024 semesters. This application was made available at [www.studentaid.gov](http://www.studentaid.gov). Your 2021 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. Direct Unsubsidized Loans are accepted in UCD Access under the 2024 Year.
    - b. Direct PLUS requires an application: <https://studentaid.gov/plus-app/>  
Necessary details to include on your PLUS application: Year: 2023-2024  
Amount: either maximum (for those taking the entire PLUS offered) or the specific dollar amount you have calculated. Applications missing the amount information cannot be processed by the FASO.
    - c. Note: the 23/24 PLUS application does not open until mid-late June. Loan Period: most students request aid for fall/spring (September 2023-May 2024) and the amount will be equally divided between the two semesters.
    - d. Note: 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. A free option for budget tracking is [mint.com](https://mint.com).

The \$2,500 allowance applies to the 2022- 2023 academic year; the amount will increase by \$100 for the 2023-2024 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.

- Fall 2023: July 24<sup>th</sup> for students enrolled in the Discovery MSA course. Students not taking the MSA can anticipate receiving their aid the week of September 5<sup>th</sup> when Basecamp begins.
- Spring 2024: January 9<sup>th</sup> – 13<sup>th</sup>
- Summer 2024: May 29<sup>th</sup>, 2023

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

- UCD Access: [ucdenver.edu/ucdaccess](http://ucdenver.edu/ucdaccess)
- [StudentAid.gov](http://StudentAid.gov)
- Managing Your Finances During Medical School [AAMC](http://AAMC)
- AAMC's [FIRST](#) (Financial Information, Resources, Services, and Tools)
- 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:**

### **Children’s Hospital of Colorado Longitudinal Integrated Clerkship - Advocacy**

LIC Director: Dr. Meghan Treitz - [Meghan.treitz@childrenscolorado.org](mailto:Meghan.treitz@childrenscolorado.org)

LIC Assistant Director: Dr. Amy Grover – [Amy.grover@childrenscolorado.org](mailto:Amy.grover@childrenscolorado.org)

LIC Coordinator: Margie Rodgers – [Margie.rodgers@cuanschutz.edu](mailto:Margie.rodgers@cuanschutz.edu)

### **Colorado Springs Longitudinal Integrated Clerkship – Health Equity**

LIC Director: Dr. Heather Cassidy - [heather.cassidy@cuanschutz.edu](mailto:heather.cassidy@cuanschutz.edu)

LIC Coordinator: Julia Walden – [Julia.walden@cuanschutz.edu](mailto:Julia.walden@cuanschutz.edu)

### **Colorado Springs Longitudinal Integrated Clerkship – Quality Improvement & Patient Safety**

LIC Director: Dr. Jaime Baker - [bbaker9810@gmail.com](mailto:bbaker9810@gmail.com)

LIC Coordinator: Erin McKay - [erin.mckay@cuanschutz.edu](mailto:erin.mckay@cuanschutz.edu)

### **Community Health Longitudinal Integrated Clerkship – Advocacy**

LIC Director: Dr. Henry Colangelo - [henry.colangelo@cuanschutz.edu](mailto:henry.colangelo@cuanschutz.edu)

Co-Assistant LIC Director: Dr. Hana Smith - [hana.smith@childrenscolorado.org](mailto:hana.smith@childrenscolorado.org)

Co-Assistant LIC Director: Dr. Kari Mader - [Kari.mader@cuanschutz.edu](mailto:Kari.mader@cuanschutz.edu)

LIC Coordinator: Shelley Moore - [shelley.moore@cuanschutz.edu](mailto:shelley.moore@cuanschutz.edu)

### **Denver Health Longitudinal Integrated Clerkship – Advocacy**

LIC Director: Dr. Anne Frank - [Anne.frank@dhha.org](mailto:Anne.frank@dhha.org)

LIC Coordinator: Kristina Oatis - [Kristina.oatis@dhha.org](mailto:Kristina.oatis@dhha.org)

### **Denver Health Longitudinal Integrated Clerkship – Health Equity**

LIC Director: Dr. Vishnu Kulasekaran - [vishnu.kulasekaran@dhha.org](mailto:vishnu.kulasekaran@dhha.org)

LIC Coordinator: Kaley Batley - [kaley.batley@dhha.org](mailto:kaley.batley@dhha.org)

### **Denver Health Longitudinal Integrated Clerkship – Public & Population Health**

LIC Director: Dr. Kate Adkins - [kate.adkins@dhha.org](mailto:kate.adkins@dhha.org)

LIC Coordinator: Kristina Oatis - [Kristina.oatis@dhha.org](mailto:Kristina.oatis@dhha.org)

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

LIC Director: Dr. Ben Leon – [Benjamin.leon@uchealth.org](mailto:Benjamin.leon@uchealth.org)

