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SECTION 1: ABOUT UTRGV SCHOOL OF MEDICINE

1.1 Mission, Vision and Goals

1.11 Mission
The mission of The University of Texas Rio Grande Valley School of Medicine (UTRGV SOM) is to educate a diverse group of dedicated students who will become physicians and will serve across all specialties of medicine; to bring hope to patients by advancing medical knowledge through research; to integrate education and research to advance the quality and accessibility of patient care in an integrated manner; and to engage with the Rio Grande Valley (RGV) communities to benefit Texas and the world.

1.12 Vision
To be a leader in the creation of a diverse and representative workforce, the stimulation of biomedical innovation, and the delivery of patient-centered healthcare for the Rio Grande Valley and beyond.

1.13 Goals
The UTRGV School of Medicine’s curriculum is designed to instill students with scientific expertise in a rigorous program that prioritizes improving health at the individual and community levels.

The goals of the School of Medicine are to:
- Provide forward-thinking medical education experience dedicated to scientific, evidence-based, patient-centered medicine in all settings, including underserved communities.
- Leverage UTRGV’s unique geographic location at the border of the United States and Mexico — a place rich with diverse cultural and family traditions, but also one burdened by health disparities.
- Instill dedication to research, generation of new knowledge, and public service.
- Increase underrepresented minorities in medicine.
- Graduate culturally aware medical students who will provide exemplary care to the diverse populations in the Rio Grande Valley and the nation.
- Contribute to substantially improving health outcomes in the Rio Grande Valley and beyond.
- Educate the physician workforce of the future.

1.2 History

Community leaders of the Rio Grande Valley (RGV) and the UT Systems began conceptualizing the need for a school of medicine in the RGV in the 1980s. The University of Texas Rio Grande Valley School of Medicine. In 1997, the Texas Legislature approved Senate Bill 606, which allowed The University of Texas Health Science Center at San Antonio (UTHSCSA), now known as UT Health San Antonio, to open a Regional Academic Health Center (RAHC) to train physicians who would practice medicine in the Valley. UTHSCSA opened its Medical Education Division in 2002 in Harlingen and its Medical Research Division in 2006 in Edinburg. In 2009, the Texas Legislature approved for The University of Texas System Board of Regents to create a medical school, using the resources from the RAHC, for the Valley in the future. Three years later, The UT System Board of Regents approved the creation of a new university and medical school in the Rio Grande Valley, combining resources from two universities within the UT System (The University of Texas at Brownsville/Texas Southmost College and The University of Texas-Pan American), and the RAHC.

In June 2013, The Texas Legislature approved the creation of The University of Texas Rio Grande Valley and its School of Medicine. In April 2015, the Texas Higher Education Coordinating Board approved a Doctor of Medicine (M.D.) degree for the school. The UTRGV SOM received preliminary accreditation from the LCME.
in October 2015, which allowed for the recruitment of its first class. In the summer of 2016, UTRGV SOM welcomed its charter class of 55 medical students. Our school now has 210 medical students, and more than 230 medical residents and fellows serving in hospital-based training programs throughout the Valley.

1.3 Statement of Accreditation

The University of Texas Rio Grande Valley School of Medicine has obtained preliminary accreditation from the Liaison Committee on Medical Education (LCME). The LCME is the nationally recognized accrediting authority for medical education programs leading to the M.D. degree in U.S. and Canadian medical schools and is sponsored by the Association of American Medical Colleges and the American Medical Association.

1.4 Organization and Administration

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<td>Executive Vice Dean, Finance and Administration</td>
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<td>Vice Dean, Academic Affairs</td>
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<td>Vice Dean, Clinical Affairs</td>
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<td>Assistant Vice President for Finance and Administration, SOM Finance &amp; Administration</td>
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<td>Institute for Neurosciences</td>
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<td>South Texas Center of Excellence in Cancer Research</td>
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1.5 Affiliated Institutions and Clinical Sites

The UTRGV School of Medicine has clinical affiliation agreements and partnerships with the following clinical sites:

- Cornerstone Regional Hospital
- Doctors Hospital at Renaissance
- Driscoll Children’s Hospital
- Edinburg Children’s Hospital
- Edinburg Regional Medical Center
- Harlingen Medical Center
- Knapp Medical Center
- McAllen Heart Hospital
- McAllen Medical Center
- Rio Grande Regional Hospital
- Rio Grande State Center/South Texas Healthcare System Harlingen
- Su Clinica
- Tropical Texas Behavioral Health Center
- Valley Baptist Medical Center — Brownsville
- Valley Baptist Medical Center — Harlingen
- Valley Regional Medical Center — Brownsville
- Veterans Affairs Clinic

Affiliated Institutions and Clinical Sites
Outpatient rotations take place at various private clinics throughout Cameron, Hidalgo, Starr, Willacy, and Nueces Counties.

1.6 Diversity and Inclusion

The UTRGV School of Medicine (SOM) strives to create and sustain a spirit of diversity, inclusion, and enrichment that fosters an environment of cultural competency, sensitivity, and awareness. These goals stem from the school’s unique geographic location at the border of the U.S. and Mexico, a place with rich bicultural and family traditions, but also one burdened by health disparities that inspire a dedication to research, the generation of new knowledge, public service, culturally aware care, and increasing underrepresented minorities in medicine. This cross-cultural understanding allows students, faculty, and staff to embrace and celebrate distinctive perspectives and viewpoints that enrich all members of the UTRGV SOM. With a critical focus on the benefits of diversity in medicine and biomedical sciences, diversity and inclusion are essential to strengthening the communities that we serve and improving the health of the public.

The SOM is committed to providing a diverse environment for faculty, students, residents, and staff. Diversity at our SOM is defined as a community that appreciates values and seeks the different dimensions that all groups have to offer. In addition, we believe that education, research, and clinical endeavors are enriched and enhanced by a diverse environment.

The Chief Diversity Officer and Associate Dean of Health Equity, Diversity and Inclusion oversee the development of recruitment and retention programs that encourage and promote an environment that welcomes and embraces diversity in the faculty, staff, residents, and students. Additionally, the Diversity Committee is composed of faculty, staff, and students who embrace diversity and assist the dean in meeting this charge. The SOM is committed to recruiting and retaining students, faculty, residents, and staff from variety of backgrounds.

1.6.1 Students

The SOM uses a holistic approach in its admissions selection process to ensure a diverse student body that encompasses female gender, and race/ethnicity of any groups historically underrepresented in medicine (i.e. Black or African American; Hispanic or Latino – particularly of Mexican or Puerto Rican origin).

1.6.2 Residents

The SOM graduate medical education programs use a holistic approach in their residency selection processes to ensure a diverse learner group that encompasses any groups historically underrepresented in medicine (i.e. Black or African-American; Female Gender; Hispanic or Latino – particularly of Mexican or Puerto Rican origin).

1.6.3 Faculty and Staff

The SOM employs a standardized process for faculty and administrative staff (including senior administrative staff) recruitment, employment, and retention, designed to enhance diversity from the following groups:

- Female Gender
- Hispanic or Latino
- Black or African-American

The SOM prioritizes systematic training of search committees, oversight of all faculty recruitments, strategies to increase pools of diverse faculty and staff applicants, and retention activities (e.g., pipeline programs and partnerships to achieve mission-appropriate diversity outcomes in its students and data collection). These strategies assist the SOM in achieving measurable mission-appropriate diversity outcomes.
By embracing all communities (e.g. faculty, residents, senior administrators, staff, students), and enhancing the cultural competency of all the current- and future-physicians it educates, the SOM provides an educational environment that is welcoming and respectful of diverse ideas, cultures and people, while improving access to care for its underserved populations.

SECTION 2: STUDENT RESOURCES

2.1 Student Health and Wellness

2.1.1 Mental Health Counseling Services

The mission of the Counseling Center is to provide free and confidential counseling services for UTRGV students to address mental health concerns and seek to promote personal growth and well-being among our campus community through education and outreach activities. Medical students are encouraged to seek professional mental health services if symptoms are interfering with academic performance, medical training and/or personal or professional relationships. The Counseling Center has a designated SOM clinical social worker who is specialized to provide counseling to medical students.

For more information, visit: https://www.utrgv.edu/counseling.

Our students also have free access to tele-counseling via my SSP. My SSP connects SOM students with confidential support from advisors and/or counselors through instant 24/7 chat via the dedicated My SSP app, online and by telephone, as well as through video. All students also have the option of connecting with advisors and/or counselor in their preferred language and from their own culture, to help ensure students are in contact with professionals who understand their unique needs and can develop the best strategies. Immediate services are currently available in six core languages via the app, chat and telephone services, while ongoing support can also be facilitated in more than 60 languages via telephone and video appointment. Self-directed multilingual articles, videos and other resources are also available on the My SSP app.

Download the app for more information. For more information on tele-counseling, see: https://www.utrgv.edu/som/student-health-and-wellness/counseling-services/telebehavioral-health-counseling/index.htm

2.1.2 Collegiate Recovery Program

The purpose of the CRP is to provide an environment in which students seeking and wanting to sustain recovery from addictions can find support and better manage the challenges of this journey. It seeks to help students make positive decisions about healthy relationships while improving the way they see and think about themselves. The program also enables students to learn affirmative methods to identify and to cope with various life stressors. Participating in the program contributes to a network of mutual support for the development of lifelong commitments to individual recovery and understanding of life in recovery.

For more information, visit https://www.utrgv.edu/recovery

2.1.3 Vaqueros Crisis Line

The Vaqueros Crisis Line (665-5555) is a 24/7 confidential helpline for enrolled UTRGV students experiencing an emotional crisis that may include suicidal thinking, thoughts of harming self or other, confusion, panic, or otherwise feeling distressed. A trained counselor will be available on the line to provide assistance.
2.1.4 **Student Health Services**

The mission of Student Health Services is to meet the health care needs of students so they can focus on their studies. All students are required to pay a medical service fee that allows them to be seen at clinics on both campuses (Brownsville and Edinburg) as often as necessary. The office visits are free of charge, although there are low-cost charges for medicines, supplies, and lab tests.

The Health Services Clinics offer services similar to those of a family doctor, including general medical care, women's wellness, skin care, sexually transmitted diseases screening and treatment, routine immunizations, and the tuberculosis testing required by many educational programs. Health Services also has a Class D pharmacy that carries a selection of over-the-counter items and can fill most prescriptions written in the clinic.

For more information, visit [https://www.utrgv.edu/health-services/](https://www.utrgv.edu/health-services/).

2.1.5 **Breastfeeding and Breast Milk Storage**

The SOM has designated a private location in the building where women can either breastfeed their babies or pump breast milk. Women who are breastfeeding or pumping breast milk should communicate with the Associate Dean for Student Affairs to develop a plan that accommodates their schedules and clinical responsibilities.

2.1.6 **Parental Leave Accommodations 1**

The SOM is committed to supporting all students (male and female) who have children during medical school and to working with such students to facilitate the completion of their medical education. The SOM complies with federal and state law regarding accommodations during and after pregnancy, with the goal of accommodating the immediate perinatal period and all of its demands while providing a realistic option for students to continue making progress toward completion of the degree.

Students are not required to take parental leave. However, if they choose to do so, parental leaves (birth or adoptive) are permitted for up to 12 months. The Office of Student Affairs evaluates medically necessary extensions of parental leave on a case-by-case basis.

**Procedures for Requesting Parental Accommodations or Leave**

When requesting a parental leave of absence, early communication and good-faith efforts among all parties involved are essential to ensure the least impact on a student’s education. Because the structure and demands of the medical education program vary throughout the four-year curriculum, the approach to parental leave accommodation differs depending on the year of the program in which the parental leave, birth, or adoption occurs. Regardless of the timing, a detailed plan must be developed by the student in close collaboration with the Associate Dean for Student Affairs. The plan must receive written approval from the Associate Dean for Student Affairs. Guidance regarding each portion of the curriculum follows.

- **Years One and Two**: A student who wishes to request parental leave during the first two years of medical school should consult with the Associate Dean for Student Affairs to request a leave of absence. Due to the nature of the medical education program and depending on the time of year and the length of the leave, leaves of absence may require a student to take a full year of leave and return the following year. Students must complete all coursework and the Step 1 exam before beginning clerkships for thirdyear.

- **Year Three**: A student who seeks parental leave during the third year should contact the OSA and

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1 EAA017 Parental Leave and Accommodations
coordinate with the Assistant Dean for Education Clerkship. A parental leave of absence in the third year is less likely to obligate a 12-month leave. Working with the Assistant Dean for Education Clerkship, the student may resume clerkships at a mutually agreed upon time. The plan for time away from clerkships should be completed and approved by all parties at least three months before the start of the leave.

- **Year Four**: A student seeking parental leave should work closely with the Associate Dean for Student Affairs to schedule the leave. The plan should be completed and approved by all parties at least three months before the start of the leave.

**Financial Aid Effect**
Any student taking a leave of absence who receives financial aid should contact the Associate Director of Financial Aid within the OSA for advice regarding the leave’s effect on the receipt of aid.

**Disability Related to Pregnancy**
Medical students who experience medical complications related to pregnancy and wish to explore disability accommodations should contact the UTRGV Student Accessibility Services office or the OSA. Students should consult their health care team regarding any concerns or restrictions due to pregnancy.

### 2.2 Academic Resources

#### 2.2.1 Library Services

**School of Medicine Library**
The SOM Libraries provide full library services: reference and research services, library instruction, interlibrary loan, collection development, and a website tailored to support medical education, practice, and research. The libraries are at the forefront of medical library evolution and possess a nearly virtual (i.e. all electronic) collection. The virtual collection offers access to collection resources from both on and off-campus locations and can help reduce student expenditures on textbooks.

The SOM Learning and Research Commons (LRC) in Edinburg is located on the first floor of the Academic Medical Building on campus. In addition to study spaces within the LRC, students have access to areas within the Academic Medical Building suitable for individual study and group collaboration. Extended hours are provided during exam periods.

The SOM Library hours are available online. For the most current information, visit [http://www.utrgv.edu/medlibrary/about-us/hours/index.htm](http://www.utrgv.edu/medlibrary/about-us/hours/index.htm).

**University Library**
The University Library plays a critical role in the commitment to academic excellence in a balanced program of teaching, research, and service. The Library facilitates scholarship by securing and providing access to resources and facilities for students, faculty, and the community. Librarians actively assist academic and research programs, providing students with library use instruction both on an individual and group basis. The University Library serves as the chief information center on campus and plays a strong role as a regional information center.

University Library hours are available online. For the most current information, visit [http://www.utrgv.edu/library/about-us/hours/index.htm](http://www.utrgv.edu/library/about-us/hours/index.htm).

#### 2.2.2 Security, Safety, and Disaster Preparedness

**Overview**
All members of the SOM community are expected to adhere to university standards and policies regarding emergency preparedness, safety, and security. The SOM will collaborate with clinical affiliates to review and ensure alignment of affiliate policies and procedures, and to ensure the safety and security of faculty, staff, and
students at clinical and community sites.

**Emergency Preparedness**

The SOM adheres to university procedures in the event of an emergency and follows the UTRGV Emergency Operations Plan found here: [http://www.utrgv.edu/emergencypreparedness/operations-plan.pdf](http://www.utrgv.edu/emergencypreparedness/operations-plan.pdf).

This plan is designed to provide a framework and guidance for coordinated responses to minor emergencies, major emergencies, and disasters. It is maintained by the Office of Emergency Preparedness ([http://www.utrgv.edu/emergencypreparedness](http://www.utrgv.edu/emergencypreparedness)) and regularly updated to mitigate potential emergency situations. All members of the university community are encouraged to read the Emergency Operations Plan to understand their respective roles in a given situation. The SOM will be in consistent communication with the Office of Emergency Preparedness in the event of an emergency or security threat for purposes of emergency management.

If the students, faculty or staff members are at one of the clinical sites during such an emergency, the SOM will coordinate responses through the Office of Student Affairs. The SOM coordinator will work with the designated hospital official to ensure alignment with emergency preparedness plans at both hospital sites and the SOM.

**Disaster Preparedness**

Refer to the UTRGV Office of Emergency Preparedness for updated policies, procedures, and operational plans as well as questions regarding natural hazards and emergency preparedness. [http://www.utrgv.edu/emergencypreparedness](http://www.utrgv.edu/emergencypreparedness).

**Safety**

The SOM ensures a safe learning and workplace environment through the adherence to all university safety policies and procedures. This includes the university fire safety program ([http://www.utrgv.edu/ehsrm/programs/fire-safety/index.htm](http://www.utrgv.edu/ehsrm/programs/fire-safety/index.htm)) that aims to protect lives and property, occupational health and safety program to provide safe working conditions, laboratory safety, and environmental protection.

The SOM also adheres to all UTRGV procedures for safety, chemical, biological and other hazardous material response, and other emergency measures established at the university level. ([http://www.utrgv.edu/ehsrm/programs/lab-safety/index.htm](http://www.utrgv.edu/ehsrm/programs/lab-safety/index.htm)).

The SOM will communicate with the university’s Environmental Health, Safety, and Risk Management office ([http://www.utrgv.edu/ehsrm](http://www.utrgv.edu/ehsrm)) to promote a healthy and safe campus environment. This office oversees hazard communication, Occupational Safety and Health Administration compliance, indoor air quality, bloodborne pathogens, asbestos awareness, construction safety, accident investigation/reporting, ergonomics, and industrial hygiene.

Please refer to the SOM’s Student Exposure to Infectious and Environmental Hazards Policy for further detail on specific safety policies and procedures around environmental health.

**Security**

The SOM faculty, staff, and students are encouraged to utilize UTRGV campus security resources. These resources include:

- Calling UTRGV police at 911 or by personal visit to the UTRGV Police Department;
- Using any campus telephone and dialing 5-7151, or 956-665-7151;
- Contacting an officer in uniform on patrol;
- Using emergency (blue light) call boxes located throughout campus;

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2 EAA030 Student Exposure to Infectious and Environmental Hazards Policy
• Contacting any staff member in a university office; and/or
• Utilizing UTRGV’s emergency alert system; and
• Contacting Office for Victim Advocacy and Violence Prevention ([https://www.utrgv.edu/ovavp/](https://www.utrgv.edu/ovavp/)) when a student is a victim of or witness to sexual assault, domestic violence, dating violence, stalking, sexual harassment, and interpersonal violence. 956-665-8287 or 956-882-8282.

In addition to these University resources, the SOM limits access to educational buildings to its faculty, staff, and students after normal business hours. The SOM works closely with campus law enforcement to ensure the safety of its community through regular surveillance and supervision.

**Dean on Call**
After hours, at night, on weekends and during holidays, students can reach a dean in the Office of Student Affairs for urgent matters and guidance by calling 956-296-2502.

### 2.2.3 Tuition and Financial Aid

The OSA includes staff who assist students with meeting the cost of their medical education, offer guidance in navigating the financial aid process, and provide resources on how to manage expenses associated with the pursuit of a medical degree.

The Associate Director of Financial Aid for the SOM is dedicated to assisting students with the financial aid application process and providing one-to-one counseling regarding the availability of federal, private, and institutional funds.

There are several financial aid and scholarship options available to medical students, such as the institutional and private scholarships, as well as federal and private student loans. The main types of aid available are:

- **Scholarships:** Non-repayable awards, which may be based on merit, financial need, and/or other considerations.
- **Federal Direct Unsubsidized Stafford Loan:** A student does not have to demonstrate financial need to receive this loan. Interest payments on this loan are not subsidized by the government. The student can make arrangements with the lender to pay the interest while s/he is in school or can allow the interest to capitalize, adding to the principal balance.
- **Federal Direct Graduate Plus Loan:** This loan is available to graduate students who are enrolled in an eligible program. Students must file a Free Application for Federal Student Aid form in order to apply for a Federal Graduate Plus Loan. This loan requires a credit check for eligibility.
- **Private Student Loans:** Private student loans can be obtained in addition to Federal Stafford Loans. Private student loans are based on credit and the interest rates is variable.

**Hours:** The Associate Director of Financial Aid is available Monday through Friday from 8 a.m. to 5 p.m. Extended office hours are available upon request.

**Debt Management and Loan Exit Counseling**

During orientation and throughout the students’ medical education, the Associate Director of Financial Aid holds mandatory group sessions on loan counseling, debt management, and financial planning. The Associate Director of Financial Aid meets with students to encourage smart and conscientious borrowing habits. Personal or group debt management sessions are also available throughout the program.

During the first debt management session, students are given a printed copy of their federal loan histories and are told how to access the National Student Loan Data System and retrieve their personal loan histories. Students are provided an updated loan history every year for the duration of their medical education. They are required to attend a second mandatory debt management presentation toward the end of their second year before starting their core clerkships in the third year.
All students who have received loans during medical school are required to attend a mandatory “Loan Exit Counseling” session. This is a federal requirement for graduation for any student who has received federal student loans for school.

Additionally, the Associate Director of Financial Aid provides students with written information about financial aid programs and services available to them through the SOM and its parent university. They also have access to various financial aid resources provided by the Association of American Medical Colleges, including the Financial Information, Resources, Services, and Tools (FIRST) online program at https://students-residents.aamc.org/applying-medical-school/preparing-med-school/paying-medical-school/ which includes a tutorial entitled “Financial Literacy 101,” podcasts, and many other resources.

The SOM financial aid website also includes information for prospective medical students on financial literacy, debt management, links to scholarship resources, and contact information of preferred lenders at http://www.utrgv.edu/ucentral/paying-for-college/financial-aid/index.htm.

**Hours:** Medical students can contact the Associate Director for individual counseling during normal business hours, 8 a.m. to 5 p.m. Monday through Friday, or by phone or email.

**Tuition Refunds**

The SOM policy for tuition and fee refund payments to medical students is governed by Texas Education Code Title 3, Chapter 54, Subchapter A, Section 54.0056, and is described below:

Medical students who withdraw in the fall of the academic year will receive a 100% refund of tuition and fees for the second half of the year (spring) and a refund for the first half of the year (fall) based upon the schedule below:

- 100 percent prior to the first day of classes
- 80 percent during the first five class days
- 70 percent during the second five class days
- 50 percent during the third five class days
- 25 percent during the fourth five class days

No refunds will be made in the case of withdrawal after the fourth five-day period.

Students who withdraw during a summer term may receive a refund of tuition and applicable fees based on the following schedule:

- 100 percent prior to the first class day
- 80 percent during the first, second, or third class day
- 50 percent during the fourth, fifth, or sixth class day

No refunds will be made on the seventh class day or thereafter, or if still enrolled.

Notice of intention to withdraw must be made in writing to the Associate Dean for Student Affairs and copied to SOM Registrar and the Associate Director of Financial Aid. The institution will terminate student services and privileges at the time of the student’s withdrawal.

**Scholarship Policy**

The SOM Scholarship Program is a vital financial resource that assists medical students with the cost of their medical education. Scholarships are awarded based on need, merit, or a combination of the two. Scholarships do

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3 EAA031 Tuition Refund Policy  
4 EAA079 Scholarship Policy
not have to be repaid; however, students must be in “good standing” to be eligible to receive these funds. At the SOM, “good standing” means “satisfactory academic progress” which consists of good academics and professionalism standards. If a student is required to repeat a year, they are not in good standing for scholarship consideration and therefore are ineligible to receive a scholarship for the repeating year. However, the scholarship (when available) may be reinstated once the student achieves good standing and is promoted.

The SOM has a dedicated Associate Director of Financial Aid who manages all financial aid matters for medical school students.

**Student Financial Hardship Fund**

UTRGV maintains a fund to assist students with financial emergencies. These funds may be used for non-recurring expenses, such as those resulting from accident, property damage or loss due to fire or storm, or illness or injury to the student. Eligibility criteria and application procedures are located at: [https://www.utrgv.edu/studentlife/student-resources/financial-hardship-resources-for-students/student-financial-hardship-fund/index.htm](https://www.utrgv.edu/studentlife/student-resources/financial-hardship-resources-for-students/student-financial-hardship-fund/index.htm).

### 2.2.4 Office of Alumni

UTRGV has more than 100,000 alumni spread across the globe from its two legacy institutions, The University of Texas at Brownsville and The University of Texas Pan American. Graduates of UTRGV and the SOM join these alumni to serve as a reminder of successes and sources of support for other UTRGV students. With the support of this strong alumni base, UTRGV is a significant force in higher education both in the state and in the nation.

Students are encouraged to contact the Office of Alumni before graduating.

*Physical Location:*
2402 S. Closner Boulevard
Edinburg, TX  78539
**Telephone:** 956-665-2500
**Fax:** 956-665-3240
**Email:** alumni@utrgv.edu

### 2.2.5 Student Organizations

Medical student organizations and specialty interest groups provide students with opportunities to attend educational meetings and conferences sponsored by local, regional, national, and sometimes even international professional associations of that specialty. Through their participation, medical students become knowledgeable about and may consider becoming an active medical student member of one or more professional associations of that specialty. The OSA supports extracurricular student organizations as another means for students to explore career interests, as well as encourages participation in the American Association of Medical Colleges Careers in Medicine workshops at the national level.

### 2.2.6 Student Travel

SOM students are encouraged to pursue scholarly and community service activities and present their work at conferences and professional organizations. They also are encouraged to represent the school in leadership capacities. Students who are conducting research should ask their research mentors to provide support and guidance to attend meetings and presentations.

The School of Medicine supports student participation in national medical organizations. These national organizations provide forums for addressing the educational, social and political concerns of medical students.

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5 EAA034 Medical Student Meeting and travel Support
Expectation of Students:
Students are expected to contribute to their travel costs or seek other sponsorships/scholarships.

The following criteria must be met before requesting funds:

1. Conference and/or meeting must take place within the United States.
2. Research being presented must have been conducted while in medical school.
3. If a student is a national officer of an organization, other funding sources must be reported before the final decision is made.
4. The student must be the first or co-author on paper, poster, and/or abstract.
5. The student must be in good academic standing. Students on a leave of absence are not eligible for funding.
6. If a conference or meeting occurs during a scheduled module/clerkship/class and necessitates that a student misses any required classes, coursework, or exams, students must have the permission of their module/course clerkship director. If an exam will be missed, students must request the permission from the Assistant Dean of Assessment. These permissions must be secured at least four weeks prior to the scheduled date of the conference or meeting.

Funding Availability and Notification:
The availability of funds varies each year. The Office of Student Affairs and the Office of Research may set limits on amounts allocated for each student request. Whenever possible, the SOM prefers to make airline and/or hotel reservations for students through the UTRGV travel office. Students therefore are requested to submit their requests 4 to 6 weeks in advance of their travel date. The SOM aims to respond to students' requests within 10 business days of receipt.

Exceptions:
Exceptions are made for certain student travel to national meetings; these exceptions are on a case-by-case basis and are under the guidance and approval of SOM administration.

Reimbursement for travel:
The SOM will allocate funds for students’ airline fares or mileage if travelling by auto, hotel, and conference registration. The SOM will not reimburse for printing, food/alcohol, internet service, or other hotel services. No reimbursement will be made without prior approval.

Travel Support Procedure:
To apply for travel support, go to: https://redcap.utrgv.edu/surveys/?s=XE9FT8WWNM. All forms necessary to complete are posted at this site.

Presentations:
Students who receive financial support for conferences and/or presentations are expected to present their scholarly work or offer a meeting overview to other medical students during a designated forum.

2.2.7 Academic Advising
The School of Medicine has an effective system of academic advising and support services for all medical students. The advising system integrates the efforts of faculty members, module directors, clerkship directors, student affairs staff, counseling services, and tutorial services. The Associate Dean for Student Affairs, in collaboration with the Director of Academic Advising and Support Services, ensures that medical students have access to academic counseling from individuals who do not have roles in student grading and promotion. The key administrators and staff who advise students but, have no role in student grading and promotion are,

- Associate Dean for Student Affairs
- Assistant Dean for Student Affairs
• Director of Academic Advising and Support Services
• Educational Learning Specialist
• Academic advisors

Academic advising is available to all SOM students. Advising is ongoing and individualized based on student’s needs. Academic advising is available to students in Edinburg, Harlingen, and Brownsville sites. During clerkship, advising is also available to MS3 and MS4 at off-site locations remotely, and face-to-face where possible. Academic advisors monitor, track student academic performance and follow up with the appropriate intervention, remediation, or referral to SOM or UTRGV support services.

In the wake of COVID-19, academic advising services is available online via email, Skype, Zoom, and phone calls. Online services are available on weekends by appointments.

Besides academic advisors, mentors are available to assist students in content areas. Mentors also provide research and professional assistance to students for the duration of their four years of Undergraduate Medical Education (UME). Detail about responsibilities of mentors is available in the Academic Advising webpage.

At-risk:
Students can be considered at-risk for academic, physical, emotional, and other personal challenges that require early intervention or remediation. The Office of Academic Advising deals with issues relating to academic challenges. All other challenges are referred to other support services in the School of Medicine or the greater UTRGV. A student is academically at risk if he/she is receiving barely passing scores in weekly quizzes, mid-module exams, or final module exams. Students who are repeating a class, fail shelf exams or, the USMLE Step Exams are also considered academically at risk. (Please refer to appropriate documents for SOM policies regarding students who are not in good academic standing).

Office of Academic Advising Services:
• pre-matriculation and transitioning
• academic advising/counseling (face-to-face and online advising)
• learning style assessment and follow-up
• study skills and test-taking presentations
• peer tutoring: Individual and group tutoring (including online tutoring)
• faculty help sessions on course modules
• time management
• stress management
• early intervention and remediation
• USMLE Step Exam Preparations
• referral services to other SOM and UTRGV services

Detailed information about academic advising and support services is available on the Academic Advising Webpage, and on Blackboard.

All medical students are encouraged to first discuss any module content or curricular concerns with their Module/Clerkship director.

The Office of Academic Advising has offices in the Edinburg building. For an appointment, call 956-296-1924. You can also call or email your assigned academic advisor.

2.2.8 Career and Residency Counseling

All SOM students receive career guidance from a variety of sources and programs during each year of their medical education. In addition to the Academic Houses, a professional development and career counseling program is in place to:
• Help students identify and achieve their personal and professional goals,
• Assist student in the process of selecting a career, and
• Guide students through the transition from medical school to residency training.

This program includes both formal and informal activities.

The SOM utilizes the Association of American Medical Colleges Careers in Medicine (CiM) Program as a foundation for its career guidance program: https://www.aamc.org/students/medstudents/cim

The CiM is a four-phase career-planning program that works in partnership with medical schools to help students select a medical specialty and apply to a residency program. Oversight and support for the CiM program at UTRGV resides in the OSA, under the direction of the Associate Dean for Student Affairs and managed by the Director of Careers in Medicine.

Academic Houses
The SOM supports the academic and professional success of medical students through Academic Houses, which are small group learning communities that help medical students develop supportive relationships with faculty and other students that span their course of study and beyond.

Benefits
Each student across all four years of medical school is assigned to one of four Academic Houses specified below. Faculty advisors and students within each Academic House work as a team to plan academic, professional, community service, wellness, and social events for their Academic House members. Students and faculty develop a sense of community that fosters friendship, guidance, support in the academic houses. Learn more about the houses here.

Current SOM Academic Houses:
- Galen
- Blackwell
- Maimonides
- Osler
SECTION 3: ENSURING A CLIMATE OF LEARNING

3.1 Technical Standards

The M.D. degree is a broad undifferentiated degree attesting to general knowledge in medicine and the basic skills required for its practice. Essential abilities and characteristics required for completion of the degree consist of certain minimum physical and cognitive abilities and sufficient mental and emotional stability to assure that candidates for admission, promotion, and graduation are able to complete the entire course of study and participate fully in all aspects of medical training. The SOM intends for its graduates to become competent and compassionate physicians who are capable of entering residency training (graduate medical education) and meeting all requirements for medical licensure. The avowed intention of an individual student to practice only a narrow part of clinical medicine, or to pursue a non-clinical career, does not alter the requirement that all medical students take and achieve competence in the full curriculum required by the faculty. For purposes of this document and unless otherwise defined, the term "candidate" means candidates for admission to medical school as well as UTRGV medical students who are candidates for retention, promotion, or graduation.

The SOM has a societal responsibility to train competent healthcare providers and scientists who demonstrate critical judgment and have extensive knowledge and well-honed technical skills. Although students learn and work under the supervision of the faculty, students interact with patients throughout their medical school educations. Patient safety and wellbeing are therefore major factors in establishing requirements involving the physical, cognitive, and emotional abilities of candidates for admission, promotion, and graduation. The essential abilities and characteristics described herein are also referred to as technical standards. They are described below in several broad categories: observation, communication, motor function, intellectual-conceptual, integrative, and quantitative abilities, and social and behavioral skills.

Candidates must adhere to universal precaution measures and meet safety standards applicable to inpatient and outpatient settings and other professional activities. Individuals whose performance is impaired by the use of alcohol or other substances are not suitable candidates for admission, retention, promotion, or graduation.

Delineation of technical standards is required for the accreditation of U.S. medical schools by the Liaison Committee on Medical Education. The following abilities and characteristics are defined as technical standards, and are requirements for admission, retention, promotion, and graduation. In addition, medical students must demonstrate ethical standards and professional demeanors in dealing with peers, faculty, staff, and patients. At the time an applicant accepts an offer to matriculate, the applicant is required to attest that s/he can meet the SOM Technical Standards either with, or without, reasonable accommodations. Additionally, enrolled students must attest, annually, that they continue to meet the SOM Technical Standards either with, or without, reasonable accommodations. If you are a student with a disability who needs accommodations to complete this application or has questions regarding reasonable accommodations for technical standards, contact the Director of Student Accessibility Services UCTR 108 1201 W. University Blvd. Edinburg, TX 956-665-7005.

The Technical Standards include:

1. **Observation**: Candidates must be able to acquire information from demonstrations and participate in experiments of science, including but not limited to such things as dissection of cadavers; examination of specimens in anatomy, pathology, and neuroanatomy laboratories; and microscopic study of microorganisms and tissues in normal and pathologic states. Candidates must be able to accurately acquire information from patients and assess findings. They must be able to perform a complete physical examination in order to integrate findings based on this information and to develop an appropriate diagnostic and treatment plan. These skills require the use of vision, hearing, and touch or the functional equivalent.

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6 EAA042 Technical Standards Policy
II. COMMUNICATION: Candidates must be able to communicate effectively and efficiently with patients, their families, health care personnel, colleagues, faculty, staff, and all other individuals with whom they come in contact. Candidates must be able to obtain a medical history in a timely fashion, interpret non-verbal aspects of communication, and establish therapeutic relationships with patients. Candidates must be able to record information accurately and clearly; and communicate effectively and efficiently in English with other health care professionals in a variety of patient settings.

III. MOTOR FUNCTION: Candidates must, after a reasonable period of training, possess the capacity to perform physical examinations and diagnostic maneuvers. They must be able to respond to clinical situations in a timely manner and provide general and emergency care. These activities require some physical mobility, coordination of both gross and fine motor neuromuscular function, and balance and equilibrium.

IV. INTELLECTUAL — CONCEPTUAL, INTEGRATIVE, AND QUANTITATIVE ABILITIES: Candidates must have sufficient cognitive abilities and effective learning techniques to assimilate the increasingly complex information presented in the medical school curriculum. They must be able to learn through a variety of modalities including, but not limited to, classroom instruction; small group, team and collaborative activities; individual study; preparation and presentation of reports; simulations; and use of computer technology. Candidates must be able to memorize, measure, calculate, reason, analyze, synthesize, and transmit information across modalities. They must recognize and draw conclusions about three-dimensional spatial relationships and logical sequential relationships among events. They must be able to formulate and test hypotheses that enable effective and timely problem-solving in research and diagnostic algorithms and in diagnosis and treatment of patients in a variety of clinical settings and health care systems. Required cognitive abilities include rational thought, the ability to make analyses, including measurements and calculations, the ability to reach rational conclusions, to comprehend visual-spatial and three-dimensional relationships, as well as to reason ethically and clinically.

V. BEHAVIORAL AND SOCIAL ATTRIBUTES: Candidates must possess the emotional health required for full utilization of all intellectual abilities, exercising good judgment, prompt completion of responsibilities, and developing mature, sensitive, and effective relationships with patients and their family members, staff, and colleagues. They must possess sufficient emotional health to withstand stress, the uncertainties inherent in patient care, and the rigors intrinsic to the study and practice of medicine. Candidates must be able to tolerate physically taxing workloads, to function effectively under stress, and to display flexibility and adaptability to changing environments. They must accept responsibility for learning, exercising good judgment, and promptly completing all responsibilities attendant to their curriculum and to the diagnosis and care of patients. Candidates must display characteristics of integrity, honesty, attendance and conscientiousness, empathy, a sense of altruism, and a spirit of cooperation and teamwork. They must understand the legal and ethical aspects of the practice of medicine and function within both the law and ethical standards of the medical profession. Candidates must be able to interact with patients and their families, health care personnel, colleagues, faculty, staff, and all other individuals with whom they come in contact in a courteous, professional, and respectful manner. The candidate for the M.D. degree must accept responsibility for learning and exercise good judgment. Candidates must be able to contribute to collaborative, constructive learning environments; accept constructive feedback from others; and take personal responsibility for making appropriate positive changes.
Candidates must have the physical and emotional stamina and resilience to tolerate physically taxing workloads and function in a competent and professional manner under highly stressful situations, adapt to changing environments, display flexibility, and manage the uncertainty inherent in the care of patients and the healthcare.

