Podiatric Medicine Student Academic Records Policy

Policy Number:DPM001
Policy Title: Podiatric Medicine Student Academic Records Policy

A. Purpose

The purpose of this policy is to provide clear guidelines for how students can access their academic records.

B. Persons Affected

This policy will cover the students participating in the UTRGV SOPM curriculum.

C. Implementation Date

This policy is effective with the UTRGV SOPM inaugural class, the Class of 2026, and will remain in effect for future classes unless otherwise amended.

D. Policy

UTRGV SOPM adheres to the UT System Board of Regents board-of-regents/rulesferpa

The academic record reflects the total, unabridged academic history of a student at the SOPM. All courses will be recorded in the academic period in which the course was taken and graded.

Records

Students may obtain their records using ASSIST. You can login to my.utrgv with your 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.

Requesting an Official Transcript

Current and former UTRGV SOPM students requiring their official academic record may request a transcript from U Central. Students can also request their transcript using our online ordering service. Students must be free of financial debt with the institution in order to have an official transcript released. Request must be made in writing and include the student's signature in order for transcripts to be released to another party. Requests are only accepted using our online ordering option. If you are not able to access our online ordering system, please email us at transcripts@utrgv.edu.

Online: Complete an online transcript-request
Pre-Clerkship Attendance Policy

Policy Number: DPM002
Policy Title: Pre-Clerkship Attendance Policy

A. Purpose

The purpose of this policy is to provide guidance for attendance during Pre-Clerkship PMS Years 1 & 2. These guidelines comply with both University of Texas Rio Grande Valley (UTRGV) School of Podiatric Medicine and Council on Podiatric Medical Education (CPME).

B. Persons Affected

This policy applies to all students participating in UTRGV School of Podiatric Medicine Pre-Clerkship PMS YEAR 1-2.

C. Implementation Date

This policy is effective with the Class of 2026 and will remain in effect unless otherwise amended.

D. Policy

Year 1 & 2 Podiatric Medicine students are expected to attend and fully participate in all required educational activities. Required educational activities include:

Curricular Onboarding & Orientation
Introduction to Medicine course
Problem-Based Learning sessions and Case Wrap-ups
Interprofessional Education sessions
Clinical Skills sessions
Flipped Classroom sessions
Patient Panels and Guest Lecturers
Laboratory sessions
Quiz, Mid-module, and Final Examination periods
Accreditation mandated trainings (Financial Aid, Assessment & Evaluation, etc.)

NOTE: Attendance to lectures during MS years 1 and 2 is not required but is highly recommended and encouraged.

Educational Activities

Module Directors will uphold attendance and punctuality requirements for all required educational activities. It is the student's responsibility to be knowledgeable of required activities during each course in order to remain in compliance. Planned required educational activities for each module are found in course calendars, syllabi, or on module Blackboard sites.
Tardiness and Unexcused Absences

Students must arrive on time to all required educational activities. Tardiness is defined as arriving five (5) minutes past the scheduled start time of the activity. All instances of tardiness will be recorded. Students who experience an unforeseen event causing tardiness must immediately contact the Module Director and if late to a PBL session, the PBL facilitator should be notified as well. Excessive tardiness, two (2) or more times to a required educational activity, will be recorded as an unexcused absence.

Unexcused absences will not be tolerated and will result in disciplinary action, which may include failure in professionalism and a requirement to repeat a module. Module Leads and Module Assistant Leads are under no obligation to provide students with make-up activities due to unexcused absences:

If one unexcused absence occurs, the student will be immediately reported to the Module Lead or Module Assistant Lead who will complete an Early Concern Note in which the student will be referred to the Office of Student Affairs.

If a second unexcused absence occurs within the same module, the student will be reported immediately to the Module Lead or Module Assistant Lead who will complete a Professionalism Concern write up to the Office of Student Affairs and referred to the Medical Student Evaluation and Performance Committee (MSPEC) for disciplinary action.

Two or more unexcused absences and excessive tardiness (two or more) are considered a lapse in professional behavior and will not be tolerated.

Students with five or more absences, regardless of the absence being excused or unexcused, will meet with the module co-director and then be referred to the Office of Student Affairs for evaluation and counseling and the MSEPC.

Quiz & Examination Assessment Periods

All students are required to attend and arrive on time to all quizzes. Excused absences will be granted for emergencies or illness with substantiating doctor's note. Emergency situations must be discussed with and approved by the Module Lead or Module Assistant Lead. Confidentiality will be upheld on all matters discussed.

Student’s arriving five (5) minutes past the start time for quizzes will not be permitted to enter the testing room and will receive a zero (0) for their grade. Quiz links in Blackboard will only be available for five (5) minutes after the assessment start time. The link will be disabled thereafter.

Please refer to policy DPM002 regarding administration of examinations for information regarding tardiness to examinations.

APPENDIX A: Procedure

Absence Requests

Students must complete the Student Absence Request Form for all requests for absences at least four (4) weeks in advance of the planned absence that will occur within a module. Student completion of an Absence Request Form does not constitute automatic approval. Students should submit the form to the Module Lead or Module Assistant Lead who has the authority to grant or refuse requests. The Absence
Request Form is then sent to the Assistant Dean for Pre-Clerkship for secondary approval. Students must then take the form to the Associate Dean for Student Affairs for filing and tracking purposes. Students will be notified of their absence requests decision by the Module Lead or Module Assistant Lead or assigned designee. It is the student's responsibility to ensure all module requirements will be met before requesting an absence (e.g. travel, conference attendance, etc.). If an absence is not approved it is expected that the student will make the necessary arrangements to change their schedule to be present.

The Testing Coordinator is responsible for keeping records of attendance and tardiness for all exams. The Testing Coordinator will report any unexcused student absences and/or tardiness for exams to the Assistant Dean of Assessment, Evaluation who will address the issue with the student and make a determination of actions to be taken, in collaboration with the Associate Dean of 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 to the Assistant Dean of Assessment and Evaluation before the exam can be scheduled on an alternative date.

Absence Requests for Personal Medical Appointments and Illnesses:

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

If an absence is due to an illness or injury, the student must present a doctor's note on the health care provider’s letterhead or prescription paper to the Module Lead or Module Assistant Lead.

If an absence is due to a family or life emergency, the student must speak directly with the Module Lead or Module Assistant Lead.

Absence Requests 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 and registering for conferences or meeting and prior to making travel arrangements.2

Students must submit copies of the conference invitation to present, conference program, name badge, and travel itinerary to the specific Module Lead or Module Assistant Lead.

Provide a plan for completing all missed course work to the Module Lead or Module Assistant Lead.

Absences Due to Holidays and Religious Observances

Students are expected to report to their required scheduled educational activity during holidays unless otherwise specified by their module co-director.
All students, faculty and staff at the UTRGV School of Podiatric Medicine have the right to expect that the SOPM will reasonably accommodate their religious observances, practices, and beliefs.

Absences due to Extended Illness

Students with extended illnesses must contact both the Office of the Associate Dean for Student Affairs and the module director.

Students must provide the Office of Associate Dean 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

Unplanned Absences

Students are required to contact the Office of Student Affairs at 956-296-1410 as well as the Module Lead or Module Assistant Lead 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 Absence Request Form the day of return.
Communicable Disease Policy

Policy Number: DPM003
Policy Title: Communicable Disease Policy

A. Purpose

The purpose of this policy is to provide clear guidelines for how to proceed in the event a student has a communicable disease.

B. Persons Affected

This policy will cover the students participating in the UTRGV SOPM curriculum.

C. Implementation Date

This policy is effective with the UTRGV SOPM inaugural class, the Class of 2026, and will remain in effect for future classes unless otherwise amended.

D. Policy

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 SOPM 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 (refer to the HIV/AIDS information provided below in this policy). Other epidemic or pandemic conditions may be added to this list of conditions limiting patient contact depending on guidance from public health authorities.

A student who has a communicable disease and is unsure whether he/she should participate in patient care should seek medical care by a private physician or a physician on staff at UTRGV 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 case-by-case evaluation of each infected student will be done by his/her physician to determine eligibility to perform the duties required on the clinical rotation. Based on the recommendations of his/her physician, it is the responsibility of each infected medical student to notify the SOPM 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.

Prior to the start of clinical experiences, a student who has chronic hepatitis B virus (HBV), chronic hepatitis C virus (HCV) or HIV/AIDS is required to notify the Office of Student Affairs 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. Podiatric Medicine 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 Podiatric Medicine 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 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 Office of Student Affairs to determine whether such accommodations are available. Podiatric Medicine students with HBV/HCV/HIV seropositivity shall have periodic physical examinations by their private physician or a physician on staff at Student Health Services. 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. Podiatric Medicine 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 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 Student Health Services); 3) the clinical clerkship director; and 4) and the Associate Dean for Medical Education or designee.

The Centers for Disease Control and Prevention (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 Podiatric Medicine 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 duly 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) prenotify patients of his/her HBV-infection status; or 3) submit to mandatory antiviral therapy. Standard Precautions should be adhered to rigorously 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 SOPM. 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 disease. 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 at their respective site that students must follow in the event of exposure.
Medical Student Dishonesty and Plagiarism Policy

Policy Number: DPM004
Policy Title: Medical Student Dishonesty and Plagiarism Policy

A. Purpose

The purpose of this policy is to outline what constitutes academic dishonesty and the procedure to address academic dishonesty.

B. Persons Affected

This policy will cover the students participating in the UTRGV SOPM curriculum.

C. Implementation Date

This policy is effective with the UTRGV SOPM inaugural class, the Class of 2026, and will remain in effect for future classes unless otherwise amended.

D. Definitions

Assignment - The term "assignment" includes any work, required or volunteered, submitted for review, academic credit, and/or disciplinary sanction. All academic work undertaken by a student must be completed independently unless the faculty member or other responsible authority expressly authorizes collaboration with another.

Cheating - Cheating is the act of wrongfully using or attempting to use unauthorized materials, information, study aids, exam preparation resources, or the ideas or work of another in order to gain an unfair advantage. It includes, but is not limited to: plagiarism on any assignment; giving unauthorized aid to another student or receiving unauthorized aid from another person on tests, quizzes, assignments or examinations of any type; using or consulting unauthorized materials or using unauthorized equipment or devices on tests, quizzes, assignments or examinations; altering or falsifying any information on tests, quizzes, assignments or examinations; working on any examination, test, quiz or assignment outside of the time constraints imposed; the unauthorized use of prescription medication to enhance academic performance; or failing to adhere to an instructor's specific directions with respect to academic honesty and professionalism.

Lying - Lying is communicating untruths or misrepresentations in order to gain an unfair academic or employment advantage. It includes but is not limited to: falsifying information on a resume; misrepresenting one’s own research; providing false or misleading information in order to be excused from classes, group activities or clinic.

