

Course Name: RUUTE Community Engagement Experience (CEE)

Course Director: Stephanie Lyden, MD

Co-Course Director: Lucy E. Hansen, MD

Course Coordinators: Madelyn Carter, MPH; Randy Hansen, MPH

Sponsoring Department: RUUTE (Rural and Underserved Utah Training Experience Program)

Department Code: MDID

Proposed Course Number: ***

Type of Elective: Health System Science Requirement

Number of Credits: 2

Course Work	Hours	Credits
Pre-Field Week	20 hours	0.5
Community Work, Building & Disseminating a Community Deliverable	50 hours	1.25
Post-Field Work	10 hours	0.25
Total	80 hours	2 credits

Timing & Frequency: Pre-field work + 4 Weeks on site
April 1-July 31 (Dependent on Preceptor Availability).

Prerequisites/Co-requisites:

- MUST CO-ENROLL in MDID 6580 RUUTE Community Preceptorship or TRUE Tribal Elective MDID 6560 where at least 80 hours of clinical preceptorship is completed during their time in their respective sites

It is recommended that students participate in RUUTE activities (such as the Rural Speaker Series), various TRUE courses (such as MDID 6650 "Applied Community Health and Leadership") and various Population Health courses in advance of participating in the CEE course.

Brief Statement of Rationale:

Physicians practicing in rural and/or underserved areas may be tasked with identifying, planning, developing, and evaluating community health interventions as healthcare leaders in their community. The objective of the RUUTE Community Engagement Experience (CEE) is to familiarize students with identifying community health needs and then have them create actionable intervention(s) to address that need. Students will become immersed in the community via clinical preceptor time and community service. By completing this experience in a rural and/or underserved area, students will develop a more well-rounded understanding of differences in health system medicine. The project/community deliverable/intervention that students will complete will promote student engagement in the Intermountain West and integrate emerging knowledge across health humanities and the foundational, clinical, and healthcare delivery sciences. CEE also hopes to create mutually beneficial, sustainable, and reciprocal relationships with these communities that later may lead to extensive longitudinal learning experiences. During these weeks, students will have a defined support system. Course directors, coordinators, and preceptors will guide them through their experience, be there to answer any questions, and provide mentorship. Overall, CEE will be a robust learning opportunity for students that fosters foundational, experiential, and interdisciplinary learning in varied cultural, geographic, and socioeconomic settings and will be invaluable toward students' growth as healthcare professionals.

Credit Hours: 2

Contact Information

Stephanie Lyden, MD	Director	801-581-2631	Stephanie.Lyden@hsc.utah.edu
Lucy E. Hansen, MD	Co-Director	801-651-7105	Lucy.Hansen@hsc.utah.edu

Madelyn Carter, MPH	Coordinator	435-609-1379	Madelyn.Carter@hsc.utah.edu
Randy Hansen, MPH	Coordinator	801-598-8347	Randy.Hansen@hsc.utah.edu

Course Information

Brief Description of Course

The RUUTE Community Engagement Experience (CEE) is an opportunity to apply public health practices and population health science in a community health improvement project. During this course, medical students will travel to a rural and/or underserved location in the Intermountain West to complete hands-on learning with providers of different specialties. CEE sites will be pre-determined based on specialty interest; location interest; student, preceptor, and housing availability. Students will also participate in volunteer opportunities within the community. Additionally, they will be required to gather community specific data (community assets, demographics, epidemiology) and complete community interviews to identify a pressing health concern in their community. Through the knowledge learned from these experiences, medical students will create a community deliverable/health intervention that addresses the public health concern they identified within that community. They will then create a dissemination plan to share their deliverable to the community (ex: via libraries, clinics, public health departments, schools, etc). At the completion of the experience, they will develop a poster presentation that reflects their community data and intervention that will be presented later in the fall during a research symposium.