VI. PROFESSIONALISM: Candidates must exercise good judgment, communicate in a clear and timely way with others, and promptly complete all responsibilities attendant to the study of medicine and to the care of patients. They must be capable of regular, reliable, and punctual attendance at learning activities and perform their clinical responsibilities in an equally dependable fashion. They must understand the legal and ethical aspects of the practice of medicine and function within the law and adhere to the ethical standards of the medical profession. Core attributes of professionalism defined by the faculty of SOM include altruism, honesty and integrity, respect for others, empathy and compassion, responsibility, and dependability.

The SOM has posted the technical standards on the SOM website for external access and the SOM intranet for internal access so that potential and actual applicants, enrolled medical students, faculty, and others may access at any time. [https://www.utrgv.edu/som/admissions/requirements/index.htm](https://www.utrgv.edu/som/admissions/requirements/index.htm). The technical standards will also be disseminated to students during new student orientation and to faculty during the new faculty orientation process. (See Appendix A).

### 3.2 Teacher/Learner Compact

The SOM is committed to promoting academic and professional success in learners and teachers at all levels. The achievement of such success is dependent on an environment free of behaviors that can undermine the important mission of our institution. An atmosphere of mutual respect, collegiality, fairness, and trust is essential. Although both teachers and learners bear significant responsibility in creating and maintaining this atmosphere, teachers bear particular responsibility due to their evaluative roles with student work and in modeling appropriate professional behaviors. Teachers must be ever mindful of these responsibilities in their interactions with their colleagues, their patients, and those whose education has been entrusted to them. The SOM has adopted the AAMC Teacher-Learner Expectations to ensure that a professional learning environment exists. These expectations will be covered in the SOM orientation activities for both faculty and students to communicate behavioral expectations both in the classroom and in the clinic.

#### 3.2.1 Guiding Principles

- **Duty**: Medical educators have a duty to convey the knowledge and skills required for delivering the profession's standard of care and also to instill the values and attitudes required for preserving the medical profession's social contract with its patients.
- **Integrity**: Learning environments that are conducive to conveying professional values must be based on integrity. Students and residents learn professionalism by observing and emulating role models who epitomize authentic professional values and attitudes.
- **Respect**: Respect for every individual is fundamental to the ethic of medicine. Mutual respect is essential for nurturing that ethic. Teachers have a special obligation to ensure that students and residents are always treated respectfully.
- **Highest Quality of Patient Care and Patient Safety**: Preparing learners to be the leaders of healthcare delivery of the future requires that they learn in environments that follow the highest standards of practice. Tenets of quality improvement, patient safety, and population health must be taught in interprofessional team-

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7 EAA086 Compact Between Teachers and Learners of Medicine
based care models. By allowing learners to participate in the care of patients, teachers accept the obligation to ensure that high quality, evidence-based and compassionate care is delivered in all learning environments.

3.2.2. Relationships Between Teachers and Students

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. Because of the special nature of this relationship, students and teachers should strive to develop their relationship to one characterized by mutual trust, acceptance, and confidence. They should both recognize the potential for conflict of interest and respect appropriate boundaries. A consensual relationship between faculty/administrator/resident with a student can rise to the level of prohibited sexual harassment as defined by the University of Texas policy. Consensual relationships may adversely affect all learners’ experiences due to perceived or actual bias and/or creation of a hostile work environment. It is strongly recommended that there are no faculty/administrator/resident student consensual relationships. Faculty and/or staff supervisor/resident will not enter into a consensual relationship with a trainee under that individual’s authority. All consensual relationships between faculty/administrators/residents and students must be reported to the Associate Dean for Educational Affairs.

3.2.3 Responsibilities of Teachers and Learners

<table>
<thead>
<tr>
<th>Teachers Should:</th>
<th>Students Should:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treat students fairly and respectfully.</td>
<td>Be courteous to teachers and fellow students.</td>
</tr>
<tr>
<td>Maintain high professional standards in all interactions.</td>
<td>Be prepared and on time.</td>
</tr>
<tr>
<td>Be prepared and on time.</td>
<td>Be active, enthusiastic, curious learners.</td>
</tr>
<tr>
<td>Provide relevant and timely information.</td>
<td>Demonstrate professional behavior in all settings.</td>
</tr>
<tr>
<td>Provide explicit learning and behavioral expectations early in a course or clerkship.</td>
<td>Recognize that not all learning stems from formal and structured activities.</td>
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<tr>
<td>Provide timely, focused, accurate, and constructive feedback on a regular basis and thoughtful and timely evaluations at the end of a course or clerkship.</td>
<td>Recognize their responsibility to establish learning objectives and to participate as an active learner.</td>
</tr>
<tr>
<td>Display honesty, integrity, and compassion.</td>
<td>Demonstrate a commitment to life-long learning, a practice that is essential to the profession of medicine.</td>
</tr>
<tr>
<td>Practice insightful (Socratic) questioning, which stimulates learning and self-discovery, and avoid overly aggressive questioning which may be perceived as hurtful, humiliating, degrading, or punitive.</td>
<td>Recognize personal limitations and seek help as needed.</td>
</tr>
<tr>
<td>Solicit feedback from students regarding their perceptions of their educational experiences.</td>
<td>Display honesty, integrity, and compassion.</td>
</tr>
<tr>
<td>Encourage students who experience mistreatment or who witness unprofessional behavior to report the facts immediately.</td>
<td>Recognize the privileges and responsibilities that come from the opportunity to work with patients in clinical settings.</td>
</tr>
<tr>
<td>Mentor attributes of personal care and well-being.</td>
<td>Recognize the duty to place patient welfare above their own.</td>
</tr>
<tr>
<td>Be aware and sensitive to cultural, religious, and orientation differences.</td>
<td>Recognize and respect patients' rights to privacy.</td>
</tr>
</tbody>
</table>
Solicit feedback on their performance and recognize that criticism is not synonymous with “abuse”.

Mentor attributes of personal care and well-being.

Be aware and sensitive to cultural, religious, orientation differences.

### 3.2.4 Providers to Care for Medical Students

The SOM is committed to providing an educational environment that is supportive and respectful to its faculty, staff, and students. This policy is established to ensure that students are evaluated based on common, agreed upon performance measures that are independent of confidential or protected health information. This is essential to ensure that students’ academic performances are evaluated properly and to ensure that students are not discouraged from seeking medical and/or mental health counseling/psychiatric care. Such care must be held in the strictest standards of patient privacy and confidentiality, without concern for consequent adverse actions or repercussions.

Students and health care providers should follow these procedures to make certain that the appropriate care is sought and provided.

**Health care professionals who provide medical and/or mental health counseling/psychiatric care to medical students must:**

1. Have no role in the formal academic or professionalism evaluation of medical students at the present or future time.
2. Have no role in advancement/progression/graduation of medical students at the present or future time.
3. Recuse themselves from the formal academic or professional evaluation of medical students and from academic or professionalism decisions of advancement/progression/graduation of medical students, if a dual relationship with medical students is anticipated or is discovered. When appropriate, and without breaching confidentiality, alert a Dean for Student Affairs immediately.

**Students should:**

a. Seek medical care through the Student Health Center. This medical care is usually provided by registered nurses, physician’s assistants or advanced nurse practitioners under the supervision of the Student Health Center Medical Director. The health care providers in the Student Health Center may refer medical students to other academic or community health care providers for further/follow-up care.

b. Seek psychological/psychiatric care directly through the Counseling Center or through the SOM Counseling and Wellness Services office. A multidisciplinary staff, who is not involved in academic or professionalism evaluation and/or decisions of advancement/progression through the curriculum, provides evaluation and short-term treatment including counseling, psychotherapy, and medication management when necessary to medical students with mental health, situational, social, or academic concerns. The health care providers in Counseling Services may refer medical students to other academic or community health care providers for further/follow-up care.

c. Inform staff in the Student Health Center and the Counseling Services that they are students at the SOM.

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8 EAA028 Providers to Care for Medical Students
3.3 Student Mistreatment Policy

The SOM prides itself on treating its students with respect and dignity. Mistreatment of students is not tolerated at the school and is detrimental to the learning environment. Mistreatment, intentional or unintentional, occurs when behavior shows disrespect for the dignity of others and interferes with the learning process. Student mistreatment may take many forms, all of which impact student performance. Sexual harassment and assault, which are defined by policy through the University of Texas System Rules and Regulations of the Board of Regents Rule 30105, “Sexual Harassment and Misconduct and Inappropriate Consensual Relationships” at [https://www.utsystem.edu/sites/utsfiles/offices/board-of-regents/rules-regulations/30105.pdf](https://www.utsystem.edu/sites/utsfiles/offices/board-of-regents/rules-regulations/30105.pdf), are included in this section as forms of student mistreatment.

3.3.1 Standards of Behavior and Definition of Mistreatment

Examples of behaviors that are unacceptable to the SOM include:

- Physical or sexual harassment/assault.
- Discrimination or harassment based on race, gender, age, ethnicity, religious beliefs, sexual orientation, or disability.
- Disparaging or demeaning comments about an individual or group.
- Loss of personal civility including shouting, displays of temper, public or private abuse, belittling, or humiliation.
- Use of grading or other forms of evaluation in a punitive or retaliatory manner, for example, sending students on inappropriate errands.

Medical students who feel they have been mistreated may report such perceptions to any of the following:

- Deans in the Office of Student Affairs
- Counseling Services
- Module, course, and clerkship directors

These school representatives are empowered to informally discuss a student's perceptions related to mistreatment, providing guidance. These school representatives should refer the student immediately to the Associate Dean for Student Affairs for further instructions. Students wishing to report anonymously may do so by filing a report on the secured section of the SOM Student Affairs website at: [http://www.utrgv.edu/som/student-affairs/student-mistreatment-learning-environment/index.htm](http://www.utrgv.edu/som/student-affairs/student-mistreatment-learning-environment/index.htm)

**Definition of Mistreatment:** The SOM has a responsibility to provide an environment conducive to effective learning and compassionate, high quality patient care by creating an atmosphere of mutual respect and collegiality among faculty, residents, students, and staff.

The SOM is committed to creating a learning, research and clinical care environment that is supportive, that promotes learner well-being, and that is free from ridicule, exploitation, intimidation, sexual or other forms of harassment, physical harm, and threats of physical harm. To that end, the SOM will not tolerate the mistreatment of students, nor will it tolerate retaliation against any learner because he or she has reported, in good faith, a violation of the school’s professionalism standards. The SOM shall also: 1) provide mechanisms and procedures by which learners may safely report mistreatment against themselves or others; 2) provide information to students about what will happen to their reports of mistreatment; and, 3) use data from these reports to educate faculty, residents, professional staff, and others about what constitutes mistreatment, with the goal of reinforcing a culture of respect.

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9 EAA066  Student Mistreatment
The American Association of Medical Colleges states, “Mistreatment, either intentional or unintentional, occurs when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process.” Examples of mistreatment include: public belittlement or humiliation; verbal abuse (for example, speaking to or about a person in an intimidating or bullying manner); physical harm or the threat of physical harm; requests to perform personal services; being subject to offensive sexist remarks, or being subjected to unwanted sexual advances (verbal or physical); retaliation or threats of retaliation against students; discrimination or harassment based on race, religion, ethnicity, sex, age, or sexual orientation; and the use of grading or other forms of assessment in a punitive or discriminatory manner.

3.3.2 Procedures for Reporting Student Mistreatment

A grievance involving perceived mistreatment can be resolved in an informal or a formal manner. A student pursuing an informal non-academic grievance resolution must contact the Associate Dean for Student Affairs, in writing, within five business days of the alleged grievance. If the grievance involves staff, faculty, student(s) from the broader UTRGV community, the Associate Dean for Student Affairs will work with other appropriate authorities, as indicated. The Associate Dean for Student Affairs will assist the student in the informal resolution of the grievance, to be completed within 30 calendar days from the written grievance. If an informal resolution is not achieved, the aggrieved student has an additional five business days to file a formal written grievance.

The Associate Dean for Student Affairs, acting as a student advocate, assumes the responsibility for formulating and facilitating the most appropriate response.

The Associate Dean for Student Affairs and the Associate Dean of Students for Student Rights and Responsibilities monitor the frequency at which medical student mistreatment occurs and notify the appropriate administration members as necessary. Additionally, within each written evaluation, students have an opportunity to state if they felt mistreated. If the affirmative is reported, the student will be asked to provide a summary of the events that characterized their mistreatment. This will trigger a confidential meeting with the Associate Dean for Student Affairs to address the concern.

Office of Student Rights and Responsibilities
Edinburg Campus: EUCTR 315, Phone: 956-665-5375
Brownsville Campus: BCRTZ 204, Phone: 956-882-5141

3.3.3 Prohibition of Retaliation

The SOM prohibits retaliation against a student who, in good faith, complains about or participates in an investigation of student mistreatment. Any student who feels he or she has been retaliated against or threatened with retaliation should report the allegation immediately to the Associate Dean for Student Affairs. The Associate Dean for Student Affairs will investigate the alleged retaliation and make a report to the Senior Associate Dean for Education and/or Dean of the SOM, when possible, within 30 days of the filing of the complaint. The Dean, or his or her designee, will be responsible for deciding upon and imposing disciplinary action(s).

While mistreatment issues may be written in student evaluations of residents or faculty and evaluations of courses or clerkships, students should NOT rely on those mechanisms as the primary or sole means to report mistreatment. The reporting mechanisms described above have been established to produce a timely and effective resolution to any mistreatment concerns.

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10 EAA060 Prohibition of Retaliation
3.4 Student Professionalism

3.4.1 Attributes of Professionalism

The SOM adopted the professional attributes from the American Board of Internal Medicine’s Project Professionalism. The attributes expected of a student are:

- **Altruism** is the essence of professionalism. The best interest of patients, not self-interest, is the rule.

- **Accountability** is required at many levels — individual patients, society, and the profession. Physicians are accountable to their patients for fulfilling the implied contract governing the patient/physician relationship. They are also accountable to society for addressing the health needs of the public, and to their profession for adhering to medicine’s time-honored ethical precepts.

- **Excellence** entails a conscientious effort to exceed ordinary expectations and to make a commitment to life-long learning. Commitment to excellence is an acknowledged goal for all physicians.

- **Duty** is the free acceptance of a commitment to service. This commitment entails being available and responsive when “on call,” accepting inconvenience to meet the needs of one’s patients, enduring unavoidable risks to oneself when a patient’s welfare is at stake, advocating the best possible care regardless of ability to pay, seeking active roles in professional organizations, and volunteering one’s skills and expertise for the welfare of the community.

- **Honor** and integrity are the consistent regard for the highest standards of behavior and the refusal to violate one’s personal and professional codes. Honor and integrity imply being fair, being truthful, keeping one’s word, meeting commitments, and being straightforward. They also require recognition of the possibility of conflict of interest and avoidance of relationships that allow personal gain to supersede the best interest of the patient.

- **Respect** for others (patients and their families, other physicians, and professional colleagues such as nurses, medical students, residents, and subspecialty fellows) is the essence of humanism, and humanism is both central to professionalism, and is fundamental to enhancing collegiality among physicians.

Communication

An essential aspect of being an effective and professional physician is learning to understand and manage communication with patients, families, peers, colleagues, and others. Communication, both verbal and non-verbal, has many forms. One channel that is increasingly utilized both within and outside of medical practice is the internet, especially social media. Medical students are expected to abide by and exemplify the professional standards of physicians and the SOM when communicating as representatives of the medical school as well as when speaking as private individuals in all environments. It is important to remember that even with safeguards, nothing is truly private on the internet and information is generally permanently present. Physician information and actions online have significant potential to negatively impact relationships, professional careers and opportunities, and undermine public trust in the profession and medical school. Therefore, it is crucial to remember that individuals connected to UTRGV are considered representatives of the institution even in informal situations. Consequently, SOM medical students should:

- Prioritize patient privacy and confidentiality; these must be maintained in all settings, including online. Identifiable patient information must never be posted on the internet.
- Carefully consider how to develop and maintain their professional identity online; a preferred option is to have separate personal and professional online/social networking profiles. Information posted online should be accurate and appropriate, and it is suggested that students monitor and correct the information that is available online about them.

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11 EAA081 UTRGV SOM Student Professionalism Policy
• Utilize privacy settings to safeguard personal information and be cautious about sharing information related to their medical school and professional experiences on websites and social networks.

• Carefully consider whether to interact with patients and families on the internet. These types of communications require adherence to the boundaries and guidelines of the physician/patient relationship, similar to the practices in other environments.

• Be cautious about offering medical information and advice to the public. Medical students must provide disclaimers that the information is not officially sanctioned by UTRGV.

• Maintain courteous and respectful language and tone when offering opinions about educational and clinical experiences, colleagues, and institutions; recognize and act upon their responsibility to monitor their colleagues’ professional behavior by pointing out any inappropriate actions, allowing them the opportunity to rectify their behaviors, including removing inappropriate content from the internet. If the involved individuals fail to resolve the issues, medical students have a professional obligation to report them to the appropriate authorities; and,

• Respect and follow the institutional guidelines and copyright laws on which UTRGV information and material (e.g., curriculum) can be appropriately shared publicly and online and which cannot.

These recommendations are based on the guidelines in the AMA Code of Medical Ethics, Opinion 9.124 - Professionalism in the Use of Social Media https://www.ama-assn.org/delivering-care/ama-code-medical-ethics

3.4.2 Standards of Conduct

Medical students must adhere to the principles of conduct and ethics as established by the SOM and are expected to adhere to the following principles from the American Medical Association’s Principles of Medical Ethics, which are described as “standards of conduct that define the essentials of honorable behavior for the physician.” https://www.ama-assn.org/sites/default/files/media-browser/principles-of-medical-ethics.pdf

American Medical Association Principles of Conduct
A medical student:
1. Shall be dedicated to provide competent medical care, with compassion and respect for human dignity and rights.
2. Shall uphold the standards of professionalism, be honest in all professional interactions, and strive to report physicians deficient in character or competence, or engaging in fraud or deception, to appropriate entities.
3. Shall respect the law and also recognize a responsibility to seek changes in those requirements that are contrary to the best interests of the patient.
4. Shall respect the rights of patients, colleagues, and other health professionals, and shall safeguard patient confidences and privacy within the constraints of the law.
5. Shall continue to study, apply, and advance scientific knowledge, maintain a commitment to medical education, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.
6. Shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical care.
7. Shall recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health.
8. Shall, while caring for a patient, regard responsibility to the patient as paramount.
9. Shall support access to medical care for all people.

12 EAA016 Medical Student Standards of Conduct
3.4.3 Academic Dishonesty

In line with the Student Standards of Conduct, the SOM considers academic dishonesty to be a serious and potentially career-ending action for its medical student body. Academic integrity is essential to the success of the SOM’s mission, and violations constitute a serious offense against the entire academic community and the profession. Academic dishonesty is defined as an act of obtaining or attempting to present academic work through fraudulent or deceptive means in order to obtain credit for this work.


Academic dishonesty includes but is not limited to:

1. Cheating
   Failure to observe the expressed procedures of an academic exercise, but not limited to:
   • Unauthorized use of commercial “research” services such as term papers.
   • Providing information to others without the instructor’s permission or allowing the opportunity for others to obtain information that provides that recipient with an advantage on an exam or assignment, including, but not limited to, duplication in any format of exams or quizzes.
   • Unauthorized communicating with a fellow student during a quiz or exam.
   • Copying material from another student’s quiz or exam.
   • Permitting another student to copy from a quiz or exam.
   • Permitting another person to take a quiz, exam, or similar evaluation in lieu of the enrolled student.
   • Using unauthorized materials, information, or study aids (textbooks, notes, data, images, formulas, dictionary, calculator, etc.) in any academic exercise or exam.
   • Unauthorized collaboration in providing or requesting assistance, such as sharing information on an academic exercise or exam through cell phones, texting, or similar mobile technology.
   • Using computer and word processing systems to gain access to, alter, and/or use unauthorized information.
   • Altering a graded exam or assignment and requesting that it be re-graded. Submission of altered work after grading shall be considered academically dishonest, including but not limited to changing answers after an exam or assignment has been returned or submitting another’s exam as one’s own to gain credit.

2. Fabrication
   Falsification or invention of any information in an academic exercise, including but not limited to:
   • Fabricating or altering data to support research.
   • Presenting results from research that was not performed — submitting materials for lab assignments, class projects, or other assignments which are wholly or partially falsified, invented or otherwise do not represent work accomplished or undertaken by the student.
   • Crediting source material that was not directly used for research.
   • Falsification, alteration, or misrepresentation of official or unofficial records or documents, including but not limited to academic transcripts, academic documentation, letters of recommendation, and admissions applications or related documents.

3. Fraud, Misrepresentation, Lying
   Intentionally making an untrue statement or deceiving individuals, including but not limited to:
   • Providing an excuse for an absence, tardiness, late assignment with the intent to deceive the instructor, staff, or the school.
   • Checking into SOM classes, labs, centers, or other resources with the intent to deceive the instructor, staff or the school.
   • Using another student’s identification card for use in a class, lab, center, or other SOM resource.

13 EAA005 Medical Student Dishonesty and Plagiarism Policy
• Re-submission of past work as new, unique, or novel to a class whereas the work had been previously submitted.

4. **Plagiarism**
The presentation of author’s words, images, or ideas as if they were the student’s own, including but not limited to:
- Stealing the written, oral, artistic, or original works or efforts of others and presenting them as one’s own.
- The submission of material, whether in part or whole, authored by another person or source (the internet, book, journal, etc.) whether that material is paraphrased, translated, or copied in verbatim or near-verbatim form without properly acknowledging the source. It is the student’s responsibility to cite all sources.
- The submission of material edited, in part or whole, by another person that results in the loss of the student’s original voice or ideas (while an editor or tutor may advise the student, the final submitted material must be the work of the student, not that of the editor or tutor).
- Translating all or any part of material from another language and presenting it as if it were the student’s own original work.
- Unauthorized transfer and use of another person’s computer file or any other electronic/technical product as the student’s own.
- Unauthorized use of another person’s data in completing a computer or an academic exercise.

5. **Multiple Submissions**
Resubmission of a work that has already received credit with identical or similar content in another course without written consent of the present instructor or submission of work with identical or similar content in concurrent courses without written consent of all instructors involved.

6. **Facilitating Academic Dishonesty**
Assisting another student to commit an act of academic dishonesty, including but not limited to:
- Taking a quiz, exam, or similar evaluation in place of another person.
- Allowing one student to copy from another.
- Attending a course posing as another student who is officially registered for that course.
- Providing material or other information (solutions to homework, project, or assignments, copy of an exam, exam key, or any test information) to another student with knowledge that such assistance could be used to violate any other sections of this policy.
- Distribution or use of notes or recordings based on classes without the express written permission of the instructor for purposes other than individual or group study. This includes, but is not limited to, providing materials for distribution by services publishing class notes (restriction on unauthorized use applies to all information distributed or in any way displayed for use in relation to the class, whether obtained in class, via email, on the internet, or via any other media).

7. **Academic Sabotage**
Deliberately impeding the academic progress of others, including but not limited to:
- Intentionally destroying or obstructing another student’s work.
- Stealing or defacing books, journals, or other library or university materials.
- Altering computer files that contain data, reports, or assignments belonging to another student.
- Removing posted or reserved material or otherwise preventing other students’ access to such material.

Students are expected to uphold appropriate professional and ethical standards for themselves. They also are expected to act appropriately (e.g. inform a supervisor/ administrator) if their peers and colleagues are not acting in a professional and ethical manner. Students and faculty will report students suspected of academic dishonesty to the course or clerkship director. The course or clerkship director will investigate the situation by reviewing the student’s work, discussing the issue with the relevant faculty and possibly other involved students or personnel, and reviewing the issue with the identified student. The course or clerkship director will summarize the findings in writing and if substantiated, will provide a written summary to the Associate Dean for Student Affairs for review. The summary must include relevant name(s), date(s), location(s), witness(es) and
complete description(s) of the problem, and a proposed resolution, if possible.

If the academic dishonesty involves/accuses UTRGV non-medical students or employees, the Associate Dean for Student Affairs will facilitate engagement with appropriate advocacy or supervisory institutional authorities to ensure that coordination of investigatory and resolution processes transcend interschool and student or employee boundaries. Copies of the written academic dishonesty will be made available to named parties and the appropriate advocacy or supervisory institutional authorities.

The Associate Dean for Student Affairs and appropriate institutional authorities may, at her/his discretion, hold discussions with or without the involved/accused individual(s) to hear and resolve the academic dishonesty, schedule a meeting between the student and the involved or accused individual(s) and/or involve other parties in facilitating a resolution. If a meeting with the student is requested, the student will be notified in writing and given at least two business days’ advanced notice. This process will be afforded 10 business days from receipt of the formal written academic dishonesty summary to resolve the academic dishonesty, providing the student a written summary of the resolution.

If the student is dissatisfied with the resolution, s/he may file a formal written appeal with the Associate Dean for Student Affairs within five business days of receipt of the decision. The Associate Dean for Student Affairs has 10 business days to provide a written decision to the student.

Within five business days of receipt of the Associate Dean for Student Affairs’ decision, the student may file a formal written appeal to the SOM Dean. The Dean has 15 business days to provide a written decision to the student. The decision of the SOM Dean is final.

3.4.4 Professionalism Portal

The SOM students are expected to maintain the highest standards of professional and ethical conduct. Medical students are expected to conduct themselves in a professional manner in interaction not only with patients, but also with peers, faculty, and staff of the SOM and the broader community. The SOM has written expectations regarding professional conduct. Medical students are governed by the Medical Students Code of Professional Conduct in the SOM (See Appendix B).

Members of the UTRGV community, including visitors or special guests, are encouraged to voice concerns about professionalism in students, faculty, or staff. Online forms for reporting such concerns are available for peer-to-peer use, as well as for any visitor, special guest, student, staff, or faculty member at UTRGV to use for reporting concerns about any SOM student, staff, or faculty member.

The professionalism portal is a web-based site for reporting potential violations of Medical Students Code of Professional Conduct and is located under the Medical Students tab on the SOM website. The forms are available for confidential use and may be submitted anonymously if preferred:

Medical Student Professionalism
https://www.utrgv.edu/som/student-affairs/professionalism/index.htm

The forms may be filled out by any individual. Alternatively, concerns may be directed to the Associate Dean of Student Affairs for confidential handling by calling: (956) 296-1626.

Individuals who submit reports regarding students are encouraged to provide their names but do have the option of reporting anonymously with the understanding that there may be difficulty in establishing the validity of the submitted report.

All submissions to the Professionalism Portal are directed to the Associate Dean for Student Affairs who investigates each report and makes a determination regarding what actions, if any, are indicated. The

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14 EAA015 Reporting of Professional Conduct via the Professionalism Portal
investigation may involve interviewing the student cited in the report and/or the gathering of additional data from the witness(es), if available. The ultimate goal is to provide the student with opportunities for remediation and counseling, if needed; the actions are not, initially, intended to be punitive. However, repeated reports of violations can result in disciplinary action. Students who feel that they have been cited in error for violations of the Medical Students’ Code of Professional Conduct have the recourse of filing a grievance.

3.4.5 Professionalism Commendations

For those students, faculty or staff who have displayed a high level of professionalism, members of the UTRGV community may complete and submit the following form for a commendation recommendation: Exemplary Professionalism Commendation Form. Once completed, please e-mail form to MDStudentaffairs@utrgv.edu.

3.5 Attendance and Absence Policies

Medical students, as future professionals, should conduct themselves appropriately in all curricular activities, including classroom work, laboratory work, and clinical experiences. The professionalism of a medical student includes attending mandatory educational activities and arriving at educational activities on time prepared to learn.

Attendance will be taken for all mandatory educational activities. Repeated unexcused absences and/or tardiness are taken very seriously and are perceived as an indication of a student’s lack of commitment to professional standards expected of a student physician-in-training. Repeated professionalism violations associated with unexcused absences or tardiness are subject to review by the Office of Student Affairs and, if not remedied, can result in a review by the Medical School Evaluation and Promotions Committee.

3.5.1 Attendance

Module, clerkship, and course directors will adhere to the attendance and punctuality requirements for their modules, clerkships, and courses.

Attendance is mandatory for all:

- Problem-based learning, clinical skills, case wrap-ups and interprofessional education sessions that bring either health care professionals or health professions students together.
- Flipped classroom sessions.
- Sessions with patient participants and/or their families.
- Laboratory sessions.
- Quizzes and formative and summative examinations.
- All required clinical clerkships, electives, and other designated activities.
- Accreditation-mandated training (e.g., financial aid).

Attendance for lectures in Years One and Two is not required but is highly recommended.

Module, clerkship, and course directors or their assigned designees, have the responsibility for keeping and maintaining records of attendance and tardiness for all mandatory educational activities. Students found to be in violation of the attendance or tardiness policy within modules, clerkships, or courses will be referred to the Assistant Dean of Pre-Clerkship or Clerkships, as appropriate, who will address the issue with the student and determine actions to be taken. The pre-clerkship and clerkship deans will apprise the Office of the Associate Dean for Student Affairs of students with repeated violations of the attendance and punctuality policies.

3.5.2 Definitions

15 EAA002 Student Attendance Policy and EAA071 Clinical Year III Attendance Policy
**Excused Absences:** An absence for which permission has been granted.

**Planned Absences:** Students who are aware of the need to be absent from a required activity (medical appointments, conference, professional meetings, etc.) must submit an Excused Absence Request Form, at least four weeks in advance of a planned absence that will occur within a module, clerkship, or course. Student completion of an EARF does not constitute automatic approval. The EARF can be found on Blackboard and/or the Student Affairs web page. (See also Appendix E.)

**Unplanned Absences:** An absence for serious illness, family illness, jury duty, or academic difficulties. The student must notify the OSA the module/clerkship/course director, or the appropriate Assistant Dean of any unplanned absence. The ultimate responsibility for notification lies with the student.

**Emergency Situations:** A situation where permission could not be requested prior to the absence (e.g. car accident, power outage, major storms preventing travel, etc.). The ultimate responsibility for notification lies with the student.

**Unexcused Absence:** An absence for which permission has not been granted. An unexcused absence is reported to the appropriate module, clerkship, or course director and/or the appropriate Assistant Dean for Medical Education Pre-Clerkship or Clerkships who then reports it to the Associate Dean for Student Affairs or designee for further action. An unexcused absence is a serious matter and will be viewed as a breach of professionalism. It is expected that the student will be counseled by the module/clerkship/course director about such an episode, and that it will be an important element in the assessment of the student’s professionalism competency in the module, clerkship, or course grade. Other potential consequences of unexcused absences will depend on the seriousness of the matter and might include reduction of a course or clerkship grade, failure of a course or clerkship, counseling by the OSA, or a breach of professionalism being filed — particularly if there is a pattern of absences across courses or clerkships.

### 3.5.3 Absences Permitted to Seek Health Care

Medical students are required to attend all courses and clinical assignments unless formally excused by their Co-Module Director(s)/Clerkship Director(s) and approved by the respective Deans of Education and the OSA. Excused absences are granted when the health and safety of the student and the student’s classmates might be adversely affected. In circumstances involving illness or other medically related issues that prevent a student from attending a class or completing a mandatory assignment or assessment, s/he must inform the Module Director(s) or Clerkship Director(s) and the OSA by telephone/email within 24 hours of the scheduled activity and/or due date. The OSA will then coordinate with the Module Director(s) or Clerkship Director(s) to make appropriate arrangements for the student to make up missed work or for patient care coverage. Documentation verifying the student’s absence may be requested and must be provided to Associate Dean for Student Affairs within three weeks of the event. If the length of absence is long enough to adversely affect the student’s academic performance, the Leave of Absence Policy will take effect.

### 3.5.4 Planned Absences

Students must complete the EARF for all requests for planned absences at least four weeks in advance of the planned absence that will occur within a module, clerkship, or course. Student completion of an EARF does not constitute automatic approval. Students should submit the form to the module, clerkship, or course director who has the authority to grant or refuse requests. The EARF is then forwarded to the Assistant Dean of Pre-Clerkship or Clerkships who reviews and signs off on the request. The form is then forwarded to the Office of the Associate Dean of Student Affairs for review and for filing in the student record. Students will be notified of the results of their requests by the Assistant Dean of Pre-Clerkship or Clerkships or assigned designee.

Students who are requesting approval for an absence on an exam date must, in addition to submitting the EARF, also submit a Change of Exam Request Form (see: Appendix F) to the Assistant Dean for Assessment, who

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16 EAA010 Medical Student Leave of Absence Policy
after determining with the Assistant Dean for Pre-Clerkship or Clerkship that the student request has their approval, will follow-up with the student and make the necessary arrangements for scheduling the exam on an alternate date and time.

3.5.5 Absences for Personal Appointments and Activities

Students should not schedule personal appointments and activities during times when mandatory activities are scheduled.

If a conflict is unavoidable:

- Students must submit the EARF as early as possible in advance of the mandatory activity to the module, clerkship, or course director. This request must include a plan to complete all missed coursework.

3.5.6 Absences to Attend Professional Conferences and Meetings

Students are encouraged to participate in professional conferences and meetings. However, students must be free of any academic deficiencies and professionalism violations and must take into consideration their academic responsibilities when making decisions to participate in professional conferences and meetings that would necessitate being absent from mandatory scheduled academic activities. Students who wish to participate in professional conferences and meetings must:

- Obtain prior approval to be absent from mandatory educational activities to attend a professional conference or meeting in advance of applying for an award for funding to attend. This prior approval also must be in place before registering for conferences or meetings and before making travel arrangements.

- Submit the EARF to the module, clerkship, or course director at least four weeks in advance of the scheduled activity.

- Provide a plan for completing all missed course or clinical work to the module, clerkship, or course director.

*Please also refer to the Travel Policy in Section 2.2.6

3.5.7 Absences Due to Holidays and Religious Observances

Students are expected to report to their scheduled educational or clinical duties during holidays unless otherwise specified by their module, clerkship, or course director.

- All students, faculty, and staff at the SOM have the right to expect that the SOM will reasonably accommodate their religious observances, practices, and beliefs.

- The SOM will attempt, at the beginning of each academic term, to provide written notice of the class schedule and formal examination periods. The SOM, through its faculty, will make every attempt to schedule required classes and examinations to avoid interference with customarily observed religious holidays of those religious groups or communities comprising the SOM’s constituency.

3.5.8 Absences Due to Extended Illnesses

- Students with extended illnesses must contact both the Office of the Associate Dean for Student Affairs and the module, clerkship, or course director.

- Students must provide the Office of Student Affairs written documentation of the nature of the illness from his or her personal physician.
• Students also have the option of requesting a Leave of Absence in the event of a prolonged illness.

3.5.9 Unplanned Absences and/or Emergency Situations

Students are required to contact the OSA at 956-296-1626 or Dean on Call at 956-296-2502 as soon as possible for all unplanned and/or emergency absences (e.g., illness, accident, family illness or death, or other unplanned event/emergency). Students will still be required to complete an EARF as required for planned absences at the earliest possible date.

3.5.10 Consequences of Unexcused Absences

If a student’s request for an excused absence is denied, the student is expected to report to all mandatory activities. Students who fail to report to mandatory activities and/or scheduled exams do not receive any credit for those activities or exams. Module, clerkship, and course directors are under no obligation to provide students with make-up activities due to unexcused absences.

An unexcused absence is a serious matter and is viewed as unprofessional student behavior. It is expected that the student will be counseled by the module, clerkship, or course director about such an occurrence, and that it will be an important element in the assessment of the student’s professionalism competency in the module, clerkship, or grade course.

Other potential consequences of unexcused absences will depend on the seriousness of the matter, and might include reduction of a course or clerkship grade, failure of a module, clerkship or course, counseling by the Office of the Associate Dean for Student Affairs or a breach of professionalism being filed, particularly if there is a documented pattern of absences across modules, clerkships, or courses.

3.5.11 Excused Absences for Examinations and Assessment

The Testing Coordinator is responsible for keeping records of attendance and tardiness for all exams. The Testing Coordinator reports any unexcused student absences and/or tardiness for exams to the Assistant Dean of Assessment, Evaluation, and Quality Improvement who will address the issue with the student and make a determination of actions to be taken, in collaboration with the Office of Associate Dean of the Student Affairs, and the Assistant Deans of Pre-Clerkship or Clerkships, as appropriate. All students who take an exam prior to or following the scheduled exam date will be required to complete and return a signed confidentiality agreement form before the exam can be scheduled on an alternative date.

3.5.12 Tardiness to Required Activities, Years One-Four

Students are expected to attend all scheduled activities on time and be ready to actively participate in learning activities. It is important that students realize that their tardiness can negatively impact other people. Students who expect to be late for a mandatory education or clinical activity for any reason (e.g., car trouble, accident, injury, or similar unforeseen event) should make contact with the following individuals, as appropriate, as soon as possible:

• For modules: the module director and/or the course coordinator. If tardy for a Problem-Based Learning (PBL) session, the PBL facilitator and PBL group.

• For clerkships, sub-internships, selectives, and electives: clerkship directors, academic coordinators, assigned preceptors and/or residents, and team members.

Faculty, at their discretion, may deny entrance or participation to a tardy student. This also applies to late admission to exams and quizzes due to tardiness. Extended time for completion will not be provided to students who arrive late for exams and quizzes — except under special circumstances.
3.6 Fostering a Learning Climate

The SOM strives to ensure that the values medical students learn translate from the students’ undergraduate medical education experiences to their work as practicing physicians. Therefore, the SOM has adopted the American Association of Medical College’s Statement on the Learning Environment. The statement may be found online at: https://www.aamc.org/news-insights/academic-medicine-aims-foster-more-supportive-learning-environment

3.6.1 Fair and Timely Formative, Narrative, and Summative Assessment Policy

Definitions

1. Assessment: The processes employed to make judgments regarding the achievements of students over a course of study.

2. Formative Assessment and Feedback: The primary purpose of formative assessment is to provide students with useful feedback concerning their strengths and challenges with regard to mastery of the educational learning objectives. Formative assessment takes place during the course of a module, clerkship, or course and affords students the opportunity to understand what content, knowledge, skills, and/or behaviors they have mastered and where they may have areas for improvement. Formative assessment is not graded. Examples of formative assessment include practice tests with feedback, group assessments with feedback, coaching, mid-course feedback for improvement, etc.