Plagiarism - Plagiarism occurs when a student, with intent to deceive or with reckless disregard for proper scholarly procedures, presents any information, ideas or phrasing of another as if they were his/her own and/or does not give appropriate credit to the original source. Proper scholarly procedures require that all quoted material be identified by quotation marks or indentation on the page, and the source of information and ideas, if from another, must be identified and be attributed to that source. Students are responsible for learning proper scholarly procedures.
Stealing - Stealing is the act of intentionally taking or appropriating the property of another, including academic work, without consent or permission and with the intent to keep or use the property without the permission of the owner or the rightful possessor.

E. Policy

In line with the Student Standards of Conduct (See Policy DPM013), the UTRGV SOPM 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 UTRGV SOPM's mission, and violations constitute a serious offense against the entire academic community. 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 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 material for lab assignments, class projects, or other assignments which is wholly or partially falsified, invented or otherwise does not represent work accomplished or undertaken by the student.

Crediting source material that was not directly used for research.

Fabricating details of medical history, physical examination, or results of laboratory or imaging studies.

3. Fraud, Misrepresentation, Lying

Intentionally making an untrue statement or deceiving individuals, including but not limited to:

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.

Providing an excuse for an absence, tardiness, late assignment with the intent to deceive the instructor, staff, or the school.

Checking into UTRGV SOPM 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 UTRGV SOPM resource.

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 college 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 relationship 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 reserve 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 send 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. The student will be notified.
The UTRGV SOPM Associate Dean for Student Affairs shall confer with the UTRGV Dean for Student Rights and Responsibilities to coordinate the next steps of the resolution of the matter, in accordance with University policy **stu-02-100**

If the investigation of the case by the Office of Student Rights and Responsibilities concludes that a violation of the Student Code of Conduct occurred, the matter shall be referred to the School of Podiatric Medicine's Medical Student Evaluation and Promotion Committee (MSEPC) to develop an appropriate sanction.

If the MSEPC imposes an appealable sanction, such as suspension, probation, or dismissal, the affected student may file a written appeal to the Vice Dean for Educational Affairs of the SOPM within five (5) business days from receipt of the MSEPC's 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. The Vice Dean for Educational Affairs (or designee) may appoint an ad hoc panel to assist in reviewing the student's appeal.

Within 15 business days from the receipt of the student's appeal, the Vice Dean for Educational Affairs (or designee) will submit a report with recommendations to the Dean of the SOPM.

Upon review of the student's record, the student's appeal portfolio, and the report and recommendations from the Vice Dean for Educational Affairs, the Dean (or designee) may elect to:

a. Take no action, allowing the MSEPC decision to stand;

b. Modify the MSEPC decision.

c. Make an alternate decision.

Within fifteen (15) business days from the receipt of the Vice Dean's report, the Dean (or designee) will provide a written decision to the student, the Associate Dean for Student Affairs and the chair of the MSEPC. The decision of the Dean (or designee) is final appellate review.

Appendix A **stu-02-100**

Appendix B: Standard Operating Procedure for selection and function of ad hoc committee if appointed by Vice Dean

The Vice Dean, at his/her sole discretion, may appoint an ad hoc committee of 3 faculty members to assist in evaluating a student’s appeal of an adverse action proposed by the MSEPC related to a matter of academic integrity.

Faculty members selected shall have no recent or current involvement in evaluating or grading the subject student.

For a student in the pre-clerkship years, two of the faculty shall come from clinical departments. For a student in 3rd or 4th year, two of the faculty shall come from basic science departments.

The Vice Dean will notify the student whether an ad hoc committee has been formed.
The student may submit additional evidentiary material to the Vice Dean and/or the ad hoc committee.

The student may appear at a meeting of the ad hoc committee. The student may bring witnesses.

The student may obtain legal counsel. However, the student must represent him/herself before the ad hoc committee.

The ad hoc committee and Vice Dean together shall summarize their deliberations and make recommendations to the Dean of the School of Podiatric Medicine.

The decision of the Dean will be final.
Pre-Clerkship Computer-Based Examination Policy and Protocol

Policy Number:DPM005
Policy Title: Pre-Clerkship Computer-Based Examination Policy and Protocol

A. Purpose
The UTRGV School of Podiatric Medicine (SOPM) is committed to excellence in education and to providing students with a comprehensive medical education that will enable their development as knowledgeable, skilled, and compassionate physicians. To meet this commitment and to adhere to CPME standards the UTRGV SOPM must provide clear standards for how students will be assessed. This policy addresses the administration examinations at the UTRGV SOPM in a fair and objective manner.

B. Persons Affected
This policy will cover the faculty, staff and students participating in the UTRGV SOPM curriculum and involved in the administration of computer-based examinations.

C. Policy
The Central Curricular Authority Committee (CCAC), the central authority responsible for the overall design, management, and evaluation of the curriculum through the appropriate subcommittees, monitors, and evaluates the effectiveness of the undergraduate medical education curriculum.

Responsibilities of persons involved in the administration of SOPM examinations.

Pre-Clerkship Examinations
a. Assistant Deans for Educational Affairs, Preclerkship
   1. Establish the Preclerkship examination scheduled in conjunction with the Testing Coordinator from OEA&QI.
   b. Module Lead(s)/Co-Lead(s)
      1. Solicit and compile exam questions and submit those questions to the OEA&QI Systems Analyst in charge of ordering examinations in accordance with the calendar sent at the beginning of the academic year.
      2. Review each examination for accuracy and appropriate sampling of curricular content before submission to Systems Analyst.
      3. Create a blueprint of each examination including mapping each question to appropriate learning objectives as found in UTRGV SOPM curriculum.
      4. Review exam performance at post-exam review meetings with OEA&QI staff.

Clerkship Examinations
a. Clerkship Director(s)
   1. Establish the clerkship examination schedule for their clerkship in conjunction with the Testing Coordinator from OEA&QI.
2. Compile exam questions for any NBME CAS exams that take place in their clerkship and submit those questions to the OEA&QI System Analyst in charge of ordering examinations in accordance with the calendar sent before the start of third-year clerkships.

3. Review each examination for accuracy appropriate sampling of curricular content before submission to the System Analyst.

4. Create a blueprint of each examination including mapping of each question to appropriate learning objectives as found in the UTRGV SOPM curriculum.

5. Review exam performance at post-exam review meetings with OEA&QI staff.

All Examinations

   a. Testing Coordinator

       1. Will work in conjunction with Assistant Dean for Educational Affairs, Preclerkship, and Clerkship Directors to establish the exam schedule for the year.

       2. Will be responsible for the scheduling of an appropriate examination facility that assures.

           Sufficient space to ensure examinees are seated with an adequate amount of space in-between to assure that they cannot communicate with one another,

           Sufficient local network bandwidth to ensure no disruption to the exam administration.

           Accessibility to restrooms.

           A place for students to check coats, hats, backpacks, cell phones, and other personal items.

       3. Will also have in place a backup facility location in the event that the scheduled site becomes unusable for SOPMe unforeseen reason. (Power outage, Internet disruption, broken pipes, and air conditioning failure, etc.).

       4. Is responsible for the provision and training of a sufficient number of proctors to monitor students during an exam administration. If a sufficient number of proctors cannot be procured, OEA will assist in providing proctors for examinations.

       5. Will keep detailed notes of post-exam review meetings.

   b. Systems Analyst

       1. Will develop a calendar to establish deadlines for submission of questions for exams including mapping to learning objectives.

       2. Will follow-up with Module Lead(s)/Co-Leads(s) and/or Clerkship Directors to ensure that all mapping of learning objectives is completed.

       3. Will attend post-exam review meetings to review low-performing questions with Module Lead(s)/Co-Lead(s) and/or Clerkship Directors.

       4. Will forward final grades to appropriate faculty, staff, or administrators.
5. Will make available score reports available to students via Progress IQ.

c. Proctors

1. Observe exam as directed by Testing Coordinator

2. Once examinees are seated, ascertain that each examinee is seated at the correct station during the exam.

3. Escort examinees to the lobby for bathroom breaks as directed by the Testing Coordinator.

4. Assure 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.

d. Relevant Federal/State Statutes, Board Regents, and/or Coordinating Board Rules


UT System Board of Regents Rule 50702: Confidentiality and Security of Education Records

Subject to the Family Educational Rights and Privacy Act (FERPA)

Appendix A. Process

Exam Scheduling: All major exams will be scheduled in advance through the OEA. The exact times and dates for scheduling examinations will be coordinated with the Module Leads and Clerkship Directors. Student will not be scheduled to take more than two exams on the same day.

Exam Technology Failure Contingency Plan: Individual technology issues will be addressed by onsite technology staff in collaboration with NBME technology staff or COLT staff. Technology failures impacting the whole class will result in a rescheduling of the exam.

Student Responsibilities During Examination: Students must follow the protocol outlined below.

Students:

Should arrive outside the examination room 20 minutes prior to the start of the exam.

Must check-in and show their Student ID prior to entering the examination room.

Must leave all personal items in their locker including cell phones, tablets, l-pods, other electronic devices, study materials, backpacks, briefcases, beverages, or food of any kind, coats, hats, hoodies, etc.

May not sit for an examination if they bring personal items into the examination room.

Must 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 their computer and leave it in the exam room when leaving the examination 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 Office of Student Affairs 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 UTRGV SOPM Code of Academic Integrity.

Sudden illness during an exam. If a student falls ill during the course of an examination, it is their responsibility to immediately inform their testing proctor and/or the Office of Student Affairs (if it is an un-proctored examination). At this time, their exam will be considered invalid, and they will need to seek immediate medical attention and provide a doctor's note to the Office of Student Affairs.
Podiatric Medicine Students Final Grade and Narrative Evaluation Appeals Policy
Policy Number:DPM006
Policy Title: Podiatric Medicine Students Final Grade and Narrative Evaluation Appeals Policy

A. Purpose
The purpose of this policy is to provide clear guidelines for resolving final grade or narrative evaluation concerns.

B. Persons Affected
This policy will cover the students participating in the UTRGV SOPM curriculum.

C. Implementation Date
This policy is effective with the UTRGV SOPM inaugural class, the CLASS OF 2026, and will remain in effect for future classes unless otherwise amended.

D. Policy
Students wishing to appeal final grades or narrative evaluations should first discuss the matter with the appropriate module lead/module assistant lead or clerkship directors. If no resolution occurs, and the student wishes to pursue the matter further, s/he should appeal in writing to the Director of Student Affairs within 14 calendar days (excluding holidays) after the disputed grade or narrative is issued. Grade appeals submitted after 14 calendar days will not be accepted. The Director will respond with a decision in writing to the student within 7 calendar days (excluding holidays) of the receipt of the student’s written appeal.

Pursuant appeals will be written and directed within 14 calendar days (excluding holidays) of the date of the Director’s decision to the Dean of the School of Podiatric Medicine. The Dean will appoint an Ad-Hoc School of Podiatric Medicine Academic Appeals Committee to review and decide upon the appeal. The committee will consist of a panel of three faculty members (for appeals in PMS 1 or PMS 2, two will be from clinical departments and for appeals in PMS 3 or PMS 4, two will be from the basic science department). The Dean (or designee) will appoint the panel members upon receipt of the written appeal and notify the student in writing of the date, time, and location of the hearing and the names of the members of the panel. The student and the faculty member involved may appear in person before the panel and present evidence and/or witnesses (to provide evidence and then leave). The hearing will be closed to the public, and no person other than the student, the faculty member involved, and panel members may be present. No person may represent the student or the faculty member. After the School of Podiatric Medicine Academic Appeals Committee has heard the appeal, it will deliberate and come to a decision. The committee’s decision will be written and mailed, or delivered in person, to the student and faculty member within 7 calendar days (excluding holidays) of the close of the hearing. The committee’s decision will be final.