Assistant LIC Director: Dr. Ashley Barash – [Ashley.barash@cuanschutz.edu](mailto:Ashley.barash@cuanschutz.edu)

LIC Coordinator: April Hoyland [april.hoyland@cuanschutz.edu](mailto:april.hoyland@cuanschutz.edu)

### **Kaiser Permanente Longitudinal Integrated Clerkship – Inquiry**

LIC Director: Dr. Sharisse Arnold-Rehring - [sharisse.arnold-rehring@kp.org](mailto:sharisse.arnold-rehring@kp.org)

LIC Coordinator: Danya Ahram - [danya.j.ahram@kp.org](mailto:danya.j.ahram@kp.org)

### **Longmont Longitudinal Integrated Clerkship – Public & Population Health**

LIC Director: Dr. Amy Johnson – [amy.johnson@uchealth.org](mailto:amy.johnson@uchealth.org)

LIC Assistant Director: Dr. Abby Emdur – [abby.emdur@uchealth.org](mailto:abby.emdur@uchealth.org)

LIC Coordinator: Kelli Harris – [kelli.harris@cuanschutz.edu](mailto:kelli.harris@cuanschutz.edu)

### **Rural Longitudinal Integrated Clerkship – Public & Population Health**

LIC Director: Dr. Roberto Silva - [Roberto.silva@cuanschutz.edu](mailto:Roberto.silva@cuanschutz.edu)

LIC Co-Director: Dr. Mark Deutchman – [Mark.deutchman@cuanschutz.edu](mailto:Mark.deutchman@cuanschutz.edu)

LIC Coordinator: Melissa Darzins – [melissa.darzins@cuanschutz.edu](mailto:melissa.darzins@cuanschutz.edu)

LIC Coordinator: Julia Kendrick – [Julia.kendrick@cuanschutz.edu](mailto:Julia.kendrick@cuanschutz.edu)

### **University of Colorado Hospital Longitudinal Integrated Clerkship – Inquiry**

LIC Co-Director: Dr. Frank Merritt – [frank.merritt@cuanschutz.edu](mailto:frank.merritt@cuanschutz.edu)

LIC Co-Director: Dr. Benjamin Vipler – [Benjamin.vipler@cuanschutz.edu](mailto:Benjamin.vipler@cuanschutz.edu)

Inquiry Content Director: Dr. Sarah Faubel - [sarah.faubel@cuanschutz.edu](mailto:sarah.faubel@cuanschutz.edu)

LIC Coordinator: Andra Breazeale – [andra.breazeale@cuanschutz.edu](mailto:andra.breazeale@cuanschutz.edu)

LIC Coordinator: Nicole Perez – [Nicole.perez@cuanschutz.edu](mailto:Nicole.perez@cuanschutz.edu)

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

LIC Director: Dr. Emily Gottenborg – [Emily.gottenborg@cuanschutz.edu](mailto:Emily.gottenborg@cuanschutz.edu)

LIC Coordinator: Jenna Wyrick – [jenna.wyrick@cuanschutz.edu](mailto:jenna.wyrick@cuanschutz.edu)

**Veteran Affairs Longitudinal Integrated Clerkship – Equity**

LIC Director: Dr. Kate Jennings – [kate.jennings@cuanschutz.edu](mailto:kate.jennings@cuanschutz.edu)

LIC Coordinator: Andrea Marin – [andrea.marin@cuanschutz.edu](mailto:andrea.marin@cuanschutz.edu)

**Veteran Affairs Longitudinal Integrated Clerkship – Quality Improvement & Patient Safety**

LIC Director: Dr. Bryan Lublin – [bryan.lublin@cuanschutz.edu](mailto:bryan.lublin@cuanschutz.edu)

LIC Coordinator: Rae Laynes- [rae.laynes@cuanschutz.edu](mailto:rae.laynes@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.

# 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. Jeffery 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 Dwinnell, MD**

Associate Dean of Student Life

[BRIAN.DWINNELL@CUANSCHUTZ.EDU](mailto: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](mailto: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

DEI Liaison

Ft Collins and Colorado Springs Liaison

[maurice.scott@cuanschultz.edu](mailto:maurice.scott@cuanschultz.edu)



**Jeffrey SooHoo, MD, MBA**

Assistant Dean, Student Affairs and Admissions

Director, Masters of Medical Science

AOA Chapter Advisor

[JEFFREY.SOOHOO@CUANSCHUTZ.EDU](mailto:JEFFREY.SOOHOO@CUANSCHUTZ.EDU)

**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**  
Manager, Admissions  
303-724-8264  
[KARINA.GOODWIN@CUANSCHUTZ.EDU](mailto:KARINA.GOODWIN@CUANSCHUTZ.EDU)