3. Narrative Assessment: The primary purpose of narrative assessment is to provide students with descriptive feedback based on instructors’ observations of students’ knowledge, skills, behaviors (competencies), and non-cognitive achievements as demonstrated over time. Narrative assessments may be formative or graded.

4. Summative Assessment: The primary purpose of summative assessment is to measure what knowledge, skills and/or behaviors students have mastered during and over the course of a module, clerkship, or course of instruction. Summative assessments are graded. Examples of summative assessment include mid-term exams, final exams, shelf exams, and Objective Structured Clinical Examinations.

A. Policy:

A centralized system for student assessment operates under the auspice of the Office of Educational Affairs and the Assistant Dean for Assessment. Formative, narrative, and summative assessments are integrated into modules, clerkships, and courses. Narrative assessments are provided to students in modules and clerkships that are a minimum of four weeks in length. All summative assessments must be linked to curricular objectives as defined by UTRGV Educational Program Objectives. Students are provided assessment results in a timely manner.

B. Procedure:

1. Formative Assessment and Feedback
   All directors for modules, clerkships, and courses are required to provide students with formative assessment and feedback early enough during each required module or clerkship of four or more weeks to allow sufficient time for remediation. The types of formative assessments available to students include but are not limited to: group case activities with feedback (e.g. PBLs) coaching feedback, narrative feedback, and other activities directed toward enabling students to identify strengths, challenges, and areas for improvement. Formative assessment activities and feedback opportunities are to be outlined in the syllabus for each module, clerkship, or course.

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17 EAA050 Fair and Timely Formative, Narrative, and Summative Assessment Policy
Students enrolled in modules greater than four weeks in length will meet a minimum of one time per module with their PBL facilitators to review their academic progress within the module. The goal of these meetings is to provide students with feedback regarding their performance and to identify as early as possible those students who are struggling academically and refer them for academic support services to assure successful completion of the module.

Students enrolled in clerkships that are longer than four weeks will meet with the Clerkship Director at the clerkship midpoint to review: 1) their core clinical skills, behaviors, attitudes, and overall performance; 2) their progress toward meeting required clinical encounters and procedures; and 3) strengths and areas for growth and/or improvement with the goal of successful completion of the clerkship. Clerkship preceptors will receive faculty development to assist them in identifying struggling students and be provided with information on how to refer struggling students for a meeting with the Clerkship Director.

2. Summative Assessment

The Assistant Deans for Medical Education Pre-clerkship and Clerkships, in conjunction with the module, clerkship, and course directors have oversight to assure that summative assessments are integral to every module, clerkship, and course, and that students are provided with the specific educational program objectives (EPOs) for which they are required to demonstrate mastery. The Assistant Dean for Assessment has oversight for the administration of all summative assessments, including evaluating the quality and adequacy of assessment measures. Students receive results from summative examinations within one week of the date of assessment. Students receive their final grades within two weeks of the completion date of the module, and within six weeks of the completion date of the clerkship.

3. Narrative Assessment

The Assistant Deans for Pre-Clerkship and Clerkships, in conjunction with the module and clerkship directors, have oversight to assure that students receive narrative assessments in all modules and clerkships whenever teacher/student interaction permits this form of assessment. The narrative assessment must include feedback regarding a student’s performance to date in the module or clerkship and be provided during a face-to-face interaction that affords the student the opportunity to respond to the feedback, ask for clarification, and if necessary, develop a plan for improvement. Narrative feedback is descriptive and based on the instructor’s observations of students’ knowledge, skills, behaviors and non-cognitive achievements as demonstrated over time throughout modules, and midway through clerkships. The Assistant Deans for Pre-Clerkship and Clerkship have the responsibility to assure that narrative assessments are completed and provided to students in a timely manner. Students will receive narrative feedback from their PBL facilitators mid-way through every module and from their clerkship directors at the midpoint of every clerkship. The Assistant Deans for Medical Education Pre-Clerkship and Clerkship will monitor the timeliness and completion of the narrative assessments in collaboration with the Assistant Dean for Assessment and will follow-up with the PBL facilitators and clerkship directors within one week following the PBL facilitator and clerkship director feedback to assure compliance.

3.6.2 Appropriate Dress

Professional Dress Guidelines

As representatives of the medical profession, all medical students at the SOM are expected to place a high value on personal appearance by maintaining an image that inspires credibility, trust, respect, and confidence among colleagues and patients. The reasons are rooted in concerns for infection control, communication, and cultural sensitivity. Patient trust and confidence are essential to successful treatment experiences and outcomes. The message communicated by dress and appearance plays a fundamental role in establishing this trust and confidence in the caregiver.

Students should consider the cultural sensitivities of their most conservative potential patients and present

18 EAA072 Clinical Years III & IV Professional Dress Code Policy
themselves in a manner that will earn respect, ensure trust, and foster comfort. Recent trends in clothing, body
art, and body piercing may not be generally accepted by patients and should not be worn by medical students.

When students are assigned to clinical activities in any of the SOM’s participating institutions, or when they
participate in any SOM official activity (i.e. special guest speakers, presentations, etc.), they should consider
themselves representatives of the SOM.

Attire and behavior should promote a positive impression of the individual student, the specific course, and the
institution. In addition to the guidelines outlined below, certain departments and some affiliate clinical
institutions may require alternate dress guidelines, which must be followed. These requirements typically will
be included in written course materials, but if any doubt exists, it is the responsibility of the student to inquire.

1. General Standards
   a. All clothing must be clean, neat, professionally styled, and in good repair.
      Men: Slacks and shirt, preferably with a collar. Tie optional.
      Women: Dresses or skirts of medium length, or professional style slacks.
   b. Name badges identifying physician-in-training as a medical student must be
      worn at all times and clearly visible.
   c. Good personal hygiene and grooming should be maintained at all times. This
      includes regular bathing, use of deodorant/antiperspirant, and regular dental
      hygiene.
   d. Excessive use of fragrances should be avoided, as some people are
      sensitive to scented chemicals.
   e. Cosmetics should be used in moderation.
   f. Hair should be neat and clean. Hairstyle and/or color should not interfere
      with assigned duties or present a physical hazard to the patient, to the
      student, or to another person.
   g. Shoulder length hair must be secured to avoid interference with patients and work
      and must be styled off the face and out the eyes.
   h. Facial hair must be clean, neatly groomed, and trimmed.
   i. Fingernails should be clean and of short to medium length. Students
      may not have artificial/acrylic nails while providing patient care
      services.

2. Standards in the classroom setting
   a. For men, a shirt with a collar is preferred.
   b. For women, shirts and blouses must extend to the waistband of the skirt or pants.
   c. Students are permitted to wear casual slacks, jeans, and T-shirts, provided they are clean, in good repair, and do not contain any
      offensive language or pictures.
   d. Short shorts are not appropriate. Shorts of mid-thigh length are permitted.

3. Standards in the laboratory setting
   a. Students should follow the guidelines as established for the classroom setting.
   b. OSHA regulations prohibit open-toed shoes.

4. Standards in the clinical care setting
   Refer to the Clinical Years III and IV Professional Dress Code Policy on the School
   of Medicine Announcements and Events Blackboard site.

Note: While wearing a white coat in the clinical setting, medical students are expected to
identify themselves as students at all times and must assume responsibility to clarify
their role to patients.
3.7 Feedback and Required Evaluations

3.7.1 Student Participation in Evaluations

SOM students are required to participate in all evaluation activities regarding their educational experience and learning environment. Active student participation in the evaluation process is one of the most important methods the SOM has to assure that all aspects of its educational programs are of the highest quality. Active participation in the process of evaluating the educational experiences and learning environment (orientation, modules, clerkships, and faculty, student services, etc.) prepares medical students to fulfill similar duties that they will encounter as interns, residents, and practicing physicians. Interns and residents will be asked to evaluate attendings, and physicians are often asked to evaluate other staff and continuing education programs. Active participation in evaluation of educational experiences and the learning environment is one of the rights and responsibilities of students that keeps the medical profession strong.

Evaluation of the Curriculum and Learning Environment
The Assistant Dean for Assessment has oversight for the evaluation of the curriculum and the student learning experience.

- During the pre-clerkship years, students will receive surveys and be asked to participate in focus groups to provide feedback regarding their learning experiences, Module Co-Directors, faculty/facilitators, learning activities, learning resources and materials, and the assessment processes. In addition, at the end of each pre-clerkship year, students will be asked to complete a survey regarding their overall learning experience for the year.
- During the clerkship years, students will receive notifications to complete evaluations of their overall clerkship experiences and assessments of the teaching faculty, residents and interns. Students will evaluate their overall third year clerkship experiences and fourth year sub-internships and electives.
- Students taking electives at any time during the four years of their medical education will also be required to complete evaluation surveys.
- Students will be notified when they are expected to participate in evaluation activities and the amount of time designated for completion.

Evaluation of Student Services and Student Life Experiences

- The Associate Dean for Student Affairs has oversight for the evaluation of services provided by the OSA and will monitor and track student participation or non-participation in evaluation activities.
- Students receiving services from any component of the OSA will be asked periodically to evaluate the services received.
- Students will be notified when they are expected to participate in evaluation activities and the amount of time designated for completion.

Compliance
It is expected that all students will see the benefit of partnering with the SOM to gather information that will ultimately improve the overall quality of the educational experience and learning environment, and better prepare them for the professional roles and responsibilities that they will have as physicians. Therefore, all students are expected to comply with this policy. Exceptions may be made for legitimate reasons, e.g., family/personal emergencies, illness, etc., but will be reviewed on a case-by-case basis. In addition, it is expected that the feedback provided by students will be constructive and professional in its demeanor and tone. Feedback that is demeaning or derogatory in nature or which is not constructive for improvement is deemed as unprofessional. Failure to participate and/or to provide constructive professional feedback will lead to the

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19 EAA014 Professionalism: Student Participation in Evaluation of Educational Experience and Learning Environment
submission of a student incident report to the SOM Professionalism Portal. Failure to comply on more than two unexcused occasions may result in a professional review of the student by the Medical School Committee.

Confidentiality
The information provided by students on evaluations is considered confidential. While students will not be asked to provide their names on evaluation forms, the Office of Medical Education and Academic Affairs will be able to track and monitor which students have completed surveys and identify students who provide unprofessional responses. Professional competency requires that commentary submitted in surveys and peer assessments be thoughtfully and constructively completed. Accordingly, responses containing abusive language, profanity, or offensive personal criticism will be removed from the compiled results. Evaluations are reviewed systematically by a team of Office of Educational Affairs professional staff and deans, affording value and respect to evaluative privacy. Anonymity will only be compromised in the event that a response suggests serious individual or campus safety concerns.

Use and Publication of Evaluation Data
The major purpose of the collection of evaluation data is to improve the quality of the SOM student medical education experience and learning environment. Evaluation data will be used solely for that purpose. Student responses will be confidential (de-identified) and will be reported only in aggregate (no individual responses will be shared with anyone, including Module Co-Directors, faculty/facilitators, preceptors, attendings, residents and/or interns, faculty advisors/mentors, etc.). The SOM will provide reports to students regarding how their feedback has been used and/or resulted in changes in the curriculum, educational policies and procedures, student services, student life, and the overall learning environment.

3.8 Criminal Background Check Policy
Applicants who have received an offer of admission must submit to and satisfactorily complete a criminal background check as a condition of matriculation to the SOM. An offer of admission will not be final until the completion of the criminal background check(s) with results deemed satisfactory. Admission may be denied or rescinded based on a review of the criminal background check. Additionally, students who are currently enrolled may have to submit to, and satisfactorily complete, a criminal background check as a condition to enrolling or participating in educational experiences at affiliated clinical sites, as required. Students who return from a leave of absence may also require a criminal background check. Students who refuse to submit to the criminal background check or do not pass the criminal background check may be dismissed from the medical education program.

3.8.1 Rationale

1. Health care providers are entrusted with the health, safety, and welfare of patients, have access to controlled substances and confidential information, and operate in settings that require the exercise of good judgment and ethical behavior. Thus, an assessment of an applicant’s or current student’s suitability to function in these settings is imperative to promote the highest level of integrity in health care services.

2. Clinical facilities are increasingly required by accreditation agencies, such as the Joint Commission of Healthcare Organizations, to conduct background checks for security purposes on individuals who provide services within the facility and especially those who supervise care and render treatment. To facilitate this requirement, educational institutions have agreed to conduct these background checks for students and faculty.

3. Clinical rotations are essential components of the medical school curriculum. Students who cannot participate in clinical rotations due to criminal or other adverse activities revealed in the criminal background check are unable to fulfill the requirements of medical school. Additionally, many health-care licensing agencies require individuals to pass the criminal

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20 EAA077 Medical Student Criminal Background Check Policy
background check as a condition of licensure or employment. Therefore, it is important to resolve these issues prior to a commitment of resources by the applicant, the current student or the SOM. The SOM is obligated to meet the contractual requirements contained in affiliation agreements between the SOM and the various clinical facilities.

3.8.2 Background Check Reports

1. The SOM will designate approved entities to conduct the criminal background checks and issue reports directly to the SOM. Results from a company other than those designated by the SOM will not be accepted. Applicants who have received an offer of admission and current students must contact the designated company and comply with its instructions in authorizing and obtaining a criminal background check. Applicants who have received an offer of admission and current students are responsible for payment of any fees charged by the designated company.

2. Criminal background checks include the following, and cover at least the past seven years:
   a. Criminal history search, including convictions, deferred adjudications or judgments, and pending criminal charges involving felonies, Class A, Class B, and Class C violations
   b. Social Security Number verification
   c. Violent Sexual Offender and Predator Registry search
   d. Office of the Inspector General List of Excluded Individuals/Entities
   e. General Services Administration List of Parties Excluded from Federal Programs
   f. U.S. Treasury Office of Foreign Assets Control, List of Specially Designated Nationals
   g. Applicable State Exclusion List

3. Applicants who have received an offer of admission and current students have the right to review the information reported by the designated company for accuracy and completeness and to request that the designated company verify that the background information is correct. Prior to making a final determination that will adversely affect the applicant or current student, the SOM will provide the applicant or student a copy of or access to the background check report in order to question the accuracy of the report. The designated company is not involved in any decisions made by the SOM.

3.8.3 Procedures

Applicants

4. Applicants must complete the required criminal background check following the offer of admission, but prior to matriculation.

5. The criminal background check report must be submitted to and reviewed by the Associate Dean for Student Affairs. If the report contains concerning findings, the Office of Student Affairs may request that the applicant submit additional information related to the finding, such as a written explanation, court documents, and/or police reports. The OSA will review all available relevant information and determine appropriate action.

6. The SOM has the authority to refuse the admission of the applicant to the SOM. The SOM’s decisions are final and may not be appealed.

Current Students

1. Medical students may have to complete a criminal background check review prior to beginning an assignment to a clinical facility. Students who return from a leave of absence may require a criminal background check. If a legal violation occurs after matriculation, it is the student’s duty to report the violation to the OSA within 30 days. These students may also require satisfactory completion of a criminal background check. Violations include arrest, charge, or conviction of a misdemeanor or a felony. Serious traffic offenses such as reckless driving, driving under the influence of alcohol and/or drugs, hit and run incidents, evading a peace officer, failure to appear in court, driving with a suspended or revoked license MUST be reported. This list is not all-inclusive, and if in doubt as to whether an offense should be
disclosed, it is better to disclose.

2. Criminal background check reports must be submitted to the OSA for review. If the report contains concerning findings, the OSA may request that the student submit additional information related to the finding such as a written explanation, court documents, and/or police reports. The OSA will review all available relevant information and take immediate action related to the student’s participation in clinical activities, pending full review and decision by the Medical Student Evaluation and Promotions Committee.

<table>
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<tr>
<th>Review Standards</th>
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<td>In reviewing the background check reports and any submitted information, the following information may be considered in making determinations: the nature and seriousness of the offense or event; the circumstances surrounding the offense or event; the relationship between the duties to be performed as part of the medical education program and the committed offense; the age of the person when the offense or event occurred; whether the offense or event was an isolated or repeated incident; the length of time that has passed since the offense or event; past employment and history of academic or disciplinary misconduct; evidence of successful rehabilitation; and, the accuracy of the information provided by the applicant who has received an offer of admission or is a current student in the application materials, disclosure forms, or other materials. Decisions will be made bearing in mind both the safety interests of patients and the learning environment, as well as the educational interest of the student. In reviewing background checks and supplementary information, advice may be obtained from the UTRGV Office of Legal Affairs, UT System Office of General Counsel, UTRGV Police Department, or other appropriate advisors.</td>
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3.8.4 Confidentiality and Recordkeeping

1. Criminal background check reports and other submitted information are confidential and may only be reviewed by SOM officials and affiliated clinical facilities in accordance with the Family Educational Records and Privacy Act.

2. Students: Criminal background check reports and other submitted information will be maintained in the OSA in accordance with the SOM’s record retention policy for student records.

3. Applicants Denied Matriculation: Criminal background check reports and other submitted information of applicants denied matriculation into the medical education program will be maintained in accordance with the SOM’s record retention policy.

3.8.5 Other Provisions

1. The SOM shall inform the applicant/current student of any concerning findings in the criminal background check report. The SOM’s decision to allow the individual to enroll in the medical education program is not a guarantee that every clinical facility will permit the student to participate at its clinical sites, or that any state will accept the individual as a candidate for registration, permit, or licensure. An assigned clinical facility may require a repeat criminal background check. The individual must accept the potential for an inability to complete medical educational degree requirements if the individual is denied participation at a clinical facility fulfilling an essential irreplaceable clinical experience. Clinical affiliates may adopt more stringent requirements than those of the SOM.

2. The SOM may require repeat criminal background checks for continuously enrolled students. A student who has a break in enrollment, such as a leave of absence, may be required to complete a re-entry criminal background check.

3. Falsification of information, including omission of relevant information, may result in denial of admission or dismissal from the medical education program.
4. Criminal activity that occurs while a student is in attendance at the SOM may result in disciplinary action, including dismissal, and will be addressed through the charge of the MSEPC.

SECTION 4: CURRICULUM STRUCTURE AND LEADERSHIP

4.1 Structure of the Curriculum

4.1.1 Competencies

The SOM creates a unique opportunity to educate physicians to be skilled clinicians, educators, biomedical scientists, leaders, and innovators in the ongoing transformation of the health care system regionally and throughout Texas. The SOM draws on established disciplines and UTRGV programs such as nursing, public health, pharmacy, physician assistants, and social work to educate young physicians in interprofessional team-based settings.

Through the curriculum, in combination with a program ethos that prioritizes improving health at the individual and community level, the SOM graduates physicians who are:

- **Patient Advocates**: Dedicated to serving patients and their families through the practice of ethical, evidence-based, patient-centered medicine.
- **Community-Focused**: Committed to improving health outcomes and reducing health disparities of at-risk populations through community and population-based interventions.
- **Culturally Aware**: Equipped with the tools and empathy to successfully work with the diverse and unique needs of any community.
- **Collaborative Leaders**: Prepared to contribute to effective interprofessional teams, as well as invested in providing leadership on matters of community health.
- **Lifelong Problem-Solvers**: Practiced in using critical thinking to approach all health matters including clinical, community, and social issues.

Competencies

The educational program is carefully constructed and sequenced, vertically and horizontally integrating basic and clinical sciences throughout the medical education program. The list of the SOM’s Educational Program Objectives and the associated enabling objectives are found in Appendix C. The foundational pre-clerkship curriculum is taught in 10 sequential learning modules (nine organ system modules) and two longitudinal modules (Clinical Skills and Language of Medicine). The following general competencies are used to guide the curriculum, to ensure that students who graduate have achieved competency in key areas: altruism, knowledge, and skills.

1. **Altruism**: Medical students must be compassionate and empathetic in caring for patients and must be trustworthy and truthful in their professional dealings. They must act with integrity, honesty, and respect for patients’ privacy and dignity.

2. **Knowledge**: Medical students must understand the scientific basis of medicine and be able to apply that understanding to the safe and effective practice of medicine. They must utilize self-assessment and self-knowledge to optimize their learning.

3. **Skills**: Medical students must acquire wide-ranging skills that enable them to care for patients as professionals.

In addition to the SOM's own competencies, the educational objectives are mapped to core competencies of professional organizations, such as the Institute of Medicine, Accreditation Council of Graduate Medical Education, United States Medical Licensing Examination Physician Tasks/Competencies, and the Core Entrustable Professional Activities for entering residency.
4.1.2 Accreditation Council of Graduate Medical Education Competencies

1. **Medical Knowledge**: Students must demonstrate the application of knowledge about established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences to the delivery of quality and safe patient care.

2. **Patient Care**: Students must demonstrate willingness and ability to provide health care to patients that is compassionate, appropriate, and effective for treating health problems and promoting health.

3. **Interpersonal and Communication Skills**: Students must demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, patients’ families, and professional associates.

4. **Professionalism**: Students must demonstrate a commitment to developing a scientific mind, real-world comprehensive knowledge, skills, and knowledge for optimal patient care and professional behavior.

5. **Systems-Based Practice**: Students must demonstrate an awareness of and responsiveness to the larger context and systems of health care and the ability to call on system resources to provide care that is of optimal value.

6. **Practice-Based Learning and Improvement**: Students must be able to investigate and evaluate patient care practices, appraise and assimilate scientific evidence, and continually improve their practice of medicine.

4.1.3 Institute of Medicine Core Competency Areas

1. **Provide patient-centered care**: Students will identify, respect, and care about patients’ differences, values, preferences, and expressed needs; relieve pain and suffering; coordinate continuous care; listen to, clearly inform, communicate with, and educate patients; share decision-making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health.

2. **Work in interdisciplinary teams**: Students will cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable.

3. **Employ evidence-based practice**: Students will integrate best research with clinical expertise and patient values for optimum care and participate in learning and research activities to the extent feasible.

4. **Apply quality improvement**: Students will identify errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and design and test interventions to change processes and systems of care, with the objective of improving quality.

5. **Utilize informatics**: Students will communicate, manage knowledge, mitigate error, and support decision-making using information technology.

4.1.4 Core Entrustable Professional Activities (AAMC):

- **EPA 1**: Gather a history and perform a physical examination.
- **EPA 2**: Prioritize a differential diagnosis following a clinical encounter. **EPA 3**: Recommend and interpret common diagnostic and screening tests. **EPA 4**: Enter and discuss orders and prescriptions. **EPA 5**: Document a clinical encounter in the patient record.
EPA 6: Provide an oral presentation of a clinical encounter.
EPA 7: Form clinical questions and retrieve evidence to advance patient care.
EPA 8: Give or receive a patient handover to transition care responsibility.
EPA 9: Collaborate as a member of an interprofessional team.
EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management.
EPA 11: Obtain informed consent for tests and/or procedures.
EPA 12: Perform general procedures of a physician.
EPA 13: Identify system failures and contribute to a culture of safety and improvement.

The SOM expects all students to achieve these competencies prior to graduation. The educational program objectives provide the framework on which the curriculum is built and on which the students will be assessed. The SOM curriculum represents an integrated four-year medical school education program. Module/clerkship directors and faculty developed the educational objectives which serve as the foundation for the creation of individual module “student learning objectives” that specify desired learning outcomes for each module and clerkship.

4.1.5 Educational Program Objectives

Please see Appendix C

4.2 Module and Clerkship Directors’ Responsibilities and Authority

The Curriculum for SUCCESS (Students Uniting Culture, Care, Empathy, Science and Skills) consists of modules, courses, and clerkships. In Years One and Two, there are eight major modules ranging from six-11 weeks, along with three longitudinal modules spanning both years. In Year Three, there are six required clerkships, each consisting of eight weeks of clinical training in a specific specialty. In Year Four, there are multiple four-week courses, sub-internships, and electives.

The Module or Clerkship Director or designee presents the overall goals, objectives, requirements, expectations, and grading policies to students at the beginning of each module, course, or clerkship. The Director of the module, course, or clerkship assigns grades. For course work completed at another institution (generally electives during Year Four), the SOM Course Director reviews the evaluations and recommended grade from the faculty who has supervised the student at the host institution and assigns the final grade.
SECTION 5: PROMOTIONS, ADVANCEMENT, GRADING, AND GRADUATION

5.1 Medical Student Evaluation and Promotions Committee

All references in this policy to the Dean of the SOM, Associate Dean for Student Affairs and the Associate Dean for Education and Academic Affairs refer to those individuals within the SOM and includes their designees.

5.1.1 Charge

The Medical Student Evaluation and Promotions Committee (MSEPC) is charged with the review of the academic progress and professional development of each student during all components of the four-year medical education program. The MSEPC has primary responsibility for recommending for graduation only those candidates who have satisfactorily completed all graduation requirements and demonstrated the professional conduct appropriate for a physician. The MSEPC, acting under the authority delegated to it by the Faculty Assembly of the SOM shall be responsible for:

- The oversight of medical student academic and professional performance during all 4 years of the curriculum.
- The recommendation of medical students for certification for graduation.
- The promotion or termination of students in the academic program; and
- The consideration of requests for leave of absence and curriculum deceleration.

5.1.2 Frequency of Meetings

The MSEPC meets, at a minimum, quarterly — but the Chair may add additional meetings if deemed necessary.

5.1.3 Nature of Committee Deliberations

The deliberations of the MSEPC are intended to be positive in approach and intended to be helpful to the student, recognizing that each student, despite adversity, must be able to meet minimum academic performance and professionalism standards.

When evaluating student performance, the MSEPC takes into account such matters as fund of knowledge, ability to organize and logically present information, test-taking skills, understanding, and judgment. Also, when evaluating student performance, the MSEPC takes into account such qualities as cognitive ability, communication skills, behavioral and social skills, humanistic traits, physical ability, and professional behavior. All of these personal qualities are essential to the practice of medicine and must be appropriately demonstrated.

The MSEPC does not reevaluate grades. It relies on the course, clerkship, or block directors to assign grades through grading committees when appropriate. The Student Promotions Committee will consider grades in deciding what action to take. (Separate policies related to grade appeals are located in Section 5.5.1 of this Handbook.)

5.1.4 Consequences of Failure to Meet Academic, Professional and Behavioral Requirements and Standards

This section describes the consequences for medical students who fail to meet the academic, professional, and behavioral requirements and standards and are subject to a review of concern by the MSEPC. In addition to those consequences imposed under University Regulations, policies or procedures, medical students may be subject to one or more of the following consequences imposed by the Dean or the Associate Dean for Student Affairs.

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21 EAA018 Medical Student Evaluation, Promotion, and Graduation Policy
**Emergency/Interim Measures**

The Dean of the SOM or the Associate Dean for Student Affairs (or their designees) have the authority to take appropriate immediate action when a student’s presence in the SOM or in an affiliated clinical site poses a danger to the health, safety or welfare of the student, the community or the student’s patients.

Emergency/Interim Measures include but are not limited to one or more of the following:

1) **Interim Suspension.** A student under interim suspension may not attend classes, may not be on or come onto University property or an affiliated clinical site (where such student may be participating in a clerkship), may not participate in any University activities or organizations, and may not use University facilities, equipment or resources.

2) **Interim Removal from University Housing.** A student under interim removal from University Housing may not reside in University Housing and may not come into University Housing facilities and/or adjacent areas of University Housing.

3) If the Dean of the SOM or the Associate Dean for Student Affairs (or their designees) determines that other Emergency/Interim measures are appropriate to protect the health, safety or welfare of the student in question, others in the community, or patients, the Dean or Associate Dean for Student Affairs (or their designees) may:
   a) restrict or bar attendance of any or all classes or participation in clinical education
   b) restrict or bar access or contact with individuals in the University community affiliated clinical sites or patients.
   c) restrict or bar access to University property, places, facilities or equipment or affiliated clerkship sites.
   d) restrict or ban participation in University activities or organizations or clinical education; or otherwise restrict conduct or ban access to University resources.

4) A student subject to Emergency/Interim Measures shall be furnished:
   a) Written notice of the Emergency Measure and the reason(s) for the action.
   b) The opportunity to participate in student conduct proceedings or MSEPC proceedings or to present relevant information for consideration of his/her case.

Emergency/Interim Measures may be taken at any time prior to the conclusion of the University student conduct proceedings or MSEPC proceedings including during the appeal process.

**5.1.5 Appearing Before the Medical School Evaluation and Promotions Committee**

A student whose advancement or academic performance is in question shall be notified that his/her case will be on the MSEPC agenda. A student may request to appear before the MSEPC in person or may submit written documents for consideration by the committee.

There are two primary reasons for providing the student access to the MSEPC. First, the presence of the student assures him/her that the judgment will not be rendered in a remote or impersonal fashion; and second, it guarantees the student an opportunity to provide the MSEPC information before a decision is made. A student is encouraged to inform the MSEPC of any extenuating circumstances affecting academic performance and professional behavior. If the student does not provide any additional information, the MSEPC will base their decision on the information available to them at the time. The MSEPC retains the option to request consultations or assessments, including those of a medical nature, regarding any student who experiences problems that interfere with academic performance. The MSEPC has the discretion to set specific rules for a meeting, and these will be communicated to the student in advance.

Students who are facing probation or dismissal decisions are strongly advised to appear before the MSEPC in person.
5.2 Academic Actions Available to the Medical School Evaluation and Promotions Committee

To be promoted to the next curricular year, medical students must meet all requirements of the current year, and satisfactorily adhere to all University standards.

To graduate from UTRGV SOM requires the successful completion of pre-clerkship requirements (years 1 and 2), successful completion of the clerkship rotations (years 3 and 4), passing of the USMLE Steps 1 and 2, the demonstration of a degree of professionalism deemed to be essential for all physicians, and satisfactory adherence to all University standards. All requirements must be fulfilled within 6 years from matriculation.

Students’ academic and behavioral performances are equally subject to evaluation. Students are expected to be honest, conscientious, respectful, and reliable in carrying out their assignments. Their behavior toward colleagues, faculty, staff, patients, and others with whom they interact in their roles as medical students is expected to be appropriate, reasonable, and considerate—consistent with medical professional standards.

5.2.1 Review and Recommendations Process

The MSEPC will review information provided by Module and Clerkship Directors, the student, the student’s academic advisor, the student’s academic record to date, and other pertinent information as available. Decisions regarding academic deficiencies are based on the following guidelines:

Academic Deficiencies:
Academic deficiencies refer to either a Fail (F) or Incomplete (I) grade for a course or clerkship. Consequences of academic deficiencies are described below. However, even without an academic deficiency, a student with poor academic performance may incur consequences as severe as a recommendation for dismissal for failure to meet these requirements and standards. Decisions by the MSEPC for promotion to the next academic year or graduation from the School of Medicine are contingent upon the successful remediation of all academic deficiencies and completion of all academic requirements.

One Deficiency in an Academic Year:
A student who has one deficiency (F or I grade) per year will be required to remediate the grade successfully prior to promotion to the next year. If the student fails to successfully remediate, the student will receive an F in the course or clerkship and will be referred to the MSEPC for review. Further remediation, if allowed by the MSEPC, must be by repetition of the course. A second grade of failing in the same repeated course in years 1 and 2 may result in dismissal from the School of Medicine. A second grade of failing in the same repeated clerkship in years 3 and 4 will result in dismissal from the School of Medicine.

Two or More Deficiencies in an Academic Year:
A student who has more than one deficiency (F or I grade) per academic year may be dismissed from the program or be required to repeat the entire year or a part of the year.

Multiple Deficiencies across Academic Years:
A student who has had multiple deficiencies during enrollment will be reviewed for the severity of the overall problem and a recommended course of action will be made by the MSEPC.

5.2.2 Pre-clerkship Remediation - Years 1 & 2

Remediation Process and Procedures for Pre-Clerkship
SOM remediation process and procedures outlined below are for students who fail to successfully pass and complete the requirements of a module in the pre-clerkship years.

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22 EAA018 Medical Student Evaluation, Promotion, and Graduation Policy
23 EAA082 USMLE Step 1 and Step 2 CS and CK Exams Policy
24 EAA020 Pre-Clerkship Student Remediation Policy
The Assistant Dean for Medical Education Pre-Clerkship is responsible for the oversight of the student remediation process, including the development, determination of adequacy, and implementation of remediation plans for all students who are eligible to remediate due to failure of a module. That oversight assures that:

1. The Chair of the MSEPC receives notification of students who fail any module for academic and/or performance-based reasons within one week of the determination of student’s failure to pass.
2. Students deemed eligible for remediation prior to the end of the final module for the year receive a written explanation of the remediation process that outlines the responsibilities of the SOM (module co-directors and faculty) and their responsibilities as students.
3. Remediation plans, which specifically identify learning objectives and the elements designated for assessment, are developed by the Module Co-Director(s) and/or assigned faculty, reviewed with the student and approved by the Assistant Dean for Medical Education Pre-Clerkship within one month of student notification of remediation eligibility and shared with the Chair of the MSEPC.
4. Students will not remediate during the regular academic year but will be expected to have completed remediation by no later than six weeks following the end of the academic year.
5. Successful academic remediation of a module consists of students adhering to the prescribed remediation plan and achieving a minimum passing grade of 70% on a summative objective examination based on content designated for remediation.
6. The transcript of students who successfully remediate a module will show “F/P” to indicate that they initially failed to pass the module but subsequently successfully passed the module remediation.
7. Successful performance-based remediation consists of students adhering to the performance-based requirements based on the performance areas (e.g. clinical skills, professionalism, communication, etc.) designated for remediation.

Monitoring of Student Academic Progress

The goal of the SOM is for all students to successfully complete all required modules. Therefore, Module Co-Directors (MCDs) are responsible for monitoring student progress within their modules through review of identification of students who are struggling and at risk for failure is the key to promoting student success. Referral for academic advising and the development of an individualized learning plan should be the initial step in assisting students who may be at risk. Following referral, monitoring of student progress is continued by the MCDs and the student’s Academic Advisor. Students who do not follow through in meeting with their Academic Advisors and/or adhering to their prescribed learning plans are reported to the MSEPC.

Reporting of Student Failures

MCDs are responsible for reporting the names of students who have failed a module to the Assistant Dean for Medical Education Pre-Clerkship, the Associate Dean for Educational Affairs, the Associate Dean for Student Affairs, and the MSEPC within five business days of the completion of the module. The Assistant Dean for Medical Education Pre-Clerkship is responsible for reporting failures to the SOM registrar.

Implementation of Remediation Process

The successful remediation of students is dependent on the roles and responsibilities of many individuals.

The Assistant Dean for Medical Education Pre-Clerkship’s specific oversight responsibilities include:

1. Determining student’s eligibility to remediate a module.
2. Collaboration with Academic Advising and Student Support Services, as deemed appropriate, to determine as accurately as possible why the module was failed (e.g., test-taking skills, volume or nature of the material, personal issues, etc.) and to discuss any personal or study skills related issues that may impede the student’s potential for successful remediation.
3. Providing formal notification to the student of eligibility to remediate a module within one week (or sooner) of determination.
4. Collaboration with the MCDs and appropriate faculty to identify student’s academic deficiencies.
5. Providing consultation to MCDs who are responsible for developing the individualized remediation plan and assuring its appropriateness and adequacy.
6. Scheduling of and attending the preliminary meeting with the MCDs and theraemediating student to review the remediation plan, obtain student input, respond to questions, and further delineate the remediation process to assure both MCDs and student have clear expectations and understanding of each other’s role in the process.
7. Sharing of the remediation plan with the Chair of the MSEPC.
8. Meeting with the Assistant Dean for Assessment and the MCDs to develop a plan and date for formative and summative assessment of the student receiving remediation.
9. Periodic monitoring of implementation of remediation plan with MCDs.
10. Reporting of the individual student remediation plan results to the Chair of the MSEPC; and,
11. Participation in a 360 evaluation of the remediation process to determine areas for improvement.

The Assistant Dean for Assessment has the following responsibilities:

1. Meeting with the Assistant Dean for Medical Education Pre-Clerkship and MCDs to assist, as needed, with the development of formative assessments to help both MCDs and student gauge student’s progress throughout the remediation plan.
2. Assuring that MCDs are aware of and have access to the various platforms available for summative assessment (clinical versus non-clinical assessment, etc.) and assisting MCDs, as needed, with development of assessment tool.
3. Providing a secure, proctored testing environment and special accommodations if needed;
4. Analysis of assessment results and reporting of same to the Assistant Dean for Pre-Clerkship; and
5. Overall, 360 assessment of remediation process for the purpose of quality improvement.

The Module Co-Directors have the following responsibilities in the remediation process:

1. Meeting with the above individuals as outlined above;
2. Developing and reviewing with the student an individualized remediation plan which:
   a. Outlines specific learning objectives;
   b. Provides resource recommendations (reference books, articles, videos, websites, etc.);
   c. Identifies and secures faculty to assist with the remediation process as needed;
   d. Prescribes the frequency of contacts to be made with the students and expectations for those meetings;
   e. Delineates the number and types of formative assessments that will occur;
   f. Sets an approximate date for the summative assessment to determine the outcome of the remediation process.
3. Scheduling regular meetings to monitor, track and assess student progress toward remediation plan goals and objectives and report same to Assistant Dean for Pre-Clerkship;
4. Referring students, as needed, to Academic Advising and Support Services should students be identified as in need of these services;
5. Determining student’s readiness for summative assessment and scheduling of exam; and
6. Participating in the evaluation of the remediation process for the purpose of quality improvement.