*No appeal can be submitted in regards to AMPLE 1, AMPLE 2 or CSPE exam results and the consequences of failing to pass these exams as these are set by the office of the Dean and must be fulfilled as stated in the SOPM Student handbook for advancement and/or completion of DPM degree.

Appendix A
CPME 120: Standards and Requirements for Accrediting Colleges of Podiatric Medicine
Found at: Standards And requirements for CPME accreditation
Infection Control Policy
Policy Number:DPM007
Policy Title: Infection Control Policy

A. Purpose
The purpose of this policy is to provide clear guidelines for student precautions in case of an infection

B. Persons Affected
This policy will cover the students participating in the UTRGV SOPM curriculum.

C. Implementation Date
This policy is effective with the UTRGV SOPM inaugural class, the Class of 2026, and will remain in effect for future classes unless otherwise amended.

D. Policy
Infection control policies are established for the surveillance, prevention, and control of infection caused by a variety of microorganisms. These guidelines include definitions, symptoms, mode of transmission, as well as prevention and control information. Blood, semen, and vaginal fluids are the three most potentially infectious body fluid 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 wash hands before and after patient contact, according to the policy of the clinical site, even if gloves are used.
- Always wear gloves when exposure to blood, body fluids, and other body excretions is likely.
- Use gloves appropriately according to aseptic and/or sterile techniques and always change gloves between patients.
- Wear gowns/aprons when soiling of clothing with blood or body fluids is likely.
- Wear masks, face shields, and eye protection when aerosolization of blood or body fluids may occur.
- Dispose of sharps in designated rigid sharp containers. Never recap needles by hand.
- Dispose 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 UTRGV clinical and laboratory settings. The SOPM policies and procedures pertaining to occupational exposure to contaminated body fluids (e.g., a needlestick injury) in both laboratory and clinical care settings.
Podiatric Medicine Student Leave of Absence
Policy Number:DPM008
Policy Title: Podiatric Medicine Student Leave of Absence

A. Purpose
The University of Texas Rio Grande Valley (UTRGV) School of Podiatric Medicine (SOPM) is committed to excellence in education and to providing students with a comprehensive medical education that will enable their development as knowledgeable, skilled, and compassionate physicians. To meet this commitment and to adhere to CPME standards, the UTRGV SOPM must provide clear guidelines for how students can request a Leave of Absence.

B. Persons Affected
This policy will cover the students participating in the UTRGV SOPM curriculum

C. Implementation Date
This policy is effective with the UTRGV SOPM inaugural class, the Class of 2026, and will remain in effect for future classes unless otherwise amended.

D. Policy
Students should be aware that they must complete all course requirements within a six (6) year period from the time of matriculation in order to receive the DPM degree. After matriculation to UTRGV SOPM, a student may not arbitrarily cease registration without notice.

A student in good academic standing may request a Leave of Absence (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:

1 - Voluntary Leave of Absence
Students may need time away from school due to, but not limited to, the following situations:

- Personal illness/health-related conditions
- Family illness/health-related conditions
- Crisis of personal or family nature
- Research or clinical fellowship programs
- Additional degree programs
- Military duty

A leave of absence will be classified as either being Short-Term LOA or Long-Term LOA

- Short Term Leave of Absence: Length is between 1 to less than 8 Weeks and requires one approval as stated in form.
- Long Term Leave of Absence: Length is 8 Weeks and above and requires 2 approvals as stated in form along with review and approval by the PMSEPC.
- Anything less than 1 weeks would need to be discussed with Module Lead/Clerkship Director(s)/Course Lead – Unless related to personal health of student or family member. Please see Policy: Podiatric Medicine Students to be excused from Classes to access health services

A student in good academic standing may request a LOA by submitting a written request to the Office of Student Affairs and the Chair of the Podiatric Medical Student Evaluation and Promotion Committee (PMSEPC) explaining the situation, the amount of leave time requested, the proposed start date and date of return, a plan to communicate with the Office of Student Affairs during the absence, and the intent to return to the SOPM to complete the DPM degree.

The Director of Student Affairs may approve a leave of absence of less than eight weeks. Any leave of absence greater than eight (8) weeks must be reviewed and approved by the PMSEPC.

Medical LOA requires a supporting letter from the student’s personal physician. A second opinion from a physician selected by UTRGV SOPM may also be required. The Director of Student Affairs will review the request and make a recommendation to the PMSEPC. The Director of Student Affairs will work with the student if there are any concerns related to the request for a personal medical LOA. The PMSEPC 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 PMSEPC, a medical LOA may be renewed.

For Parental Leave, please refer to the Parental Leave and Accommodations policy.
An educational/research/service LOA may be granted to allow students opportunities to enhance their podiatric medicine 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 Director of Student Affairs, who is responsible for monitoring the student’s time spent in the educational/research/service activities; and the Chair of the PMSEPC. The Director of Student Affairs will work with the student if there are any concerns related to the request for an educational/research/service LOA. The PMSEPC will review the request and will contact the student with their decision.

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

2 - Involuntary Leave of Absence
Under certain circumstances involving academic or professional deficiencies or other concerns, the PMSEPC 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 SOPM, the Director of Student Affairs, and/or the chair of the PMSEPC have the right to place that student on immediate involuntary LOA, with the PMSEPC review to take place after this decision and immediate action. Based on the situation, the PMSEPC will determine further actions.
A recommended plan for that student’s LOA and possible return will be developed by the PMSEPC 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 term of return is solely the responsibility of the student and he/she/they must contact the Assistant Registrar if any issues arise in this regard.

3 - Financial Aid Implications of LOA
UTRGV SOPM students who are granted an approved LOA must meet certain requirements and be informed of the Financial Aid implications per Federal Student Aid regulations. Podiatric medicine students should be aware that taking 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.

Scholarship Recipients.
A student granted an approved voluntary or emergency LOA may continue to receive a scholarship upon return to UTRGV SOPM, in accordance with SOPM financial aid policies.

4 - Tuition and Fees during Leave of Absence
A student on leave of absence will not be identified as having withdrawn from the School of Podiatric Medicine but as not being enrolled during the period of leave. Tuition and fees will not be charged to a student who is not enrolled. Tuition and fees for the SOPM are charged on an annual basis and paid in 2 installments. The first payment term period begins at the start of the academic term, and the second payment term period begins in January. During a payment term period in which a student is not enrolled, the student will not be charged tuition and fees. A student who goes on leave of absence after Census Day of a payment term period will not be entitled to a refund as per the Tuition Reimbursement policy (see)

With any change in enrollment status, a student must confer with the Assistant Registrar and the Assistant Director for Financial Aid of the School of Podiatric Medicine to arrange clearance.

5 - Withdrawals
Voluntary Withdrawal
Withdrawal is a permanent and voluntary termination of studies instituted by the medical student. Students wishing to withdraw must submit a written request to the Associate Dean for Academic Affairs. The request must include the reason(s) for withdrawal and an acknowledgment that the student understands that withdrawal is voluntary and permanent. In addition to the written request, it is advised that the student meet with the Director of Student Affairs. A student who has withdrawn will have to reapply to UTRGV SOPM if he/she decides to return.

Involuntary Withdrawal
The PMSEPC may recommend a student withdraws from the podiatric medicine education program. Withdrawal in this sense would be permanent termination of studies as a result of failure to demonstrate adequate progress related to academics or professional conduct at any point in the curriculum. Details about recommendations of withdrawal are found under policies related to Student Promotion, Evaluation, and Remediation.

6 - Extending a Leave of Absence
A request to extend a leave of absence requires that a new written request be submitted to the Director of Student Affairs and the Chair of the PMSEPC 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 SOPM to complete the DPM degree. Once the Director of 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.

7 - Parental Leave and Accommodations
The University of Texas Rio Grande Valley School of Podiatric Medicine (UTRGV SOPM) 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. UTRGV SOPM also complies with federal and state law regarding accommodations during and after pregnancy. Our goal is to accommodate the immediate perinatal period and all of its demands on parent and newborn while providing a realistic option for the student to continue making progress toward completion of the DPM degree. Students are not required to take parental leave. However, if they choose to do so, the School of Podiatric Medicine (SOPM) permits parental leaves (birth or adoptive) up to 12 months. Medically necessary extensions of parental leave will be evaluated on a case-by-case basis and student must provide all pertinent documentation.

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 will differ depending on the year of the program in which the parental leave and birth or adoption occur. Regardless of the timing, a detailed plan must be developed by the student in close collaboration with the SOPM Office of Student Affairs. The plan must receive written approval from the Director of Student Affairs.

Year 1 & 2: A student who wishes to request parental leave during the first two years of medical school should consult with the Director of Student Affairs to request a leave of absence. Due to the nature of the medical education program, 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 APMLE 1 exam before beginning clerkships for 3rd year.

Year 3: A student who seeks parental leave during the 3rd year should contact the Director of Student Affairs and coordinate with the Associate Dean of Academic Affairs. A parental leave of absence in Year 3 is less likely to obligate a 12-month leave. Working with the Assistant Dean for Clerkships, 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 3 months before the start of the leave.

Year 4: A student seeking parental leave should work closely with the Office of Student Affairs to schedule the leave. The plan should be completed and approved by all parties at least 3 months before the start of the leave.

Student Disability Services
Podiatric Medicine students who experience medical complications related to pregnancy and wish to explore disability accommodations should contact the UTRGV Student Accessibility Services (SAS) office or the SOPM Office.
of Student Affairs. We strongly recommend that students consult their health care team regarding any concerns or restrictions due to pregnancy.

8 - Effect of Leave of Absence on Graduation Date

A Leave of Absence for any reason may result in delay of graduation. Depending on the duration of the Leave of Absence, the student’s academic standing, and the details of pre-clerkship and clerkship curricular schedules, it may not be possible to meet all promotion or graduation requirements in time to graduate with their entering class. Decisions about schedule changes resulting from Leave of Absence are made by the Dean of the UTRGV SOPM and Associate Dean in the Office for Academic Affairs and are not subject to appeal.
Medical Student Drug Testing Policy  
Policy Number: DPM009  
Policy Title: Medical Student Drug Testing Policy

A. Purpose  
The purpose of this policy is to prioritize patient safety and provide clear guidelines for drug testing requirements.

B. Persons Affected  
This policy will cover the students participating in the UTRGV SOPM curriculum.

C. Policy  
UTRGV SOPM 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 University of Texas Rio Grande Valley School of Podiatric Medicine (UTRGV SOPM) has a responsibility to assure that patients are not under the care of impaired persons. Thus, an assessment of podiatric 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 of Texas Rio Grande Valley is obligated to meet the contractual requirements contained in affiliation agreements between the university and its clinical healthcare partners. To facilitate these requirements, the UTRGV SOPM will require urine drug screens for all accepted applicants and enrolled students.