Various assignments will be completed (described below) to draw deeper into the students' experiences as health professionala in rural and/or underserved communities and to help them develop their community deliverable/intervention. Community deliverable topics will come out of a community assessment and may focus on any number of public health topics, including: physical health (e.g. diabetes), behavioral health (e.g. substance use disorders), social determinants of health (e.g. income level), and emerging issues (vaccination resistance).¹

Summary of Course Components:

2. Complete hands-on clinical learning (*ensure co-enrollment in MDID 6580 RUUTE Community Preceptorship or TRUE Tribal Elective MD 6560*)
3. Volunteer in the community
4. Investigate and create a community deliverable/health intervention, which the student will implement/propose to the community
5. Reflect on the experience once CEE is completed, and create a poster presentation to summarize the intervention in the community

***(See Course Format and Schedule for More Detailed Information on Course Components)**

Much of our inspiration for the CEE Program is from University of Washington's Rural/Underserved Opportunities Program (RUOP). RUOP leadership was instrumental in sharing their course curriculum to help shape the CEE experience at the University of Utah School of Medicine.¹

Course Objectives

As a result of successfully completing the RUUTE Community Engagement Experience, students will be able to:

1. Identify community assets and public health concern(s) from collecting and analyzing quantitative demographic and epidemiological data and from their qualitative experiences (clinical hands-on learning, community service, and community interviews).
2. Assess differences in the ways community assessments can be completed (asset-based vs needs-based)
3. Understand different approaches to health education strategies and how to adapt these approaches to a specific community.
4. Work with community members to identify a pressing health concern in their respective community.
5. Create a community deliverable to address the identified health concern and a dissemination/outreach plan for that deliverable.
6. Contextualize the topics learned in various educational offerings (e.g. Population health pathway, TRUE pathway {MDID 6550 and 6555}, Layers of Medicine, Students as Teachers, Doctoring, etc.)

7. Describe unique aspects of population health in rural and/or underserved communities and compare/contrast to urban/metropolitan population health, including health resources, care delivery, social determinants, health disparities, and diversity in age, race, culture, and more.
8. Appreciate the importance of cultural humility and adopting a non-judgmental, compassionate, open-minded approach in the care of these communities.
9. Appreciate the broad scope of medical care practiced by health care teams in rural and/or underserved settings, and how technological innovations and collaborations with referral centers and academic medical centers facilitate this scope of practice.
10. List several local, state, and federal organizations and resources that exist to support rural and underserved health and health systems and describe their function/role.
11. Identify strengths, deficiencies, biases, and limits in one's knowledge and expertise through self-reflection and experiential, integrated learning.

Course Format & Schedule

Timeline

- **January – February 2025:** Informational session, application survey and time block matches will occur
- **March – May 2025:** Students will be making their schedule for next academic year and enroll in the CEE block they were accepted to
- **Prior to January 2026:** Students will receive information about their site location, preceptor and lodging. We will do our best to make matches based on interest survey, but no guarantees can be made given the variability in these factors.
- **February 2026 – May 2026 –** On site work will be in 4 week increments based block assigned. Students will complete their field experience and assignments. See the table below for guidance.
- **Fall 2026 –** Students will present their poster at the Medical Student Research Symposium

Course Calendar	Assignments	Course Goal Assessed	Due Date
Pre-field Preparation (Needs Assessment) – Before student arrives at CEE site	<ul style="list-style-type: none"> • Watch lectures related to completing a needs assessment and community engagement projects; read assigned articles; research the assigned community's demographics, epidemiology, and assets; and submit this data using formatted assignments. 	Ability to compile community data to complete a needs assessment	Sunday night at end of week 1 at 11:59 PM MST
Week 1	<ul style="list-style-type: none"> • Travel to respective CEE site • Develop Learning Plan/Goals with preceptor • 32 Hours of hands-on learning with a preceptor • 4 Hours of community service • Set up community interviews for following week 	Identifying clinical learning goals. Experiential learning in a clinical and community setting.	Sunday night at end of week 1 at 11:59 PM MST