The Remediating Student’s responsibilities include:

1. Attendance at all meetings described above.
2. Active engagement in the remediation process as evidenced by adhering to the remediation plan expectations, placing focused attention on studying and meeting deadlines to assure success; and,
3. Identifying to the appropriate party (MCDs, Assistant Dean for Pre-Clerkship, Office of Academic Advising and Student Support Services, etc.) any factors, academic, personal or otherwise, that may impede successful remediation.
5.2.3 Clinical Year III Remediation

In order to pass a third-year clerkship, a student must pass all of the components of the clerkship (as defined in the clerkship syllabus).

If a student fails the end of clerkship written examination but performs at a satisfactory level in all other aspects of the clerkship, the student will receive a grade of “Incomplete” (I) for the clerkship and will have the opportunity to remediate that exam. The student will not be eligible to receive “Honors” and “High Pass” for the clerkship regardless of the score obtained on the remediated exam. If a student fails a clerkship remediation exam, the student will receive a grade of “Fail” in the clerkship and will be required to repeat the clerkship. A student who is repeating a clerkship must complete all components and requirements for the clerkship regardless of whether the student completed those components during the initial attempt at the clerkship; previous work cannot be resubmitted. Students repeating a clerkship are not eligible for final clerkship grades of “Honors” and “High Pass.”

If a student fails a third-year clerkship for reasons other than, or in addition to, failure of the written examination, the student will receive a “Fail” and be required to repeat the clerkship. A student who is repeating a clerkship must complete all components and requirements for the clerkship regardless of whether the student completed those components during the initial attempt at the clerkship; previous work cannot be resubmitted. Students repeating a clerkship are not eligible for final clerkship grades of “Honors” and “High Pass.” The original fail grade will remain on the transcript.

If two “Incomplete” grades are present on a student's academic record related to the required clinical clerkships, the student will not be permitted to continue in the required clerkship cycle as scheduled. The student will be referred to the MSEPC for further determination of his/her academic status. [see EAA018 – Medical Student Evaluation and Promotion Policy]

Procedures

Meeting with Clerkship Director – Within one week after receiving notice of a failing grade in a clerkship, the student and Clerkship Director shall meet to discuss the student’s performance in the clerkship. If remediation is available to the student, they shall draft a study plan.

1) Remediation of Written Examination - Within one week after meeting with the Clerkship Director, a student must schedule a meeting with the Assistant Dean for Medical Education Clerkship to determine the date for the remediation examination.

2) Repeating a Clerkship – A student repeating a clerkship due to a failure will do so during the next clerkship block after their scheduled third year clerkships are completed. Time in the fourth year for electives or vacation shall be used to repeat the clerkship. The student cannot be promoted to the fourth year until all third-year clerkships are passed. Implications for repeating a clerkship include, but not limited to, delayed graduation and an additional year of medical school.

5.2.4 Definitions

1. Academic Standards: The academic standards for successful completion of the pre- clerkship modules are defined by module grading rubrics, developed by the Assistant Dean for Medical Education Pre-Clerkship and the Department of Medical Education, which have been submitted to and approved by the Central Curriculum Authority Committee. All rubrics must have both objective and performance-based assessments and clearly explain the criteria for assessment. Students must satisfactorily meet these standards to progress through the pre-clerkship to the clinical curriculum.

2. Assessment: The processes employed to make judgments about the achievements of students over a course of study.

3. Deficiencies in Meeting Academic Standards: Students may be deficient or fail to meet the academic

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25 EAA053 Clinical Year III Remediation Policy
standards by failing one or more of the two components of the module grade.

4. **Eligibility for Remediation:** Students who have failed a single module either in their first or in their second year are eligible for remediation.

5. **Fail “F” Grade:** A grade below 70% on the objective examination component or failure to meet the requirements of the performance-based assessment component.

6. **Incomplete:** A student who does not complete all of the required coursework may receive an incomplete grade at the discretion of the Module Co-Director or Clerkship Director should s/he deem that the provision of additional time to allow the student to complete the work is warranted (e.g., illness, family emergencies, or other extenuating circumstances). An “Incomplete” will change to a “Pass” once the student has completed and passed the required coursework. If a student fails to complete the required coursework within a designated time period or fails to pass one or both module components, the incomplete grade will be changed to a failing “F” grade with the possibility of being eligible for remediation.

7. **MSEPC:** The MSEPC is charged with the review of the academic progress and professional development of each student during all components of the four-year medical education program. The MSEPC makes all recommendations to the dean and the delegates for promotion of students throughout the four years and ultimately for graduation. Only those candidates who have satisfactorily completed all requirements and demonstrated the professional conduct appropriate for a physician can graduate from the SOM.

8. **Pass “P” Grade:** A grade equal to or greater than 70% on the objective examination component and meeting the requirements for the module performance-based assessment component are mandatory to receive a passing grade for a module.

9. **Pre-Clerkship Years:** Include modules taught from the beginning of year one through the end of year two (MS1 and MS2 years).

10. **Remediation:** Remediation is an academic activity designed to remove a deficiency in the pre-clerkship years (MS1 and MS2 years) or a clerkship or course in the clinical years (MS3 and MS4 years). It provides the student with a directed prescription of study that has specific learning objectives and structure and allows for periodic assessment of student progress culminating in a final summative assessment of their mastery of the subject for which they are being remediated.

11. **Remediation Plan:** The remediation plan is a directed prescription of study provided to the remediating student that has specific learning objectives and structure and allows for periodic and summative assessment of student progress.

### 5.2.5 Withdrawal (Dismissal) from Medical School

**Voluntary Withdrawal**

A student who wishes to permanently leave the SOM should prepare the request to withdraw in consultation with the Associate Dean for Student Affairs. The request must include the reason(s) for withdrawal and a statement that the student understands that withdrawal is voluntary and permanent. The Associate Dean for Student Affairs will inform the MSEPC, unless the student requests that this information be confidential. The withdrawal is effective on the date the completed withdrawal form is received in the Office of the Registrar.

**Involuntary Withdrawal/Dismissal**

In general, prior to dismissal, students shall be placed on probationary status and given a plan for remedial action and specific performance requirements by the MSEPC. However, in extraordinary circumstances, the MSEPC may dismiss a student without prior probation.

The MSEPC may determine that a student be dismissed in the following cases:

1. failure to remediate deficiencies.
2. an accumulation of narrative evaluations indicating serious gaps in knowledge and clinical skills and/or inadequate integration of the content of the curriculum.
3. a specific academic deficiency (e.g., an important clinical skill has not been mastered).
4. failing performance on either Step One or Step Two of the USMLE examination.
5. failure to assume appropriate professional responsibility.
6. failure to meet professional standards, including those of demeanor and conduct; and,
7. a violation of the University Handbook of Operating Procedures or SOM policies or procedures.

5.2.6 Probation/Academic Warning

The MSEPC expects every student to meet the requirements and standards stated in this policy. For the purposes of this policy, academic deficiencies refer to either a Fail (F) or Incomplete (I) grade for a course or a clerkship. Consequences of academic deficiencies are described below. However, even without an academic deficiency, a student with poor academic performance may incur consequences as severe as a recommendation for dismissal for failure to meet these requirements and standards. Decisions by the MSEPC for promotion to the next academic year or for recommending graduation from the SOM are contingent upon the successful remediation of all academic deficiencies and completion of all academic requirements.

Definitions

Academic Deficiency: Academic deficiency refers to either a Fail (F) or Incomplete (I) grade for a course or a clerkship.

Marginal Pass: Module and Clerkship Directors will identify the students passing with grades between 70 and 74. Students in this score range will be designated as having received a “marginal pass” for internal tracking and monitoring purposes only. Marginal grades are considered a full Pass on the transcript; however, marginal grades are tracked by the Office of Student Affairs as part of an early warning system to identify students at risk for academic difficulty.

Monitored Status: A student who has two or more marginal passes in different courses and clerkships in an academic year will be placed on Monitored Academic Status and may have mandatory academic counseling as directed by the Associate Dean for Student Affairs.

One Deficiency in an Academic Year: A student who has one deficiency (F or I grade) per year will be required to remediate the grade successfully prior to promotion to the next year. If the final grade earned in a course or clerkship is Fail (F) or Incomplete (I), a formal plan ("Plan for Remediating Failing Performance" for a grade of F, or "Plan for Completing Course Requirements" for a grade of I) will be established by the module or clerkship director and the student and submitted to the Assistant Dean Preclerkship or Clerkship. The plan, including expectations for work to be performed, student assessment, passing level, and time period for the remediation, must be developed and submitted within two weeks of the initial grade of F or I being posted. The first remediation attempt must be completed within 5 weeks of the end of the academic year.

If the student fails to successfully remediate, the student will receive an F in the course or clerkship and will be referred to the MSEPC for review. A second grade of failing in the same repeated course in years 1 and 2 may result in dismissal of the student from the School of Medicine M.D. program. Further remediation, if allowed by the MSEPC, must be by repetition of the course. A second grade of failing in the same repeated clerkship in years 3 and 4 will result in dismissal of the student from the School of Medicine M.D. program.

Two or More Deficiencies in an Academic Year: A student who has more than one deficiency (F or I grade) per academic year may be dismissed from the program or be required to repeat the entire year or a part of the year. The MSEPC will determine a plan to resolve the deficiencies merited by the situation and will place the student on formal "At Risk" status (see below).

Multiple Deficiencies across Academic Years: A student who has had multiple deficiencies during enrollment will be reviewed for the severity of the overall problem and a recommended course of action for the individual will be made by the MSEPC. Consistency of performance is also evaluated. Any student who records two or more deficiencies (F or I grade) throughout enrollment in the School of Medicine M.D. program will be reviewed on an on-going basis by the MSEPC, will be placed on At Risk status, and may be subject to further MSEPC action.
Referrals to Counseling, Tutorial, and Study Skills Service: Students are encouraged to take responsibility for their own learning and will be provided with formative assessment results throughout the M.D. program. All students are encouraged to avail themselves of counseling, tutorial, and study skills services without referral. However, when students are presented as having difficulty at an MSEPC meeting, they are strongly encouraged to avail themselves of these services, and in some instances, will be directed to do so in writing. If a student is repeatedly urged to arrange tutoring, counseling or study skills help, but does not do so and subsequently fails a course or clerkship, this will be made known to, and taken into consideration by, the MSEPC to assist in the evaluation of the student's overall performance and professional attitudes.

If a student is directed to seek these referral services, the student has a choice of utilizing UTRGV services or private resources. In addition to the SOM Office of Student Affairs, course/clerkship representatives to the MSEPC are responsible for providing the committee with reports of referrals made by course/clerkship faculty as well as the student's utilization of referral services. Verification that the student has utilized these referral services may be required. In addition, the MSEPC may require that the student have his/her tutor submit information and/or a recommendation to the MSEPC relating to the student's academic program.

A student may appeal a decision by the MSEPC according to the procedures set out in policy EAA021 – Medical Student Academic Grievance Policy.

Other Consequences

Other consequences of failing to meet the academic, professional, and behavioral requirements and standards described above include, but are not limited to, the following:

(1) **At Risk Status**: "At Risk" status indicates that the MSEPC recognizes that the student is at risk of failure to successfully remediate deficiencies. If the student successfully remediates the deficiencies, the fact that the student was placed on At Risk status will not be included in the student's MSPE, or other information transmitted to outside entities (e.g., certifications of training) but will remain in the student's permanent records in the SOM.

(2) **Probation**: Probationary status (probation) may be imposed by the MSEPC under various circumstances including, but not limited to when it has significant concerns that failure to remediate deficiencies will result in dismissal of the student from the School of Medicine M.D. program. The notification to the student of probationary status will be accompanied by a plan for remedial action and specific performance requirements specified by the MSEPC. A successful conclusion of the remedial work normally ends the probationary status following the recommendation to do so by the MSEPC. However, the fact that the student was placed on probation will be included in the student's Medical Student Performance Evaluation or other information transmitted to outside entities (e.g., certifications of training) and will remain in the student's permanent records in the SOM. Remedial interventions in a student's curriculum by the MSEPC are designed to fit particular academic deficiencies and may include, but not be limited to, the following: a specific study or reading program, remedial work and re-examination, changes in the student's curriculum, additional training in a set of clinical skills, assignment to clinical sub-internships, repetition of all or part of the curriculum, reorganization of the student's curriculum (especially during the fourth year), and supervision by an advisor from the MSEPC.

(3) **Suspension**: The MSEPC may conclude that the student should be suspended from the UTRGV SOM for a period of time to be determined in its reasonable discretion.
Reinstatement to the UTRGV SOM is contingent upon completion of all requirements stipulated under the suspension. The Dean of the SOM will either determine that these requirements have been met or seek a recommendation from the MSEPC on the matter. If a recommendation from the MSEPC is sought, the MSEPC shall review the circumstances surrounding the suspension and potential reinstatement, make a determination as to whether the terms and conditions of the suspension have been met, make a determination as to whether the student possesses the potential to pursue the MD degree successfully, and recommend whether the student should be reinstated.

5.2.7 Dismissal

The MSEPC may determine that a student be dismissed in the following cases: (1) failure to remediate deficiencies as described above; (2) an accumulation of narrative evaluations indicating serious gaps in knowledge and clinical skills and/or inadequate integration of the content of the curriculum; (3) a specific academic deficiency (e.g., an important clinical skill has not been mastered); (4) a failing performance on either Step 1 or Step 2 of the USMLE examination; (5) failure to assume appropriate professional responsibility; (6) failure to meet professional standards, including those of demeanor and conduct; and (7) a violation of University Regulations, policies or procedures.

In general, prior to dismissal, students would be placed on probationary status and given a plan for remedial action and specific performance requirements by the MSEPC. However, in extraordinary circumstances, the MSEPC may dismiss a student without prior probation.

Failure to pass, after the third attempt, either Step 1 or Step 2 of the USMLE licensing examination leads to automatic dismissal from the School of Medicine.

After academic dismissal, a student may apply for readmission to the UTRGV SOM only through the standard admissions process.

5.2.8 Disciplinary Action/Sanctions

If a voting member of the MSEPC has already taken an action (e.g., awarded a failing grade in a course/clerkship or been a faculty academic mentor) that contributes to the adverse action being proposed against the student, they must disclose this to the committee chair and recuse themselves from discussion and voting.

Any academic disciplinary action/sanction(s) recommended by the MSEPC shall be in accordance with applicable SOM and UTRGV policies. The following sanctions may be assessed by the MSEPC or the Dean of the SOM (herein referred to as the Dean):

1. Warning
2. Probation
3. Withholding of grades, official transcript, and/or degree
4. Bar against readmission
5. Suspension of rights and privileges deriving in whole or in part for the SOM, including participation in extracurricular activities
6. Suspension of eligibility for any student office or honor
7. Cancellation of credit for scholastic work done
8. Failing grade or reduction of a grade for an examination, assignment, or course
9. Suspension from the UTRGV SOM for a specified period of time
10. Dismissal

26 EAA024 Medical Student Disciplinary Action Policy
11. Denial of degree
12. Revocation of degree and withdrawal of diploma
13. Formal letter of reprimand in the academic file
14. Other sanction(s) as deemed appropriate under the circumstances

The decision of the MSEPC is final, pending further appeal to the Dean. The sanctioned student may file a written appeal to the Dean within five (5) business days from receipt of the MSEPC written decision. The student must also inform the Associate Dean for Student Affairs of the intent to appeal, also within the same five (5) business days. The student's appeal portfolio must include a justification statement for appeal and all documentation provided to the MSEPC. Upon review of the student's record and appeal portfolio, the Dean may elect to:

a) Take no action, allowing the MSEPC decision to stand.
b) Modify the MSEPC decision.
c) Make an alternate decision.
d) Impanel an ad-hoc committee to re-examine the decision and make recommendations.

Within fifteen (15) business days from receipt of the student’s appeal, the Dean will provide a written decision to the student, the Associate Dean for Student Affairs, the Associate Dean for Education and Academic Affairs, and the Chair of the MSEPC. The decision of the Dean is final appellate review.

5.3 The Grading System

5.3.1 Grades

Module grades (MS1 and MS2 years) are based on a Pass/Fail system. Each module provides students with its own Central Curriculum Authority Committee-approved grading rubric which is comprised of two assessment components: 1) objective examinations, quizzes, presentations, etc., and 2) performance-based assessments (clinical skills, Objective Structured Clinical Examinations, professionalism, etc.). Students must pass both components to receive a passing grade. Final grades for modules must be submitted to the Registrar within two weeks from the end date of the module.

Clerkship grades are based on an Honors/High Pass/Pass/Fail system. Each clerkship provides students with its own CCAC-approved grading rubric which is based on the objective examination of the student’s knowledge (shelf exams, quizzes, presentations, projects, etc.) and performance-based assessments (clinical skills and professionalism). Final grades for clerkships must be submitted to the Registrar within six weeks from the end date of the module.

Selective, sub-internship, and elective grades are based on a Pass/Fail system. Elective grades are based on the assessment criteria developed for each individual elective and have been approved by the CCAC prior to being offered or through the VSLO process at each host school sponsoring “away electives.” Final grades for selectives, sub-internships, and electives must be submitted to the UTRGV Registrar within six weeks from the end date of the module.

Students who remediate and pass a module, clerkship, or course will receive a grade no higher than a “Pass” and their grade will appear on their academic records and transcripts as “F/P.”

Grading policies for modules, clerkships, selectives, and electives must be published in the respective syllabi.

27 EAA051 UTRGV SOM Grading Policy
28 EAA074 Clinical Year III Grading Policy
and reviewed with students on the first day of class.

**Grades are not rounded up or down.**

**Academic Standards:** The academic standards for successful completion of clerkships, selectives, and electives are determined by the Associate Dean of Educational Affairs and adhere to the grading rubrics approved by the CCAC. Students are provided with syllabi that contain the module/clerkship/selective/elective learning objectives and the grading rubric. Module, clerkship, selective, and elective directors review and discuss the grading policy with students on the first day of class as part of the orientation process.

**Linkage of Assessments to Learning Objectives and Competencies:** All SOM modules, clerkships, selectives, and electives have established educational program objectives that are linked to the SOM’s competencies and the subject matter for the United States Medical Licensing Examination. Each outcome measure to assess medical students’ performance, knowledge, and understanding is guided by the expectations of the SOM competencies, educational program objectives, and the module, clerkship, selective, and elective learning objectives.

**Confidentiality of Grades:** Module, clerkship, selective, and elective directors are accountable for ensuring the confidentiality of all student educational records in accordance with the Family Educational Rights and Privacy Act of 1974, as amended. Congruent with this responsibility, module, clerkship, selective, and elective directors will not post or display, either electronically or in hard copy, lists of students’ grades in personally identifiable forms, including the student names, any four consecutive digits of student Social Security numbers, or student identification numbers. Grades cannot be shared with students by email since confidentiality of email cannot be assured. Student grades are posted in the Blackboard Gradebook for student access. (Refer to Policy on Confidentiality of Medical Student Educational Records29). All grades are processed through the Office of Education and Academic Affairs and are due to the students and the Registrar within two weeks of module and six weeks of clerkship completion.

**5.3.2 Definitions**

**Assessment:** The processes employed to make judgments about the achievements of students over a course of study.

**Grading Rubric:** A coherent set of criteria for students' work that includes descriptions of levels of performance quality on the criteria. The Office of Educational Affairs is responsible for the development of grading rubrics for each module, clerkship, selective and elective courses, and the CCAC has the responsibility to review and approve them.

**Pre-Clerkship Years:** Include modules and electives during the first and second years of the curriculum.

**Clerkship Years:** Include clerkships, electives, and selectives during the third and fourth years of the curriculum.

**Honors “H” Grade:** A grade equal to 90% or higher recorded as “Honors” in the student’s academic record and transcript.

**High Pass “HP” Grade:** A grade equal to 80% but less than 90% recorded as “High Pass” in the student’s academic record and transcript.

**Pass “P” Grade:** A grade equal to 70% but less than 80% recorded as “Pass” in the student’s academic record and transcript.

**Fail “F” Grade:** A grade below 70% recorded as “Fail” in the student’s academic record and transcript.

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29 EAA058 Confidentiality of Medical Student Educational Records
Incomplete “I” Grade: A grade of “I” or incomplete is awarded when a student does not complete all of the required coursework within the designated timeframe of when the course is offered. Students may receive an incomplete grade at the discretion of the Module Co-Director or Clerkship Director should s/he deem that the provision of additional time to allow the student to complete the work is warranted (e.g. illness, family emergencies, or other extenuating circumstances). See “Process” section below).

Withdrawal “W” Grade: A grade of “W” student will be awarded to a student who withdraws from a module prior to its completion. (See Process section below).

5.3.3 Process

Incomplete Grade
Module, clerkship, selective, and elective directors determine student eligibility for receipt of an “Incomplete” grade. Incomplete grades are submitted along with the class grades to the Registrar within two weeks of the end of the module, clerkship, selective, or elective. Students eligible to receive an incomplete grade will have an “I” entered on their academic records until the module, clerkship, selective, or elective requirements for completion have been met. At that time, the Registrar will be notified, and the student’s incomplete grade will be removed from the transcript. A letter grade reflecting student performance will be entered on the student’s transcript. To change the “Incomplete” to a letter grade, students must satisfactorily complete all agreed upon required course requirements within the time designated by the course director. All course work must be completed by the end of the current academic year in which the “incomplete” was given. Students who are unable to complete the required course work within the designated timeframe should consider speaking with the Associate Dean for Student Affairs to discuss alternatives.

Withdrawal Grades
Students wishing to withdraw from a module, clerkship, selective, or elective must contact the Associate Dean for Student Affairs and complete the required paperwork. Withdrawals are listed as “W” on the student transcript.

Grade Appeals
Students may appeal a grade through the academic grievance process. (See the Medical Student Academic Grievance Policy30).

Remediation31 32
Students who fail to pass a module, clerkship, elective, or selective may be required to remediate a course. (See Pre-Clerkship Remediation Policy and Clinical Year III Remediation Policies).

5.3.4 Timely Access to Grades
Each course director will complete a grade roster at the end of each course along with a written evaluation of student performances in all required components of the course as well as in any elective activities. Final grades must be provided to the Office of Educational Affairs two weeks from the date of the end of a module.

Monitoring of the timely submission of grades is the responsibility of the Assistant Deans for Medical Education Pre-Clerkship and Clerkship and the Assistant Dean for Assessment. Failure to comply with the submission of grades within the specified timeframe is reported to the Associate Dean for Educational Affairs who will investigate and develop a plan of action to remediate the causes of any delays. This information will also be shared with the CCAC.

30 EAA021 Medical Student Academic Grievance Policy (Student Initiated)
31 EAA020 Pre-Clerkship Student Remediation Policy
32 EAA053 Clinical Year II Remediation Policy
5.4 Medical Students’ Performance Evaluation and Class Rank

5.4.1 Process of Ranking

Class rank is based on pre-clerkship and clerkship performance and is computed only after all grades have been collected at the conclusion of Year Three unless a ranking is needed at another time for outside agency reporting. Class rank is not posted on the official transcript but is included in the Medical Student Performance Evaluation and used as part of the determination for Alpha Omega Alpha Honor Medical Society. Class ranking places students in quartiles, not in numerical rank order (See Determining Class Rank and Honors Policy).

PRE-CLERKSHIP PERFORMANCE (Years One and Two Grades Converted to Scores)
Pre-clerkship performance is based on the grades achieved in Year One and Two modules.

Module grades are converted to scores, where:
- Pass = 1 Point
- Fail = 0 Points

For students who receive Honors for Years One and Two, an additional three points will be added to the grade point total.

Students who have failed a module will get a score of zero for the module even after the module has been remediated.

Students who are suspended and have to repeat an academic year will start the year with (-2) points for that year.

CLERKSHIP PERFORMANCE (Year Three Grades Converted to Scores)
Clerkship performance is based on the grades achieved in Year Three clerkships, which reflect a combination of clerkship knowledge (National Board of Medical Examiners subject examination) and clerkship performance (evaluations).

Clerkship grades are converted to scores, where:
- Honors = 4 points
- High Pass = 2 points
- Pass = 1 point
- Fail = 0 points

Students who have failed a clerkship will get a score of zero for the clerkship even after the clerkship has been remediated.

5.4.2 Determining Honors for Years One and Two

- Combined honors will be determined after the completion of Year Two.
- Honors will be determined using the numerical scores for each course.
- The numerical scores will be added together and then divided by the number of courses during the first two years to determine an average score.
- The top 20% will receive honors for the first two years.
- Students who have validated breaches of professionalism (as referenced in the School of Medicine Medical Student Handbook) during the first two years will not be eligible for honors.

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33 EAA022 Determining Class Rank and Honors Policy
5.4.3 Honor Societies

Alpha Omega Alpha Honor Medical Society*
AOA Honor Medical Society is a national professional organization whose aims are the "promotion of scholarship and research in medical schools, the encouragement of a high standard of character and professionalism among medical students and graduates, and the recognition of high attainment and service in medical science, patient care, and related fields." Election is based on academic excellence, and on activities and achievements that promote the values of AOA. Once a chapter is authorized, the top 25% of the medical school class is eligible for nomination to the society. From this top quartile of students, up to one-sixth of the class may be elected to the society based on academic achievement, leadership, character, community service, and professionalism.

*A chapter for AΩA will be chartered at the SOM once it has received full LCME accreditation.

Gold Humanism Honor Society
The Gold Humanism Honor Society, sponsored by the Arnold P. Gold Foundation, recognizes students who best exemplify and manifest humanism in their interaction with patients, peers, faculty, and community. Additionally, elected students should demonstrate excellence in clinical care, leadership, compassion, and dedication to service. Society membership participates in a community service project that is formulated by the group.

5.5 Academic Rights and Appeals

5.5.1 Appeal of Academic Grades
An academic grievance is a complaint regarding an academic decision or action that affects the student’s academic record. Academic grievances in UTRGV SOM may be handled by informal resolution or formal resolution.

Procedure for Informal Resolution in the Pre-Clerkship Curriculum
- A student who feels that he/she has an academic grievance in the pre-clerkship curriculum, usually regarding an examination score or module grade, may attempt to informally resolve the concern by contacting the Module Directors or the Assistant Dean for Pre-Clerkship in writing within five (5) business days from the date the student knew or should have known of the academic concern. Within thirty (30) calendar days from receipt of the student’s written communication, the Associate Dean for Educational Affairs or designee will investigate the concern and provide the student with a written decision.

Procedure for Informal Resolution in the Clerkship Curriculum
- A student who feels that he/she has an academic grievance in the clinical curriculum, usually related to narrative evaluation comments, overall evaluation, an examination score or a course grade, may attempt to informally resolve the concern by contacting the Clerkship Director or Assistant Dean for Clerkship in writing within five (5) business days from the date the student knew or should have known of the academic concern. Within thirty (30) calendar days from receipt of the student’s written communication, the Clerkship Director or Assistant Dean for Clerkship will investigate the concern, employing departmental education processes such as committee review as per departmental practice, and provide the student with a written decision.

Procedure for Formal Resolution (“Appeal”) in the Pre-Clerkship and Clerkship Curriculum
- The process and procedures for formal academic grievance (“appeal”) resolution is sequenced below. Academic grievance applies to concerns adversely influencing the student's academic status. Examples include, but are not limited to, examination score, module, course or clerkship grades, remediation, repetition, suspension, probation, professionalism sanctions, and dismissal.
• A student must file written notice of grievance with the Associate Dean for Educational Affairs or designee and the Chair of the Medical Student Evaluation and Promotion Committee (MSEPC) within five (5) business days from the date the student knew or should have known of the concern unless the student first pursues an informal grievance process. In that instance, the student must then file the formal grievance within five (5) business days of the written decision for the informal grievance. If the student chooses not to attempt informal resolution of a grievance, he/she must file a formal written appeal not more than five (5) business days from the date the student knew or should have known of the academic concern.

• The aggrieved student must meet with the Associate Dean for Educational Affairs or designee to ensure factual accuracy of the basis for appeal, review the processes and procedures, and anticipate preparation of documentation for the MSEPC meeting. In the written appeal, the student must describe the rationale for the grievance in detail and propose a resolution. An ad hoc group of the MSEPC, including the Associate Dean for Educational Affairs, the Chair of the MSEPC and one member of the MSEPC, will investigate the grievance, meeting with the student as necessary to ensure a comprehensive review. The Chair of the MSEPC will present the student's written statement and any supporting documentation, as well as the ad hoc investigatory summary to the MSEPC at the next scheduled MSEPC meeting. The MSEPC may defer a decision if more information/documentation is required to make a responsible decision and may request a face-to-face meeting with the student prior to rendering a decision. The MSEPC will provide the student a written decision within five (5) business days after the meeting. The decision of the MSEPC may be appealed to the Dean of the SOM (herein referred to as the Dean). The student continues in the curriculum until the appeal process is exhausted unless the student's continuance poses a safety concern.

• The student may file a written secondary appeal to the Dean within five (5) business days from receipt of the MSEPC written decision. The student must also inform the Associate Dean for Student Affairs of the intent to appeal, also within the same five (5) business days. The student's appeal portfolio must include a justification statement for secondary appeal and all documentation provided to the MSEPC. Upon review of the student's record and appeal portfolio, the Dean may elect to:
  a) Take no action, allowing the MSEPC decision to stand.
  b) Modify the MSEPC decision.
  c) Make an alternate decision.
  d) Impanel an ad hoc committee to re-examine the decision and make recommendations.

• Within fifteen (15) business days from receipt of the student’s appeal, the Dean will provide a written decision to the student and the Associate Dean for Student Affairs. The decision of the Dean is final appellate review.

5.5.2 Appeal of Non-Academic Decisions

A student who has a non-academic grievance concerning perceived violation of her/his student rights including rights under Title IX of the Education Amendment of 1972; discrimination based on age, color, disability, family status, gender, national origin, race, religion, veteran status, sexual orientation; or sexual harassment/sexual assault may seek grievance resolution. The student may file a non-academic grievance against another student, faculty, staff or official publication of the UTRGV SOM via a written statement to the Associate Dean for Student Affairs. Students can also submit a formal complaint to UTRGV Student Rights and Responsibilities (SRR) through the Vaquero Care Report It Form, which is available online at www.utrgv.edu/reportit. Students are encouraged to consult with SRR staff to discuss the options available to the student in filing a complaint. A student may choose to proceed using either the informal resolution process or the formal process to resolve their complaint.

Procedure for Informal Resolution

34 EAA045 Medical Student Non-Academic Grievance Policy (Student Initiated)
In an effort to resolve misunderstandings or concerns through an informal resolution, a student is encouraged to first make a reasonable effort to resolve the problem by discussing his or her concerns with the faculty or staff member against whom the complaint is lodged. Unless extraordinary circumstances exist, the faculty or staff member shall respond to the student initiating the complaint no later than ten (10) business days after receipt of the complaint.

If the student does not agree with the informal resolution reached with the faculty or staff member, the student may contact the Associate Dean for Student Affairs, in writing. (If the grievance involves staff, faculty, student(s) from the broader UTRGV SOM community, the Associate Dean for Student Affairs will communicate with other appropriate authorities, as indicated.)

The written grievance must include relevant name(s), date(s), location(s), witness(es) and complete description(s) of the problem and a proposed resolution, if possible.

The Associate Dean for Student Affairs will assist the student in the informal resolution of the grievance, to be completed within ten (10) business days from the grievance stimulus. If an informal resolution is not achieved, the aggrieved student has an additional five (5) business days to file a formal written grievance.

**Procedure for Formal Resolution**

- A student considering pursuit of a formal non-academic grievance must contact the Associate Dean for Student Affairs for review of applicable policies and procedures. (Specifics unique to the grievance and persons may require involvement of additional institutional representatives).
- The student must file the formal grievance, in writing, with the Associate Dean for Student Affairs within five (5) business days from the alleged grievance stimulus. A student initially attempting informal grievance must file the formal grievance, in writing, within five (5) business days of the ten (10) business days allowed for informal resolution.
- The written grievance must include the following information: relevant name(s), date(s), location(s), witness(es) and complete description(s) of the grievance and a proposed resolution, if possible.
- If the grievance involves/accuses UTRGV non-medical students or employees, the Associate Dean for Student Affairs will facilitate engagement with appropriate advocacy/supervisory institutional authorities to ensure that coordination of investigatory and resolution processes transcend interschool and student/employee boundaries. Copies of the written grievance will be made available to named parties and the appropriate advocacy/supervisory institutional authorities.
- The Associate Dean for Student Affairs (and appropriate institutional authorities noted above) may, at her/his discretion, hold discussions with or without the involved/accused individual(s) to hear and resolve the grievance, schedule a meeting between the student and the involved/accused individual(s) and/or involve other parties in facilitating a resolution of the grievance. This process will be afforded thirty (30) calendar days from receipt of the formal written grievance to resolve the grievance, providing the aggrieved student a written summary of resolution.

**Procedure for Appeal**

- If the aggrieved student is dissatisfied with the resolution, he/she may file a written appeal to the Dean of the SOM within five (5) business days from receipt of the Associate Dean for Student Affairs written decision. The student must also inform the Associate Dean for Student Affairs of the intent to appeal, within the same five (5) business days. The student's appeal portfolio must include a justification statement for appeal and all documentation provided to the Associate Dean for Student Affairs. Upon review of the student's record and appeal portfolio, the UTRGV SOM Dean may elect to:
  a. Take no action, allowing the Associate Dean for Student Affairs decision to stand;
  b. Modify the Associate Dean for Student Affairs decision;
  c. Make an alternate decision;
  d. Impanel an ad hoc committee to re-examine the decision and make recommendations.
- Within fifteen (15) business days from receipt of the student’s appeal, the Dean will provide a written decision to the student and the Associate Dean for Student Affairs. The decision of the Dean is final appellate review.
5.6 Leave of Absence

A leave of absence (LOA) is defined as three consecutive weeks or more away from the curriculum. Students should be aware that they must complete all course requirements within a six-year period from the time of matriculation to receive the M.D. degree. After matriculation to SOM, a student may not arbitrarily cease registration without notice.

A student in good academic standing may request a LOA, defined as a temporary period of non-enrollment or suspension of studies, for which an approved time limit has been set and a specific date of return established. A LOA may be either voluntary or involuntary, as described below:

A student may petition in writing to the MSEPC for a LOA for academic, personal, financial, administrative, or non-emergent medical reasons. All petitions for LOAs should be prepared in consultation with the Associate Dean for Student Affairs or her/his designee and must state the reasons for the requested LOA.

If a student must initiate a LOA before the completion of a course or clerkship, the student will receive a grade of “withdrawn”. A student, while on an approved LOA, is a matriculated student; however, s/he is not registered for any courses in the SOM curriculum. The MSEPC may impose academic conditions relating to any LOA. (All LOAs count toward the expected six-year time frame for SOM curriculum completion. Exceptions to this policy may be made by the MSEPC.)

Excused Extended Absences: Requests for excused extended absences of less than three consecutive weeks are not considered LOAs. The Associate Dean for Student Affairs may grant emergency or urgent absence from the curriculum and will copy the MSEPC chair. The Associate Dean for Student Affairs shall bring to the MSEPC any request for LOA from a student who is not in good academic standing or with more than one emergency absence. Students may request a delay in the normal progression of the SOM curriculum for non-emergent or non-urgent issues after consultation with the OSA, and must submit a written petition to the MSEPC, which must approve any such delays.

5.6.1 Medical Leaves of Absence

A personal/family medical LOA requires a supporting letter from the student’s personal physician or the personal physician of the family member in question. A second opinion from a physician selected by UTRGV SOM may also be required. The Associate Dean for Student Affairs will review the request and make a recommendation to the MSEPC. The Associate Dean for Student Affairs will work with the student if there are any concerns related to the request for a personal medical LOA. The MSEPC will review the request and will contact the student with their decision. A ‘release to return to work/school’ letter from the student’s physician is required two (2) weeks prior to return. Depending on the individual case and after review by the MSEPC, a medical LOA may be renewed.

5.6.2 Educational/Research/Service Leaves of Absence

An educational/research/service LOA may be granted to allow students opportunities to enhance their medical school experience by participating in educational, research, or service activities at other institutions or other colleges within UTRGV. The student requesting such a leave must submit a letter of request for leave to the Associate Dean for Student Affairs, who is responsible for monitoring the student’s time spent in the educational / research / service activities; and the Chair of the MSEPC. The Associate Dean for Student Affairs will work with the student if there are any concerns related to the request for an educational/research/service LOA. The MSEPC will review the request and will contact the student with their decision.

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35 EAA010 Medical Student Leave of Absence Policy
5.6.3 School-Initiated Involuntary Leave of Absence

Under certain circumstances involving academic or professional deficiencies or other concerns, the MSEPC may place a student on an involuntary LOA for a period of one month or longer, not to exceed one year.

If it is determined that a student is a threat to themselves or others, and/or the student could pose other safety issues, the Dean of the SOM, the Associate Dean for Student Affairs, and/or the MSEPC have the right to place that student on immediate involuntary LOA, with the MSEPC review to take place after this decision and immediate action. Based on the situation, the MSEPC will determine further actions.

A recommended plan for that student’s LOA and possible return will be developed by the MSEPC and given to the student. If conditions have been set for a student’s eligibility to return from an involuntary LOA, the student must demonstrate satisfaction of the conditions prior to the return date. Registration for the semester of return is solely the responsibility of the student.