All persons accepted for admission to the UTRGV SOPM 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 DPM degree. Students may be required to complete additional re screening at any point, 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 Castlebranch 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 Director of 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 will remain separate from the academic record.
A. Purpose
The purpose of this policy is to provide clear guidelines for the requirement that all Podiatric Medicine students must obtain medical liability insurance and medical insurance.

B. Persons Affected
This policy will cover the students participating in the UTRGV SOPM curriculum.

C. Implementation Date
This policy is effective with the UTRGV SOPM inaugural class, the Class of 2026, and will remain in effect for future classes unless otherwise amended.

D. Policy
Providing care to patients poses inherent risks of acquiring a communicable disease. Therefore, all students enrolled at the University of Texas Rio Grande Valley School of Podiatric Medicine (UTRGV SOPM) are required to maintain continuous health insurance coverage that provides benefits to meet the established minimum standards. Such insurance coverage shall be maintained continuously throughout a student’s attendance at the School of Podiatric Medicine. Prior to Orientation and annually thereafter, all students must verify their enrollment in an appropriate health insurance plan.

Students are responsible for immediately notifying UTRGV SOPM should the status of their health insurance coverage change for any reason (e.g., voluntary change in policy, non-payment, age, etc.).

Additionally, health insurance will be available through the University of Texas System Student Health Insurance Plan at school-of-podiatric-medicine (the health plan premiums are specific to academic year). The University of Texas System Student Health Insurance Plan 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 use 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. Grievance stimulus. If an informal resolution is not achieved, the aggrieved student has an additional 5 business days to file a formal written grievance.

Students have the option of to remain in the Student Health Insurance Program (SHIP) for a period of non-enrollment with UTRGV SOPM. If a student is no longer enrolled in the DPM program, they are no longer eligible for the SHIP program.
Professionalism: Student Participation in Evaluation of Educational Experience and Learning Environment
Policy Number: DPM011
Policy Title: Professionalism: Student Participation in Evaluation of Educational Experience and Learning Environment

A. Purpose
The University of Texas Rio Grande Valley (UTRGV) School of Podiatric Medicine (SOPM) is committed to excellence in education and to providing students with a comprehensive medical podiatric education that will enable their development as knowledgeable, skilled, and altruistic podiatrists. To meet this commitment and to adhere to CPME standards, the UTRGV SOPM must provide clear guidelines for students in regard to their professional conduct in educational and clinical activities and as representatives of future practicing physicians.

B. Persons Affected
This policy will cover the students participating in the UTRGV SOPM curriculum.

C. Authority and Responsibilities
The UTRGV SOPM is required by the Council on Podiatric Medical Education (CPME) to provide students with the opportunity to evaluate their educational experience and learning environment. The Office of Student Affairs, which provides student support services as required by the CPME, must also provide a mechanism for students to evaluate the quality of these services.

D. Policy Overview
This policy outlines students' Professional Conduct regarding Evaluation for UTRGV SOPM.

E. Implementation Date
This policy is effective with the UTRGV SOPM inaugural class, the Class of 2026, and will remain in effect for future classes unless otherwise amended.

F. Policy
UTRGV SOPM 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 School of Podiatric Medicine has to assure that all aspects of its educational programs are of the highest quality. Active participation in the process of evaluating their educational experiences and their learning environment (orientation, modules, clerkships, and faculty, student services, etc.) prepares Podiatric Medicine students to fulfill similar duties that they will encounter as interns, residents, and practicing podiatrists. 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 that keeps the medical profession strong and is an important part of being a medical professional.

G. Process
1. Evaluation of the Curriculum and Learning Environment
The Medical Education Evaluator and Assessment Manager has oversight for the evaluation of the SUCCESS curriculum and the student learning experience and will monitor and track student participation or non-participation in evaluation activities.

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 (MCDs), 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, and evaluate their overall third year clerkship experiences and fourth year Sub-Internships, selectives 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.

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

3. Compliance
It is expected that all students will see the benefit of partnering with the SOPM to gather information that will ultimately improve the overall quality of the UTRGV SOPM 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 submission of a student incident report to the UTRGV SOPM Professionalism Portal.

1. Failure to comply on more than two unexcused occasions may result in a professional review of the student by the Podiatric Medical Student Evaluation and promotions Committee (PMSEPC).

4. 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 Medical Education Evaluator and Assessment Manager and Office of Student Affairs will be able to track and monitor which students have completed surveys and identify students who provide unprofessional responses.

5. Use and Publication of Evaluation Data
The major purpose for the collection of evaluation data is to improve the quality of the UTRGV SOPM student medical education experience and learning environment. To that end, 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 UTRGV SOPM 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.

H. Relevant Federal/State Statutes, Board Regents, and/or Coordinating Board Rules
UT System Board of Regents Rule 50702: Confidentiality and Security of Education Records Subject to the Family Educational Rights and Privacy Act (FERPA)
Reporting of Professional Conduct via the Professionalism Portal

Policy Number: DPM012
Policy Title: Reporting of Professional Conduct via the Professionalism Portal

A. Purpose

The University of Texas Rio Grande Valley (UTRGV) School of Podiatric Medicine (SOPM) students are expected to maintain the highest standards of professional and ethical conduct. Podiatric Medicine 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 UTRGV SOPM and the broader community. The UTRGV SOPM has written expectations regarding professional conduct. Podiatric Medicine students are governed by the Podiatric Medicine students Code of Professional Conduct in the SOPM. The purpose of this policy is to outline the procedures for reporting student violations of professional conduct via the UTRGV SOPM Professionalism Portal.

B. Persons Affected

This policy will cover students participating in the UTRGV SOPM curriculum.

C. Authority and Responsibilities

The Central Curricular Authority Committee (CCAC), the central authority responsible for the overall design, management, and evaluation of the curriculum through appropriate subcommittees, monitors and evaluates the effectiveness of the medical curriculum. The standards for student professional conduct are established and governed by the CCAC and monitored by the Office of Student Affairs (OSA) and the Medical Student Evaluation and Promotion Committee (MSEPC) which makes the final decisions regarding remediation and promotion which include student adherence to professional conduct policies and guidelines.

D. Definitions

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 his/her 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 UTRGV SOPM.

OSA: In addition to its many other student-related responsibilities, the Office of Student Affairs (OSA) is responsible for investigating and addressing any issues related to professional misconduct by students.

Professionalism: See Appendix B for the UTRGV SOPM Podiatric Medicine students Code of Professional Conduct.

Professionalism Portal: The professionalism portal is a web-based site for reporting potential violations of Podiatric Medicine students Code of Professional Conduct and is located at this link: [https://www.utrgv.edu/SOPM/student-affairs/professionalism/index.htm](https://www.utrgv.edu/SOPM/student-affairs/professionalism/index.htm).

E. Policy Overview
This policy outlines the use of the UTRGV SOPM Professionalism Portal for reporting alleged student violations of the Podiatric Medicine students Code of Professional Conduct.

F. Implementation Date

This policy is effective with the UTRGV SOPM inaugural class, the Class of 2026, and will remain in effect for future classes unless otherwise amended.

G. Policy

Members of the UTRGV community are encouraged to report potential student violations of the Podiatric Medicine students Code of Professional Conduct via the Student Professionalism Portal. All reports will be directed and reviewed by the Associate Dean for the OSA.

H. Procedure

Faculty, staff and students who witness a student potentially violating the Podiatric Medicine students Code of Professional Conduct can access the Student Professionalism Portal and complete a report (See Appendix C) which includes the following information:

- the name of the student;
- the name of the concerned observer;
- the date and approximate time of the incident being reported;
- the location of the incident;
- any witnesses of the incident;
- the specific professionalism concern;
- a narrative description of the student’s behavior;
- any supporting documentation (e.g., photos, documents, etc.)

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 the OSA who investigates each report and makes a determination regarding what actions, if any, are indicated. The 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, and it is not intended to be punitive in nature. However, repeated reports of violations can result in disciplinary action. Students who feel that they have been cited in error for violations of the Podiatric Medicine students Code of Professional Conduct have the recourse of filing a grievance.

In addition, the OSA maintains records of all reports for the following purposes:

To generate quarterly reports, without student names, of the types of professionalism issues that arise;
To generate a report, with student names, to be reviewed by the MSEPC; and

To fully inform the Associate Dean of the OSA about students who are experiencing difficulty adhering to the School of Podiatric Medicine’s prescribed standards of professional conduct.


Appendix A - Applicable CPME Standards

3.5 Learning Environment/Professionalism

A medical school ensures that the learning environment of its medical education program is conducive to the ongoing development of explicit and appropriate professional behaviors in its Podiatric Medicine students, faculty, and staff at all locations. The medical school and its clinical affiliates share the responsibility for periodic evaluation of the learning environment in order to identify positive and negative influences on the maintenance of professional standards, develop and conduct appropriate strategies to enhance positive and mitigate negative influences, and identify and promptly correct violations of professional standards.

9.9 Student Advancement and Appeal Process

A medical school ensures that the medical education program has a single set of core standards for the advancement and graduation of all Podiatric Medicine students across all locations. A subset of Podiatric Medicine students may have academic requirements in addition to the core standards if they are enrolled in a parallel curriculum. A medical school ensures that there is a fair and formal process for taking any action that may affect the status of a medical student, including timely notice of the impending action, disclosure of the evidence on which the action would be based, an opportunity for the medical student to respond, and an opportunity to appeal any adverse decision related to advancement, graduation, or dismissal.

10.3 Policies Regarding Student Selection/Progress and Their Dissemination

The faculty of a medical school establish criteria for student selection and develop and implement effective policies and procedures regarding, and make decisions about, medical student application, selection, admission, assessment, promotion, graduation, and any disciplinary action. The medical school makes available to all interested parties its criteria, standards, policies, and procedures regarding these matters.

Appendix B

Podiatric Medicine students Code of Professional Conduct

Preamble

The University of Texas Rio Grande Valley School of Podiatric Medicine’s Honor Code requires that Podiatric Medicine students live honestly, advance on individual merit, and demonstrate respect for
UTRGV SOPM 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

Portal Reporting Forms

https://www.utrgv.edu/school-of-podiatric-medicine/about/professionalism/index.htm

Faculty/Staff: Report Professionalism Concerns About Faculty, Staff, or Students
Medical Student Standards of Conduct Policy

Policy Number:DPM013
Policy Title: Medical Student Standards of Conduct Policy

A. Purpose
The purpose of this policy is to provide clear guidelines for medical student standards of conduct.

B. Persons Affected
This policy will cover the students participating in the UTRGV SOPM curriculum.

C. Implementation Date
This policy is effective with the UTRGV SOPM inaugural class, the Class of 2026, and will remain in effect for future classes unless otherwise amended.