Week 2	<ul style="list-style-type: none"> • 32 Hours of hands-on learning with a preceptor • 4 Hours of community service • 3 Community interviews • Submit plan for an educational community deliverable • Start scheduling times and locations for your community education/dissemination <ul style="list-style-type: none"> ◦ Start advertising if possible 	Experiential learning in a clinical and community setting. Effective community interviewing. Ability to recognize health needs in a community to influence the development of a health intervention/community deliverable	Sunday night at end of week 2 at 11:59 PM MST
Week 3	<ul style="list-style-type: none"> • 16 Hours of hands-on learning with a preceptor • Research literature about specific idea for an educational deliverable • 4 Hours of community service • Completion of community deliverable/intervention • Continuing planning for how you will complete your community education/dissemination 	Completion of a community health intervention/deliverable	Literature review due Wednesday night at end of week 3 at 11:59 PM MST Rough draft of community deliverable due Wednesday night at 11:59 PM MST of week 3 Final draft of community deliverable due Sunday night at end of week 3 at 11:59 PM MST
Week 4	<ul style="list-style-type: none"> • Print/Prepare deliverable and practice educational pitch • Disseminate community deliverable/intervention and provide education throughout community (at least 3 separate locations) • Complete a written reflection piece based on experiences in assigned community • Thank you cards delivered to preceptors, community members, etc. • Leave CEE site 	Assessing student ability to disseminate an intervention and provide education to address a health concern. A reflection piece aids in individual student introspection, as well as gauging understanding of the local community health system.	Sunday night at end of week 4 at 11:59 PM MST
Post-experience work	<ul style="list-style-type: none"> • Complete poster summarizing asset assessment and community deliverable/intervention 	Ability to develop a poster as a summative work of their CEE	Rough draft due Wednesday of week 5 Final poster upload is due is due two weeks

			following the end of their CEE.
Fall after CEE	<ul style="list-style-type: none"> Present poster at medical student research symposium in the Fall 	Ability to present research findings to greater academic community	Fall research symposium

Additional Details Regarding Above Course Calendar

I. Pre-field Week – Before student arrives at CEE site

- Watch the following pre-recorded lectures:

Lecture 1: Introduction to Community Health and Needs Assessment

- Overview and objectives of community-oriented health improvement projects.
- The critical role of community engagement in mitigating health disparities.
- Basics of conducting community needs assessments.
- Various methodologies for needs assessments: surveys, interviews, focus groups.
- Case studies showcasing effective community needs assessments.

Lecture 2: Data Collection Strategies in Community Health

- Understanding qualitative vs. quantitative data in community health.
- Techniques for qualitative data collection: interviews, observations, photovoice.
- Methods for quantitative data gathering: surveys, health records, vital statistics.
- Analyzing the strengths and limitations of both data types.
- Approaches for combining qualitative and quantitative data in community projects.

Lecture 3: Implementing Quality Improvement in Community Health

- Fundamentals of quality improvement (QI) concepts and methodologies.
- Utilizing QI techniques in community health initiatives.
- The Plan-Do-Study-Act (PDSA) cycle: Applying it to community health improvements.
- Essential tools and methods for conducting QI projects in community contexts.
- Examples of successful QI efforts in community health settings.

Lecture 4: Fostering Collaborations with Community Organizations and Stakeholders

- The significance of partnerships in community health projects.
- Strategies for identifying and engaging community stakeholders.
- Building and maintaining robust partnerships with community organizations
- Effective communication skills for diverse stakeholder engagement.
- Ethical considerations in community collaboration and engagement.