**Lamar Cherry**  
Senior Admissions Specialist  
303-724-8662  
[lamar.cherry@cuanschultz.edu](mailto:lamar.cherry@cuanschultz.edu)



**Lindsay Willis**  
Senior Admissions Specialist  
303-724-6405  
[Lindsay.Willis@cuanschultz.edu](mailto:Lindsay.Willis@cuanschultz.edu)

### Student Affairs:



**Melanie Trinkwald, MA**  
Manager, Office of Student Life  
303-724-6292  
[MELANIE.TRINKWALD@CUANSCHUTZ.EDU](mailto:MELANIE.TRINKWALD@CUANSCHUTZ.EDU)



**Deborah Jackson, PhD**  
Records Manager  
303-724-6404  
[deborah.jackson@cuanschultz.edu](mailto:deborah.jackson@cuanschultz.edu)

- Plains and Foothills Registration/Grades
- Grade Issues/Changes

- Transcript Assistance
- MSA/Research Track Registration
- Database Management



**Danielle Schmidt**

Senior Records Coordinator

303-724-6408

[danielle.m2.schmidt@cuanschultz.edu](mailto:danielle.m2.schmidt@cuanschultz.edu)

- Alpine/Summit Registration/Grades
- Grade Issues/Changes
- MSPE Letters
- Visiting Student Learning Opportunities



**Marisa Hasty**

Student Affairs Events Coordinator

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



**Claire Drake**

Compass Program Coordinator

303-724-6406

[CLAIRE.DRAKE@CUANSCHUTZ.EDU](mailto:CLAIRE.DRAKE@CUANSCHUTZ.EDU)



**Deedee Colussy**

Program Manager, Financial Aid & Scholarships

303-724-9117

[deedee.colussy@cuanschultz.edu](mailto:deedee.colussy@cuanschultz.edu)

## 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 Diversity & Inclusion

The School of Medicine Office of Diversity, Equity & Inclusion (DEI) 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 believe diversity enhances the learning environment, strengthens the visibility and ties to nearby communities, and contributes to the community's overall health through programs and trainings focused on decreasing health disparities and increasing health equity in accordance with the mission of the medical school.

We also work to develop a respectful, diverse 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.



Amira del Pino-Jones, MD  
Associate Dean for Office of Diversity & Inclusion  
[Amira.delpino-jones@cuanschutz.edu](mailto:Amira.delpino-jones@cuanschutz.edu)



Maurice Scott, MD  
Assistant Dean of Student Affairs  
Director Undergraduate Medical Education DEI  
[Maurice.scott@cuanschutz.edu](mailto:Maurice.scott@cuanschutz.edu)

### Contact Us:

Office of Diversity and Inclusion  
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 at [cuanschutz.edu/centers/coahec/clinicaltraining](https://cuanschutz.edu/centers/coahec/clinicaltraining) or reach out to anyone on the COAHEC Housing team [COAHECHOUSING@CUANSCHUTZ.EDU](mailto:COAHECHOUSING@CUANSCHUTZ.EDU).



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

### 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)

Standard 10 panel drug screen  
 Standard 5 panel Non-DOT drug screen  
 Instant 10 panel drug screen  
 Instant 5 panel drug screen  
 DOT drug screen  
 Breath Alcohol test  
 Hair Folicle drug screen

#### REASON

Random  
 Pre-employment  
 Post Accident  
 Other

#### 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) \_\_\_\_\_

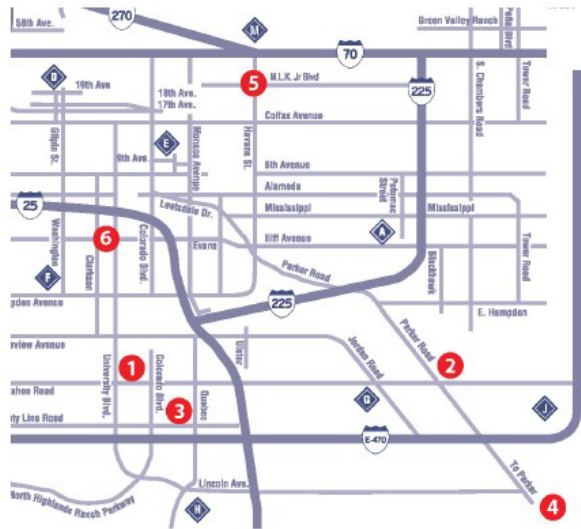
#### OTHER SERVICES

Pulmonary Function (Spirometry)  
 Other  
 (Describe) \_\_\_\_\_

Thank you for choosing CareNow Urgent Care

## CONVENIENT DENVER LOCATIONS Weekdays 8am – 8pm Saturday 8am – 8pm Sunday 8am – 5pm Open Every Day

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



Visit us at [www.CareNowDenver.com](http://www.CareNowDenver.com)  
for detailed maps to each location