5.6.4 Extraordinary Circumstance Leave of Absence

An extraordinary circumstances LOA may be granted if a student requires a leave for personal reasons other than medical or educational/research/service. Granting of extraordinary circumstance leave is intended to be rare. The student requesting such leave must submit a written request to the Associate Dean for Student Affairs and the Chair of the MSEPC explaining the situation, the amount of leave time requested, the proposed start date and date of return, a plan to communicate with the Associate Dean for Student Affairs during the absence, and the intent to return to the SOM to complete the M.D. degree. The Associate Dean for Student Affairs will work with the student if there are any concerns related to the request for an extraordinary circumstances LOA. The MSEPC will review the request and contact the student with their decision.

Students who submit a leave of absence form after the fifth week of the start of the semester will receive grades in the courses for which he/she is registered. The student is subject to academic progression review based upon the assigned grades.

5.6.5 Financial Aid Implications of Leave of Absence

UTRGV SOM students who are granted an approved LOA must meet certain requirements and be informed of the Financial Aid implications per Federal Student Aid regulations. Medical students should be aware that taking a LOA may affect student loan deferment, grace period, loan repayment, housing, health and disability insurance coverage, and/or financial aid eligibility.

Students are advised to investigate these implications as they pertain to their personal situations prior to applying for LOA.

- Leave of Absence Requirements for Financial Aid. Upon initiation of the LOA process, a student is required to meet with the SOM Financial Aid representative for an exit interview to discuss the specific financial aid implications. Upon return from LOA status, the student is required to participate in an entrance interview with the SOM Financial Aid representative to discuss specific financial aid implications and/or future financial aid eligibility.

- Scholarship requirements: A student granted an approved LOA may continue to receive a scholarship upon return to UTRGV SOM, provided that the LOA is not in conjunction with an academic or professional scholarship.

5.6.6 Academic Concerns and Conditions Relating to Absences

Any absence from the M.D. degree curriculum, whether requested by a student or initiated by the School, raises issues of academic continuity and readiness to return to the curriculum — particularly if the student has prior
academic difficulties. Independent of the reasons for the LOA, MSEPC may take academic action based on past academic or behavioral deficiencies or to avert future deficiencies due to time away from the curriculum. Such academic action may include notifying the student of the seriousness of past deficiencies and/or concerns relating to a requested period of time away from the curriculum. The student may be required to propose an acceptable plan of activity or remediation to be completed during the absence.

Whether a student is permitted or required to take time away from the curriculum (whether by academic suspension, disciplinary suspension, or by LOA), the MSEPC may require the student to develop, present, and obtain approval from the committee for a plan of academic remediation or a plan to minimize academic discontinuity, or both, as appropriate to the circumstances. Plans should be prepared in consultation with the Associate Dean for Student Affairs or his/her designee.

**Plans of remediation** should be designed to enhance the student’s insight into any deficiencies in his/her performance and to ensure adequate progress toward remediating any deficiencies. Such plans may include, for example, engaging in professional or social service activities to enhance professional skills and insights and taking steps to assess whether there may be underlying personal or medical factors contributing to any deficiencies in academic performance (e.g., by obtaining a medical, neurological, and/or psychiatric assessment and undertaking treatment, if recommended as a result of such assessment).

**Plans to minimize academic discontinuity** should include specific proposals for time away from the curriculum, such as engaging in activities to practice or maintain needed skills, and to develop or enhance professionalism and educational mastery (e.g., reading, research, clinical activity, or a health service activity).

The MSEPC may require students to consult with an Academic Advisor, in addition to the Associate Dean for Student Affairs, for assistance in preparing proposed plans for the period of absence from the curriculum and in monitoring the student’s success in carrying out the approved plans.

**Notice to Students at Risk of Probation or Dismissal Due to Absence from the Curriculum:** Academic difficulty severe enough to warrant academic dismissal precedes some absences from the curriculum, whether requested by a student or required by the MSEPC. In connection with any absence from the curriculum, the MSEPC will review the entire academic record of any student who has a deficient academic record and will determine whether the student is in jeopardy of immediate academic dismissal. If so, the committee will notify the student in writing that s/he is in such jeopardy of immediate academic dismissal based on his/her academic record, describing the deficiencies in the letter of notification.

If the committee approves, or requires, an absence from the curriculum (and related plans) for such a student, the student will remain in jeopardy of academic dismissal until and unless s/he is allowed, in the discretion of the MSEPC, to re-enter the curriculum.

In lieu of academic dismissal, the MSEPC may allow a student to attempt to demonstrate evidence during an absence from the curriculum sufficient to justify to the committee, in its discretion, another chance to re-enter the curriculum.

If the plans submitted by such students are unacceptable to the committee or if the student fails to carry out accepted plans during an approved absence in a satisfactory manner, the committee may dismiss the student based on the deficiencies that previously placed the student in jeopardy of immediate academic dismissal.

**5.6.7 Petition for Return from Leaves of Absence**

For academic reinstatement to the curriculum after any period of absence from the curriculum, students must file a written petition addressed to the Associate Dean for Student Affairs, who may approve routine petitions to return to the curriculum for students in good academic standing without prior comportment issues or recurrent appearances at the MSEPC.

The MSEPC must review petitions from students whose absence was related to academic or behavioral
difficulties. Any student who has been absent from the curriculum for academic reasons or professionalism issues will be requested to appear before the MSEPC before the student re-enters the curriculum. Failure to appear will be taken into account by the committee when reviewing the student’s readiness to return. The Associate Dean for Student Affairs and the MSEPC Chair must receive petitions at least three working days prior to the scheduled MSEPC meeting.

Exceptions to this policy can be made for students with urgent issues that are time sensitive.

Students must provide acceptable evidence as to their readiness to re-enter the curriculum and their completion of any previously accepted plan of remediation of academic deficiencies or of activities to minimize academic discontinuity. Evidence may include reports from professionals with whom the student worked or consulted during the absence from the curriculum, if relevant to academic readiness to return. Students are expected to provide reports from such professionals if an accepted plan of remediation included consultation with healthcare professionals regarding underlying causes of academic deficiencies and treatments. The Associate Dean for Student Affairs will present such reports of fitness to return to the MSEPC.

After review of a student’s petition and evidence, the Associate Dean for Student Affairs can determine that:

- the student is in good academic standing without comportment issues or recurrent appearances at the MSEPC, has satisfactorily demonstrated readiness and fulfilled all conditions contained in his/her accepted plans of remediation and/or accepted plans to enhance or maintain readiness to return, and report this to the MSEPC, or
- the student has not satisfactorily demonstrated readiness to return, fulfilled all conditions contained in accepted plans of remediation or enhanced or maintained educational continuity, and refer the student to the MSEPC, in which case the MSEPC can either:
  - allow the student to return to the curriculum, subject to additional requirements related to deficiencies in the student’s performance of his/her plan,
  - disallow the student’s petition to return to the curriculum and dismiss the student either because the student has previously been notified of this policy that s/he was at risk of academic dismissal based on deficiencies existing prior to the absence from the curriculum; or
  - determine that the student’s extensive time away from the curriculum has resulted in unacceptable academic discontinuity.

5.6.8 Extending a Leave of Absence

A request to extend a leave of absence requires that a new written request be submitted to the Associate Dean of Student Affairs and the Chair of the MSEPC stipulating the reason for the extension, the additional amount of leave time requested, the amended proposed date of return, and the intent to return to the SOM to complete the M.D. degree. Once the Associate Dean for Student Affairs has signed off on the extension, the request should be submitted to the Office of the Registrar no later than the first Friday of the semester for which the extension is being requested.

5.6.9 Two-Year Limit on Absences

The total time taken for LOAs (whether a single leave or multiple leaves) may not exceed two years during the entire period of enrollment at the SOM. The MSEPC may dismiss a student whose absences exceed two years unless the student is eligible under applicable disability laws for a longer period of absence.

A student who has been dismissed because of absence of more than two years who wishes to return to the SOM must reapply for admission. The SOM Admissions Committee makes the decision as to readmission, which is not guaranteed.

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36 EAA051 Admission Committee Conflict of Interest Policy
5.7 Minimum Requirements for Advancement and Retention

5.7.1 Pre-Clerkship Courses - Years One and Two

Definitions

Self-Directed Learning: Learners taking the initiative for their own learning: diagnosing needs, formulating goals, identifying resources, implementing appropriate activities, and evaluating outcomes.

Independent Learning: Instructor-/or mentor-guided learning activities to be performed by the learner outside of formal educational settings (classroom, lab, clinic). Dedicated time on learner schedules to prepare for specific earning activities, e.g., case discussions, team-based learning, problem-based learning, clinical activities, and/or research projects.

Unscheduled Time: Unscheduled time refers to time during the instructional week (ordinarily Monday through Friday, 8:00 a.m. – 5:00 p.m.) in which no formal curricular activities occur (i.e. there is no requirement or expectation of attendance). More specifically, this is a deliberately planned time for students to engage in self-directed learning and independent study.

Required scheduled activities during the first two years of medical school include educational activities and activities required by the OSA. OSA activities may be scheduled during open time in the module schedules or lunch periods. The maximum number of scheduled hours per week for both educational and OSA activities may not exceed 28 hours per week averaged over the month of instruction. (OSA-required activities do not occur every week).

Students are required to attend:

- PBL, clinical skills, case wrap-ups and inter-professional education sessions that bring either health care professionals or health professions students together.
- Flipped classroom sessions.
- Sessions with patient participants and/or their families.
- Laboratory sessions.
- Quizzes and formative and summative examinations.
- Careers in Medicine activities.
- Financial aid counseling/training; and
- Other Liaison Committee on Medical Education or American Association of Medical Colleges mandated trainings and information sessions.

All lectures are recorded, and attendance is not required.

5.7.2 Clinical Clerkships and Electives - Years Three and Four

Clerkships and electives are in four or eight-week blocks. Students are assigned to various clinical sites and work under the supervision of designated residents and SOM faculty. During clinical clerkships and courses, medical students are expected to participate in all required clinical and didactic activities. Examples include direct patient care, patient rounds, patient documentation, case conferences and clinical lectures, and required didactic workshops. Students are expected to assume increasing levels of responsibility and accountability for patient care, as appropriate, under the supervision of residents and SOM faculty. The policy on student hours during clinical clerkships and courses is modeled after the American Council on Graduate Medical Education guidelines for residents. During clinical rotations, students are expected to be involved in activities related to healthcare delivery. Time is needed to adequately meet responsibilities, will vary depending on rotation, and may include overnight call. Students are expected to abide by the following duty hour restrictions.
5.7.3 Duty Hours

Definition

Duty hours refer to all clinical and academic activities related to the clinical education, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the worksite (See Clerkship Duty Hours Policy).

This policy ensures an appropriate balance between formal teaching and service. Duty hours must be limited to 80 hours per week, averaged over a four-week period inclusive of all in-house call activities and adhere to the following:

- Students must be scheduled for a minimum of one day free of duty every week when averaged over four weeks.
- Scheduled duty periods for students must not exceed 16 hours.
- Students should have 10 hours and must have eight hours free of duty between scheduled duty periods.
- The clerkship sub-committee may grant exceptions for up to 10 percent or a maximum of 88 hours, to individual programs when based on sound educational rationale (see below).

Procedures

- During orientation for faculty/residents as teachers, all faculty and residents are educated on the student duty hour policy and provided with a copy of the current SOM student duty hour policies.
- During student transition to third year, all students attend an educational briefing on the duty hours policy, and students are required to acknowledge in writing that they have received training and understand the duty hours policy.
- Students also are instructed on how to use the internet-based duty hour tracking system, One45, to enter their duty, conference, and on-call hours. They receive training on a mobile device version of this program that allows students to sync their duty hours with the program each time they sync their mobile device. Students may review their duty hour status at any time by accessing the duty hour tracking system in One45.
- Students who are unable to access the internet and enter their duty hours into their mobile device must notify the Academic Coordinator as appropriate. If a student calls to report that s/he cannot access the internet and fails to update via a mobile device, this will be construed as non-compliance with this policy and appropriate administrative action will be taken.
- Students are to inform academic coordinators or clerkship directors if faculty/teachers require students to work past duty hour limitations. Students may also anonymously report through the SOM Professionalism portal.
- Reports on duty hour status are available monthly for clerkship directors to review, forwarded to the clerkship sub-committee. After this review, findings are discussed with the academic coordinators, clerkship directors, and students prior to any action.
- Compliance reports are provided to the clerkship directors, the Clerkship Sub-Committee, and the CCAC.
- Duty hour violations are investigated by the clerkship director and reported to the Assistant Dean for Clerkships.
- In the event of policy violations, progressive administrative actions are taken and plans for correction of recurrent violations developed.

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37 EAA032 Clerkship Duty Policy
5.7.4 Required Clinical Experiences and Procedures with Alternative Learning Experiences

The SOM has a system with central oversight that monitors and ensures completion of required clinical experiences in the medical education program and remedies any identified gaps (See Required Clinical Experiences and Procedures with Alternative Experiences).

**Procedures**

1. During student transition to third year, and at the start of each clerkship, students are explained the expectations for Required Clinical Experiences and Procedures (RCEP) during the course of the clerkship.

2. Students are to record their individual experiences in the One45 computer system, but do NOT record any patient-specific identifying information (name, date of birth, medical record number, protected health information, etc.).

3. By the midpoint of the clerkship, the students meet with the clerkship director(s) to review their experiences and log into One45 to determine if they are on track to meet the RCEP requirements. The clerkship director and the student then devise a plan for experiences that will best meet the goals of developing proficiency with each RCEP required. Each clerkship syllabus outlines alternate experiences if the RCEP is not available that will include, but are not limited to an objective, structured clinical examination, a video, an organized experience, or a simulation. An action plan is designed by the clerkship director and signed by the student. A plan to seek the RCEP during another clerkship must be included in the action plan, communicated to the subsequent clerkship director, and followed by the academic coordinator to ensure compliance.

4. One week prior to the end of the clerkship, the Clinical Education Center/academic coordinator will notify students and clerkship directors of any outstanding RCEPs.

5. By the end of the clerkship, students will have satisfactorily entered the clerkship RCEPs in One45 to successfully pass the clerkship. A grade will be documented as an Incomplete (“I”) until successful RCEP completion. Once documented, either as an acceptable experience (alternate or RCEP) the grade for the course can be recorded.

6. It is the student’s responsibility to ensure that the experience and procedural information is properly documented and maintained in One45 and is available to the Clerkship Director.

7. Expectations are that students will document their clinical encounters daily, and report to the Clerkship Director if they are having difficulties with any RCEP. Students are to contact their academic coordinator for guidance.

**Definitions**

**One45**: the computerized learning and documentation system that is used to electronically maintain the medical student’s experience logs.

**Procedures**: eye-hand techniques that usually are invasive or require INFORMED CONSENT from the patient — usually written, but occasionally in verbal, form.

RCEPs in the clerkship include all the “must see” types of patients, real or simulated, as well as those disease entities, clinical conditions, and procedures that all medical students are required to experience prior to graduation.

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38 EAA044 Required Clinical Experiences and Procedures Policy
5.8  **Student Supervision During Required Clinical Activities, Years Three and Four**

The purpose of this policy is to ensure that students are appropriately supervised for patient safety, quality of care, and increasing autonomy.

Students are always under a form of supervision. Most activities require the physical presence of the supervising faculty member. Often, the supervising physician is a more advanced resident or fellow. Other aspects of care can be supervised by a faculty member or resident physician within the same area. Students are always supervised by a faculty member, either directly or indirectly, with direct supervision immediately available.

The purpose of this policy is to explain:

1. the roles, responsibilities, and patient care activities of students.
2. the process for supervision of student physicians by supervising faculty.
3. the developmental responsibility of supervision based on defined levels of competency.
4. the role of supervision by upper-level resident physicians.
5. the role of supervision in both the inpatient and outpatient settings of health care; and
6. the role of supervision in chart-writing.

The clerkship director and faculty members assign the progressive authority, responsibility, and conditional independence in patient care delegated to each student. The clerkship director evaluates each student’s abilities based on specific criteria, guided by specific national standards-based criteria, when available.

Faculty who are supervising students must be aware of the medical student’s level of training, the objectives of the clerkship, and the Teacher-Learner /Student Mistreatment policy.

They delegate portions of the care to students, based on the needs of the patient and the skills of the student. In general, if a resident/fellow is approved to perform a procedure or process without direct supervision, s/he may supervise and attest to the supervision of a student for that same procedure/process.

Each student must know the limits of his/her scope of authority, and the circumstances under which s/he is permitted to act.

As students gain skills in the six Accreditation Council for Graduate Medical Education competencies, direct supervision is developmentally changed to more indirect supervision. For example, students can take an independent history and physical exam, corroborated by a faculty member. The SOM requires assurance that students participating in electives or sub-internships at other LCME- accredited institutions also are provided faculty supervision as outlined in this policy.

**5.8.1 Student Supervision Procedures**

**Supervising Physicians**

In all instances, the supervising physician will be a SOM faculty. Any member of medical staff with appropriate clinical privileges may act as a supervising physician for a student under the primary supervision of the faculty member.

It is the responsibility of the supervising physician to:

- Maintain primary responsibility for patient care.
- Provide education, instruction, and expertise to the student in accordance with supervision and clinical responsibility guidelines outlined in this document.

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39  EAA055 Medical Student Supervision During Required Clinical Activities
Qualified and credentialed practitioners with particular expertise in diagnostic or therapeutic procedures may also supervise students, if so designated by the clerkship director.

NOTE: The supervision and clinical responsibility guidelines contained herein are those that are minimally acceptable. It remains the responsibility of the supervising physician to assess the competency level of an individual student and to provide a higher level of supervision/limitation of clinical responsibilities, as appropriate.

All clinical faculty are vetted and credentialed through the SOM faculty appointment process and are expected to practice within their level of credentialing. Affiliate faculty and UTRGV faculty credentialed at affiliate hospitals are also expected to practice within their level of credentialing. It is the responsibility of the Chief of Staff at the affiliate facility to ascertain whether faculty are practicing beyond their level of credentialing. Clerkship directors, academic coordinators, and student evaluations, as well as the anonymous student portal, are measures to ensure that faculty are practicing within their level of competency.

**General Guidelines Regarding Entries in Medical Records**

Student entry of information into medical records is determined by the policies of the clinical facility in which the student is working. Entries made in medical records by students require countersignature by the supervising physician. Students are not allowed to give verbal orders.

**Outpatient Training:** Position Descriptions by Year of Training, and Progression of Skills/independence at Outpatient Sites

- The supervising physician co-signs all charts for students.
- The supervising physician is responsible for “live” coding of all visits. Students may provide coding recommendations as a component of their training; however, faculty are responsible for submission of the final code.

During the course of training, students are expected to participate in the performance of a variety of procedures. The Required Clinical Experiences and Procedures outline the necessary degree of supervision required, as well as the location. As the student progresses through the program, s/he is expected to demonstrate competence at each level before proceeding to the next. All students are supervised for all procedures.

**Levels of Student Supervision**

To ensure oversight of student supervision and graded authority and responsibility, the program uses the following classification of supervision:

1. **Direct Supervision** — the supervising physician is physically present with the student and patient.
2. **Indirect Supervision** — with direct supervision immediately available — the supervising physician is physically within the hospital or other site of patient care and is immediately available to provide direct supervision.

**Other tenets of supervision include:**

Student assignments to residents as supervisors may be determined and agreed upon by the program director and clerkship director.

**5.8.2 Definitions**

- **Student**: a learner enrolled in an accredited SOM.
- **Resident**: a professional post-graduate trainee in a specific specialty or subspecialty.
- **Licensed Independent Practitioner (LIP)**: a licensed physician, dentist, podiatrist, or optometrist who is qualified usually by board certification or eligibility to practice his/her specialty or subspecialty independently.
Medical Staff: an LIP who has been credentialed to provide care in his/her specialty or subspecialty by a hospital.

UTRGV Supervising Physician: the immediate supervisor of a student who is credentialed in his/her hospital for specific procedures in their specialty and subspecialty that he/she is supervising. The supervising physician will be also a credentialed faculty member of the SOM.

5.9 Year Four Electives

5.9.1 Extramural electives

Medical students have the opportunity to complete domestic extramural electives at LCME and/or ACGME accredited institutions. Students apply for the electives through the Association of American Medical Colleges, Visiting Student Learning Opportunities (VSLO) or through the host institutions’ application systems. Students’ plans for extramural electives must be discussed with and approved by the students’ Career Advisors prior to enrollment to ensure that the elective is appropriate. The SOM has established that the VSLO vetting process for electives meets the expectations of the school and, therefore, VSLO electives need no further approval. For electives at non-LCME accredited institutions, students must submit a petition with a detailed plan and daily schedule, including learning objectives. This petition requires the support of a SOM faculty sponsor or the student’s Career Advisor. Petitions are submitted to the Office of Educational Affairs for review and final approval.

Medical students can also complete extramural electives abroad. These can be scheduled at international affiliated institutions or through AAMC Global Health Learning Opportunities (GHLO). The SOM has established that the GHLO vetting process for electives meets the expectations of the school and, therefore, GHLO electives need no approval beyond that of the student’s Career Advisor. If a student identifies an elective opportunity at a site that is not at an affiliated institution or a GHLO institution, the OSA vets the site. Petitions for electives abroad are reviewed and either approved or denied by the OSA based on the ability of the host site to ensure the health and safety of the student, availability of emergency care, the possibility of natural disasters, political instability, exposure to disease, and the level and quality of supervision.

5.9.2 Visiting Student Learning Opportunities

The SOM uses the Visiting Student Learning Opportunities (VSLO) for visiting student fourth year elective applications. Electives are offered to fourth year medical students, students enrolled in U.S. LCME-accredited institutions, and osteopathic students.

All visiting students are required to apply through VSLO by going to: https://students-residents.aamc.org/attending-medical-school/article/visiting-student-learning-opportunities/. VSLO will verify students’ credentials at the time of application.

As part of the obligations for student orientation, the SOM:
- maintains a visiting student roster,
- reviews and approves each medical student assignment,
- provides a performance assessment, and
- establishes health-related protocols.

The qualifications set by individual clerkship departments are included in the VSLO application, and the VSLO verifies medical student qualifications to ensure that they qualify for the elective.

These functions and activities are coordinated through the Office of Educational Affairs and SOM Registrar. All students are oriented about on- and off-campus safety, fire, active shooter training, bloodborne and environmental hazards, and other procedures.
5.10 Requirements for Graduation

5.10.1 Completion Time

Graduation from the SOM and the bestowing of the degree of Doctorate of Medicine (M.D.) must be accomplished within six (6) years and requires the successful completion of pre-clerkship requirements (Years One and Two), completion of the clinical rotations (Years Three and Four), and passing the United States Medical Licensing Examination, Steps One and Two.

Each student’s record is reviewed by the Associate Dean for Student Affairs and the Associate Dean for Educational Affairs in her or his fourth year to confirm the successful completion of all academic requirements and the demonstration of a degree of professionalism deemed to be essential for all physicians. Upon completion of this review, the findings and recommendations of the Associate Dean for Student Affairs and the Associate Dean for Educational Affairs are forwarded to the Medical Student Evaluation and Promotions Committee for approval. Students should be aware that they must complete all course requirements within a six-year period from the time of matriculation to receive an M.D. degree. After matriculation to SOM, a student may not arbitrarily cease registration without notice.

5.10.1 Passing National Board Exams

In order to become fully licensed to practice medicine in the United States, individuals must pass all four USMLE Step exams: Step One, Step Two Clinical Knowledge, Step Two Clinical Skills, and Step Three. Students must take and pass the USMLE Step One exam before being allowed to complete Year Three. Students must also take and pass the USMLE Step Two CK and USMLE Step Two CS exams prior to graduation. Failure to pass, after the third attempt, either Step One, Step Two CK, or Step Two CS will result in automatic dismissal from the SOM. Students are expected to take and pass each examination by the deadlines for that examination set by the MSEPC. Students must be enrolled in the SOM to be able to register for and take the USMLE Step One, Step Two CK, and Step Two CS examinations. Students are required to complete applications for the USMLE examinations in sufficient time to request test dates on or before the MSEPC deadlines. Students with circumstances that prevent them from taking or retaking the USMLE Step One, Step Two CK, or Step Two CS according to the dates in this policy must, as soon as possible, petition in writing to the Associate Dean for Student Affairs and the Associate Dean for Educational Affairs, who will review the request and make a determination.

5.10.2 Graduation

The degree of Doctor of Medicine is awarded by the Board of Regents upon students’ successful completion of the graduation requirements, recommendation of the faculty council to the Dean of the SOM, and certification by the Dean of the SOM to the President.

Candidates must:
1. Be at least 18 years of age at the time the degree is awarded.
2. Present evidence of good moral character.
3. Offer evidence of having satisfactorily fulfilled all academic requirements of the four-year medical education program.
4. Comply with all necessary legal and financial requirements.
5. Abide by federal, state, and local statutes and ordinances, both on and off campus.
6. Refrain from behavior incompatible with the responsibilities of the medical profession.
7. Follow the Student Code of Professional Conduct established by The University of Texas System Rules and Regulations of the Board of Regents, Rule 50101 (see Appendix B) and SOM prescribed Attributes of Professionalism (see Attributes of Professionalism).
8. Complete the medical education program within six years.
9. Complete all required courses and clerkships and the designated minimum number of elective and selective courses with satisfactory (passing level) performance.
10. Pass the United States Medical Licensing Examination Step One within three attempts prior to December 15 of the third year of the medical curriculum.
11. Pass the USMLE Step Two clinical knowledge examination within three attempts prior to October 31 of the fourth year of the medical curriculum.
12. Pass the USMLE Step Two clinical skills examination within three attempts prior to October 31 of the fourth year of the medical curriculum.
13. Demonstrate consistent evidence of professionalism as assessed by the MSEPC.
14. Receive the MSEPC’s recommendation for graduation and receipt of the M.D. degree.

Degrees will be conferred once a year on commencement day in the spring. Students completing requirements for a degree earlier in the year will be conferred the degree on the following commencement day but may request the Registrar to provide a Certification of Completion on the date of graduation. Students who fail to meet graduation requirements by the published degree conferral date/commencement day may petition the Associate Dean for Student Affairs to consider an alternate degree conferral date under extenuating circumstances when the graduating student is expected to begin an internship or residency in July.

Upon review of the successful completion of the curriculum of the SOM, the findings and recommendations of the Associate Dean for Student Affairs and the Associate Dean for Educational Affairs are forwarded to the MSEPC for approval. The final approval for graduation is made by the Executive Committee and the Dean of the SOM.

5.11 Policy Regarding the United States Medical Licensing Examination – Step One

**Scheduling of Step One:** Students are required to take Step One of the USMLE prior to the start of Year Three orientation. Students who delay taking Step One until after the start of Year Three orientation will be referred to the MSEPC.

**Failure and Retaking of Step One:** Students who fail USMLE Step 1 on their initial attempt will be referred to the MSEPC.

5.12 Policy Regarding the United States Medical Licensing Examination – Step Two

Passage of Step Two Clinical Knowledge and Step Two Clinical Skills are required for graduation. Initial attempts to pass both Step Two exams (CK and CS) must be completed by October 31 of the year preceding graduation. To ensure that a student who matches to a residency will be able to start the post-graduate year on time, any student who will not be able to obtain a passing score on USMLE Step Two CK and/or Step Two CS before the final date for submission of the National Resident Matching Program rank order list will be withdrawn from the residency match by the OSA. At the discretion of the Associate Dean for Student Affairs and the Associate Dean for Educational Affairs, such students will be allowed to walk with their class at commencement and will receive a diploma with a later date, if it is anticipated that they will have met all graduation requirements within a reasonable time after commencement. Passing scores must be documented no later than April 15 of the year the student expects to graduate. Failure to document a passing score for either Step Two exam by April 15 will result in a delay in graduation.

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SECTION 6: OTHER EDUCATIONAL POLICIES

6.1 Examinations

The Office of Educational Affairs and the Assistant Dean for Assessment are responsible for the oversight and administration of computer-based examinations for the SOM and for establishing examination protocols.

6.1.1 Definitions

**Assessment**: The processes employed to make judgments regarding the achievements of students over a course of study.

**Chief Proctor**: The Chief Proctor has the overall responsibility for assuring the integrity of the entire examination process.

**Computer-based examinations**: Institutionally based examinations developed by SOM faculty and/or customized assessment service exams purchased through the National Board of Medical Examiners and administered through secure exam delivery platforms using computers.

**ExamSoft®**: A commercially available secure exam delivery platform that is used for the development of institutionally based, faculty-authored examinations that allow for the banking of test questions and the tagging of questions by discipline, learning objectives, competencies, etc.

**National Board of Medical Examiners Customized Assessment Service**: A test-construction service that provides faculty access to a bank of retired test questions previously used in United States Medical Licensing Exam exams that have proven reliability and validity.

**Proctors**: Trained individuals who assist the Chief Proctor in assuring the integrity of the examination process by maintaining confidentiality and security of all testing materials, test logs, and other test documents and monitoring students to assure no violations of the honor code occur. The Office of Educational Affairs is responsible for the provision and training of a sufficient number of proctors to monitor students during exam administration.

6.1.2 Exam-Scheduling and Facilities

**Scheduling**: All major exams, whether delivered through the ExamSoft or the NBME secure exam delivery platforms, in the pre-clerkship Years One and Two will be scheduled in advance through the Office of Evaluation, Assessment and Quality Improvement (OEAQI). The exact times and dates for scheduling examinations will be coordinated with the Module Co-Directors. Students will not be allowed to take more than two exams on the same day.

**Facilities**: The OEAQI is responsible for the scheduling of an appropriate examination facility, which assures:

- Sufficient space to ensure that examinees cannot communicate with one another.
- Sufficient local network bandwidth to assure no disruption to exam administration.
- Accessibility to restrooms.
- A place for students to check coats, hats, backpacks, cell phones, and other personal items.

The OEAQI also ensures that a back-up facility is available in the event that the scheduled site becomes unusable for some unforeseen reason. (Power outage, Internet disruption, broken pipes, air conditioning failure, etc.)
6.1.3 Student Responsibilities

Prior to the Examination: Students must follow the prescribed protocol (ExamSoft or NBME) for testing their computers one to two days prior to the examination date to assure that they can access the examination platform. Should there be any access issues or technical problems, students are required to bring their laptops to the OEAQI for assistance by a trained computer technician.

During Examination Students must follow the protocol outlined below.

- Arrive outside the examination room 20 minutes prior to the exam start.
- Check-in and show Student ID prior to entering the examination room.
- Leave all personal items in lockers, including cell phones, tablets, I-pods, other electronic devices, study materials, backpacks, briefcases, beverages, or food of any kind, plus coats, hats, hoodies, etc.
- May not sit for an examination if they bring personal items into the examination room.
- Be in their assigned seats in the exam room in time for the instructions given prior to the start of the exam. (Students arriving more than 10 minutes after the start of the exam will not be permitted to enter the examination room or take the exam. Extra time, beyond the scheduled end of the examination, will not be granted to make up for students arriving late.
- Must be escorted, one at a time, on all personal breaks taken during examinations. (Extra examination time for personal breaks will not be granted).
- Must close computers and leave them in the exam room when leaving the room for personal breaks during the exam.

Failure to show for an exam: Students who fail to show for an exam due to an emergency or to extenuating circumstances must notify the OSA as soon as possible to explain their situation.

Failure to comply with examination regulations and policies: Students who fail to comply with the examination policy and procedures or failing to obey the instructions of an examination proctor will be considered to be exhibiting academic dishonesty and in violation of the SOM Code of Academic Integrity.

6.1.4 Determining Exam Type

With the exception of Clinical Skills and the Language of Medicine modules:

- Modules in session longer than six weeks have a minimum of two computerized-based exams: one institutionally developed (ExamSoft®) mid-module exam, and one NBME Customized Assessment Services final exam. The exception to this is the Endocrine and Female Reproductive Module which has two NBME module exams, one based on endocrine content and learning objectives and a second one based on female reproduction content and learning objectives. These are administered at the module mid-point and end of module.
- Modules in session six weeks or less have only one final exam, an NBME Customized Assessment System exam.
- For the first year, the Medicine Behavior and Society module, which is a dispersed, four-week longitudinal module, has two institutionally developed exams (ExamSoft®), one for the mid-module and one for the final exam.
- For the second year, the Medicine Behavior and Society module, which is a dispersed, two-week longitudinal module, has one institutionally developed final exam.

The Language of Medicine Module, a longitudinal module that administers one written exam at the end of most modules, uses a combination of institutionally prepared (ExamSoft®) and NBME exams, depending on the availability of appropriate questions from the NBME question bank that match the module learning objectives for the topics covered.
The Clinical Skills module solely uses institutionally developed exams based on performance criteria captured by preceptors using performance-based rubrics.

Module Co-Directors, in collaboration with the Assistant Dean for Medical Education Pre-clerkship and the Assistant Dean for Assessment, reserve the right to use an institutionally prepared exam should there be insufficient numbers of appropriate questions that match the content and learning objectives of the module in the NBME CAS question bank.

6.1.5 Exam Technology Failure Contingency Plan

In the event of a technology failure, which precludes the administration of an electronic exam, the following contingency plans will be followed:

- Paper copies of each exam administered through ExamSoft® are available on the date of each exam for individual students or the entire class, if needed.
- For NBME CAS exams, individual technology issues will be addressed by onsite technology staff in collaboration with NBME technology staff. Technology failures impacting the whole class will result in a rescheduling of the exam.

6.2 Technology Policies

6.2.1 Email

Only the SOM’s faculty, staff, students, and other persons who have received permission under the appropriate authority are authorized users of the SOM email systems and resources. The use of email is encouraged where such use supports the University’s academic goals and facilitates communication between faculty and students. However, if a student uses email in an unacceptable manner, s/he is subject to sanctions, including but not limited to, having his/her campus email account deactivated. The student will receive an initial warning and reports of any subsequent violations will be sent to the MSEPC for final recommendations and action.

After matriculation, communication by the SOM to students will be addressed to UTRGV e-mail accounts only, not to students’ personal e-mail accounts. Likewise, students should address their e-mails to faculty and staff of the SOM using their UTRGV e-mail addresses, not personal e-mail addresses.

6.2.2 Portable Computers and Mobile Devices

Portable computer users must take personal responsibility for the security of the equipment, software and data in their care. This applies both to students’ individually-owned computers as well as SOM-owned computers that students have access to during exams — including those borrowed from the SOM library. Students are required to purchase their own laptops, which must meet the specifications provided by the school with regard to the necessary operating system and software needed for the four years of medical school.

Standards Pertaining to the Use of the Personal Computers

- Students must ensure that their laptops are not used by unauthorized persons.
- Students are required to use their own laptops during examinations. The SOM Library maintains spare laptops in the event that a student’s unit requires repair or maintenance or fails to function during an exam.
- All students are encouraged to regularly save all data to the network drives and a central location, i.e., Blackboard. The SOM is responsible for any loss of data on the laptops themselves.
- Laptops should never be left unattended in public places (e.g., car, library, restaurant, restroom, etc.).
- Laptops in cars must be stored out of sight when the car is left unattended. Take care when leaving laptops in cars in hot weather where they can overheat or become damaged.
- Students must immediately report any possible security breaches to the UTRGV IT department (e.g., if

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their laptop is stolen or misplaced).

- Students must abide by all of the UTRGV IT policies. This includes all HIPAA and FERPA regulations pertaining to security and privacy.

The SOM provides students with iPads for their use during their four years of medical school. The iPads are issued to students during orientation and students must sign a separate user agreement.

**Standards Pertaining to the Use of SOM-Issued iPads**

- Students understand that the SOM maintains full ownership of the iPads and all accessories and control of its use. Under no circumstances is the iPad to be loaned to another person or institution.
- Students are solely responsible for this iPad and all accessories included. If the iPad or any accessories are found to be faulty upon first use, the student must return the item(s).
- by contacting the SOM within 72 hours so as not to be charged for any replacement items.
- The iPad is provided in support of student’s educational experience in the M.D. program at the SOM and will not be used at a non-University connected job for the purpose of making money. Violation of this condition may lead to a suspension of the privilege of using the iPad.
- Students delivering their iPads to another student or faculty member or to staff in an office other than the SOM do not absolve their obligation to the SOM iPad use/lease agreement responsibilities.
- Failure to return the iPad by the end of the four year lease period (or when the student leaves the SOM M.D. program at any time for any reason) will be a breach of this agreement and will result in placing a financial bar restricting student enrollment and registration for any future courses.
- If student drops/withdraws from this program and does not return the iPad within five business days from the drop day, the student will be required to pay the University $802 for the replacement cost of the iPad. Failure to do so will result in UTRGV placing a financial bar restricting student enrollment and registration for any future courses.
- Students must agree not to tamper with the iPad operating system.
- The student understands that all data stored on the iPad will be deleted or removed when the iPad is returned. UTRGV will not be responsible for lost data or information left on the iPad.
- Students are to report any damage to the iPad immediately to the SOM. The iPad will be prepared and then returned to the student.
- In the case of a damaged or cracked screen, the student will immediately return the iPad to the SOM and pay the deductible cost as per his/her signed UTRGV insurance agreement. In the case of continuing issues after a screen replacement, the student will notify the SOM within 30 days or will be charged another deductible for any subsequent replacement.
- Students will take appropriate steps to protect the iPad and data against loss or theft, including but not limited to the following: the student will not: leave the iPad unattended in any public place; leave the iPad in a location of extreme heat (>95°F) or cold (<32°F); leave the iPad in a car because temperatures in parked cars can exceed this range; student will not place the iPad in checked luggage.
- The student will not:
  - Leave the iPad unattended in any public place.
  - Leave the iPad in a location of extreme heat (>95°F) or cold (<32°F).
  - Leave the iPad in a car because temperatures in parked cars can exceed this range.
  - Place the iPad in checked luggage.
- The student agrees to pay the University $802 for the replacement cost of the iPad in the event that it is lost, stolen, or damaged beyond repair as determined by Information Technology. In addition, the student agrees to pay for all lost or stolen accessories and damage that is not considered normal wear. If accessories are damaged, the student agrees to pay the cost for the replacement of the damaged accessories.