Lecture 5: Communicating Results and Impact to the Community

- The importance of sharing outcomes and impacts with the community.
- Strategies for effective dissemination of project results.
- Adapting communication approaches for various audiences: community members, policymakers, healthcare professionals.
- Ethical considerations in publicizing intervention results.
- Resources and tools for presenting data and findings comprehensibly

- Read the following articles:

- What is Asset Based Community Development (ABCD)
- [Growing Partners: Building a Community–Academic Partnership to Address Health Disparities in Rural North Carolina](#)
- [Community-Based Participatory Research: An Ethical and Practical Model for Academic Public Health and Clinical Research](#)
- [Why We Need Community Engagement in Medical Research](#)

- Complete the Community Demographics, Epidemiology, Assets and Needs Worksheet¹. The following sections will be completed:

- Review of Local Health Assessments
- Local Demographics and Epidemiology
 - [Census Quick Facts](#)

2. [VizHub](#)
3. [Robert Wood Johnson \(RWJ\) County Health Rankings](#)
4. [Millenium Development Goals \(UN\)](#)
5. [10 Essential Public Health Services](#)
6. [John Hopkins County Level Data on COVID-19](#)
7. [Healthy People 2020](#)
8. [Rural Health Information Hub](#)

Health Search Engines for your State:

- a. [IBIS](#)
 - b. [Utah Department of Health – Office of Primary Care and Rural Health](#)
 - c. [HRSA](#)
 - d. [CDC PLACES](#)
 - e. [Utah Medical Education Council](#)
 - f. [Wyoming Health Data](#)
- iii. Research Community Assets
 1. Community organizations, educational programs/schools, social services (food banks, mobile clinics, Public Health Department), healthcare systems/facilities, recreational opportunities, businesses, community gathering places (drop-in centers, parks, libraries, spiritual centers, museums, etc.), local media coverage (newspapers, news channel)
 2. Local AHECs
- Read the following regarding health system education implementation¹:
 - i. [Characteristics of an Effective Health Education Curriculum](#) (CDC)
 - ii. [The Community Guide](#) (click on the Topics drop-down to explore various resources associated with your topic, if included)
 - iii. [Rural Health Info Health Promotion Toolkit](#) (review content in these modules, and explore the links to resources and examples of health education interventions)

II. Week 1

- Meet with CEE preceptor to discuss student goals and learning plan on Day 1 of week 1 (assignment found in Canvas)
- Prepare for your interviews that will take place in week 2 (review interview question examples found in Canvas).

III. Week 2

- Complete the following 3 interviews (there are examples of interview questions for each specified interview in Canvas):
 - i. A healthcare professional, staff, or administrator from the CEE site
 - ii. A patient
 - iii. A community partner (e.g.: public health department officials, local non-profit leaders, local grass-roots organizations, librarians, local store owners, school teachers, firefighters, ambulatory care teams, city or county officials, social worker, patient advocates/patient navigators, community liaison)
- Submit plan regarding idea for community deliverable/intervention:
 - i. Using the knowledge derived from pre-field work and community interviews, submit plan for a community deliverable within the below framework*.

***Considerations and Examples for Community Deliverable**

Here is a list of common project topics ¹:

- Substance use disorders
- Mental health (suicide prevention, depression)
- Nutrition (food insecurity, diabetes management)
- ACEs, Resilience promotion & Trauma-informed care
- Personal safety (seat belt usage, drowning prevention, etc.)

- Health issues among unique populations (homeless, migrant workers, immigrants)
- Intimate partner violence
- Maternal health (prenatal care, teen pregnancy)
- Neurocognitive disorders (dementia, Alzheimer's)
- Infectious disease screening and vaccination promotion

- *Here is a list of project examples:*
 - Developing health-conscious food recipes based on local access to health food options for a community that is located in a food desert
 - Creating a podcast focused on public health issues and solutions in the community
 - Giving educational sessions (talk, ppt, videos) at local libraries, schools, public health departments, barber shops, grocery stores, saloons, etc.
 - Giving educational sessions (talk, ppt, videos) to community groups I.E. senior citizen centers, library boards, community councils, organizations such as Elks Lodge
 - Video Submission and dissemination to local community members to utilize (youtube, tiktok, instagram reels)
 - Social Media campaigns
 - Education of importance of early reading to the pediatric population and development of a resource document for community members on how to utilize the local library
 - Creating a poster about COVID rates for a county that also lists local resources for testing and vaccination
 - Creating a pamphlet/brochure and educating a local hair salon or barbershop on a health prevention topic (smoking cessation, cancer screening, etc)

- *Scheduling for dissemination and education*
 - Start contacting local stakeholders (schools, library, Public Health Department) for scheduling a time where you can discuss presenting your health data for their community and associated health intervention during week 4.