## Options for Providing Feedback

### University of Colorado School of Medicine Feedback Options 2020

#### 1) The multiple ways of providing feedback to teachers:

Contact teacher directly  
Contact appropriate student representative\* Contact Block, Clerkship or Course Director  
Contact Assistant Dean (Clinical Core, Longitudinal, Clinical) Use block, clerkship or course evaluations

Use individual faculty evaluations within block, clerkship or course Report to Office of Professionalism  
[www.medschool.ucdenver.edu/professionalism](http://www.medschool.ucdenver.edu/professionalism)

**Timely Feedback/Resolution Identifiable**



**Delayed Feedback/Resolution Confidential**

\* If the feedback relates to Clinical Core blocks, CBD representative(s) may be contacted. If longitudinal courses, their respective student representative(s) may be contacted. If the feedback relates to professionalism concerns, the class Student Professionalism Committee representative may be contacted. If feedback relates to advisory and student life concerns, contact your academic College representative.

#### **Office of Professionalism**

Its mission is to promote a respectful and compassionate learning, clinical care and research environment. The Office provides medical students, graduate students and others a confidential, safe, free, "rapid response" resource for reporting any episode of mistreatment or unprofessional behavior by faculty, fellows or residents, no matter what kind or where it occurs (classroom, laboratory or clinical setting). The Office of Professionalism is a "first-choice" for reporting mistreatment, and direct emails to [professionalism@ucdenver.edu](mailto:professionalism@ucdenver.edu) or telephone calls 303-724-4PRO (4776) are encouraged. Visit the professionalism website [www.medschool.ucdenver.edu/professionalism](http://www.medschool.ucdenver.edu/professionalism) for more information.

#### **Professionalism Web Site**

This site is a comprehensive resource for students, residents and faculty members. The site includes a statement of the School's commitment to building and sustaining a respectful and supportive learning and clinical care environment. It provides direct links to the Office of Professionalism and the online mistreatment reporting form. Also, there are links to the Teacher-Learner Agreement, the Student Honor Council, Student Professionalism and the Faculty Professionalism Code of Conduct. The web site also includes documents outlining the definitions of mistreatment and sub-optimal learning environment.

#### **Reporting Options**

The professionalism web site includes a list of the options that are available for reporting mistreatment, including an online mistreatment reporting form. Visit the professionalism web site or go directly to the [Reporting Form](#). Reports of mistreatment using this online form are delivered and kept confidential. Note: Students may continue to report mistreatment using any of the available pathways, including the end-of-block evaluations, but we are encouraging reports to be directed to the Office of Professionalism as the first choice.

2) The multiple ways of providing feedback between students:

**Timely Feedback/Resolution Identifiable**

Contact your peer directly  
Contact small group faculty leader  
Contact appropriate student representative\*  
Contact block or course director  
Contact Assistant Dean for the core Occasional use of peer evaluations

Use individual faculty evaluations within block, clerkship or course Report to Office of Professionalism

[www.medschool.ucdenver.edu/professionalism](http://www.medschool.ucdenver.edu/professionalism)



**Delayed Feedback/Resolution Confidential**

*\*If the feedback relates to professionalism concerns, contact the class Student Professionalism Committee representative. If related to Honor Council concerns (e.g., cheating, unfair advantage), contact your Honor Council representative. If feedback relates to advisory and student life concerns, contact your academic College representative.*

**Feedback Tips:** (Adapted from: ~~Bergquist~~ *Bergquist & Phillips, A Handbook for Faculty Development, 1975*)

- Feedback should be timely: Given to peers as soon as possible after an incident.
- Feedback should be descriptive and not evaluative: describe what **actually happened**, not stating that something was "bad" or "done wrong".
- Feedback should be specific: clearly state what **actually was** problematic, instead of using generalities.
- Consider including something that was positive in addition to raising a concern.

**Example phrasing of constructive peer feedback:**

- "I felt like when you were talking during class this morning, I had a hard time hearing the lecturer," as opposed to "You should try to not talk during lectures."
- "I felt uncomfortable when you clarified the plan of care in the room, it would have been more helpful to do so privately", as opposed to "you shouldn't say anything negative about my plan of care in front of others."

Further guidance on selecting feedback mechanism can be provided by the Office of Student Life as well as the Anschutz Medical Campus' Ombuds Office, located on the 7th floor of Fitzsimons Building, phone 303-724-2950. The Ombuds Office can provide informal conflict resolution and a forum for prompt, impartial and confidential discussions. The primary goal of the Ombudsperson is to ensure that employees and students receive fair and equitable treatment. [Ombuds Office – Conflict Resolution & Management Experts](#)