6.2.3 Social Media

The administration of the SOM recognizes that social networking websites and applications are an important and timely means of communication. However, faculty, staff, students and post graduate students (e.g.,
residents and fellows) who use these websites and other applications should be aware of the critical importance of privatizing their websites so that only trustworthy “friends” have access to the websites/applications. They should also be aware that posting certain information may be illegal. Violation of existing statutes and administrative regulations may expose the offender to criminal and civil liability, and the punishment for violations may include fines and imprisonment. Offenders also may be subject to adverse employment actions and/or academic actions that range from a letter of reprimand to probation to dismissal from employment, school and/or resident training. All faculty, staff, students and post-graduate students in the SOM are also subject to University policies and/or regulations on social media and social networking, as well as all other applicable University policies and regulations.

The following actions are strictly forbidden:

- Any violation of University IT policies.
- Students may not disclose the personal health information of other individuals in their professional role as caregivers. Removal of an individual’s name does not necessarily constitute proper de-identification of protected health information. Inclusion of data such as age, gender, race, diagnosis, date of evaluation, or type of treatment or the use of a highly specific medical photograph (such as a before/after photograph of a patient having surgery or a photograph of a patient from a medical outreach trip) may still allow the reader to recognize the identity of a specific individual, and therefore is prohibited.
- Medical students may not disclose private (protected) academic information of another student or trainee. Such information might include but is not limited to course or clerkship grades, narrative evaluations, examination scores, or adverse academic actions.
- Sharing information within a class is acceptable but sharing material between classes or outside the SOM is not. Many of the cases used in the academic setting have been provided to the SOM by other medical schools with the stipulation that they would only be used by SOM students. In addition, it would defeat the purpose of problem-based and other case-based learning if the learning objectives, study materials, etc. were available to students encountering cases for the first time. Therefore, the use of Facebook or other social media sites by students for any curriculum materials is strictly prohibited. All postings for classes should be to the SOM’s secure Blackboard site or another non-public, password-protected site.
- In posting information on social networking sites, students may not present themselves as official representatives or spokespersons for UTRGV or the SOM, unless authorized to do so by the President or Dean of the SOM, respectively.
- Students may not represent themselves as another person or persons, real or fictitious, or otherwise attempt to obscure their identity as a means to circumvent the provisions of this policy.
- Students must respect limited personal use permissions, when applicable, and may not utilize websites and/or applications in a manner that interferes with their official work and/or academic commitments. That is, students may not consume University, hospital, or clinic technology resources for personal use when others need access for patient or business-related matters. Moreover, students may not delay the completion of assigned clinical responsibilities in order to engage in social networking.

In addition to the absolute prohibitions listed above, the actions listed below are strongly discouraged. Violations of these suggested guidelines may be considered unprofessional behavior and may be the basis for employment and/or academic disciplinary action. Specifically, students who fail to adhere to the standards of professionalism regarding social networking may be referred to the Associate Dean for Student Affairs and/or the MSEPC. Faculty and staff in the SOM who engage in the actions below, or similar conduct, may be subject to disciplinary action.

- Display of vulgar language.
- Display of language or photographs that imply disrespect for any individual or group because of age, race, gender, ethnicity, or sexual orientation.
- Presentation of personal photographs or photographs of others that may reasonably be interpreted as condoning irresponsible use of alcohol, substance abuse, or sexual promiscuity.
- Posting of potentially inflammatory or unflattering material on another individual’s website,
e.g. on the “wall” of that individual’s Facebook site.

- Fraternization between faculty/staff and students in an inappropriate manner of a personal nature.

When using these social networking websites/applications, faculty, staff, students, residents and fellows are strongly encouraged to use their personal email addresses, rather than their UTRGV email addresses, as their primary means of identification. Students also should make every effort to present themselves in a mature, responsible, and professional manner. Discourse should always be civil and respectful.

6.2.4 Definitions

Computing Device - any device capable of sending, receiving, or storing digital data, including but not limited to: computer servers, workstations, desktop computers, laptop computers, tablet computers, cellular/smart phones, personal digital assistants, USB drives, embedded devices, smart watches and other wearable electronic devices, etc.

Electronic Communication – a method used to convey a message or exchange information via electronic media instead of paper media. It includes the use of electronic mail, instant messaging, Short Message Service, facsimile transmission, social media, and other paperless means of communication.

Electronic Mail (Email) - any message, image, form, attachment, data, or other communication sent, received, or stored within an electronic mail system.

Electronic Media - any of the following:
  - electronic storage media including storage devices in computers (hard drives, memory) and any removable/transportable digital storage medium, such as magnetic tape or disk, optical disk, or digital memory card; or
  - transmission media used to exchange information already in electronic storage media. Transmission media include, for example, the internet (wide-open), extranet (using internet technology to link a business with information accessible only to collaborating parties), leased lines, dial-up lines, private networks, intranet, and the physical movement of removable/transportable electronic storage media.

Information Technology (IT) - the hardware, software, services, supplies, personnel, facilities, maintenance, and training used for the processing of data and telecommunications.

Internet - a global system interconnecting computers and public computer networks. The computers and networks are owned separately by a host of organizations, government agencies, companies, and colleges.

Portable Computing Device - any easily movable device capable of receiving, transmitting, and/or storing data. These include, but are not limited to: notebook computers, handheld computers, tablets (e.g., iPads, etc.), personal digital assistants (PDAs), pagers, smartphones (e.g., iPhones, etc.), Universal Serial Bus (USB) drives, memory cards, external hard drives, data disks, CDs, DVDs, and similar storage devices.

Social Media - a forum or media for social interaction, using highly accessible and scalable communication techniques. Examples include but are not limited to wikis (e.g., Wikia, Wikimedia); blogs and microblogs (e.g., Blogger, Twitter); content communities (e.g. Flickr, YouTube); social networking sites (e.g., Facebook, MySpace, LinkedIn); virtual game worlds; and virtual communities (e.g., SecondLife).

6.3 Student Privacy

The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. §1232g, FERPA, 34 C.F.R. Part 99, and the Texas Public Information Act, Texas Government Code §552.001 et seq., are federal and state laws that provide for the review and disclosure of student educational records. In accordance with these laws, UTRGV

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has adopted the following policy. (Individuals are informed of their rights under these laws through this policy, which is included in the UTRGV Handbook of Operating Procedures.)

The University will not permit access to or the release of personally identifiable information contained in student education records without the written consent of the student to any party, except as follows:

- To appropriate university officials who require access to educational records in order to perform their legitimate educational duties. Upon request, the University discloses education records without consent to officials of another school in which a student seeks or intends to enroll. Where required by regulations, a record of requests for disclosure of personally identifiable information from student education records shall be maintained by the custodian of the public record for each student and will also be made available for inspection pursuant to this policy. If the University discovers that a third party who has received student records has released or failed to destroy such records in violation of this policy, the University will determine any future access by that third party and may take further appropriate action.
- To officials of other schools in which a student seeks or intends to enroll, is enrolled in or receives services from, upon request of these officials. (A school official is a person employed by the University in an administrative, supervisory, academic or research, or support staff position, including law enforcement unit personnel and health staff; a personon company with whom the university has contracted such as an attorney, auditor or collection agent; a person serving on The University of Texas System Board of Regents; or a student serving on an official committee or assisting another school official in performing his or her tasks.)
- To federal, state, or local officials or agencies authorized by law.
- In connection with a student’s application for, or receipt of, financial aid.
- To accrediting organizations or organizations conducting educational studies, provided that these organizations do not release personally identifiable data and destroy such data when it is no longer needed for the purpose for which it was obtained.
- To the parents of a dependent student as defined in section 152 of the Internal Revenue Code of 1954.
- In compliance with a judicial order or subpoena provided a reasonable effort is made to notify the student in advance, unless such subpoena specifically directs the institution not to disclose the existence of a subpoena.
- In an emergency situation if the information is necessary to protect the health or safety of students or other persons.
- To an alleged victim of any crime of violence, the results of the alleged perpetrator’s disciplinary proceeding may be released.

Additionally, any law enforcement information provided by state law enforcement agencies concerning registered sex offenders may be released from the University Police Department. (The police department can be contacted at 956-665-7151.)

Respective records no longer subject to audit, nor presently under request for access, may be purged according to regular schedules.

### 6.4 Educational Records: Access, Confidentiality, and Modification

#### 6.4.1 Access to Educational Records

Upon written request, the University shall provide a student with access to his or her educational records. The Vice President for Business Affairs at UTRGV has been designated to coordinate the inspection and review procedures for student education records, which include admissions files, academic files, and financial files. Students wishing to review their education records must make written requests to the Vice President for

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Business Affairs, listing the item or items of interest. Education records covered by the Act will be made available within 45 days of the request. A list of education records and those officials responsible for the records shall be maintained at the Office of the Executive Vice President for Business Affairs.

6.4.2 Confidentiality of Medical Student Educational Records

Medical student educational records are confidential and available only to those members of the medical school faculty and administration with a need to know, unless released by the student or as otherwise governed by laws concerning confidentiality.

Specifically identified medical school officials, with a legitimate educational interest, have access to the educational record without student consent. (Refer to Policy on Confidentiality of Medical Student Educational Record).

Access will be granted to Academic Advisors without student consent only with the approval by either the Associate Dean for Student Affairs or Associate Dean for Educational Affairs.

Other individuals, such as a faculty member who wants to see student assessments to write a letter of recommendation, are granted access to the record only with the students’ written permission by following this procedure:

1. The faculty member or other individual requesting to see the student record must contact the student directly to request access to the student’s record.

2. To grant access, the student must complete the Family Educational Records and Privacy Act release form available in the OSA and submit it to the Associate Dean for Student Affairs.

3. The Associate Dean for Student Affairs will then notify the person making the request that access has been approved by the student and will release the record accordingly.

6.4.3 Educational Records

Students may obtain their educational records using ASSIST (Advanced Services for Student Information Supported by Technology). Students can login to myUTRGV with their UTRGV username and password and click on the ASSIST icon under the “Applications” area. Students requiring a paper copy of their grades may submit the “Transcript Request Form” to U Central, UTRGV’s one-stop service center for student support, including financial aid, registration, admissions, and the Bursar’s Office. Requests are only accepted using the online request for an official transcript page. If students are not able to access the online ordering system, please send an email to: transcripts@utrgv.edu. Official copies of academic records or transcripts will not be released for students who have a delinquent financial obligation or financial “hold” at the University.

Educational Records do not include:

- Records of instructional, administrative, and educational personnel that are: in the sole possession of the maker (i.e. file notes of conversations); used only as a personal memory aid; not intended to be accessible or revealed to any individual except in the case of an instructor or a temporary substitute;
- Law enforcement records of the University campus police;
- Medical records and mental health records, including counseling records created, maintained, and used only in connection with the provision of medical treatment or mental health treatment or counseling to the student, that are not disclosed to anyone other than the treatment facility;
- Employment records unrelated to the student's status as a student; or,
- Alumni records.

Records not accessible to students:

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44 EAA05 Confidentiality of Medical Student Educational Records
• Financial information submitted by the student's parents.
• Confidential letters and recommendations associated with admissions, employment, job placement, or honors, to which the student has waived rights of inspection and review or which were made part of the Student’s Education Records prior to January 1, 1975 — provided those letters were collected under established policies of confidentiality and were used only for the purposes for which they were collected.
• Education records containing information about more than one student, in which case the University will permit access only to that part of the record that pertains to the inquiring student.
• Records that are subject to an attorney/client privilege which belongs to the University.

6.4.4 Challenge to Records

Students have the right to review and challenge their educational record, by following the following process:

• The student files a written request with the Associate Dean for Student Affairs to access the educational record.
• The student provides to the Associate Dean for Student Affairs copies of all available evidence relating to the data or material being challenged.
• The Associate Dean for Student Affairs considers the request and notifies the student in writing within 15 school days whether the request will be granted or denied. During that time, any challenge may be settled informally between the student and the faculty, in consultation with other appropriate SOM officials.
• If an agreement is reached, it must be in writing and signed by all parties involved. A copy of such agreement is maintained in the student’s educational record.
• If an agreement is not reached informally, or, if the request for amendment is denied, then the student is informed in writing of the denial and the right to appeal on the matter through the Associate Dean for Educational Affairs.

A student whose request for an amendment to their educational record has not been settled or has been denied may file an appeal within five days of the receipt of the letter of denial. The request must be in writing and must be filed with the Associate Dean for Educational Affairs. The request must set forth the legal and factual basis for seeking correction of the student's educational record.

Upon receipt, the Associate Dean for Educational Affairs must consider the appeal and respond within 30 days of the date of receipt of the request for an appeal. If the appeal is denied, then the student must be informed in writing of the denial. The decision of the Associate Dean for Educational Affairs is final.

For all required modules and courses at the SOM, students have the opportunity, and are encouraged, to review their performance with their instructor on a regular basis. In all required clerkships, students undergo a mandatory review of performance prior to the midpoint. If a disagreement regarding performance occurs in any module or clerkship, the student is encouraged to meet face-to-face with the module or clerkship director or the Associate Dean for Educational Affairs to seek a resolution.

6.4.5 Complaints

Complaints regarding alleged failures to comply with the provisions of the Family Educational Records and Privacy Act may be submitted in writing to the Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue SW, Washington, D.C. 20202-4605.

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45 EAA043 Student Ability to Challenge Educational Record
6.5 Equal Opportunity/Non-Discrimination, and Special Accommodations

6.5.1 Non-Discrimination and Complaint Procedure

The University is committed to providing equal opportunity in all programs and activities that it sponsors or conducts, in compliance with and to the extent provided by applicable state and federal laws and regulations.

The University’s policy on non-discrimination is outlined in the UTRGV Handbook of Operating Procedures – Non-Discrimination and Complaint Procedure (http://www.utrgv.edu/hop/policies/adm-03-100.pdf).

Title IX of the U.S. Department of Education’s Education Amendments of 1972 ("Title IX") prohibits discrimination on the basis of sex/gender in any aspect of a federally funded education program or activity. Such discrimination includes, but is not limited to: sexual harassment, sexual violence, sex or gender-based bullying, hazing, stalking, domestic violence, dating violence, and failure to provide equal opportunity in admissions, activities, employment and/or athletics. As a recipient of federal funds, the University complies with Title IX and has designated a Title IX Coordinator to oversee all complaints of sex discrimination. The Title IX Coordinator is responsible for identifying and addressing any patterns or systemic problems that arise during the review of such complaints. Additionally, other responsibilities include the coordination of training, education, and communications regarding Title IX procedures for the university community. The University has designated the following individual to serve as the Title IX Coordinator:

Office of Institutional Equity & Title IX Coordinator Office:
(956) 665-2452
Direct: (956) 665-2103
oie@utrgv.edu

A student, staff, faculty member, or an applicant for admission or employment who believes that he or she has been discriminated against on the basis of sex, may file a complaint with the Title IX Coordinator or a responsible employee as provided by the University’s policy. The Title IX Coordinator will ensure that action is taken to resolve the complaint in a prompt and equitable manner.

A student who has a non-academic grievance concerning perceived violation of her/his student rights including rights under Title IX of the Education Amendment of 1972; discrimination based on age, color, disability, family status, gender, national origin, race, religion, veteran status, sexual orientation; or sexual harassment/sexual assault may seek grievance resolution. The student may file a non-academic grievance against another student, faculty, staff, or official publication of the SOM via a written statement to the Associate Dean for Student Affairs. Students may also submit a formal complaint to the University’s Student Rights and Responsibilities through the Vaquero Care Report It Form, which is available online at www.utrgv.edu/reportit. Students are encouraged to consult with SRR staff to discuss the options available to the student in filing a complaint. Students may choose to proceed using either the informal resolution process or the formal process to resolve their complaints.

Informal Resolution Process

In an effort to resolve misunderstandings or concerns through an informal resolution, a student is encouraged to first make a reasonable effort to resolve the problem by discussing his or her concerns with the faculty or staff member against whom the complaint is lodged. Unless extraordinary circumstances exist, the faculty or staff member shall respond to the student initiating the complaint no later than 10 business days after receipt of the complaint. If the student does not agree with the informal resolution reached with the faculty or staff member, the student may contact the Associate Dean for Student Affairs, in writing. (If the grievance involves staff, 46 EAA046 Medical Student Non-Academic Grievance Policy (Student Initiated)
faculty, student(s) from the broader SOM community, the Associate Dean for Student Affairs will work with other appropriate authorities, as indicated). The written grievance must include relevant name(s), date(s), location(s), witness(es) and complete description(s) of the problem and a proposed resolution, if possible.

The Associate Dean for Student Affairs will assist the student in the informal resolution of the grievance, to be completed within 10 business days from the grievance stimulus. If an informal resolution is not achieved, the aggrieved student has an additional five business days to file a formal written grievance.

Formal Resolution Process

A student considering pursuit of a formal non-academic grievance must contact the Associate Dean for Student Affairs for review of applicable policies and procedures. (Specifics unique to the grievance and persons may require involvement of additional institutional representatives).

The written grievance must include the following information: relevant name(s), date(s), location(s), witness(es) and complete description(s) of the grievance and a proposed resolution, if possible.

The student must file the formal grievance, in writing, with the Associate Dean for Student Affairs within five business days from the alleged grievance stimulus. A student initially attempting informal grievance must file the formal grievance, in writing, within five business days of the 10 business days allowed for informal resolution.

If the grievance involves/accuses UTRGV non-medical students or employees, the Associate Dean for Student Affairs will facilitate engagement with appropriate advocacy/supervisory institutional authorities to ensure that coordination of investigatory and resolution processes transcend interschool and student/employee boundaries. Copies of the written grievance will be made available to named parties and the appropriate advocacy/supervisory institutional authorities.

The Associate Dean for Student Affairs (and appropriate institutional authorities noted above) may, at her/his discretion, hold discussions with or without the involved/accused individual(s) to hear and resolve the grievance, schedule a meeting between the student and the involved/accused individual(s), and/or involve other parties in facilitating a resolution of the grievance. This process will be afforded 30 calendar days from receipt of the formal written grievance, providing the aggrieved student a written summary of resolution.

If the aggrieved student is dissatisfied with the resolution, s/he may file a formal written appeal with the Associate Dean for Student Affairs within five business days of receipt of the decision. The Associate Dean for Student Affairs has 10 business days to provide a written decision to the student.

Within five business days of receipt of the Associate Dean for Student Affairs’ decision, the student may file a formal written appeal to the SOM Dean. The Dean has fifteen (15) business days from receipt of the student’s appeal to provide a written decision to the student. The decision of the SOM Dean is final.

In rare circumstances, the Texas Higher Education Coordinating Board will investigate student complaints.

6.5.2 Accommodations for Individuals with Disabilities

The SOM is committed to serving all students by providing equitable access to learning opportunities in compliance with federal and state law. The medical school welcomes qualified students with disabilities (as defined by Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990) who meet the technical standards of the program, with or without reasonable accommodations. If students with disabilities require reasonable accommodations during an interview or to fully access the medical education program, please contact the Student Accessibility Services (SAS) or the SOM Office of Student Affairs.

The SAS office ensures students with disabilities are provided reasonable accommodations so that they have the opportunity to participate in the full range of educational experiences. The office’s goal is to facilitate students’ equal access to all university programs and services while fostering independence and self-advocacy. In addition, the office works to promote an environment that is free of physical and attitudinal barriers.
Students may contact, Student Accessibility Services Office, directly:

**UTRGV – Edinburg**
1201 W University Drive
University Center 108
Edinburg, TX 78539
Phone: 956-665-7005
Fax: 956-665-3840

**UTRGV – Brownsville**
1 W University Blvd.
BMSLC 1.107
Brownsville, TX 78520
Phone: 956-882-7374
Fax: 956-882-7861

Email: ability@utrgv.edu
Website: Student Accessibility Services

For additional assistance, contact the SOM Office of Student Affairs:

Associate Dean for Student Affairs
Services 1210 W Schunior Street,
Edinburg, TX 78539
EMEBL 1.103
Phone: (956)-296-1414
somstudentsupportandwellness@utrgv.edu

### 6.5.3 Requesting Reasonable Accommodations

Students with disabilities who wish to request accommodations and related services must follow the University’s procedures. Students must request accommodations through SAS and seek verification of eligibility by submitting supporting documentation to SAS. To ensure equitable access, students are encouraged to register with SAS in advance of the start of the program since accommodations are not provided retroactively.

To receive services from the SAS office, a student, according to the Americans with Disabilities Act (ADA), must have a physical or mental disability that substantially limits one or more major life activities. These disabilities can include, but are not limited to: learning, hearing, visual, psychiatric, psychological health, and physical disabilities. Students who have developed an impairment due to illness, accident or surgery during the semester may be eligible for temporary services. Temporary services may be provided for weeks, months, or the remainder of the semester depending on the severity of the impairment.

Interested students should contact the SAS office to register for services. Students registering for services must first complete a Request for Accommodations / Intake form SAS registration packet, either in person or online, before the initial appointment with a SAS counselor. The office requests that students provide documentation of the disability from a qualified professional prior to the initial appointment.

Students are not obligated to disclose personal health information, nor the origin of their disability, to faculty, administrators, or other program personnel in order to access accommodations approved by the SAS office. Records and documentation submitted by a student to SAS to support determination of eligibility will be retained in accordance with University policy and kept confidential by SAS staff. A letter of accommodation sent by SAS to students and faculty is the official notice of the student’s eligibility under ADA and includes reasonable accommodations appropriate for the student’s needs.

A student’s letter of accommodation is provided to Medical School faculty and staff who have an educational need to know. This may include, but is not limited to, the Associate Dean for Student Affairs, Assistant Dean for Student Affairs, Assistant Dean of Medical Education (Pre-Clerkship), Assistant Dean of Medical
Education (Clerkships), and Assistant Dean for Assessment, as well as the individual student’s faculty.

Students must complete a SAS Semester Registration form in order to request accommodations each semester. If an adjustment to an accommodation is needed, it is the student’s responsibility to contact SAS. The best time to request accommodations is immediately after registering for classes each semester or term, as this allows SAS to adequately coordinate services and provide faculty with adequate notice.

Accommodations are only determined by SAS. The SAS office will coordinate with the OSA to ensure that the requested accommodation(s) would not fundamentally alter the curriculum. Accommodations must be effective, reasonable, and enable the student to perform the essential functions required and achieve the essential educational goals and program objectives. The SAS office will follow-up on the student’s status/progress each semester.

An accommodation request is generally deemed reasonable if it:

- Is based on current individual documentation (within the last three years)
- Does not compromise essential requirements of a course or program
- Does not pose a threat to personal or public safety
- Does not impose undue financial or administrative burden to the School
- Is not of a personal nature (e.g., hiring of personal care attendants.)

For detailed instructions on how to request accommodations with SAS or further information about documentation requirements and the eligibility process, please contact SAS or refer to the SAS website. To find a process map to determine if your disability would qualify for reasonable accommodation, please refer to Appendix D.

6.5.4 Accommodations for Pregnant and Parenting Students

The University of Texas Rio Grande Valley is committed to creating and maintaining a community where all individuals enjoy freedom from discrimination, including discrimination on the basis of sex, as mandated by Title IX of the Education Amendments of 1972. Sex discrimination, which can include discrimination based on pregnancy, marital status, or parental status, is prohibited and illegal in admissions, educational programs and activities, hiring, leave policies, employment policies, and health insurance coverage. UTRGV is committed to the protection and equal treatment of students who may be pregnant, experiencing a pregnancy-related condition, and/or are new parents.

To request accommodations, please complete the Pregnancy and Parenting Request Form located on the Student Accessibility Services website: [https://www.utrgv.edu/accessibility/pregnancy-parenting/index.htm](https://www.utrgv.edu/accessibility/pregnancy-parenting/index.htm)

Final Student Accessibility Services Decision Appeals

Consistent with the spirit of the ADA, the SAS office determines disability accommodations through a deliberative and interactive process involving disability services professionals, appropriate members of the SOM community, and, of course, the individuals with disabilities themselves.

Students who wish to appeal a final decision made by SAS may do so in accordance with the UTRGV complaint procedure concerning accommodations for individuals with disabilities, found in the [Handbook of Operating Procedures, Section ADM 03-200](https://www.utrgv.edu/accessibility/pregnancy-parenting/index.htm)

The SOM expects that students address any problems early, give clear and detailed information, and be respectful. To learn more about the rights of disabled people under federal and state law and university policy, the SAS office or the SOM OSA can make referrals.
Confidentiality

The SOM recognizes that student disability records contain sensitive and private information. Therefore, documentation of a student’s disability is maintained in a confidential file in the SAS office and is considered part of the student’s educational record.

The Family Educational Rights Privacy Act regulates disclosure of disability documentation and records maintained by SAS. The University’s FERPA policy is at: http://www.utrgv.edu/hop/policies/stu-03-700-appendix-a.pdf

The interest of serving the needs of the student in the provision of services may involve SAS staff disclosing disability information provided by the student to appropriate university officials, including SOM personnel participating in the accommodation process. The amount of information that may be released is determined case by case, in the context of the service being coordinated. SAS seeks to preserve the student’s wish to keep their disability information and status confidential. The SAS office staff are extremely sensitive to this issue.

Online Resources

The following websites have further information on Section 508, Section 504, the ADA, and facility access:

- Section 508 Accessibility Program https://www.section508.gov/
- Department of Justice – information on the ADA www.usdoj.gov/crt/ada/adahom1.htm
- Texas Department of Licensing and Regulation – information on Texas Accessibility Standards https://www.tdlr.texas.gov/ab/abtas.htm

6.6 Requirements for Clinical Training

The student is expected to maintain a knowledge of and comply with SOM policies related to immunizations, Basic and Advanced Cardiac Life Support, tuberculosis testing and mask-fitting, needle sticks injury and prevention, workers’ compensation, drug screening, HIPAA provisions, and universal precautions such as the OSHA requirements. Students not in compliance may be immediately removed from the clinical learning environment until they have met all clinical requirements. Lack of timely compliance may delay meeting course requirements, and even graduation.

6.6.1 Drug Testing47

Medical students are entrusted with the health, safety, and welfare of patients; have access to controlled substances and confidential information; and operate in settings that require the exercise of sound, professional judgment and ethical behavior. The SOM has a responsibility to assure that patients are not under the care of impaired persons. Thus, an assessment of a medical student’s suitability to function in such a setting is imperative to promote the highest level of integrity in health care services, the safety interests of patients, a professional workplace, and the medical student’s ability to obtain licensure. Additionally, the University is obligated to meet the contractual requirements contained in affiliation agreements with its clinical healthcare partners. To facilitate these requirements, the SOM requires urine drug screens for all accepted applicants and enrolled students.

47 EAA011 Medical Student Drug Testing Policy
All persons accepted for admission to the SOM must have a negative result prior to matriculation. Applicants and enrolled students must maintain a negative urine drug screen to fulfill the requirements of the program. Applicants or students with a positive test may not be guaranteed admission, continued enrollment in the educational program, allowed on clinical rotations, or remain eligible for graduation with the M.D. degree. Students may be required to complete additional re-screening at any point, and in particular, if there is reason to believe a student may be using or misusing drugs or other substances — or if there is an extended absence from the education program.

All test results are reviewed by a third-party vendor to confirm a negative result or determine whether a positive result is due to a legally prescribed medication. A positive test will result in a report to the Associate Dean for Student Affairs for intervention and/or possible disciplinary action as authorized by policies, rules, and regulations imposed by the University or The University of Texas System. A positive test may result in the withdrawal of an offer of acceptance, or, if after matriculation, dismissal from the program.

The expenses related to drug testing are borne by the accepted applicant or enrolled student. Drug test results remain separate from the academic record.

6.6.2 Immunizations

As students and professionals in health care, we have an obligation “to do no harm.” We should not be a source of infectious illness to our patients, particularly infections which are vaccine preventable. Equally important, we should not undertake undue risk of harm to ourselves through our exposure to infectious patients. Students are therefore required to be immunized against vaccine-preventable illnesses as defined by the AAMC and the health care institutions to which you will be assigned.

Students are asked to present validated records of vaccines received. “Validated” means the record includes dates of administration, where the vaccines were administered, and a signature or stamp of the health care provider administering the vaccine. Specific requirements will be detailed in notices you will receive from Student Health Services. Please comply with these notices – failure to do so will exclude you from clinical assignments including clerkships and electives.

In compliance with the State of Texas Higher Education Mandatory Immunization Requirements and recommendations of the Texas Department of State Health Services Immunizations Division and Department of Health and Human Services CDC, all students must complete the required immunizations outlined below as condition of enrollment. Prior to registration, each applicant accepted for admission must submit appropriate medical documentation to include, but not be limited to, documentation of appropriate immunizations required by the University. Exceptions may be granted as authorized by law and with appropriate documentation. For example, an exception may be granted in cases where the required vaccination would be injurious to the health and well-being of the student.

Important Note: Immunization Records must be provided to Student Health Services at least 30 days prior to registration. Vaccinations may be subject to change based on fluctuation of outbreak, changes in state law, and/or CDC recommendations.

The following immunizations are required for all students enrolled in health-related courses that involve direct patient contact in medical or dental care facilities, or who come in contact with human or animal biological fluids or tissue:

1. **Hepatitis B:** Student Health Services will accept either the standard Hepatitis B (three injections) or the expedited Hepatitis A and B combo vaccine series (four injections) and antibody titer results. The Hepatitis B series can take four to six months to complete. The combination vaccine series can be completed in
approximately three to four weeks and requires a booster at one year. It may also be given in the same sequence as the Hep B series over a six-month period. It is slightly more expensive than the Hep B six-month series; however, if there is limited time to complete the requirement, the combination vaccine is recommended. If the antibody titer is negative, students must repeat the three or four series again. Repeat the antibody titer again after one month of the last dose. If antibody titer is negative after the second series, an additional test will be required.

2. **Tuberculosis Skin Test or Blood Assay for Mycobacterium Tuberculosis Test** (QuantiFERON®-TB Gold In-Tube test (QFT-GIT); or T-SPOT®.TB test(T-Spot) Students who have never had a TST or Interferon Gamma Release Assay blood test will need a two-step baseline TST or BAMT.
   a. With a previously negative TST result > 12 months will need the two-step baseline TST or BAMT.
   b. With a previously documented negative TST < 12 months – one-step TST will need both results documented.
   c. With > 2 previously documented negative TST recent TST > 12 months – onestep TST need both the results documented.
   d. With a previously documented positive TST (≥10mm) – No TST or BAMT will require documentation in mm of the positive TST/ lab results for BAMT, and chest x-ray that states no evidence of active tuberculosis after the positive read and symptom evaluation. A completed symptoms evaluation must be attached.
   e. With previously undocumented Positive TST – two-step baseline TST or BAMT.
   f. With previous Bacille Calmette-Guerin, vaccination – two-step baseline TST or BAMT.

3. **Tetanus/Diphtheria/Acellular Pertussis (Tdap):** All students must provide proof of one dose of (Tdap) within the prior 10 years.

4. **Mumps, Measles and Rubella:** All students must submit one of the following:
   a. Documentation of two immunizations administered on or after the first birthday, and at least 30 days apart; or Laboratory report of positive immune serum antibody titer (IgG). Attach lab report.

5. **Meningitis:** In accordance with the Texas Higher Education Coordinating Board, all entering students are to be vaccinated against bacterial meningitis within the past five years in which the student initially enrolls at an institution of higher education; except if the student is 22 years of age or older by the first day of the start of the semester.

6. **Varicella:** All students must submit one of the following:
   a. documentation of two immunizations administered on or after the first birthday and at least 30 days apart; or
   b. documentation from an M.D., D.O., N.P., P.A. of the month/date/year of the previous disease (chickenpox or zoster); and
   c. laboratory report of positive immune serum antibody titer (IgG) (quantitative). Attach lab report.

7. **Influenza:** The seasonal influenza vaccination will be mandatory every year. Students must provide supporting documentation to demonstrate compliance. Mandatory administration of the vaccination will be carried out on campus during the annual flu season.

8. **Polio Vaccine:** Documentation of completed polio vaccine series. Doses of IPV are usually given at 2, 4, 6 to 18 months, and 4 to 6 years of age.

**Bacterial Meningitis**

The 77th Texas Legislature (2001) required all public institutions of higher education to notify all new students about bacterial meningitis (Chapter 51, Education Code, Section 51.9191; Chapter 38, Education Code, Section 38.0025).

This information is provided to all new college students in Texas. Bacterial meningitis is a serious, potentially
deadly disease that can progress extremely quickly, so medical students must take utmost caution. It is an inflammation of the membranes that surround the brain and spinal cord. The bacteria that cause meningitis can also infect the blood. This disease strikes about 3,000 Americans each year, including 100-125 on college campuses, leading to five-15 deaths among college students every year. There is a treatment, but those who survive may develop severe health problems or disabilities.

### What are the symptoms?

| High fever | Stiff neck |
| Severe headache | Confusion and sleepiness |
| Rash or purple patches on skin | Nausea |
| Vomiting | Lethargy |
| Light sensitivity | Seizures |

There may be a rash of tiny, red-purple spots caused by bleeding under the skin. These can occur anywhere on the body. The more symptoms, the higher the risk. When these symptoms appear, students should seek immediate medical attention.

### How is bacterial meningitis diagnosed?

Diagnosis is made by a medical provider and is usually based on a combination of clinical symptoms and laboratory results from spinal fluid and blood tests. Early diagnosis and treatment can greatly improve the likelihood of recovery.

### How is it transmitted?

The disease is transmitted when people exchange saliva (such as by kissing, or by sharing drinking containers, utensils, cigarettes, toothbrushes, etc.) or come in contact with respiratory or throat secretions.

### How do you increase your risk of getting bacterial meningitis?

- Exposure to saliva by sharing cigarettes, water bottles, eating utensils, food, kissing, etc.
- Living in close conditions (such as sharing a room/suite in a dorm or group home).

### What are the possible consequences of the disease?

- Death (in eight to 24 hours, from perfectly well to dead)
- Permanent brain damage
- Kidney failure
- Learning disability
- Hearing loss, blindness
- Limb damage (fingers, toes, arms, legs) that requires amputation
- Gangrene
- Coma
- Convulsions

### Can the disease be treated?

Antibiotic treatment, if received early, can save lives and chances of recovery increase. However, permanent disability or death can still occur.

Vaccinations are available and should be considered for those living in close quarters, and any student 21 years old or younger.

Vaccinations are effective against four of the five most common bacterial types that cause 70% of the disease in the U.S. (but do not protect against all types of meningitis). Vaccinations take seven-10 days to become effective, with protection lasting three to five years. The cost of the vaccine varies, but the vaccination is very
safe. The most common side effects are redness and minor pain at the injection site for up to two days. Contact Student Health Services at 956-665-2511 or 956-882-3896 for details about vaccination.

For more information:

- Contact your own health care provider.
- Contact Health Services at: 613 North Sugar Road, Edinburg, TX 78539 or Health Services at Cortez Hall 237, Brownsville, TX 78520.
- Contact the regional Texas Department of Health office at: Health Service Region 11, 601 W. Sesame Drive; Harlingen, TX 78550, Mail Code 1907; Phone: 956-423-0130; Fax: 956-444-3298
- Contact websites: CDC Disease Information [www.cdc.gov/ncidod/dbmd/diseaseinfo/American or College Health Association](http://www.acha.org/)

Immunization Requirement for Students

Given the responsibilities medical students have to their patients and themselves, required immunizations include bacterial meningitis as mandated and specified above, as well as those immunizations identified in this Handbook.

Senate Bill 62 (SB62) was passed during the 2013 legislative session and signed into law. For incoming students to the University, this new law, effective January 1, 2014, requires that all entering students 21 years of age and younger attending an institution of higher education in Texas, including transfer students, show evidence of having received the Meningococcal Meningitis Vaccination no more than five years and no less than 10 days prior to the start of the semester or 10 days prior to the student taking up residence in on-campus housing. The law also allows for exemptions on medical grounds or reasons of conscience, including religious belief. Students must return the Meningococcal Meningitis Vaccination Requirement Form along with one of the following documents:

- A Bacterial Meningitis Immunization Record signed by a health practitioner evidencing that the student has been vaccinated against bacterial meningitis or any other official state or local immunization record. Confirmation of the MCV4 (Menactra or Menevo) vaccine will satisfy as the requirement. The MPSV4 (Menomune) vaccination may be accepted if administered or boosted within the past five years. Vaccinations must be administered no fewer than 10 days prior to the first day of the semester for which the student is enrolling.
- A Refusal of Immunization for Medical Reasons signed by a physician who is licensed and registered to practice medicine in the United States, which states the physician’s opinion that the required vaccination would be injurious to the health and wellbeing of the student.

Students who fail to satisfy this requirement will not be able to attend the University. Failure to submit documentation of the required vaccination does not alleviate the student’s responsibility under any contractual relationship with the University. The Meningococcal Meningitis Vaccination Requirement Form and documentation can be mailed, faxed, emailed, or hand-delivered to the Office of the Registrar. The immunization waiver received from the Texas Department of State Health Services must be mailed or hand-delivered.

In addition, students may be required to receive additional vaccines and/or other medical tests prior to starting classes and/or clinical clerkships, as indicated by the clinical educational affiliate site, guidelines issued by the University of Texas System and Board of Regents, or CDC recommendations.