IV. Week 3

- *Literature Review:*
 - i. Review at least 5 articles related to topic/idea for a community deliverable and complete the accompanying worksheet (*found in Canvas*).

- Completion of Health Intervention/Community Deliverable
 - i. Stipend costs associated with media used/created/printed will be awarded to the student
 - ii. Upload deliverable and intervention/disseminate plan with dates/times of where you will present your health intervention to Canvas for review. See *grading rubric under "Assessment and Grading."*

V. Week 4

- *Dissemination of community deliverable*
 - i. Provide education to various locations (school, public health department, library, gym, senior center, etc) in your community on the health information you learned pertaining to their community and your proposed health intervention.

- *Thank You Cards*
 - i. These should be given to all the individuals a student interviews, their preceptor, additional community members, additional clinical staff that may have helped educate the student.

- *Written Reflection:*
 - i. Students are encouraged to reflect on the following: their experiences in their respective community, their review of local assets. Students may choose to try to submit this to local media outlet or to the University of Utah's *Accelerate Learning Community Online Newsletter* (though this is not required). Completion of one of the following:
 1. One page written reflection piece
 2. Poetry excerpt

3. Video Submission
 4. 300 word photo essay.
 - a. Students need to upload a photo that they took in their CEE community and provide a brief commentary about the photo and how it may have provided insight during their CEE experience.
 - *Photo Guidelines:*
 - Always ask permission before taking photos of people.
 - NO photos of patients
 - If a picture is taken of a specific group not in a public setting (e.g. diabetes group), students are required to provide written consent from all individuals in the group. (*Consent form can be found in Canvas where it should then be uploaded after completion*)
- *Completion of CEE Evaluation*
 - i. Students will be sent a course evaluation, and this should be completed as the final requirement for the course. We appreciate student feedback to help to improve the course for future students.

VI. Post-Field Work

- *Rough Draft Poster Upload*
 - i. Use information that was gathered during weeks 1-4 to develop a poster draft. (*See examples of posters and further instruction on poster design in Canvas*).
 - ii. Upload on Wednesday of week 5 is recommended in order to allow for time to receive feedback from course directors and coordinators to improve the poster in preparation for the final upload.
- *Final Poster Upload is **due on Sunday** of week 6*

VII. Future Considerations

- *Poster Printing & Presentation*
 - i. Poster will be expected to be presented at a medical student research symposium in the Fall. You will receive more information regarding this once the date is finalized. Please contact the course directors and coordinators if you have extenuating circumstances that prohibit your attendance.
 - ii. *Students can find information on Canvas regarding poster printing at University of Utah*
- *Conference submission*
 1. Students are encouraged to submit their poster to the Western Student and Resident Medical Research Forum (WSMRF), National Rural Health Associate Conference or AAMC conference
 2. Scheduling, travel and funding would need to be arranged by the student if their poster is accepted.

Educational and Instructional Modalities

Modality	Percentage
Community Volunteering	10%
Reporting and Project	90%

Role of the Student in this Course

The Canvas site will outline curricular work and assignments. Each student is responsible for reading and adhering to the course requirements posted on Canvas. Each student is also responsible for submitting work on **time**.

The following describes the expectations for student performance in CEE. Students who do not meet these criteria in one or more categories are subject to failing the course and not receiving credit.

Demonstration of Professionalism & Personal Effort – Student will:

- Complete and submit all assignments on time.
- Conduct yourself in a manner that reflects positively on the University of Utah

- Provide timely email and/or phone responses to course directors, course coordinators, CEE preceptors and community members correspondence. Unless there are extenuating circumstances, please respond to emails within 48 hours.
- Demonstrate receptiveness to feedback.
- Work independently.
- Faithfully report activities. Will not misrepresent work by reporting activities that were not completed.
- Abstain from engaging in any type of research or formal data collection unless the work is pre-approved by the CEE staff.
- Follow all professional guidelines and expectations outlined in the University of Utah student handbook.