D. Policy
Podiatric Medicine students must adhere to the principles of conduct and ethics as established by the UTRGV SOPM and are expected to adhere to the principles from the American Medical Association's Principles of Medical Ethics, 2001, which are described as "standards of conduct that define the essentials of honorable behavior for the physician."

Preamble
The University of Texas Rio Grande Valley School of Podiatric Medicine requires that Podiatric Medicine students live honestly, advance on individual merit, and demonstrate respect for others. UTRGV SOPM 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.

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 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 A - CPME Standard(s)

3.5 LEARNING ENVIRONMENT/PROFESSIONALISM

A medical school ensures that the learning environment of its medical education program is conducive to the ongoing development of explicit and appropriate professional behaviors in its Podiatric Medicine students, faculty, and staff at all locations. The medical school and its clinical affiliates share the responsibility for periodic evaluation of the learning environment in order to identify positive and negative influences on the maintenance of professional standards, develop and conduct appropriate strategies to enhance positive and mitigate negative influences, and identify and promptly correct violations of professional standards.
Parental Leave and Accommodations Policy
Policy Number: DPM014
Policy Title: Parental Leave and Accommodations Policy

A. Purpose
The purpose of this policy is to provide clear guidelines for parental leave and accommodations.

B. Persons Affected
This policy will cover the students participating in the UTRGV SOPM curriculum.

C. Implementation Date
This policy is effective with the UTRGV SOPM inaugural class, the Class of 2026, and will remain in effect for future classes unless otherwise amended.

D. Policy
The University of Texas Rio Grande Valley School of Podiatric Medicine (UTRGV SOPM) 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. UTRGV SOPM also complies with federal and state law regarding accommodations during and after pregnancy. Our goal is to accommodate the immediate perinatal period and all of its demands on parent and newborn while providing a realistic option for the student to continue making progress toward completion of the DPM degree. Students are not required to take parental leave. However, if they choose to do so, the School of Podiatric Medicine (SOPM) permits parental leaves (birth or adoptive) up to 12 months. Medically necessary extensions of parental leave will be evaluated on a case-by-case basis and must include all pertinent documentation when requested.

Procedures for Requesting Parental Accommodations or Leave
Podiatric Medicine Students
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 Podiatric Medicine education program vary throughout the four-year curriculum, the approach to parental leave accommodation will differ depending on the year of the program in which the parental leave and birth or adoption occur. Regardless of the timing, a detailed plan must be developed by the student in close collaboration with the SOPM Office of Student Affairs. The plan must receive written approval from the Director of Student Affairs. Guidance regarding each portion of the curriculum is below.

Year 1/2: A student who wishes to request parental leave during the first two years of the school of Podiatric Medicine should consult with the Director of Student Affairs to request a leave of absence. Due to the nature of the medical education program, 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 AMPLE 1 exam before beginning clerkships for 3rd year.

Year 3: A student who seeks parental leave during the 3rd year should contact the Office of Student Affairs and coordinate with the Assistant Dean for Clerkships. A parental leave of absence in Year 3 is less likely to obligate a 12-month leave. Working with the Assistant Dean for Clerkships, 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 3 months before the start of the leave.

Year 4: A student seeking parental leave should work closely with the Office of Student Affairs (OSS) to schedule the leave. The plan should be completed and approved by all parties at least 3 months before the start of the leave.

Financial Aid
Any student taking a leave of absence who receives financial aid is strongly encouraged to contact the Assistant Director of Financial Aid within the Office of Student Affairs for advice regarding the leave's effect on the receipt of aid.

Student Disability Services
Podiatric Medicine students who experience medical complications related to pregnancy and wish to explore disability accommodations should contact the UTRGV Student Accessibility Services (SAS) office or the SOPM Office of Student Affairs. We strongly recommend that students consult their health care team regarding any concerns or restrictions due to pregnancy.

Student Accessibility Services Office Contact Information
Medical Student Evaluation, Promotion, and Graduation Policy

Policy Number: DPM015
Policy Title: Medical Student Evaluation, Promotion, and Graduation Policy

A. Purpose

The University of Texas Rio Grande Valley School of Podiatric Medicine (UTRGV SOPM) has an obligation to evaluate students pursuing the D.P.M. degree as thoroughly as possible for their cognitive and non-cognitive abilities, their academic and professional knowledge and skills, their integrity, and their suitability for the practice of medicine. This policy addresses conduct and performance that is academic and/or professional in nature.

B. Persons Affected

The policy will cover the students participating in the UTRGV SOPM curriculum. Where applicable, UTRGV policies and regulations shall apply to students in the School of Podiatric Medicine.

C. Implementation Date

This policy is effective with the UTRGV SOPM Inaugural class, the Class of 2026, and will remain in effect for future classes unless otherwise amended.

D. Authority and Responsibilities

The Policy on Medical Student Evaluation, Promotion and Graduation is set by the Central Curricular Authority Committee (CCAC) and is implemented by the Medical Student Evaluation and Promotion Committee (MSEPC).

E. Definitions

Definitions and examples of conduct and behavior relating to and/or affecting the professional practice of medicine may be found in SOPMe or all the following documents: this policy, the School of Podiatric Medicine website, UTRGV and School of Podiatric Medicine regulations and policies, admission materials, course syllabi, course materials, and lectures.

All references in this policy to the Dean of the School of Podiatric Medicine, Associate Dean for Student Affairs and the Associate Dean for Educational Affairs shall refer to those individuals within the School of Podiatric Medicine and shall be deemed to include their designees.

Academic Deficiency: Academic deficiency refers to either a No-Pass (NP) or Incomplete (I) grade for a course in the pre-clerkship or clerkship curriculum.

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. Assistant Dean for Educational Affairs, Pre-Clerkships or Clerkships will also be notified.

Medical Student Evaluation and Promotion Committee (MSEPC): The Medical Student Evaluation and Promotion 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 Committee 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 committee, acting under the authority delegated to it by the Dean, shall be responsible for decisions on leaves of absence, and/or curriculum deceleration, promotion or termination of students in the academic program, and/or remediation of Podiatric Medicine students. Students may appeal any decisions set forth by the MSEPC to the SOPM Dean, whose decision is final. Module and clerkship directors are not eligible for membership.

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

F. Policy

Qualifications for Promotion and Graduation

The Medical Student Evaluation and Promotion Committee (MSEPC) monitors the progress of students throughout the four-year medical education program. Students must meet all academic requirements for each year of the medical education program to be promoted to the next academic year.

Promotion from Year 1 to Year 2:

Students who have met all academic standards and curricular requirements of PMS YEAR 1 are eligible for promotion to PMS YEAR 2.

Promotion from Year 2 to Year 3:

Students who have met all academic standards and curricular requirements of PMS YEAR 2 are eligible for promotion to PMS YEAR 3.

NOTE: Students must take the USMLE STEP 1 examination before the start of their PMS YEAR 3. Students who do not take the USMLE STEP 1 examination before the start of the PMS YEAR 3 will not be permitted to begin the clerkship curriculum.

Promotion from Year 3 to Year 4:

Students who have successfully passed their USMLE STEP 1 and have met all academic standards and curricular requirements of PMS YEAR 3, are eligible to be promoted to PMS YEAR 4.

Graduation Requirements

Graduation from UTRGV SOPM 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.

**Upon recommendation by the Medical Student Evaluation and Promotion Committee, the Faculty**
**Assembly is responsible for recommending candidates for certification for graduation by the President**
**of the University of Texas Rio Grande Valley, the Chancellor of The University of Texas System, and the**
**Board of Regents of The University of Texas System.**

Candidates must:

Be at least 18 years of age at the time the degree is awarded

Present evidence of good moral character

Offer evidence of having satisfactorily fulfilled all academic requirements of the four-year medical
education program

Comply with all necessary legal and financial requirements

Abide by federal, state, and local statutes and ordinances both on and off campus.

Refrain from behavior incompatible with the responsibilities of the medical profession

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 Podiatric Medicine students Code of
Professional Conduct) and UTRGV SOPM prescribed Attributes of Professionalism (see Attributes of
Professionalism at DPM050).

Complete the medical education program within six (6) years unless the student is granted an exception
(see below – heading).

Complete all required courses and clerkships and the designated minimum number of elective and
selective courses with Satisfactory (passing level) performance.

**Take the USMLE STEP 1 examination before the start of their PMS3 year.**

**Pass the USMLE STEP 1 examination within 3 attempts.**

**Pass the USMLE STEP 2 examination within 3 attempts (see EAA082).**

Demonstrate consistent evidence of professionalism as assessed by the MSEPC.

Receive the MSEPC's recommendation for graduation and receipt of the DPM degree.

The MSEPC shall consider a request to extend matriculation beyond 6 years for a student with
an extraordinary opportunity for career development through research or scholarship in fields related
to medicine. The chair of the MSEPC may appoint an ad hoc committee of faculty (not members of the
MSEPC) to meet with the student, gather more information about the student's plan, and formulate
a recommendation for the MSEPC. In its deliberation, the MSEPC shall evaluate the student's academic
record, prospect for successful completion of the scholarly activity, commitment to complete the
course of study for the DPM degree, and any other information an ad hoc committee may provide.
If the MSEPC denies the student's request for extended leave the student may file a written appeal to the Dean of the SOPM within five (5) business days from receipt of the MSEPC written decision. 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 review the matter 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 Chair of the MSEPC. The decision of the Dean is final appellate review.

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 Educational Affairs (or designee) to consider an alternate degree conferral date under extenuating circumstances when the graduating student is expected to begin an internship or residency in July.

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 Podiatric Medicine students is expected to be appropriate, reasonable, and considerate—consistent with medical professional standards.

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

This section describes the consequences for Podiatric Medicine 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, Podiatric Medicine students may be subject to one or more of the following consequences imposed by the MSEPC.

Issues around academic integrity are first investigated by the University, under UT System policy STU 02-100, "Student Conduct and Discipline." See School of Podiatric Medicine Policy DPM004 "Medical Student Dishonesty and Plagiarism," for a description of the collaboration of the SOPM and the University in the investigation and adjudication of these matters and the appeal righted of affected Podiatric Medicine students.

Emergency / Interim Measures

The Dean of the School of Podiatric Medicine or the Associate Dean for Student Affairs (or their designees) has the authority to take appropriate immediate action when a student's presence in the
School of Podiatric Medicine 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:

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.

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.

If the Dean of the School of Podiatric Medicine 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:

restrict or bar attendance of any or all classes or participation in clinical education;
restrict or bar access or contact with individuals in the University community or affiliated clinical sites or patients;
restrict or bar access to University property, places, facilities or equipment or affiliated clinical sites;
restrict or ban participation in University activities or organizations or clinical education; or otherwise restrict conduct or ban access to University resources.

A student subject to Emergency/Interim Measures shall be furnished:

Written notice of the Emergency Measure and the reason(s) for the action.
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.