Student Health Services will monitor the status of student immunizations to ensure that they remain current and will contact students when deficiencies or lapses arise. Medical school faculty and staff members will not have access to students’ immunization records.

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49 EAA076 Immunization Policy
6.7 Hazardous Exposure

6.7.1 Biosafety, Bloodborne Pathogens, and Needlestick Injuries

The SOM adheres to the institutional policies of the University of Texas system regarding exposure to infectious and environmental hazards on campus, and the institutional policies of its clinical affiliates regarding exposure to infectious and environmental hazards. If a student sustains a needlestick, sharp puncture, or other exposure to body fluids, the faculty will ensure that the student is able to seek post-exposure prophylaxis within two hours of exposure after the needlestick, sharp puncture, or body fluids exposure. Faculty will provide the student with the name, address, and phone number of the nearest health care facility or emergency room that can provide Pregnancy Education and Parenting care. In addition, the SHS is prepared to provide HIV post-exposure prophylaxis intervention if indicated.

Students infected with bloodborne or other pathogens shall not, solely because of such infection, be excluded from participation in any phase of medical school life, including educational opportunities, employment, and extracurricular activities, except as otherwise required by applicable federal, state, or local law, or unless their health condition presents a direct threat to the health and safety of themselves or others. Students infected with airborne pathogens are excluded from participation in such activities during the infectious stage of their disease. Students who know or who have reasonable basis for believing that they are infected with bloodborne or airborne pathogens, are expected to seek medical care at the university campus clinics or from their private physician.

Students will be excused from clinical activities to seek medical care.

This policy aims to protect students and faculty from the risks of being occupationally infected with the Human Immunodeficiency Virus, hepatitis B virus, or other bloodborne pathogens, and to implement the United States Department of Labor Occupational Safety and Health Administration Standard 29 CFR Section 1910.1030 Bloodborne Pathogens, which can be found at: https://www.osha.gov/SLTC/bloodbornepathogens/bloodborne_quickref.html

All medical students will receive an orientation to the blood-borne pathogen policy of the affiliate hospital prior to commencing laboratory and/or patient care activities. The sponsoring host faculty member at the SOM is responsible for ensuring that all visiting students receive the appropriate training and orientation prior to starting laboratory or clinical work at the SOM or one of its clinical affiliates. In addition, the sponsoring host faculty member is responsible for ensuring the proper procedures are followed in the event of potential exposure.

It is recommended that students receive treatment within two hours of a needle stick or body-fluid exposure. Students are encouraged to seek counseling at the SHS so that their degree of exposure can be assessed, and to assure appropriate data is collected on the source patient.

With this necessary counseling, students will be in a better position to manage both their exposure and the related costs. *

*Students must be registered in credit courses for the needlestick policy to apply.

- If a student sustains an injury with a needle or other sharp object that has been exposed to a patient’s body fluids, or if a student splashes a patient’s body fluid onto broken skin or mucous membranes, the student may be at risk to contract infection with human immunodeficiency virus, the causative agent of AIDS.
- If this occurs, treatment is available that can substantially reduce the risk of acquiring HIV infection. The CDC recommends that for maximum protection, those exposed should receive treatment within two hours.
- The following are guidelines for what to do if in the event of a needlestick injury or body-fluid exposure.

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50 EAA030 Student Exposure to Infectious and Environmental Hazards Policy EAA035 Guidelines for Needle Stick and Body-Fluid Exposures for UTRGV Students (Process Chart)
51 EAA026 Needlestick Policy
For Exposures during Normal Weekday Daytime Working Hours in the Rio Grande Valley Area

If the exposure occurs during working hours, Mon. – Thurs., 8:00 a.m. - 7:00 p.m. and Fri. ,8:00 a.m. - 5:00 p.m., care is available at the Student Health Services. However:

- To avoid delays in treatment, CALL before going to the SHS to be sure it is open, and that staff are present (956-665-2511).
- If more than 30-45 minutes away from the SHS, seek care from the nearest emergency room or health care facility.
- If the SHS is closed, go to the nearest emergency room or health care facility.
    Contact the emergency room triage nurse to expedite your care. Report to the SHS on the next (non-holiday) weekday.

For Exposures after Normal Working Hours in the Rio Grande Valley Area

If the exposure occurs after working hours, care may be obtained from the nearest emergency room or health care facility. Contact the emergency room triage nurse to expedite care. However:

- Report the exposure to the SHS on the next (non-holiday) weekday.
- If health care providers at another facility have questions about appropriate care, they can call the national HIV Post-Exposure Prophylaxis Hot-Line for Clinicians at 1-888-HIV-4911, which is open 24 hours per day.

For Exposures outside the Rio Grande Valley Area

If the exposure occurs outside the Rio Grande Valley area, it is recommended that the student seek medical care from the nearest emergency room or health care facility. For a medical emergency call 911. However:

- If health care providers at the facility have questions about appropriate care, they can call the national HIV Post-Exposure Prophylaxis Hotline for Clinicians at 1-888-HIV-4911, which is open 24 hours per day.
- Contact the SHS by phone at 956-665-2511 on the next (non-holiday) weekday.

Cost

If the above protocol is followed, the cost of medical services received for needle stick or body-fluid exposure will be reimbursed by the University, up to $500 per case. The reimbursement will be processed by the SHS after the student submits a medical insurance claim receipt for the case. In order to be eligible to receive the needle stick policy benefit, each student must comply with the following requirements:

1) Consult the SHS at 956-665-2511 immediately.
2) Seek reimbursement from the student’s private insurance company first.
3) Initiate the request for reimbursement from the University within 30 days from the date the insurance claim is approved/denied.
4) Provide the SHS with a written report of the incident prior to making any request for reimbursement which must include time, date, and location of incident. The incident must relate to clinical duties as a registered student at the SOM.

These guidelines are subject to revision and modification by the Student Health Advisory Committee.

6.7.2 Biosafety, Bloodborne Pathogens, and Needlestick Injury Recommendations

1. For required modules/courses, students should be sent only to locations where the individual schools (medicine, dental, nursing, health professions, and graduate school) have confirmed that resources are available to provide care in the event a student sustains an infectious exposure. Post-exposure prophylaxis for HIV, as recommended by the current CDC guidelines, consist of medical counseling, lab work, and antiviral medications within the recommended time frame. These sites need to be periodically reviewed to confirm that the appropriate policies and procedures are in effect. Departments will confirm that appropriate policies and procedures are in effect before students are sent to remotelocations.
For elective rotations in underserved areas, students will be notified that PEP may not be available as recommended by CDC guidelines. When possible, students will be given information as to the nearest facility where this level of care can be obtained.

2. All SOM students will be provided adequate education regarding universal precautions for infectious exposure and PEP procedures prior to any clinical rotations. Module directors/faculty must demonstrate that teaching and clinical application of the correct use of universal precautions occurs on clinical rotations.

3. The SOM will provide educational support to remote clinical sites, to help ensure current policies and procedures regarding treatment of infectious exposures. The SOM will cooperate in providing information to assist in making the needed drug therapy available at these remote sites.

Prior to the placement of a student in a preceptorship, the SOM will execute a letter of agreement with the preceptor and develop information regarding post-exposure prophylaxis, including the nearest facility where this level of care can be obtained. Students will be informed by letter of this same information. The School will inform the administrators of the preceptorship programs of the need for this information prior to student placement with a preceptor and will work with the administrators of the preceptorship program to identify the location of the nearest facility to each matched preceptor where the PEP can be obtained.

4. Financial compensation will be up to $500 dollars of expenses. Students are required to have a health insurance product equivalent in benefits to the group insurance coverage offered by the SOM. If the needlestick protocol is adhered to and student is treated in a remote location, student will be compensated as described in current policy.

Immediately after known exposure, medical students must contact their clinical instructor or attending physician and report the name of the source patient, medical record number, room number, and diagnosis. This information is necessary to assist in determining the potential severity of the exposure. Appropriate and immediate first aid and a tetanus booster should be administered when indicated. Students who experience needle-stick and other types of injuries at hospitals or ambulatory clinics must immediately notify their physician supervisor. In all cases, students should receive immediate first aid and initial care at the site where the injury occurred. Based on the type of incident and/or the time of the incident, students may be referred to the nearest hospital emergency department, student health clinic or to their primary care physician for diagnosis, treatment, and follow-up.

6.8 Communicable Diseases

Students, including all visiting students, with communicable diseases or conditions will not be permitted to engage in patient contact until such conditions have resolved as documented by a physician. This restriction is necessary to protect the health and safety of SOM patients and staff. Persons with the following medical conditions will not be allowed patient contact without prior medical clearance: 1) active chickenpox, measles, German measles, herpes zoster (shingles), acute hepatitis, and tuberculosis; 2) oral herpes with draining lesions; 3) group A streptococcal disease (i.e., strep throat) until 24 hours after treatment has been received; 4) draining or infected skin lesions (e.g. Methicillin-resistant Staphylococcus aureus (MRSA); or 5) HIV/AIDS.

A student who has a communicable disease and is unsure whether s/he should participate in patient care, should seek medical care by a private physician or a physician on staff at the University Student Health Services. All students with a communicable disease must receive written medical clearance by a physician prior to returning to clinical care activities. A physician must perform a case-by-case evaluation of each infected student to determine eligibility to perform the duties required on the clinical rotation. Based on the recommendations of the physician, it is the responsibility of each infected medical student to notify the SOM Office of Student Affairs if he/she is unable to perform clinical work. Appropriate documentation is required. All such notifications will be kept strictly confidential.

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EAA004 Communicable Disease Policy
If a student has a communicable disease and purposely does not notify the SOM OSA, s/he will be suspended pending the decision of the Medical School Evaluation and Promotions Committee on a course of action.

Prior to the start of clinical experiences, a student who has chronic hepatitis B virus, chronic hepatitis C virus or HIV/AIDS is required to notify the OSA of his/her status. All such notifications will be kept strictly confidential. Prior to the start of any clinical experiences, infected students are required to seek medical consultation by a physician to determine his/her ability to perform the duties required of the clinical rotation. Medical students are not obligated to answer patient questions related to their own HBV/HCV/HIV/AIDS status, nor shall they answer such questions related to other students, other health care personnel, or patients. Serologic testing of medical students for HBV/HCV/HIV antibody will not be performed routinely unless the person is seropositive. Testing is recommended when there has been a documented needle or sharp instrument puncture or mucous membrane exposure to the blood or body fluids of patients, or when there has been a medical student-to-patient exposure.

Students who are at high risk of infection from patients or other personnel because of their immune status or for any other reason are encouraged to discuss their work responsibilities and educational activities with their personal health care provider. If the health care provider believes that there are certain assignments the individual should not accept for personal health reasons, this should be discussed with the Associate Dean for Student Affairs or designee.

Accommodations may be available under the Technical Standards. Students should contact the OSA to determine whether such accommodations are available. Medical students with HBV/HCV/HIV seropositivity shall have periodic physical examinations by their private physician or a physician on staff at SHS. Written health clearance will be provided to the Associate Dean for Student Affairs or designee, who will notify the student’s clerkship director of his/her ability to return to practice direct patient care. All correspondence will be kept confidential and will not be used as a basis for discrimination.

The greatest theoretical risk of medical student-to-patient transmission of HBV, HCV or HIV/AIDS involves invasive or exposure-prone procedures with manipulation of needles or other sharp objects not under direct visualization. Medical students who have HBV/HCV/HIV seropositivity may not perform invasive or exposure-prone procedures unless such activity is approved in writing by: 1) an expert panel duly constituted to guide and review the performance of such procedures (see CDC guidelines below for definition of exposure-prone procedures and recommendations for expert panel oversight); 2) the student’s personal physician (who may be a physician from SHS); 3) the clinical clerkship director; and 4) the Senior Associate Dean for Education and Academic Affairs or designee.

The CDC Guidelines for the Management of Hepatitis B virus-Infected Health-Care Providers and Students (http://www.cdc.gov/mmwr/PDF/rr/rr6103.pdf) and the Society for Healthcare Epidemiology of America (Henderson DK et al. Infection Control and Hospital Epidemiology, 2010; 31 (3): 203-232.) suggest that medical students with HBV, HCV, and HIV seropositivity can continue to attend classes and participate in clinical clerkships and preceptorships. For chronically infected HBV/HCV or HIV health-care providers and students who plan on performing exposure-prone procedures, an expert panel will be constituted to guide and review performance of such procedures (see CDC guidelines above for definition of exposure-prone procedures and recommendations for expert panel oversight). Chronically infected HBV-infected health-care providers and students are NOT required to: 1) repeatedly demonstrate non-detectable HBV viral loads on a greater than semiannual frequency; 2) pre-notify patients of their HBV-infection status; or 3) submit to mandatory antiviral therapy. Standard precautions should be rigorously adhered to in all health care settings for the protection of both patient and provider.

**Education and Training**

All students initially receive general information pertaining to the prevention and transmission of occupational exposures during the orientation to the SOM. During this time, students will be required to receive immunizations against hepatitis B, meningitis, varicella, and tuberculosis screening if not documented on the history and physical exam form submitted prior to registration. More formal clinical information about the prevention and pathophysiology of all infectious diseases that might potentially be transmitted in a clinical care setting is provided prior to the start of clinical clerkships. This would include education regarding hepatitis A, hepatitis B, hepatitis C, varicella, influenza, meningitis, tuberculosis, and HIV.
Students will be provided with education on universal blood and body fluid precautions during orientation sessions for first year students, and prior to the start of the clinical clerkships. Students will also receive information on infection control and prevention of the spread of communicable diseases. During the first day students are assigned to work at a clinical rotation site, the faculty at the affiliate site will provide information regarding the policies and procedures students must follow in the event of exposure.

6.9 Infection Control

Infection control policies are established for the surveillance, prevention, and control of infection caused by a variety of microorganisms. These guidelines include definitions, symptoms, modes of transmission, as well as prevention and control information. Blood, semen, and vaginal fluids are the three most potentially infectious body fluids but other body fluids such as cerebrospinal fluid, synovial fluid, pericardial fluid, peritoneal fluid, amniotic fluid, and unfixed body tissues should be considered potentially infectious, especially if contaminated with blood. Universal precautions should always be followed, even when handling fluids and tissues that are not normally infectious such as saliva, feces, urine, sweat, sputum, vomitus, and tears. It should be noted that these body fluids carry a greater risk of infection if contaminated with visible blood, which can result from an accidental occurrence or complication of patient contact and procedures.

Students are required to follow appropriate infection control procedures, including the use of personal protective equipment, whenever there is a risk of parenteral, cutaneous, or mucous membrane exposure to blood, body fluids, or aerosolized secretions from any patient, irrespective of the perceived risk of a blood-borne or airborne pathogen. Regardless of the real or perceived communicable disease status of the patient, all students and staff should follow standard universal precautions when providing patient care. The basic precautions include:

- Always washing hands before and after patient contact in front of the patient or within sight of the patient, according to the policy of the clinical site, even if gloves are used.
- Always wearing gloves when exposure to blood, body fluids, and other body excretions is likely.
- Using gloves appropriately according to aseptic and/or sterile techniques and always changing gloves between patients.
- Wearing gowns/aprons when soiling of clothing with blood or body fluids is likely.
- Wearing masks, face shields, and eye protection when aerosolization of blood or body fluids may occur.
- Disposing of sharps in designated rigid sharp containers. Never recap needles by hand.
- Disposing of waste saturated with blood or body fluids in designated red biohazardous waste containers.

The UTRGV Department of Environment, Health, Safety and Risk Management handles cases of occupational exposure for students and staff in university clinical and laboratory settings. The SOM policies and procedures pertaining to occupational exposure to contaminated body fluids (e.g., a needlestick injury) in both laboratory and clinical care settings are described in the policy regarding Biosafety, Bloodborne Pathogens, and Needlestick Injury (section 6.7.1)

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53 EAA009 Infection Control Policy
6.10 Health/Dental/Vision and Medical Liability Insurance

6.10.1 Student Health Insurance54

Providing care to patients poses inherent risks of acquiring a communicable disease; therefore, all students enrolled at the SOM are required to maintain continuous health insurance coverage that provides benefits to meet the established minimum standards. Prior to orientation, and annually thereafter, students will be automatically enrolled in the University of Texas System Health Insurance Plan, unless they show proof, via waiver, that their current insurance provides the benefits that meet the established minimum standards. Such insurance coverage shall be maintained continuously throughout a student’s attendance at the SOM. Students are responsible for immediately notifying the SOM’s Office of Financial Assistance, should the status of their health insurance coverage change for any reason (e.g., voluntary change in policy, non-payment, etc.).

The University of Texas System SHIP covers preventive care services, inpatient and outpatient care, as well as laboratory, radiology, pharmacy, and rehabilitative services. Urgent care and emergency care, mental/behavioral health services, and substance abuse treatment services are also covered. Preventive services, including immunizations, are generally covered at 100%, while students are typically responsible for a co-pay and/or co-insurance for most other services. Referrals are not required, and students will experience a cost savings for choosing in-network providers. Deductibles and maximum coverage limits are competitive with other available insurance products. Visit https://utsystem.myahpcare.com/ for complete information about coverage, premiums, and optional services.

6.10.2 Dental, Vision, and Additional Family Members Coverage (Optional)

Coverage for dental, vision, and additional family members is available through Academic Health Plans: https://utrgv.myahpcare.com/. Students coordinate coverage directly through AHP. Fees are not assessed as part of tuition & fees as is the case with student health insurance.

6.10.3 Medical Liability Coverage55

The SOM adheres to the University of Texas Board of Regents rules regarding liability coverage. This rule is available at: http://www.utsystem.edu/board-of-regents/rules/50501-liability-insurance-students.

SOM students are required to maintain liability insurance and are covered by the UTRGV medical liability plan only when participating in approved activities of SOM. The University of Texas System carries a professional medical liability benefit plan for medical or dental students enrolled in a medical or dental school of the system, which covers students only when they are participating (with prior approval of such medical or dental school) in a patient care program of a duly accredited medical or dental school under the direct supervision of a faculty member of the school conducting such program. Students are billed for this coverage when their fees are assessed. The full liability plan is available at: https://www.utsystem.edu/documents/docs/model-bylaws-guidelines-and-policies/university-texas-system-professional-medical

6.10.4 Disability Insurance

While UTRGV School of Medicine does not require students to have long-term disability insurance, it is very strongly recommended.

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54 EAA012 Medical Student Health Insurance Policy
55 EAA013 Medical Student Liability Insurance Policy
Here are two resources to consider:

- The Texas Medical Association offers disability insurance for medical students through the Texas Medical Association Insurance Trust. Email to receive a brochure and application form. [https://www.tmait.org/](https://www.tmait.org/)

### 6.11 Shadowing and Hands-On Clinical Experience

**Career Exploration and Development**

The Association of American Medical Colleges Careers in Medicine program defines medical student career development as a four-year process of self-assessment, career exploration, career decision-making, and implementation. As part of medical students’ ongoing career exploration and development, students may engage in self-selected activities designed to promote clinical skill acquisition carried out under the supervision of physicians or other licensed health care professionals. All activities must be approved by the Assistant Dean for Clerkships prior to start. A reflective essay must be submitted after completion of the activity. The Office of the Registrar maintains records of clinical, research, and service activities so that students have records for future applications, Dean’s letters, etc.

### 6.12 Employment Policy

Students enrolled in the full-time M.D. curriculum may be employed by individuals, divisions, departments, or other entities within the University with limitations described below:

1. Students must be in good academic standing to be eligible for employment by the University or medical/hospital affiliates. Documentation of this standing will be coordinated by the OSA. If there is evidence that the student’s academic performance is placing the student at risk for failing, in addition to the usual supports offered in these situations, the student’s employment status will be reviewed by the OSA in collaboration with the student. This could result in termination of university employment.

2. Students must submit a form to the OSA describing the proposed employment. This form also requires information from the proposed employment supervisor and an acknowledgment of his/her awareness of this policy.

3. Students enrolled in a full-time research elective are exempt from this rule as they have no other curricular responsibilities. However, only six weeks of paid elective credit can count toward the cumulative elective credit required for graduation.

4. Employment outside of the university/medical or hospital affiliates is prohibited without presentation to the promotions committee and express permission from the Associate Dean for Student Affairs.

Violations of this policy will be reported to the OSA and could result in disciplinary action or referral to the appropriate Promotions Committee for review.

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56 EAA045 Medical Student Employment Policy
SECTION 7: OTHER INSTITUTIONAL POLICIES

7.1 Vehicle Registration and Parking
All students, including medical students, who operate a motor vehicle in the campus area must register the vehicle with the University Parking and Transportation Department. A hangtag permit or decal will be provided and must be placed on the vehicle indicating the permit number and parking privileges. The University enforces all Texas vehicle inspection codes (Texas Education Code, Sec. 51.207). All vehicles that park on the campus premises must have current inspection stickers and a current parking permit properly displayed. Parking and traffic rules and regulations are available at the Parking and Transportation Department or at www.utrgv.edu/pts. Note: A disabled veteran with a disabled veteran license plate may park with either a free university permit or without a university permit (as determined by university parking regulations) in a disabled parking space for an unlimited period of time.

7.2 Alcohol and Drug Policy
The University’s policy concerning the manufacture, sale, possession, distribution, or use of alcohol or illegal drugs is outlined in the UTRGV Handbook of Operating Procedures – Alcohol and Drug Free Workplace (http://www.utrgv.edu/hop/policies/adm-04-109.pdf).

The University is a drug-free school and complies with the Drug Free Workplace Act of 1990. The Drug Free School and Communities Act of 1989 requires institutions of higher education to adopt and implement programs to prevent the unlawful possession, use, or distribution of illicit drugs and alcohol. Information concerning these programs must be distributed to students annually. For information regarding these policies please refer to the following: Drug Free School and Communities Act provided by the Dean of Students at www.utrgv.edu/dos.

The University is committed to maintaining a safe and healthy environment for the campus community. Alcohol and other drugs should not interfere with the University’s educational mission. All UTRGV students, faculty members, staff members, administrators and visitors are subject to local state and federal laws regarding the unlawful possession, distribution, or use of alcohol or illegal drugs.

The following university policies can be found in the UTRGV Handbook of Operating Procedures. The possession, transportation, and/or consumption of alcohol by individuals younger than 21 years of age is strictly prohibited. University police officers enforce laws regulating the use of alcoholic beverages and underage drinking with court appearance citations, referral to the Office of Student Rights and Responsibilities and/or arrest. Alcoholic beverages may not be consumed or possessed in public areas of the University. Additional policies regarding alcohol apply at campus housing areas. If a student is found responsible for violating the alcohol policies, sanctions range from educational programs to expulsion. In addition, according to the UTRGV Student Code of Conduct the use, manufacture, possession, sale, or distribution on the campus of the substances defined and regulated under Chapters 481, 484, and 485 of the Texas Health and Safety Code, except as may be allowed by the provisions of such articles. If a student is found responsible of the illegal use, possession, or sale of a drug or narcotic on campus, the minimum penalty shall be suspension from the institution for a specified period of time; and/or suspension of rights and privileges.

7.3 Hazing
Hazing in state educational institutions is prohibited by both state law (Sections 51.936 & 37.151 et seq., Texas Education Code) and by the Regents’ Rules and Regulations (Rule 50101). Individuals or organizations engaging in hazing could be subject to fines and charged with criminal offenses. Additionally, the law does not affect or in any way restrict the right of the University to enforce its own rules against hazing.
**Individuals**

A person commits an offense if the person: engages in hazing; solicits, encourages, directs, aids or attempts to aid another engaging in hazing; recklessly permits hazing to occur; or has firsthand knowledge of the planning of a specific hazing incident involving a student in an educational institution, or has firsthand knowledge that a specific hazing incident has occurred, and knowingly fails to report that knowledge in writing to the dean of students or other appropriate official of the institution.

**Organizations**

An organization commits an offense if the organization condones or encourages hazing or if an officer or any combination of members, pledges, or alumni of the organization commits or assists in the commission of hazing.

**Definition**

The term “hazing” is broadly defined by statute to mean any intentional, knowing, or reckless act, occurring on or off the campus of an educational institution, by one person alone or acting with others, directed against a student, that endangers the mental or physical health or safety of a student for the purpose of pledging, being initiated into, affiliating with, holding office in, or maintaining membership in an organization. Hazing includes, but is not limited to:

- Any type of physical brutality, such as whipping, beating, striking, branding, electronic shocking, placing of a harmful substance on the body, or similar activity.
- Any type of physical activity, such as sleep deprivation, exposure to the elements, confinement in a small space, calisthenics, or other activity that subjects the student to an unreasonable risk of harm or that adversely affects the mental or physical health or safety of the student.
- Any activity involving the consumption of a food, liquid, alcoholic beverage, liquor, drug or other substance that subjects the student to an unreasonable risk of harm or that adversely affects the mental or physical health or safety of the student.
- Any activity that intimidates or threatens the student with ostracism, that subjects the student to extreme mental stress, shame, or humiliation, that adversely affects the mental health or dignity of the student or discourages the student from entering or remaining registered in an educational institution, or that may reasonably be expected to cause a student to leave the organization or the institution rather than submit to acts described in this subdivision.
- Any activity that induces, causes, or requires the student to perform a duty or task that involves a violation of the Penal Code.

The fact that a person consented to or acquiesced in a hazing activity is not a defense to prosecution. The University of Texas System Board of Regents’ Rules and Regulations, Rule 50101, Sec. 2.8 provides that, “Any student who, acting singly or in concert with others, engages in hazing is subject to discipline. Hazing in state educational institutions is prohibited by state law (Texas Education Code, Section 51.936). Hazing with or without the consent of a student whether on or off campus is prohibited, and a violation of that prohibition renders both the person inflicting the hazing and the person submitting to the hazing subject to discipline. Initiations or activities of organizations may include no feature that is dangerous, harmful, or degrading to the student, and a violation of this prohibition renders both the organization and participating individuals subject to discipline.”

Hazing with or without the consent of a student is prohibited by the System, and a violation of that prohibition renders both the person inflicting the hazing and the person submitting to the hazing subject to discipline. Initiations or activities by organizations may include no feature that is dangerous, harmful, or degrading to the student, and a violation of this prohibition renders both the organization and participating individuals subject to discipline. Activities which under certain conditions constitute acts that are dangerous, harmful, or degrading, in violation of Rules include but are not limited to: calisthenics, such as sit-ups, push-ups, or any other form of physical exercise; total or partial nudity at any time; the eating or ingestion of any unwanted substance; the wearing or carrying of any obscene or physically burdensome article; paddle swats, including the trading of swats; pushing, shoving, tackling, or any other physical contact; throwing oil, syrup, flour, or any harmful substance on a person; rat court, kangaroo court, or other individual interrogation; forced consumption of alcoholic beverages either by threats or peer pressure; lineups intended to demean or intimidate; transportation
and abandonment (road trips, kidnaps, walks, rides, drops); confining individuals in an area that is uncomfortable or dangerous (hot box effect, high temperature, too small); any type of personal servitude that is demeaning or of personal benefit to the individual members; wearing of embarrassing or uncomfortable clothing; assigning pranks such as stealing; painting objects; harassing other organizations; intentionally messing up the house or room for clean up; demeaning names; yelling and screaming; and requiring boxing matches or fights for entertainment.

**Immunity**

In an effort to encourage reporting of hazing incidents, the law grants immunity from civil or criminal liability to any person who reports a specific hazing event in good faith and without malice to the Dean of Students or other appropriate officials of the institution and immunizes that person for participation in any judicial proceeding resulting from that report. Additionally, a doctor or other medical practitioner who treats a student who may have been subjected to hazing may make a good faith report of the suspected hazing activities to police or other law enforcement officials and is immune from civil or other liability that might otherwise be imposed or incurred as a result of the report. The penalty for failure to report is a fine of up to $1,000, up to 180 days in jail, or both.

Penalties for other hazing offenses vary according to the severity of the injury and include fines from $500 to $10,000 and/or confinement for up to two years.

**7.4 Copyrighted Material**

Using peer-to-peer file-sharing applications to illegally share copyrighted music and movies is the primary way students violate federal copyright law. Students, faculty and staff are all obligated to comply with federal law and university policy regarding appropriate use of information technology and avoiding copyright infringement.

**Bandwidth**

The University enforces network policies regarding bandwidth usage and limits. Under some circumstances, the University may activate monitoring tools designed to detect abnormal or potentially infringing traffic in order to determine its appropriateness and, if necessary, initiate disciplinary procedures.

**Copyright Complaints and Legal Content Alternatives**

If students copy and distribute copyrighted material without legal permission, they may be found liable for civil or criminal copyright infringement. Civil penalties for federal copyright infringement range from $750 per song to $150,000 in damages for each willful act. Criminal penalties can run up to five years in prison and $250,000 in fines. The University cannot protect students from a copyright complaint. The University also may be required by law to disclose information to a complainant for use in pursuing legal action. The process for handling Digital Millennium Copyright Act notices received by the University is outlined in the DMCA policy. The penalties for violation of copyright law can range from university sanctions to civil and criminal prosecution. Students are not protected from financial penalty just because they received material at no cost or are distributing material with no charge. Students’ only protection is not to possess or distribute any unlicensed copyrighted material. There are many web sites that provide legal online music, movies, and other content. Refer to the “Keep It Legal” page for a list of services that comply with the DMCA.

**Peer-to-peer Software**

Peer-to-peer applications such as BitTorrent, BearShare, Limewire, Morpheus, iMesh and KaZaA make it easy to share files, and there are legitimate uses for this class of software. However, please keep the following guidelines in mind.

- **Network Bandwidth**
  Most P2P applications are configured so other users can access a hard drive and share files all the time. This constant file transfer can degrade a computer’s performance and generate heavy traffic loads on the university network. P2P applications can consume a weekly allocation very quickly. The university’s network bandwidth consumption is monitored. If a user’s usage impacts the overall performance of the network, the user’s computer may be blocked. If a user uses a P2P application to share content legally, s/he should know how to control or disable the application.
• **Privacy**
When running a P2P application, users may be inadvertently sharing personal information, such as email messages or credit card information. The user needs to know which files and data the application is sharing. Users should know how to control or disable the P2P application to ensure that users are not inadvertently sharing personal information.

• **Security**
Viruses are easily spread using P2P applications. Many P2P applications include "malware" in the download, so they may infect a computer. To protect computers, keep anti-virus programs up-to-date and only install programs acquired from reputable sources. Anti-virus software can be downloaded on the UTRGV Downloads site.

• **Resource Use**
Some P2P applications use computers as a computational or storage resource for another organization’s use. This may not be an acceptable use of state-owned resources such as the university network or university-owned computers. Do not permit any such use of a system without the consent of the University. For assistance, please contact the Information Security Office at ciso@utrgv.edu.

• **University Policy and Assistance**
By running a P2P application, users may be consuming excessive network bandwidth and/or violating copyright law, both of which are violations of the University’s Rules for Acceptable use of Information Technology. Users may also be sharing confidential information and/or making a computer insecure.

For questions about P2P applications, please call the IT Help Desk at 956-665-2020 or send an email to the IT Help Desk.

7.5 **Gang-Free Zones**
Premises owned, rented, or leased by the University, and areas within 1,000 feet of the premises, are “gang-free” zones. Certain criminal offenses, including those involving gang-related crimes, will be enhanced to the next highest category of offense if committed in a gang-free zone by an individual 17 years or older. See Texas Penal Code, Section 71.028.

7.6 **Solicitation on Campus**
The University’s policy on solicitation is outlined in the *UTRGV Handbook of Operating Procedures – Solicitation on Campus* (http://www.utrgv.edu/hop/policies/adm-10-104.pdf). Please refer to the policy for a list of permissible activities.

7.7 **Housing and Residence Life**
The Office of Housing and Residence Life provides convenient and affordable housing to students attending the University, including those enrolled in the SOM. Living on campus is a great way for students to get save time commuting, collaborate with peers in group settings and common learning spaces, and be involved. Housing and Residence Life offers shared suites in Troxel Hall designed to meet students’ needs and provides an environment that supports academic growth and community respect by offering opportunities for leadership, involvement, and connections for residents that live on campus. Students living on campus also are able to participate in social and educational events hosted by the Residence Life staff. Students who live on campus have a meal plan that provides meals at the University Dining Hall or other on-campus venues through the use of Dining Dollars.

Scholarships, grants, and loans are available through the Financial Aid department to assist with students’ housing costs. The office offers affordable pricing and payment plans with no credit checks to meet students’ financial needs. Housing contracts work with the academic year and semesters so that students are only in housing while attending classes.
Steps to apply:

1. Visit my.utrgv.edu and log in with UTRGV Credentials.
2. Click on the Student Housing Icon which reroutes to the StarRez Housing Portal.
3. Click on the Application Link and select the appropriate term.
4. Have a credit card ready to pay online the $100 refundable deposit and $50 nonrefundable application fee to advance to contract page.
5. Complete all 15 sections and submit application.
6. Wait for email from home@utrgv.edu on room assignments and further instructions.

Students needing help with the Residence Life Application Portal, or those with disabilities who require assistance or special accommodations, should contact 956-665-3439 or email home@utrgv.edu. The Office of Housing and Residence Life is entitled to check all applicants' criminal history records and will notify the student if this information is used to deny them housing as per Texas Government Code, Section 411.0945. All policies and procedures related to the Office of Housing and Residence Life can be referenced in the Resident Handbook, downloadable from www.utrgv.edu/housing or students may pick up a copy at any housing office.

7.8 Sexual Assault

The University is committed to creating and maintaining a community in which students, faculty, and staff can work and study in an atmosphere free from all forms of harassment, exploitation, or intimidation. Every member of the university community should be aware that student harassment, including sexual assault, dating violence, domestic violence, or stalking, is prohibited by both federal and state law and by university policy. The University will take action to prevent, correct, and if necessary, discipline or prosecute behavior that violates this policy and the law. All forms of sexual assault, sexual harassment, dating violence, domestic violence, and stalking, and all attempts to commit such acts, are regarded as serious university offenses that will result in disciplinary action which may include, suspension, required withdrawal, expulsion, or termination.

The University is committed to assisting all victims and survivors of sexual harassment, including sexual violence. A member of the university community who wishes to file a complaint or who has information regarding a violation of university policy has various options regarding filing a report including contacting the Title IX Coordinator or University Police Department, or filing an anonymous report at www.utrgv.edu/ReportIt. Prosecution can also take place in accordance with Texas criminal law, independent of university actions.

Students, faculty, and staff are also encouraged to seek assistance through the Office for Victim Advocacy and Violence Prevention at 956-665-8287, OVAVP@utrgv.edu, or www.utrgv.edu/OVAVP. Services through advocates at OVAVP are confidential and advocates can assist in navigating campus and community reporting, available resources, and accommodations for victims/survivors.

A chart illustrating the reporting options and detailing the services available campus can be found on the website for the Title IX Office at www.utrgv.edu/Equity.

7.8.1 Title IX

Sexual harassment, including sexual assault, dating violence, domestic violence, and stalking can have serious effects on a student’s school performance, in addition to many other significant effects. Title IX provides that all students have the right to receive an education free from sex discrimination. The University will take immediate action to eliminate such crimes when they occur on campus, prevent recurrence, and address the effects of such crimes, regardless of where they occurred.

Students, faculty, and staff of the University, as well as family, friends, or bystanders, are encouraged to report suspected incidents of sexual harassment, including sexual assault, dating violence, domestic violence, or stalking to the university’s Title IX Coordinator – www.utrgv.edu/Equity. Any faculty or staff member who receives a report of one of these crimes, and who is not bound by professional confidentiality (advocates, counselors, and healthcare providers are confidential resources on campus), is required to report it to the Title IX Coordinator.
7.8.2 What to Do if You Have Been Sexually Assaulted or Have Experienced Sexual Harassment, Dating Violence, Domestic Violence, or Stalking

Students are strongly encouraged to report attempted or completed sexual assaults to the University Police Department (956-665-7151 or 956-882-3832). Reporting the incident does not mean that the victim/survivor must proceed with prosecution. Immediately following an attack, the victim/survivor should try to write down everything they remember about the incident, including the physical description of the suspect(s) and any further information about the identity or location of the suspect(s).

For students unsure about whether to call the police, confidential victim advocates are available 24/7 who can offer more information through campus (OVAVP – 956-665-8287 from 9:00 am – 6:00 pm and OVAVP@utrgv.edu after hours) and through community organizations (Mujeres Unidas in Hidalgo County: 956-630-4878 or 800-580-4879 for the 24-hour crisis hotline; Friendship of Women in Brownsville: 956-544-7412; and Family Crisis Center in Harlingen: 956-423-9305 or 866-423-9304 for the 24-hour hotline).

If a student has been sexually assaulted, they should be aware that Mission Regional Medical Center (956-323-1111) and McAllen Medical Center (956-632-4000) in Hidalgo County and Valley Baptist Medical Center (956-389-1100) in Harlingen have dedicated Sexual Assault Forensic Nurse Examiners available 24/7 in private, dedicated spaces to conduct rape exams. The University Police Department and OVAVP advocates can assist in transporting sexual assault victims for the exam and the hospital will not charge a victim or survivor. Performing such an exam does not obligate a victim or survivor to proceed with prosecution. Results are stored for two years should a victim or survivor wish to proceed with prosecution at a later date.

Notification of Law Enforcement

Victims of sexual assault or persons who have information regarding a sexual assault are strongly encouraged to report the incident to the University Police Department (956-665-7151 or 956-882-3832) immediately.

It is the policy of the University Police Department to conduct investigations of all sexual assault complaints with sensitivity, compassion, patience, and respect for the victim. Investigations are conducted in accordance with guidelines established by the Texas Penal Code, Code of Criminal Procedure and the Hidalgo County District Attorney’s Office and the Cameron County District Attorney’s office.