Evaluation Criteria: Community Assessment – Student will:

- Demonstrate community knowledge through community interviews, and online demographic, epidemiology and resource research.
- Read all assigned articles.
- Respectfully conduct all assigned interviews with healthcare providers and community members.
- Develop community deliverable AND a clearly articulated distribution plan.
- Complete a CEE poster slide to the satisfaction of the CEE course directors and coordinators

Clinical Hands-On Learning (with co-enrollment in MDID 6580 RUUTE Community Preceptorship or TRUE Tribal Elective MDID 6560):

- Strive to independently obtain the following on patients they will be seeing with their CEE preceptor: relevant history, pertinent physical examination and clinical information from the electronic medical record and other sources
- Practice oral patient presentations to the CEE preceptor
- Practice constructing a clinical encounter note
- The CEE preceptor will help determine how many patients a student should independently see in a day and any procedures they feel comfortable allowing a student to complete (with supervision) based on their observation of the student's skillset

Health Educational Content/Community Deliverable Project:

- It is very important for students to understand the limited **time and scope** of their project. Because students will only spend 4 weeks in a community, they will not have sufficient time to become an expert in that community. The goal for the student is to develop a listen and learn posture. We like the advice that the University of Washington tells their students: *"You should view your project as one thread within the tapestry of public health efforts happening in your community; it is still impactful to do one small thing well, as opposed to trying to fundamentally overhaul or change an entire system."*
- Preceptors are responsible for facilitating clinical learning opportunities for the student. They are volunteering their time to offer these opportunities and are **NOT** a mentor for students' projects. Additionally, students also need to be respectful of the time of community partners. It is important for students to acknowledge these time and resource constraints and employ creative solutions to work within the scope of what is available.

Required Textbooks/Readings

See above in course format

Assessment & Grading

Course Assessments	Weight	Must Pass/ Must Complete	Due Date
Course Assignments			
Complete the Community Demographics, Epidemiology, Assets and Needs Worksheet	10%	Must Complete	Sunday night at end of week 1 at 11:59 PM MST
Complete 3 interviews and upload worksheets	10%	Must Complete	Sunday night at end of week 2 at 11:59 PM MST
Submit plan regarding idea for community deliverable	2%	Must Complete	Sunday night at end of week 2 at 11:59 PM MST

Complete Literature Review	10%	Must Complete	Wednesday night of week 3 at 11:59 PM MST
Rough Draft Deliverable	6%	Must Complete	Wednesday night of week 3 at 11:59 PM MST
Completion and dissemination/education of community deliverable to community	20%	Must Pass	Community deliverable media due Sunday night at end of week 3 at 11:59 PM MST Community dissemination completed by end of week 4
Written Reflection	10%	Must Pass	Sunday night at end of week 4 at 11:59 PM MST
Rough Draft Poster Upload	2%	Must Complete	Wednesday night of week 5 at 11:59 PM MST
Final Poster	15%	Must Pass	Sunday night at end of week 6 at 11:59 PM MST
Poster Presentation	5%	Must Pass	Fall following CEE
Narrative Assessments			
Volunteer activity evaluation	10%	Must Pass	End of CEE Course

Grading System

Students will receive a final letter grade of PASS (P) or FAIL (F) for this course:

PASS: A student who successfully completes ALL Must Pass and Must Complete elements for the course will be assigned a grade of PASS. Students are expected to participate and complete all the elective discussions, lectures, and assignments.

FAIL: A student who fails to achieve a Pass for each Must Pass element or who fails to participate in all Must Complete elements for the course will be assigned a grade of FAIL.