Academic Deficiencies

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 No Pass (NP) 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 School of Podiatric 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 (NP 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 No Pass (NP) or Incomplete (I), a formal plan ("Plan for Remediating Failing Performance" for a grade of NP, 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 Associate Dean for Student Affairs. The plan, including expectations for work to be performed, student assessment, passing level, and time period for the remediation, must be developed and submitted to the Associate Dean for Student Affairs within two weeks of the initial grade of NP 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 NP in the course or clerkship and will be referred to the MSEPC for review. A second grade of No Pass in the same repeated course in years 1 and 2 may result in dismissal of the student from the School of Podiatric Medicine D.P.M. program. Further remediation, if allowed by the MSEPC, must be by repetition of the course. A second grade of No Pass in the same repeated clerkship in years 3 and 4 will result in dismissal of the student from the School of Podiatric Medicine D.P.M. program.

Two or More Deficiencies in an Academic Year:
A student who has more than one deficiency (NP 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 (NP or I grade) throughout enrollment in the School of Podiatric Medicine D.P.M. 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.

Students with academic deficiencies and/or professionalism concerns are given the opportunity to submit written documentation for MSEPC consideration and/or attend the MSEPC meeting at which their case will be discussed, in-person, to provide their perspective.

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 D.P.M. program. All students are encouraged to avail themselves of 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 SOPMe 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 does not pass 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 SOPM 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.

Other Consequences
Other consequences of failing to meet the academic, professional and behavioral requirements and standards 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 Medical Student Performance Evaluation, or other information transmitted to outside entities (e.g., certifications of training) but will remain in the student's permanent records in the School of Podiatric Medicine.

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 Podiatric Medicine D.P.M. 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 MSPE or other information transmitted to outside entities (e.g., certifications of training) and will remain in the student's permanent records in the School of Podiatric Medicine. While a student is on probation, if he/she receives another academic deficiency, or is cited for professional misconduct, he/she will immediately undergo a dismissal hearing.

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 designated by the MSEPC.

3. Suspension:

The MSEPC may conclude that the student should be suspended from the UTRGV SOPM for a period of time to be determined in its reasonable discretion. Reinstatement to the UTRGV SOPM is contingent upon completion of all requirements stipulated under the suspension. The Dean of the SOPM 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 DPM degree successfully, and recommend whether the student should be reinstated.

4. Dismissal:
The MSEPC may determine that student be dismissed in the following cases:

Failure to remediate deficiencies as described above

Another academic deficiency or professionalism violation is received while on probation

An accumulation of narrative evaluations indicating serious gaps in knowledge and clinical skills and/or inadequate integration of the content of the curriculum

A specific academic deficiency (e.g., an important clinical skill has not been mastered)

Three failed attempts on either the USMLE Step 1 or Step 2 of the USMLE examination

Failure to assume appropriate professional responsibility

Failure to meet professional standards, including those of demeanor and conduct; and

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.

The student may file a written appeal to the Dean of the SOPM 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:

Take no action, allowing the MSEPC decision to stand

Modify the MSEPC decision

Make an alternate decision

Impanel an ad-hoc committee to re-examine the dismissal 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 and the Chair of the MSEPC. The decision of the Dean is final appellate review. After academic dismissal, a student may apply for re-admission to the UTRGV SOPM only through the standard admissions process.
Appendix A

CPME Standard(s) 9.9 STUDENT ADVANCEMENT AND APPEAL PROCESS

A medical school ensures that the medical education program has a single set of core standards for the advancement and graduation of all Podiatric Medicine students across all locations. A subset of Podiatric Medicine students may have academic requirements in addition to the core standards if they are enrolled in a parallel curriculum. A medical school ensures that there is a fair and formal process for taking any action that may affect the status of a medical student, including timely notice of the impending action, disclosure of the evidence on which the action would be based, an opportunity for the medical student to respond, and an opportunity to appeal any adverse decision related to advancement, graduation, or dismissal.

Appendix B

Standard Operating Procedure – DPM015 - Student Evaluation, Promotion, and Graduation

MSEPC meeting at which student's status is reviewed:

Student may attend in person

Student may submit a written brief statement of reason

Student may represent themself

MSEPC member(s) who had evaluated or graded student during the period under review should recuse themselves:

Member shall not participate in meeting for presentation of student

Member shall not participate in any deliberation about the student

Appealable decisions of the MSEPC:

repeat module or clerkship

repeat an academic year

probation

suspension

dismissal

On appealing to the Dean:

Student may submit additional information

Student may request a meeting with the Dean

While appealing a decision by the MSEPC, student shall remain enrolled and continue to attend scheduled curricular sessions
Medical Student Academic Grievance Policy

Policy Number: DPM016
Policy Title: Medical Student Academic Grievance Policy

A. Purpose

The purpose of this policy is to provide clear guidelines to address academic grievances by informal resolution or formal resolution.

B. Persons Affected

This policy will cover the students participating in the UTRGV SOPM curriculum.

C. Implementation Date

This policy is effective with the UTRGV SOPM inaugural class, the Class of 2026, and will remain in effect for future classes unless otherwise amended.

D. Policy

An academic grievance is a complaint regarding an academic decision or action that affects the student's academic record. Academic grievances in UTRGV SOPM 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 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 are 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 or designee, 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 is final, pending appeal to the Dean of the SOPM (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 the 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;
   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.

Appendix A

CPME Standard(s) 9.9 STUDENT ADVANCEMENT AND APPEAL PROCESS
A medical school ensures that the medical education program has a single set of core standards for the advancement and graduation of all Podiatric Medicine students across all locations. A subset of Podiatric Medicine students may have academic requirements in addition to the core standards if they are enrolled in a parallel curriculum. A medical school ensures that there is a fair and formal process for taking any action that may affect the status of a medical student, including timely notice of the impending action, disclosure of the evidence on which the action would be based, an opportunity for the medical student to respond, and an opportunity to appeal any adverse decision related to advancement, graduation, or dismissal.
Determining Class Rank and Honors Policy

Policy Number: DPM017
Policy Title: Determining Class Rank and Honors Policy

A. Purpose

The purpose of this policy is to delineate the UTRGV SOPM policy determining class rank and honors for UTRGV SOPM students.

B. Persons Affected

This policy is effective with the UTRGV SOPM inaugural Class of 2026 and will remain in effect for future classes unless otherwise amended.

C. Policy

Class Rank Determination

Class rank is based on Pre-Clerkship and Clerkship Performance.

Class rank is computed only after all grades have been collected at the conclusion of Year 3 unless a ranking is needed at another time for outside agency reporting.

Class rank is not posted on the official transcript.

Class rank will be included in the Medical Student Performance Evaluation (MSPE) and used as part of the determination for Alpha Omega Alpha Honor Medical Society (AOA).

Class ranking places students in quartiles not in numerical rank order.

D. Procedure: Determining Pre-Clerkship Ranking Based on Performance (Years 1 and 2 Grades Converted to Scores)

I. Pre-clerkship performance is based on the grades achieved in Years 1 and 2 Modules:

A. Module grades are converted to scores accordingly:

Students receive 1 point for each module they have passed.

Students receive 0 points for each module they have failed.

Students who have failed a module will get a score of 0 for the module even after the module has been remediated.

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

II. Students receiving Honors for Years 1 and 2 will have an additional 3 points added to their grade point total.

A. Combined honors are determined after students have completed year 2.

B. Honors will be determined by:
Averaging the students' numerical scores for all modules for Years 1 and 2 (i.e., adding all individual module numeric scores and dividing that number by the number of modules during the first two years).

Those students receiving average scores in the top 10% of their cohort will receive honors for the first two years.

Students who have documented and validated breaches of professionalism during the first two years will not be eligible for honors.

E. Procedure: for Determining Clerkship Class Ranking Based on Performance (Year 3 grades converted to Scores)

I. Clerkship performance is based on the grades achieved in Year 3 clerkships, which reflect a combination of the NBME subject examination, clerkship performance evaluations and professionalism.

A. Clerkship Grades are converted to scores accordingly:

Students receive 4 points for Honors.

Students receive 2 points for High Pass.

Students receive 1 point for Pass.

Students receive 0 points for Fail.

II. Students who have failed a clerkship will receive a score of 0 for the clerkship even after the clerkship has been remediated.

Appendix A

CPME Standard(s)

10.3 POLICIES REGARDING STUDENT SELECTION/ PROGRESS AND THEIR DISSEMINATION

The faculty of a medical school establish criteria for student selection and develops and implement effective policies and procedures regarding, and make decisions about, medical student application, selection, admission, assessment, promotion, graduation, and any disciplinary action. The medical school makes available to all interested parties its criteria, standards, policies, and procedures regarding these matters.
Medical Student Disciplinary Action Policy
Policy Number:DPM018
Policy Title: Medical Student Disciplinary Action Policy

A. Purpose

The purpose of this policy is to provide clear guidelines to address academic disciplinary action.

B. Persons Affected

This policy will cover the students participating in the UTRGV SOPM curriculum.

C. Implementation Date

This policy is effective with the UTRGV SOPM inaugural class, the Class of 2026, and will remain in effect for future classes unless otherwise amended.

D. Policy

Any academic disciplinary action/sanction(s) recommended by the PMSEPC shall be in accordance with applicable SOPM and UTRGV policies. The following sanctions may be assessed by the PMSEPC or the Dean of SOPM (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 SOPM, including participation in extracurricular activities
6. Suspension of eligibility for any student office or honor
7. Cancellation of credit for scholastic word done
8. Failing grade or reduction of a grade for an examination, assignment, or course
9. Suspension from the UTRGV SOPM for a specified period of time
10. Dismissal
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

If a voting member of the PMSEPC 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 discussions and voting.

The decision of the PMSEPC may be appealed to the Dean whose decision is final. The sanctioned student may file a written appeal to the Dean within five (5) business days from receipt of the PMSEPC written decision. The student must also inform the Associate Dean for Academic Affairs and Director of 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 PMSEPC. 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 PMSEPC 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 Academic Affairs, and the Director of Student Affairs. The decision of the Dean is final appellate review.
Podiatric Medicine Students to be Excused from Classes in Order to Access Health Services
Policy Number:DPM019
Policy Title: Podiatric Medicine Students to be Excused from Classes in Order to Access Health Services

A. Policy
Podiatric Medicine students are required to attend all courses and clinical assignments unless formally excused, as evidenced by a signed and approved absence request form, by their Module Lead/Clerkship Director(s)/Course Lead(s) and approved by the respective deans of education. 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, he or she must inform the Module Lead/Clerkship Director(s)/Course Lead(s) as per Attendance policy(). Documentation verifying the student’s absence may be requested and must be provided within 3 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.

Extended/Multiple Absences: A student requesting multiple absences should work with the Director of Student Affairs to best address issues or concerns that might arise.

It is expected that Podiatric Medicine students request absence(s) via the Excused Absence Request Form which is found in the Module/Clerkship/Course Blackboard.