All information and reports of sexual assault are kept strictly confidential. In accordance with the Texas Code of Criminal Procedures Article 57, victims may use a pseudonym to protect their identity. A pseudonym is a set of initials or a fictitious name chosen by the victim to be used in all public files and records concerning the sexual assault. Victims of sexual assault are not required to file criminal charges or seek judicial actions through the university disciplinary process. However, victims are encouraged to report the assault in order to provide the victim with physical and emotional assistance. Students may also contact local law enforcement agencies. Members of the University Police Department, OVAVP advocates, and other university offices will assist the student in notifying the appropriate agency in the applicable jurisdiction.

Accommodations for Victims and Survivors

OVAVP advocates, the Dean of Students Office, and the SOM Office of Student Affairs can assist victims and survivors with issues including, but not limited to, class schedule changes, withdrawal procedures, or campus housing relocation. If another student had been accused, and the reporting student provides credible evidence that an accused student presents a continuing danger to person or property or poses an ongoing threat of disrupting the academic process, the Office of Student Rights and Responsibilities may take interim disciplinary action against the accused student, as appropriate.

Procedures for Campus Disciplinary Action

A student may also choose to report an assault to the Office of Student Rights and Responsibilities for disciplinary action regardless of whether or not the student has decided to press criminal charges. A student may also file a report of sexual assault against another student, or a faculty or staff member, by directly contacting the Associate Dean for Student Rights and Responsibilities, 956-665-5375 (UTRGV Edinburg Campus) or 956-882-5141 (UTRGV Brownsville Campus) or by www.utrgv.edu/ReportIt. Procedures for resolving complaints
regarding sexual assault, sexual harassment, dating violence, domestic violence, and stalking are detailed in the UTRGV Handbook of Operating Procedures. Both the accuser and the accused are entitled to the same opportunities to have others present during any disciplinary proceedings. Both the accuser and the accused will be informed of the outcome of any proceedings.

During any complaint proceeding, the University has a wide range of latitude when developing sanctions. Those sanctions may range from probation to expulsion.

**Sexual Harassment, Dating Violence, Domestic Violence, and Stalking**

More information and national hotlines are available for these crimes:

- Domestic Violence and Dating Violence: [www.thefloline.org](http://www.thefloline.org)
- OVAVP advocates are available to assist in directing victims and survivors to campus and community resources (956-665-8287, OVAVP@utrgv.edu, [www.utrgv.edu/OVAVP](http://www.utrgv.edu/OVAVP)).
- Victims and survivors of these crimes are strongly encouraged to contact the University Police Department (956-665-7151 or 956-882-3832) or the UTRGV Title IX Coordinator (956-665-2103).

**7.8.3 Education and Prevention Programs**

There are many campus resources that can help campus community members to understand, address, and prevent sexual assault, sexual harassment, dating violence, domestic violence, and stalking, including services from the following:

- **Student Rights and Responsibilities:** Multiple programs are offered focusing on how to be an active bystander, healthy relationships, what to do if a student is a victim of sexual assault and assault awareness throughout the year. More information can be obtained by calling 956-665-5375 (UTRGV Edinburg Campus) or 956-882-5141 (UTRGV Brownsville Campus). Student Rights and Responsibilities can also connect students with resources in the region.
- **The Office for Victim Advocacy and Violence Prevention:** provides proactive educational programs to raise awareness/reduce the likelihood of sexual assault of both women and men. In addition, OVAVP provides comprehensive services for victims of sexual assault including sexual assault advocates. OVAVP staff are available to provide specialized trainings, informational sessions, and talks. More information can be obtained by calling 956-665-8287, emailing OVAVP@utrgv.edu, or visiting [www.utrgv.edu/OVAVP](http://www.utrgv.edu/OVAVP).
- **University Police Department:** The University Police Department offers prevention programs and specialized talks for campus groups. More information can be obtained by visiting [www.utrgv.edu/police](http://www.utrgv.edu/police).
Sexual Violence:

To file a complaint of sexual violence, please contact the Title IX Coordinator. In addition, you may also contact:

University Police Department Emergency: 911
Non-Emergency:
Edinburg Campus – (956) 665-7151
Brownsville Campus – (956) 882-8232

Inquiries:
Inquiries about Title IX and UTRGV's compliance may also be directed to:
U.S. Department of Education – Office of Civil Rights 400 Maryland Ave. SW
Washington, DC 20202
Hotline: 1 (800) 421-3481
TDD#: 1 (800) 521-2172
APPENDICES

Appendix A) UTRGV SOM Technical Standards
UNIVERSITY OF TEXAS RIO GRANDE VALLEY SCHOOL OF MEDICINE TECHNICAL STANDARDS

Essential Abilities and Characteristics Required for Completion of the MD Degree

INTRODUCTION

The MD degree is a broad undifferentiated degree attesting to general knowledge in medicine and the basic skills required for the practice of medicine. Essential abilities and characteristics required for completion of the MD degree consist of certain minimum physical and cognitive abilities and sufficient mental and emotional stability to assure that candidates for admission, promotion, and graduation are able to complete the entire course of study and participate fully in all aspects of medical training. The School of Medicine intends for its graduates to become competent and compassionate physicians who are capable of entering residency training (graduate medical education) and meeting all requirements for medical licensure. The avowed intention of an individual student to practice only a narrow part of clinical medicine, or to pursue a non-clinical career, does not alter the requirement that all medical students take and achieve competence in the full curriculum required by the faculty. For purposes of this document and unless otherwise defined, the term "candidate" means candidates for admission to medical school as well as UTRGV medical students who are candidates for retention, promotion or graduation.

The School of Medicine has a societal responsibility to train competent healthcare providers and scientists who demonstrate critical judgment, extensive knowledge and well-honed technical skills. Although students learn and work under the supervision of the faculty, students interact with patients throughout their medical school education. Patient safety and wellbeing are therefore major factors in establishing requirements involving the physical, cognitive, and emotional abilities of candidates for admission, promotion, and graduation. The essential abilities and characteristics described herein are also referred to as technical standards. They are described below in several broad categories including: observation; communication; motor function; intellectual-conceptual, integrative, and quantitative abilities; and social and behavioral skills. Candidates must adhere to universal precaution measures and meet safety standards applicable to inpatient and outpatient settings and other professional activities. Individuals whose performance is impaired by use of alcohol or other substances are not suitable candidates for admission, retention, promotion or graduation.

Delineation of technical standards is required for the accreditation of U.S. medical schools by the Liaison Committee on Medical Education (LCME). The following abilities and characteristics are defined as technical standards, are requirements for admission, retention, promotion, and graduation. Candidates and current students who have questions regarding the technical standards or who believe they may need to request reasonable accommodation(s) in order to meet the standards are encouraged to contact Student Disability Services.

TECHNICAL STANDARDS

I. **Observation**: Candidates must be able to acquire information from demonstrations and participate in experiments of science, including but not limited to such things as dissection of cadavers; examination of specimens in anatomy, pathology, and neuroanatomy laboratories; and microscopic study of microorganisms and tissues in normal and pathologic states. Candidates must be able to accurately acquire information from patients and assess findings. They must be able to perform a complete physical examination in order to integrate findings based on this information and to develop an appropriate diagnostic and treatment plan. These skills require the use of vision, hearing, and touch or the functional equivalent.

II. **Communication**: Candidates must be able to communicate effectively and efficiently with patients, their families, health care personnel, colleagues, faculty, staff, and all other individuals with whom they come in contact. Candidates must be able to obtain a medical history in a timely fashion, interpret non-verbal aspects of communication, and establish therapeutic relationships with patients. Candidates must be able to record information accurately and clearly;
and communicate effectively and efficiently in English with other health care professionals in a variety of patient settings. **Motor Function**: Candidates must, after a reasonable period of training¹, possess the capacity to perform physical examinations and diagnostic maneuvers. They must be able to respond to clinical situations in a timely manner and provide general and emergency care. These activities require some physical mobility, coordination of both gross and fine motor neuromuscular function and balance and equilibrium.

### III. Intellectual-Conceptual, Integrative, and Quantitative Abilities

Candidates must be able to assimilate the detailed and complex information presented in the medical student curriculum. Candidates must have sufficient cognitive abilities and effective learning techniques to assimilate the increasingly complex information presented in the medical school curriculum. They must be able to learn through a variety of modalities including, but not limited to, classroom instruction; small group, team, and collaborative activities; individual study; preparation and presentation of reports; simulations and use of computer technology. Candidates must be able to memorize, measure, calculate, reason, analyze, synthesize, and transmit information across modalities. They must recognize and draw conclusions about three-dimensional spatial relationships and logical sequential relationships among events. They must be able to formulate and test hypotheses that enable effective and timely problem-solving in research and diagnostic algorithms and in diagnosis and treatment of patients in a variety of clinical settings and health care systems. Required cognitive abilities include rational thought, the ability to make analyses, including measurements and calculations, to reach rational conclusions, comprehension of visual-spatial and three-dimensional relationships, as well as ethical and clinical reasoning.

### IV. Behavioral and Social Attributes

Candidates must demonstrate the maturity and emotional stability required for full use of their intellectual abilities. Candidates must possess the emotional health required for full utilization of all intellectual abilities, exercising good judgment, prompt completion of responsibilities, and developing mature, sensitive, and effective relationships with patients and their family members, staff, and colleagues. They must possess sufficient emotional health to withstand stress, the uncertainties inherent in patient care, and the rigors intrinsic to the study and practice of medicine. Candidates must be able to tolerate physically taxing workloads, to function effectively under stress, and to display flexibility and adaptability to changing environments. They must accept responsibility for learning, exercising good judgment, and promptly complete all responsibilities attendant to their curriculum and to the diagnosis and care of patients. Candidates must display characteristics of integrity, honesty, attendance and conscientiousness, empathy, a sense of altruism, and a spirit of cooperation and teamwork. They must understand the legal and ethical aspects of the practice of medicine and function within both the law and ethical standards of the medical profession. Candidates must be able to interact with patients and their families, health care personnel, colleagues, faculty, staff, and all other individuals with whom they come in contact in a courteous, professional, and respectful manner. The candidate for the MD degree must accept responsibility for learning, and exercise good judgment. Candidates must be able to contribute to collaborative, constructive learning environments; accept constructive feedback from others; and take personal responsibility for making appropriate positive changes. Candidates must have the physical and emotional stamina and resilience to tolerate physically taxing workloads and function in a competent and professional manner under highly stressful situations, adapt to changing environments, display flexibility, and manage the uncertainty inherent in the care of patients and the health care.

### V. Professionalism

Candidates must exercise good judgment, communicate in a clear and timely way with others, and promptly complete all responsibilities attendant to the study of medicine and to the care of patients. They must be capable of regular, reliable, and punctual attendance at learning activities and perform their clinical responsibilities in an equally dependable fashion. They must understand the legal and ethical aspects of the practice of medicine and function within the law and adhere to the ethical standards of the medical profession. Core attributes of professionalism defined by the faculty of UTRGV School of Medicine include altruism, honesty and integrity, respect for others, empathy and compassion, responsibility, and dependability.

At the time an applicant accepts an offer to matriculate, s/he is required to attest that s/he can meet the UTRGV School of Medicine Technical Standards either with, or without, reasonable accommodations. Additionally, enrolled students must attest, annually, that they continue to meet the UTRGV School of Medicine Technical Standards either with, or without, reasonable accommodation.
ABILITY TO MEET THE SCHOOL OF MEDICINE’S TECHNICAL STANDARDS
The School of Medicine intends for its students and graduates to become competent and compassionate physicians through an undifferentiated medical degree and who are capable of entering residency training (graduate medical education) while meeting all requirements for medical licensure. Criminal background checks may be conducted as part of the process of admission, participation, promotion, and/or graduation.

EQUAL ACCESS TO THE SCHOOL OF MEDICINE’S EDUCATIONAL PROGRAM
The University of Texas Rio Grande Valley School Of Medicine has a proud history of training physicians with disabilities and provides reasonable accommodations\(^2\) for all qualified individuals with disabilities who apply for admission to the MD degree program and who are enrolled as medical students. Otherwise qualified individuals will not be excluded from admission or participation in the School of Medicine's educational programs and activities based solely on their status as a person with a disability.

Should, despite reasonable accommodation (whether the candidate chooses to use the accommodation or not), a candidate or student’s existing or acquired disability interfere with patient or peer safety, or otherwise impede the ability to complete UTRGV SOM’s undifferentiated MD program and advance to graduation, residency, training, or licensure, the candidate may be denied admission or may be separated, discontinued, or dismissed from the program.

It is the responsibility of a candidate with a disability, or a candidate who develops a disability, who requires accommodations in order to meet these technical standards, to self-disclose to Student Accessibility Services\(^3\) and request accommodations. Candidates must provide documentation of the disability and the specific functional limitations during the registration process with the Student Accessibility Services. Candidates who fail to register with Student Accessibility Services or who fail to provide necessary documentation shall not be considered to be claiming or receiving accommodations under the federal or state disability laws. Students are held to their performance, with or without accommodation. No candidate will be assumed to have a disability based on poor performance alone. Accommodations are not applied retroactively, and a disability-related explanation will not negate poor performance.

While the Dean’s Office works in consultation with Student Accessibility Services to determine and coordinate approved accommodations, disability documentation remains confidential.

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\(^1\)Reasonable period of training is defined as an introductory period of exposure to these skills in order to acclimate in the clinical environment. This period of time is usually met before clinical immersion.

\(^2\)A reasonable accommodation is one that does not fundamentally alter a program’s structure or lower academic standards.

\(^3\)Questions regarding accommodations should be directed to the office of Student Accessibility Services at: ability@utrgv.edu.
Appendix B) Medical Students’ Code of Professional Conduct

Preamble
The University of Texas Rio Grande Valley School of Medicine’s Honor Code requires that medical students live honestly, advance on individual merit, and demonstrate respect for others. The SOM subscribes to the highest Code of Professional Conduct. Our aim is professional behavior beyond reproach. In particular, we subscribe to the following points of conduct.

Code
A. I will promote and maintain an honest and effective learning environment. I will:
   • Do my part to ensure that the environment promotes acquisition of knowledge and mastery of skills;
   • Not tolerate harassment, flagrant disruption of the learning process, demeaning language or visual aids, disrespectful behavior, or lack of respect for life and living things;
   • Exhibit the highest Code of Professional Conduct, honesty, and professionalism;
   • Identify and report those who exhibit academic or professional misconduct; and
   • Appreciate each individual as a person of value and help maintain dignity during the learning process.

B. I will place primary emphasis on the health and welfare of patients. I will:
   • Attain and maintain the most current knowledge in the healing arts and the skill to apply that knowledge,
   • Display respect and compassion for each patient,
   • Foster and preserve the trust that exists between professional and patient,
   • Respect and maintain the confidentiality of the patient, and
   • Let no patient in whose care I participate suffer physically or emotionally as a consequence of unprofessional behavior by myself or others.

C. I will conduct myself at all times in a professional manner. I will:
   • Exhibit honesty, openness, and evenhandedness in dealing with others;
   • Maintain my personal hygiene and appearance in such a way that it does not interfere with my ability to communicate with patients, colleagues, or community;
   • Not engage in language or behavior which is disrespectful, abusive, or insulting;
   • Take responsibility for my actions, acknowledge my limitations, and ask for assistance when needed;
   • Assure the welfare of others is not compromised as a result of my inadequacy or impairment;
   • Not be deceitful or self-serving;
   • Achieve satisfactory balance in personal, community, and professional activities;
   • Not allow personal conflicts to interfere with objectivity in relationships with colleagues or patients;
   • Accommodate a fellow professional’s request for my knowledge and expertise;
   • Refrain from the manifestation of bias, including sexual, marital, racial, ethnic, or cultural harassment;
   • Support my fellow professionals if they should falter; and
   • Identify colleagues whose ability to provide care is impaired, support them as they seek rehabilitation, and help them to reintegrate into the medical community.
## Appendix C) University of Texas Rio Grande Valley School of Medicine Educational Program Objectives

<table>
<thead>
<tr>
<th>(A) Altruism</th>
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<tbody>
<tr>
<td><strong>A1</strong></td>
<td>A1 ALTRUISM I. Practice with accountability, quality, and reliability in work with patients, families, communities, and other interprofessional healthcare providers.</td>
</tr>
<tr>
<td><strong>A1A</strong></td>
<td>A1A. Demonstrate understanding of and adhere to the highest standard of ethics, pertaining to the provision or withholding of care, confidentiality, informed consent, and the prevention and handling of medical errors.</td>
</tr>
<tr>
<td><strong>A1B</strong></td>
<td>A1B. Demonstrate understanding of and adhere to professional and institutional standards and business practices, including compliance with relevant laws, policies, and regulations for personal, patient and public safety.</td>
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<tr>
<td><strong>A1C</strong></td>
<td>A1C. Demonstrate understanding of and adhere to principles pertaining to ethical research and conflicts of interest.</td>
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<tr>
<td><strong>A1D</strong></td>
<td>A1D. Apply social-behavioral principles to provision of patient care including care compliance, access to care, patient advocacy, and psychosocial, spiritual, attitudinal, and cultural influences on health.</td>
</tr>
<tr>
<td><strong>A2</strong></td>
<td>A2 ALTRUISM II. Practice with respect for human dignity and integrity in work with patients, families, communities, and other interprofessional health care providers.</td>
</tr>
<tr>
<td><strong>A2A</strong></td>
<td>A2A. Demonstrate understanding of and ability to develop doctor-patient, doctor-team, and doctor-community relationships that evidence sensitivity and responsiveness to culture, age, race/ethnicity, gender, socioeconomic status, sexual orientation, spirituality, disabilities, military service, and other dimensions of identity and diversity.</td>
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<tr>
<td><strong>A3</strong></td>
<td>A3 ALTRUISM III. Practice compassionate patient-centered care.</td>
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<tr>
<td><strong>A3A</strong></td>
<td>A3A. Demonstrate an ability to apply medical knowledge, skills, and clinical evidence with attention to individual patients’ perspectives, needs, values, and comfort.</td>
</tr>
<tr>
<td><strong>A3B</strong></td>
<td>A3B. Recognize the medical, economic and socio-economic, psycho-social, cultural, spiritual and religious determinants of health, and the need for interpretive or adaptive services, seek conceptual context of illness, approach the patient holistically and demonstrate active listening skills. Apply this knowledge and these skills to advocate for patients and communities.</td>
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<tr>
<td><strong>A3C</strong></td>
<td>A3C. Counsel, educate and empower patients, families and communities to model self-care, reduction of health disparities, and improvement of health through disease prevention.</td>
</tr>
<tr>
<td><strong>A3D</strong></td>
<td>A3D. Coordinate follow-up care and transitions of care with attention to the patient's safety, health literacy, support system, and financial circumstances.</td>
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</tbody>
</table>
### A4 ALTRUISM IV. Demonstrate knowledge of regional and global community factors and population health that influence individual, community, and public health. Progressively increase perspective and experience through technology and service-learning activities. Special attention should be paid to bi-national border care and culture.

A4A. Apply knowledge about behavioral, socioeconomic, and cultural dynamics and the principles of evidence-based practice to quality improvement, transitions of care, patient advocacy, and interprofessional team-based patient care on an individual, community, population, and global scale.

A4B. Assess challenges to providing high quality healthcare for members of vulnerable groups and articulate the role of physicians and others, including promotors, in working to eliminate barriers.

A4C. Advocate for individual patients and communities that have limited or no access to quality healthcare.

A4D. Collaborate with community leaders to promote the health and welfare of a community group by identifying needs and assets relevant to the delivery of quality, sustainable health service.

A4E. Articulate the cultural and ethical implications of research and knowledge generation.

### (K) Knowledge

#### K1 KNOWLEDGE I. Core Medical Knowledge: Demonstrate developing mastery of clinically relevant scientific knowledge of the structure and function of the body, mechanisms of disease, therapeutic interventions, disease prevention, health promotion, health disparities and cultural issues.

K1A. Demonstrate clinically relevant knowledge of the structure and function of the body at the molecular, cellular, organ, and system levels.

K1B. Demonstrate knowledge of the mechanisms that maintain and disrupt homeostasis.

K1C. Explain the mechanisms (genetic, developmental, metabolic, toxic, microbiologic, autoimmune, neoplastic, degenerative, and traumatic) of mental and physical illness.

K1D. Demonstrate knowledge of how illness and injury affect function and quality-of-life.

K1E. Recognize the clinical and laboratory manifestations of illness.

K1F. Demonstrate knowledge of pharmacology and other therapeutic modalities.

K1G. Demonstrate knowledge of how epidemiology and biostatistics can be utilized in primary, secondary, and tertiary prevention of illness for individuals, communities, and populations.

#### K2 KNOWLEDGE II. Applied Knowledge: Demonstrate developing ability to support clinical reasoning with scientific knowledge in order to solve problems and prevent/diagnose/manage illness according to evidence-based principles and apply these to populations.
| K2A | K2A. Apply knowledge of indications, cost, contraindications, and complications to select, justify and interpret diagnostic clinical tests and imaging. |
| K2B | K2B. Apply knowledge to diagnose and explain clinical problems. |
| K2C | K2C. Apply knowledge to select preventive, curative, and/or palliative therapeutic strategies for the management of clinical conditions. |
| K2D | K2D. Apply knowledge of health disparities as well as principles of disease prevention and intervention to identify culturally appropriate strategies to improve the health of individuals, communities, and populations. |
| K3 | K3 KNOWLEDGE III. Evaluation and Production: Demonstrate ability to identify knowledge gaps, efficiently acquire and utilize appropriate information sources to answer questions/resolve problems, and critically evaluate information and data. |
| K3A | K3A. Identify clinical questions as they emerge in patient or community care activities and identify and apply relevant evidence to answer those questions. |
| K3B | K3B. Critically reflect on one’s own or one’s team’s performance to identify strengths and challenges, set learning and improvement goals, and engage in appropriate research and/or learning activities to meet those goals. |
| K3C | K3C. Use information technology to access digital/online medical information, manage information, and assimilate evidence from scientific studies in culturally appropriate patient care. |
| K3D | K3D. Appraise and assimilate scientific evidence from the literature and apply it to clinical decision-making for individual patients. |
| K3E | K3E. Contribute to the development, application and translation of new medical knowledge through scholarly inquiry, research, discovery and dissemination. Understand that all physicians can contribute to new medical knowledge. |
| K3F | K3F. Articulate the implications of health disparities and culture in public health and disease diagnosis. |
| Skills | |
| S1 | S1 SKILLS I. Patient Care: Demonstrate ability to draw upon essential information from the records, history, physical exam, and initial diagnostic evaluations to construct a plan of care or action for common conditions and disorders. |
| S1A | S1A. Communicate effectively with patients, families, communities and members of the interprofessional health care team, as appropriate, across a broad range of socioeconomic and cultural backgrounds. |
| S1B | S1B. Utilize appropriate and effective evidence-based techniques to perform purposeful comprehensive and problem-focused patient-centered physical exams integrating abnormal physical exam findings with relevant information from previous records, the history, and initial diagnostic evaluations. |
| S1C | S1C. Utilize appropriate techniques to prepare for and perform basic clinical procedures, knowing the indications, contraindications, costs, and potential adverse outcomes and complications for each of the identified procedures. |
| S1D | S1D. Demonstrate an understanding of the safe, effective, evidence-based use of the top 100 most frequently prescribed medications in the management of a common condition or disorder. |
| S1E | S1E. Recommend, provide rationale for, and interpret the results of first line diagnostic tests to diagnose and manage common disorders or as a part of routine health maintenance. Understand the implications and urgency of an abnormal result and seek assistance for interpretation as needed. |
| S1F | S1F. Utilize appropriate information and critical decision-making skills to identify and continually update a differential diagnosis, knowing when an immediate clinical response is required. |
| S1G | S1G. Explain and document the clinical reasoning that led to the working diagnosis and clearly communicate it to all members of the interprofessional health care team. |
| S1H | S1H. Manage ambiguity in a differential diagnosis for self and patient and respond openly to questions and challenges from patients and other members of the interprofessional health care team. |
| S1I | S2. Construct a plan of care or action for common conditions and disorders based on essential information from the records, history, physical exam, and initial diagnostic evaluations. |
| S1J | S1J. Demonstrate an understanding of indications requiring hospital management and ensure adequate attention to transitions of care. |
| S1K | S1K. Provide appropriate guidance for interprofessional home management of conditions or disorders. |
| S1L | S1L. Utilize interprofessional teams and evidence-based information to provide appropriate referrals and counseling on therapeutic lifestyle changes. |
| S1M | S1M. Demonstrate awareness of commonly used integrative medicine (complementary and alternative) modalities. |
| S1N | S1N. Recognize the various manifestations of pain and applies the principles of managing total pain (physical, psychological, spiritual, and social) taking a patient-centered and interprofessional approach that considers personal and cultural variation. |
| S2 | S2. SKILLS II. Communication: Demonstrate progressive mastery of the ability to communicate respectfully, effectively, at the appropriate level of health literacy, and in a timely manner with patients, families, community members, and other health professionals. |
| S2A | S2A. Communicate effectively with patients, families, communities, and members of the interprofessional health care team, as appropriate, across a broad range of socioeconomic and cultural backgrounds. |
| S2B | S2B. Demonstrate ability to write safe and appropriate orders and prescriptions in a variety of modes, settings, and systems (e.g., inpatient, ambulatory, urgent, or emergent care). |
| S2C | S2C. Maintain comprehensive, timely and legible records. |
| S2D | S2D. Summarize a clinical encounter to one or more members of the health care team (including patients and families) in order to achieve shared understanding of the patient’s current condition. |
| S2E | S2E. Demonstrate ability to ensure continuity of care throughout transitions between providers or settings including referral, following up on patient progress, and outcomes assessment. |
| S2F | S2F. Demonstrate sensitivity, honesty, and compassion in difficult conversations (e.g., about issues such as death, end-of-life, adverse events, bad news, disclosure of errors, sexual health and other issues.) |
| S2G | S2G. Demonstrate commitment to shared decision-making and empowerment of patients and their families via team-based collaborative care and patient-centered counseling and education. |
| S2H | S2H. Appropriately utilize social media and other forms of technology so as to maintain boundaries and professionalism, in both personal and professional life. |
| S2I | S2I. Engage interprofessional health services and understand the role they might play in the management of common conditions or disorders. |
| S3 | S3. SKILLS III. Interprofessional and Systems-Base Medicine: Prioritize the practice of team-based interprofessional medicine so as to provide safe, timely, effective, efficient, equitable, patient-centered, population-based care. |
| S3A | S3A. Establish and maintain a climate of mutual respect, dignity, integrity, inclusiveness and trust with all team members. |
| S3B | S3B. Use knowledge of one's own roles and personal limits as an individual provider and engage with the other members of the team to optimize culturally appropriate health care delivery and advocate for patients. |
| S4 | S4 SKILLS IV. Incorporate contextual awareness of the larger health care systems, settings, and resources to provide optimal health care and advocate for patients. |
| S4A | S4A. Incorporate principles of cost-effectiveness and pre-test/post-test probability in patient and population-based care. |
| S4B | S4B. Participate in the identification of system errors and the implementation of potential solutions. |
| S4C | S4C. Apply principles of quality and safety to the management and care of patients, communities, and populations, utilizing quality and safety measures to assess outcomes. |
| S5 | S5 SKILLS V. Demonstrate a progressive ability to use evidence-based approaches to determine the best mode of treatment for a patient. |
| S5A | S5A. Develop well-formed, focused, pertinent clinical questions based on clinical scenarios or real-time patient care. |
| S5B | S5B. Identify and appraise the sources and content of medical information using accepted criteria. |
| S5C | S5C. Apply the primary findings of the learner's information search to an individual patient, population, community, or panel of patients. |
| S5D | S5D. Communicate one's findings to the health care team (including the patient/family). |
| 5E | 5E. Effectively reflect on the process of healthcare, decision-making, and critical thinking, and make a lifelong commitment to quality improvement in healthcare. |
Appendix D) Process Map for Reasonable Accommodation

Does the verified disability substantially limit a major life activity that affects the student in the university?

NO → No accommodations are necessary

YES → SAS official will work with the student to identify the non-academic needs and desired accommodations, then contact the relevant campus offices to discuss how the requested accommodations may be implemented.

Does the disability affect the student in the academic setting?

NO → UNSURE

YES → SAS official can approve the accommodation(s) and work with the student and relevant facility to implement them.

Is the student requesting "standard" accommodations that don’t fundamentally alter the academic program?

YES → SAS official consults with program faculty to determine what, if any, reasonable accommodations can be implemented.

NO → UNSURE

Ask the program whether the requested accommodations would consist of a fundamental alteration. Is it?

NO → 1. Would the proposed accommodation result in a failure to meet any Technical Standard of the program?

NO → 2. Would the accommodation legitimately jeopardize patient safety?

NO → 3. Would the proposed accommodation fundamentally alter the educational program, such as improperly excuse the student from demonstrating the requisite skills to complete the program or result in the improper waiver of a core requirement of a program?

YES → The accommodation is not reasonable. Can an alternate accommodation be considered?

YES → The student is not a "qualified student with a disability."

NO → 4. Would the proposed accommodation cause an undue burden on the school?

NO → The accommodation is not reasonable.
Appendix E) Excused Absence Request Form

**UTRGV**
**UT Health Rio Grande Valley**
**School of Medicine**

### Excused Absence Form

**Student Name:** ____________________________  **Year:** 1  2  3  4  **UTRGV ID#:** _________

**Module/Course/Clerkship:** ____________________________  **Block # (if applicable):** _________

**Leave Begin Date:** __________  **Leave End Date:** __________  **#of Days:** __________

Please complete the reason and rationale below, obtain all signatures, and return to the Office of Student Affairs.

<table>
<thead>
<tr>
<th>Please choose reason</th>
<th>Please provide explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Medical</td>
<td></td>
</tr>
<tr>
<td>[ ] Educational</td>
<td>(Professional scholarly approved activity)</td>
</tr>
<tr>
<td>[ ] Bereavement</td>
<td></td>
</tr>
<tr>
<td>[ ] Religious</td>
<td>Observance</td>
</tr>
<tr>
<td>[ ] Military</td>
<td></td>
</tr>
<tr>
<td>[x] Step 2 CK/CS*</td>
<td>*Students are allowed up to 3 additional absences for testing with documentation.</td>
</tr>
<tr>
<td>[ ] Interview**</td>
<td>**Students are allowed up to 3 additional absences for residency interviews during a selective or elective.</td>
</tr>
<tr>
<td>[ ] Emergency</td>
<td>(submit upon return)</td>
</tr>
</tbody>
</table>

**Student’s Signature:** ____________________________  **Date:** __________  [ ] Approved  [ ] Denied

**Module/Course Director Signature:** ____________________________  **Date:** __________  [ ] Approved  [ ] Denied

**Asst. Dean for Medical Education Pre-Clerkship/Clerkship Signature:** ____________________________  **Date:** __________  [ ] Approved  [ ] Denied

For Office of Student Affairs use only:

**Recipient Initials:** __________  **Date Received from student in office:** __________  
[ ] Approved  [ ] Denied  
**Denied Rationale:** ____________________________

[ ] Notified Module/Course Directors  **Initials:** __________  **Date:** __________
[ ] Notified student of final decision  **Initials:** __________  **Date:** __________
[ ] Entered into Progress IQ  **Initials:** __________  **Date:** __________
Appendix F) Change of Exam Date Student Request Form

This is the official form for students to request a change in the date to sit for a UTRGV SOM exam. Except in special circumstances, all requests must be completed in full and submitted to the Assistant Dean of Assessment, Evaluation, and Quality Improvement a minimum of four weeks in advance of the scheduled exam date. In addition, students requesting a change in the date to sit for an exam must also notify the Module Co-Director(s) of the module or the Clerkship Director for which the request is being made and the Assistant Dean for Pre-Clerkship or the Assistant Dean for Clerkships.

Student Name: ___________________________ Today's Date: __________

(MO/DD/yr)

Module: ___________________________ Scheduled Date of Exam: __________

(MO/DD/yr)

Type of Exam: □ Mid-Module □ End-of-Module □ CBSE

□ Clerkship Shelf Exam (Specify) ___________________________

□ Course/Elective/Selective Exam (Specify) ___________________________

□ Other: (Specify) ___________________________

Please provide a detailed explanation as to why you are requesting a change of date for this exam:

______________________________________________________________________________

______________________________________________________________________________

If requesting to sit for the exam in advance of the scheduled exam date, students are required to sign the attached confidentiality statement and return it with the Student Request Form.

Students requesting to sit for an exam after the scheduled exam date may have to take a different make-up exam at a later date as determined by the Assistant Dean for Assessment, Evaluation, and Quality Improvement in consultation with the Assistant Dean for Pre-Clerkship/Clerkship and the Module, Clerkship, or Course Director.

□ I am requesting to take the exam in advance of the scheduled exam date.

□ I am requesting to take the exam after the scheduled exam date.

______________________________________________________________________________

Student Signature ___________________________ Student Name Printed ___________________________

Students can expect an official response to requests within five business days of receipt.
# Academic Integrity Violation Sanctioning Guidelines

<table>
<thead>
<tr>
<th>Academic Integrity Violation</th>
<th>Sanctions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic integrity violations are categorized into four levels, provided here with a list of behaviors and examples.</td>
<td>The list of sanctions here are likely in the average situation; however, our trained staff does exercise professional judgment and consider context when ultimately deciding on the most appropriate sanctions.</td>
</tr>
</tbody>
</table>

## Category One Violations

Policy violations are characterized as Level One when it is reasonable to conclude that the student’s behavior was a result of inexperience with academic integrity principles and policies (e.g., a first quarter student) and when the violation was minor or occurred on an assignment that was worth a small portion of the student’s course grade. For example, but not only:
- Scholarly negligence — an incorrectly executed citation in an otherwise properly cited paper
- Copying one answer on a small homework assignment
- Engaging in collaboration on an assignment even when the rules weren’t clear

Students are likely to:
- Receive an official warning
- Be required to complete an educational online workshop
- Write a reflection paper
- Reduction of grade for assignment by one letter grade
- Be mandated to attend an Academic Integrity Seminar or some other educational workshop

## Category Two Violations

Policy violations are characterized as Level Two when the actions are dishonest in character and/or impact a more significant amount of the assignment or course grade. For example, but not only:
- Copying homework, assignment or labs from others
- Collaborating with others on an independent assignment when guidelines explicitly forbid it
- Submitting a portion of the same material in more than one course without prior authorization
- Possession of unauthorized materials for assignments
- Providing another student with one’s own assignment, paper, exam or quiz
- Signing in another student for class attendance/participation marks
- Making lab data available to a student who did not attend the lab
- Plagiarism: limited copyright and posting from secondary sources without citation
- Possession or provision of unauthorized aids (e.g., cheat sheets, cell phone, class notes) when it cannot be determined if used
- "Passing" copying of one answer from another student during an exam or quiz
- Allowing another student to copy (limited) during an exam

Students are likely to:
- Be placed on disciplinary probation
- Be mandated to attend an Academic Integrity Seminar or some other educational workshop
- Write a reflection paper
- Reduction of grade for assignment/course
- Other sanction as deemed appropriate under the circumstances
Category Three Violations

Policy violations are characterized as Level Three when the actions are more flagrantly dishonest in character and/or impact a major or essential portion of the course work and/or involves planning and deliberation.

For example, but not only:
- Copying a significant portion of or an entire assignment
- Splitting up independent assignments with others and using parts from each other
- Providing another student with an assignment/homework when provision was explicitly prohibited by course or university policies
- Submitting substantially (e.g., a larger percentage of the paper/assignment) the same material in more than one course without prior authorization
- Plagiarism: extensive copying and pasting from secondary sources without attribution
- Possession and use of unauthorized aid during a test or assignment
- Extensive copying during an exam or quiz
- Allowing another student to extensively copy during an exam or quiz
- Altering a grade exam or test for re-grade
- Fabricating a citation in a paper
- Fabricating data for a lab or research paper
- Presenting a false excuse to miss an assignment, test/exam, class, etc. or to receive unfair accommodation

Sanctions

Students are likely to:
- Be suspended for at least a semester
- Be placed on disciplinary probation
- Be mandated to attend an Academic Integrity Seminar or some other educational workshop
- Write a reflection paper
- Reduction of course grade with option that grade cannot be replaced by retaking class
- Failing grade or reduction of course grade
- Other sanction as deemed appropriate under the circumstance

Category Four Violations

Policy violations are characterized as Level Four when the actions are flagrantly dishonest and serious breaches of professional and personal integrity.

For example, but not only:
- Any second violation of the Policy, especially after a student has already been suspended
- Any level of violation committed by a graduate student
- Taking an exam for another person (or vice versa)
- Stealing or fraudulently obtaining answers, or an advance copy of an exam
- Changing/helping to change any record assignment/course grade on instructor or university record
- Submitting an entire paper or assignment written by another person
- Replacing the name on another’s assignment and handling it as one’s own
- Forging documentation, e.g., medical or government document
- Selling or distributing previously administered/taken exams, papers, and other assignments

Sanctions

Students are likely to:
- Suspended for at least 1 year
- Expulsion, permanent separation from institution
- Be placed on disciplinary probation
- Reduction of course grade with option that grade cannot be replaced by retaking class
- Failing grade with option that grade cannot be replaced by retaking class
- Be mandated to attend an Academic Integrity Seminar or some other educational workshop
- Write a reflective paper
- Denial of degree
- Bar against readmission
- Revocation of degree and withdrawal of diploma
- Other sanction as deemed appropriate under the circumstance