Pass/Fail Rubric

A passing assignment does all of the following:

- Addresses the objectives of the assignment
- Demonstrates knowledge of the subject matter relevant to the assignment
- Reflects accurate understanding of concepts, terminology, and key takeaways
- Develops arguments and/or presents information in a coherent, focused manner
- Includes insightful analysis and reflection
- Integrates appropriate evidence, including examples and experiences, to support assertions and support arguments
- Appropriately cites sources of information where appropriate
- Utilizes clear, accurate spelling and grammar
- Is completed on or by the designated due date

A failing assignment does some or all of the following:

- Fails to address the objectives of the assignment
- Demonstrates weak knowledge of the subject matter relevant to the assignment
- Fails to demonstrate understanding of concepts, terminology, and key takeaways

- Shows incoherent, fragmented development of arguments and/or presentation of information
- Includes little analysis and reflection, relying mainly on summary
- Fails to integrate appropriate evidence, including examples and experiences, to support assertions and support arguments
- Fails to cite sources appropriately where appropriate
- Does not utilize clear, accurate spelling and grammar
- Is not completed on or by the designated due date

Student Feedback

Providing feedback is an important aspect of your professionalism expectation, and helps with our curriculum quality improvement process. Your elective course director or coordinator will inform of you of any course feedback surveys. Surveys must be completed by the due date to demonstrate reliability for the professionalism competency.

Application

Due to funding and preceptor availability, this elective opportunity will be an application-based course.

All University of Utah Medical Student have the opportunity to apply to the RUUTE Community Engagement Experience (CEE) by completing a Community Engagement Essay and additional prompted questions within the application. A holistic review process will be created and performed by a RUUTE committee to assess evidence-based metrics of rural interest and community engagement, awareness, and success. Note that priority will be given to matriculates from Utah, Wyoming, Montana or Idaho or students with strong rural interest or strong ties to the CEE location.

Standard Policies

Please refer to the Student Handbook (on the Student Affairs website) for these policies:

Accommodations

Addressing Sexual Misconduct

Dress Code

Examination and Grading Policies

Grade or Score Appeal

Professionalism, Roles & Responsibilities

Mistreatment

Infectious, Environmental and Bloodborne Pathogen Exposures Policy

Alternate Name and/or Personal Pronoun

Class rosters are provided to the instructor with the student's legal name as well as 'Preferred' first name (if previously entered by you in the Student Profile section of your CIS account). While CIS refers to this as merely a preference, we will honor you by referring to you with the name and pronoun that feels best for you in class, on papers, exams, group projects, etc. Please advise us of any name or pronoun changes (and please update CIS) so we can help create a learning environment in which you, your name, and your pronoun will be respected.

Center for Disability & Access

The School of Medicine seeks to provide equal access to its programs, services and activities for all medical students. The Center for Disability and Access (CDA) provides accommodations and support for the educational development of medical students with disabilities. Medical students with a documented disability, and students seeking to establish the existence of a disability, that would like to request accommodations are required to meet with the CDA to establish accommodations. The CDA will work closely with eligible students and the Academic Success Program to make arrangements for approved accommodations. The School of Medicine and CDA maintain a collegial, cooperative, and collaborative relationship to ensure compliance with federal and state regulations for students with disabilities.

Steven Baumann EdD, School of Medicine Senior Director of Academic Success Program, serves as the liaison between the School Of Medicine and the CDA.

Contact Information:

Dr. Steven Baumann, Senior Director of Academic Success Program
steven.baumann@hsc.utah.edu

Safety Statement

The University of Utah values the safety of all campus community members. To report suspicious activity or to request a courtesy escort, call campus police at 801-585-COPS (801-585-2677). You will receive important emergency alerts and safety messages regarding campus safety via text message. For more information regarding safety and to view available training resources, including helpful videos, visit safeu.utah.edu.

References

1. Rural Underserved Opportunities Program (RUOP). UWSOM Intranet. <https://education.uwmedicine.org/curriculum/programs/ruop/>. Published November 23, 2020. Accessed November 30, 2021.