Appendix A
CPME 120: Standards and Requirements for Accrediting Colleges of Podiatric Medicine
Found at: Council on Podiatric Medical Education official website
Providers to Care for Podiatric Medicine students

Policy Number:DPM020

Policy Title: Providers to Care for Podiatric Medicine students

A. Purpose

The purpose of this policy is to provide clear guidelines to assure that academic evaluation/progression are independent from confidential or protected health information; to ensure that individuals charged with academic evaluation/progression base their decisions on agreed upon performance measures and to assure that Podiatric Medicine students can obtain and receive private and confidential medical care from the Student Health Services and/or mental health counseling/psychiatric care on their own or as referred by the Counseling Services, and that health care providers of sensitive medical or mental health counseling/psychiatric care to Podiatric Medicine students have no role in evaluation/progression of Podiatric Medicine students through the academic curriculum.

B. Persons Affected

This policy will cover the students participating in the UTRGV SOPM curriculum.

C. Policy

The UTRGV School of Podiatric Medicine (SOPM) 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 student's academic performance is evaluated properly and to ensure that students are not discouraged from seeking medical and/or mental health counseling/psychiatric care that is 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 Podiatric Medicine students must:

1. Have no role in the formal academic or professionalism evaluation of Podiatric Medicine students at the present or future time.

2. Have no role in advancement/progression/graduation of Podiatric Medicine students at the present or future time.

3. Recuse himself/ herself from the formal academic or professionalism evaluation of Podiatric Medicine students and from academic or professionalism decisions of advancement/progression/graduation of Podiatric Medicine students, if a dual relationship with Podiatric Medicine students is anticipated or is discovered, and, when appropriate and without breaching confidentiality, alert a Dean for Student Affairs immediately.

Students should:
Seek medical care through the Student Health Services. This medical care is usually provided by registered nurses, physician assistant or advanced nurse practitioners under the supervision of the Student Health Services Medical Director. The health care providers in the Student Health Services may refer Podiatric Medicine students to other academic or community health care providers for further/follow-up care.

Seek psychological/psychiatric care directly through the UTRGV Counseling Center or through the SOPM Counseling Services provided by the SOPM Student Health and Wellness 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 Podiatric Medicine students with mental health, situational, social, or academic concerns. The health care providers in the SOPM Student Health and Wellness Office may refer Podiatric Medicine students to other academic or community health care providers for further/follow-up care.

Inform staff in the Student Health Services and the SOPM Student Health and Wellness Office that they are students at the SOPM.
Student Access to Educational Records Policy
Policy Number:DPM021
Policy Title: Student Access to Educational Records Policy

A. Policy
The University of Texas Rio Grande Valley (UTRGV) has policies and processes that adequately protects the confidentiality of student records; provides students with access to their records in a timely manner; and provides fair and effective mechanisms for students to challenge information in their student records.

UTRGV is committed to compliance with the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. §1232g, and the Texas Public Information Act, Texas Government Code §552.001 et seq., which are respectively a federal and a state law that provide for the review and disclosure of student educational records. FERPA is a Federal law that protects the privacy of student education records whereby parents or eligible students have the right to:

1. Inspect and Review the Student’s Education Records. FERPA requires The University of Texas Rio Grande Valley to permit a student to inspect most education records maintained about them within 45 days of the day the University receives a request for access. The Texas Public Information Act also provides students with the right to access records maintained about them except to the extent that FERPA pre-empts the Act.

   Students should submit to the Records Management Officer (Chief Legal Officer), written requests that identify the record(s) they wish to inspect. The Office will make arrangements for access and notify the student of the time and place where the records may be inspected. If the records are not maintained by the University official to whom the request was submitted, that official shall advise the student of the correct official to whom the request should be addressed. Copies of official transcripts are available through the Registrar. Except where pre-empted by a specific provision of FERPA or a request for an official copy of Student’s transcript is requested, a Student’s right to access and/or request a copy of his or her Educational Records is co-extensive with the Student’s right to access records under the Texas Public Information Act (TPIA).

A. Records not accessible to students:

   i. Financial information submitted by the Student’s parents.
   ii. Confidential letters and recommendations associated with admissions, employment or 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.
   iii. 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.
   iv. Records that are subject to an attorney-client privilege which belongs to the University.

B. Education records do not include:

   i. 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, a temporary substitute;
   ii. Law enforcement records of the University campus police;
   iii. Medical records and mental health records, including counseling records created, maintained, and used only in connection with provision of medical treatment or mental health treatment or counseling to the student, that are not disclosed to anyone other than the treatment facility.
   iv. Employment records unrelated to the Student’s status as a Student; or
   v. Alumni records.

2. Request the amendment of the student's education records that the student believes is inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA. Students may ask the University to amend a record that they believe is inaccurate. They may request an amendment informally by contacting the University official responsible for the record in writing and clearly identifying the part of the record they want changed and specify why it is inaccurate. If the University decides not to amend the record as requested
by the student, the University will notify the student of the decision and advise the student of his or her right to request a hearing regarding the request for amendment. The Records Management Officer (Chief Legal Officer) 

3. **Provide written consent to disclosures of personally identifiable information contained in the student’s education records, except to the extent that FERPA authorizes a disclosure without consent.** A [Directory Information Release Form](#) is available online.

4. **Be notified of the student’s privacy rights under FERPA.**

5. **File a complaint** with the U.S. Department of Education concerning alleged failures by the University to comply with the requirements of FERPA by contacting office that administers FERPA:

   Family Policy Compliance Office
   U.S. Department of Education
   400 Maryland Avenue, SW
   Washington, DC 20202

**Exceptions to the Consent for Disclosure Requirement**

FERPA permits the disclosure of personally identifiable information (PII) from students' education records without consent of the student if the disclosure meets certain conditions found in §99.31 of the FERPA regulations. Except for disclosures to University Officials, disclosures related to SOPMe judicial orders or lawfully issued subpoenas, disclosures of directory information and disclosures to the student, §99.32 of FERPA regulations requires the institution to record the disclosure. Eligible students have a right to inspect and review the record of disclosures.

**The University Official Exception** permits disclosure without consent when disclosure is to University officials with legitimate educational interests. A University Official is:

a. any person employed by the University in an administrative, supervisory, academic, or support staff position, including law enforcement unit and health staff;

b. a person or company with whom the University has a contract to provide services on behalf of the University or an affiliation (such as a System attorney or auditor, or a clinical facility where a student is participating in an internship) for the provision of services;

c. the University of Texas System Board of Regents;

d. a person employed by The University of Texas System Administration; or another person assisting another University Official in performing his or her tasks (such as a System attorney or auditor, or a clinical facility where a student is participating in an internship).

A University Official has a "legitimate educational interest" in an education record if that person or contractor requires access an education record in order to fulfill his or her official duties on behalf of the University.

The University may also disclose PII from a student’s education records without obtaining prior written consent of the student in the following situations as permitted by FERPA:

a. To officials of another school in which a student seeks or intends to enroll or is already enrolled if the disclosure relates to purposes of enrollment or transfer.

b. To The University of Texas System Board of Regents, the Comptroller General of the United States, the Attorney General of the United States, the United States Secretary of Education, and other state and local educational authorities who are authorized by law to audit and evaluate Federal or State supported education programs, or to enforce Federal law which relates to such education programs may access an Education Record as required for the audit, evaluation or enforcement purpose, or their authorized representatives .

c. To organizations conducting studies for or on behalf of the school to: develop, validate, or administer predictive testing; administer student aid programs; or improve instruction.

d. To accrediting organizations to carry out accrediting functions.

e. To parents of an eligible student if the student is a dependent for IRS tax purposes and the student has notified the University that the student agrees to the release of his/her education records under this exception.

f. To comply with a judicial order or lawfully issued subpoena.

g. To appropriate individuals in connection with a health or safety emergency.

h. To a victim of an alleged perpetrator of a crime of violence or non-forcible sex offense. The disclosure may only include the final results of the disciplinary proceeding with respect to that alleged crime or offense.
i. To the general public, the final results of a disciplinary proceeding, if the school determines the student is an alleged perpetrator of a crime of violence or non-forcible sex offense and has committed a violation of the school's rules or policies with respect to the allegation.

j. To parents of a student regarding the student's violation of any Federal, State, or local law, or of any rule or policy of the school, governing the use or possession of alcohol or a controlled substance if the school determines that the student committed a disciplinary violation and is under the age of 21.

k. If the disclosure concerns sex offenders and other individuals required to register under section 17010 of the Violent Crime Control and Law Enforcement Act of 1994.

l. Under the Directory Information exception as explained below.

m. To defend the University against litigation or complaints filed by the student against the University.

The University may publish or publicly disclose Directory Information unless a student affirmatively opts out of the Directory Information exception. Students may have any or all directory information withheld by submitting written request to U Central during the first twelve (12) days of class of a fall or spring semester, the first four (4) class days of a summer semester, or the first three days of any quarter to withhold such information from disclosure. A request to opt out of the release of Directory Information remains in place until affirmatively rescinding it. Upon graduation or termination of enrollment for any reason, the directory information selection in place at that time will remain in place unless a written request is submitted to the University.

A request to opt out of the Directory Information exception does not affect the University's ability to disclose information from your education records under another exception permitted by FERPA.

The following information about a Student has been designated by University as Directory Information:

- name;
- local and permanent postal addresses;
- email address;
- telephone number;
- place of birth;
- field of study; dates of attendance;
- enrollment status;
- student classification (example: freshman, first year law school student)
- degrees awarded;
- certificates and awards (including scholarships) received;
- photographs;
- participation in officially recognized activities and sports;
- weight and height of members of athletic teams; and
- most recent previous educational agency or institution attended.

B. Relevant Federal/State Statutes, Board Regents, and/or Coordinating Board Rules
UTRGV's Handbook of Operating Procedures Stu-03-700
Tuition Refund Policy

Policy Number:DPM022
Policy Title: Tuition Refund Policy

A. Purpose

The purpose of this policy is to provide clear guidelines for the UTRGV Tuition Refund Policy.

B. Persons Affected

This policy will cover all Podiatric Medicine students.

C. Implementation Date

This policy is effective with the UTRGV SOPM inaugural class, the Class of 2026, and will remain in effect for future classes unless otherwise amended.

D. Policy

The University of Texas Rio Grande Valley School of Podiatric Medicine (UTRGV SOPM) policy for tuition and fee refund payments to Podiatric Medicine students is governed by Texas Education Code Title 3, Chapter 54, Subchapter A, Section 54.0056, and is described below:

Podiatric Medicine 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, if still enrolled.

Notice of intent to withdraw must be made in writing to the Associate Dean for Student Affairs and copied to the Associate Registrar for SOPM, and Associate Director of Financial Aid for SOPM. The institution will terminate student services and privileges at the time of the student’s withdrawal.
E. Relevant Federal/State Statutes, Board Regents, and/or Coordinating Board Rules

Texas Education Code Chapter 54. Tuition and Fees:
https://statutes.capitol.texas.gov/Docs/ED/htm/ED.54.htm
Clinical Year 3 and 4 Duty Hours Policy

Policy Number:DPM023
Policy Title: Clinical Year 3 and 4 Duty Hours Policy

A. Purpose

The purpose of this policy is to establish guidelines for compliance in alignment with the CPME accreditation requirements for student work hours. Duty hour restrictions are established to reduce student fatigue, medical errors, as well as to ready students for graduate medical education.

B. Persons Affected

The policy will cover all students participating in the UTRGV SOPM clinical curriculum.

C. Implementation Date

This policy is effective with the UTRGV SOPM inaugural Class of 2026 and will remain in effect for future classes unless otherwise amended.

D. Definitions

Duty hours: 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 work site.

E. Policy

Duty hours must be limited to 80 hours per week, averaged over a 4-week period inclusive of all in-house call activities. Students must adhere to the following:

Students must be scheduled for a minimum of 1 day free of duty every week averaged over 4 weeks.

Scheduled duty periods for PMS YEAR 3 students must not exceed 16 hours. Scheduled duty periods for PMS YEAR 4 students On-Call must follow the ACGME duty hour requirements (must not exceed 24 hours per shift).

Students must have a minimum of 8-10 hours of rest between duty periods.

F. Procedures

Supervising faculty and teaching residents will be educated on the student duty hours policy. The Clinical Year 3 & 4 Duty Hours policy will be made available to them for review.

During each Clerkship Orientation, the duty hours policy will be reviewed, and all students will be required to acknowledge in writing that they have received training and understand the duty hours policy.

Students will also be instructed on how to use the Internet-based duty hour tracking system, via One45, to input their duty, conference, and on-call hours. Students will be required to input duty hours into
One45 on a weekly basis. 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 in order to input their duty hours must notify the Academic Coordinator.

Students will inform academic coordinators or clerkship directors if faculty/teachers require students to work past duty hour limitations. Students may also anonymously report through the UTRGV SOPM Professionalism portal.

Reports on duty hours are available in One45 for Clerkship Directors to review. Clerkship Directors may discuss any findings with the Academic Coordinators and students prior to any action.

Unresolved duty hour violations are investigated by the clerkship director and reported to the Assistant Dean of Medical Education, Clerkships.

In the event of policy violations, progressive administrative action will be taken and plans for correction of recurrent violations will be developed.
Clerkship County Site Choice

Policy Number:DPM024
Policy Title: Clerkship County Site Choice

A. Purpose

As per the amended (June 14, 2013) Texas State Senate Bill 24, students attending the UTRGV School of Podiatric Medicine (SOPM) will be predominantly assigned to Cameron County for their Years 3 and 4 clinical education. The purpose of this policy is to codify the clerkship county site selection process for students for their PMS3 clerkship year in which students rotate through the required clerkships.

B. Persons Affected

The policy applies to all students during required clerkship experiences.

C. Implementation Date

This policy is effective with the UTRGV SOPM Class of 2021 and will remain in effect for future classes unless otherwise amended.

D. Definitions

County Site Choice: Refers to the county (Cameron or Hidalgo) in which students will participate in their PMS3 required clerkships.

E. Policy

Student assignment to a site for the PMS3 clerkship year is based on the outcomes of the Clerkship County Site Choice process which is conducted during the fall term of the PMS2 Academic Year.

F. Procedures

Notification to Students Regarding Clerkship County Site Choice Survey and the Lottery

1. By September 1 of each year, the SOPM Office of Student Affairs will publish the schedule for the Clerkship County Site Choice survey in multiple venues (e.g. Medical School Announcements and Events page in Blackboard, class listserv email, bulletin board postings, etc.).

2. In the first half (September/October) of the fall term of the PMS2 year, students will be provided with information regarding county site opportunities.

3. In November, following receipt of this information, students will receive a site selection preference survey asking them to choose either Cameron or Hidalgo County as their primary site for their PMS3 clerkship schedule.

The Clerkship County Site Choice Lottery

4. Should more than 50% of the students self-select Cameron County as their Clerkship County Site Choice, students will then be entered into the Clerkship Schedule Lottery conducted by the Office of Educational Affairs. During the Clerkship Schedule Lottery, students will rank their preferred sequencing for their PMS3 clerkship schedule and choose an elective to complete during a 4 week block.
5. Should less than 51% of the students self-select Cameron County as their Clerkship County Site Choice, students will be asked for volunteers to make the switch from Hidalgo County to Cameron County to achieve the greater than 50% requirement without reverting to a Clerkship County Site Selection Lottery. If an insufficient number of students volunteer to switch to Cameron County to ensure 51% representation in Cameron County, a Clerkship County Site Choice Lottery will be held in November to finalize student county assignment.

6. Students will receive their Clerkship County Site Lottery results by the first of December.

Trades:

Within 14 business days of the Clerkship County Site Selection lottery, students may trade site choice once with approval by the Office of Educational Affairs.

Petition for Exception

7. Students have five business days from the initial date of notification of the county site selection lottery results to submit in writing their petition which provides justification for a change in site choice to the Assistant Dean for Educational Affairs, Clerkships:

The Assistant Dean for Educational Affairs, Clerkships will have 14 business days to accept or deny the petition for the county site selection.

If the initial petition is denied, student will have 5 business days to appeal the site selection to a County Site Choice Committee comprised of the Associate Dean for Educational Affairs or designee, the Associate Dean of Student Affairs or designee, and an ad hoc faculty member not involved in the clerkships. The Clerkship County Site Choice Committee will have 14 business days to accept or reject the petition. The committee will inform the student of their decision by the first week in January.

The student may file a written appeal to the Dean of the SOPM within five business days of receipt of the decision of the Clerkship County Site Choice Committee. The student must also inform the Clerkship County Site Selection Committee of the intent to appeal, also within five business days. The student’s appeal portfolio must include a justification statement for appeal and all documentation provided to the Clerkship County Site Choice Committee.

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.

1>50% of the students must be assigned to Cameron County.

Appendix A

CPME Standard/Element

10.9 STUDENT ASSIGNMENT
A medical school assumes ultimate responsibility for the selection and assignment of Podiatric Medicine students to each location and/or parallel curriculum (i.e., track) and identifies the administrative office that fulfills this responsibility. A process exists whereby a medical student with an appropriate rationale can request an alternative assignment when circumstances allow for it.
Medical Student Meeting and Travel Support

Policy Number:DPM025
Policy Title: Medical Student Meeting and Travel Support

A. Purpose

UTRGV School of Podiatric Medicine Students are encouraged to pursue scholarly and community activities and present their work at conferences and professional organizations. They are also 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. In the event that mentors or organizations do not have the resources to cover their expenses, students may request assistance from the Office of Student Affairs.

B. Policy

Students eligible to apply for a Scholarly Activity Travel Award:

1. Students invited to present abstracts, posters or other presentations related to research, community service, or other scholarly activity;

2. Students who win prizes for essays, community service, or other scholarly activity;

3. Students who are elected or appointed to represent our SOPM in state or national organizations; and

4. Students who wish to attend meetings of professional societies to learn about career opportunities and network with other trainees.

Further considerations:

1. Students must be in good academic standing to be considered for travel support.

2. Students may not receive travel support while on leave of absence.

3. The conference or meeting must take place in the United States.

4. Research, community service or other scholarly activity forming the basis for the request for travel support must have been conducted while in medical school.

5. Clearance for absence from scheduled classes, clinical activity, or testing must be obtained before requests for travel support will be considered. This clearance must be obtained by following the processes found in DPM002 Pre-clerkship and Attendance Policy and DPM043 Clinical Years 3 and 4 Attendance Policy.

6. Financial support may be applied to conference registration, hotel, and/or air travel.

7. An individual student may receive support for one event per year.

Expectation of Students:
Students are expected to contribute to their travel costs or seek other sponsorships/scholarships.

Funding Availability and Notification:
While costs do vary, in general, funding is available for one trip per student, not to exceed
$800/year, dependent on availability of funds. Students must complete an Authorization for Student Domestic Travel Form and Release & Indemnification for Domestic Travel Form 8 weeks prior to their travel date. If the student is requesting funds for air travel and/or hotel fees, student should apply for funds as far in advance as possible, allowing the Office of Student Affairs to arrange reservations in the most cost-efficient manner.

Exceptions:
Exceptions may be made for certain student travel to national meetings; these exceptions are on a case-by-case basis and under the guidance and approval of the Associate Dean for Student Affairs and/or the Associate Dean for Research, or their designees.

Reimbursement for travel:
Reimbursement for travel of any sort will not be provided without prior approval.

Applying for funds:
To apply for travel support, go to UTRGV SOPM Scholarly Activity Travel Award Request Form. (https://redcap.utrgv.edu/surveys/?s=XE9FT8WWNM).
Student Selection and Final Authority of the Admissions Committee

Policy Number: DPM026
Policy Title: Student Selection and Final Authority of the Admissions Committee

A. Purpose

The purpose of this policy is to establish the final authority of the Admissions Committee and to provide clear guidelines for the selection of students to the School of Podiatric Medicine.

B. Persons Affected

This policy applies to the admissions committee chair and vice chair, admissions committee voting members, interviewers, and all administrators, faculty and staff in the office of admissions in their designated role in the selection process of students to the UTRGV SOPM.

C. Implementation Date

This policy is effective with the UTRGV SOPM inaugural class, the Class of 2026, and will remain in effect for future classes unless otherwise amended.

D. Policy

The School of Podiatric Medicine Admissions Committee is an independent committee with the charge for processing, interviewing and accepting qualified applicants to the School of Podiatric Medicine. In accordance with CPME and AAMC guidelines and the SOPM mission, the Admissions Committee reviews and approves the policies, procedures, and criteria for medical student selection, on a yearly basis.

The Admissions Committee (AC) as a whole has the final authority for making admissions decisions. The medical school bylaws document of the UTRGV SOPM grants the authority for the admission of Podiatric Medicine students to the Admissions Committee. Members of the Admissions Committee (including the chair and the vice-chair) are appointed by the Dean, consisting of at least ¾ faculty members and may include residents and Podiatric Medicine students. Faculty members constitute the majority of voting members at all meetings. The Chair of the Admissions Committee reports selection decisions to the Office of Admissions for execution. The Admissions Committee has the sole mandate and responsibility to manage the acceptance, waitlist/alternate list and rejection of applicants without any influence from political or financial factors. To that end, the committee uses a "holistic" approach for admissions. The AC establishes criteria and procedures for admissions and reviews and amends these criteria and procedures, as needed, on an annual basis. These criteria are presented to the Central Curriculum Authority Committee (CCAC) for approval or modification on an annual basis.

It is the policy of the UTRGV SOPM to seek to admit a diverse class, with respect to gender, race, ethnicity, cultural and economic background, and life experience. The SOPM believes a diverse student body provides a valuable educational experience that prepares its Podiatric Medicine students for the real world of medical practice in a multicultural society. Strongly motivated students from educationally disadvantaged and historically underrepresented backgrounds are actively sought. Within this framework, the SOPM seeks to admit a diverse cohort of students who demonstrate the requisite academic readiness and humanistic attributes to become competent, compassionate, and culturally sensitive physicians. This selection process is guided by the principals of holistic review which
incorporate a method of assessing an applicant's qualifications by which balanced consideration is given to the collective preparatory experiences, personal attributes, and academic metrics of each candidate. A candidate will not be denied admission on the basis of any legally prohibited discrimination involving, but not limited to, such factors as race, color, creed, religion, national or ethnic origin, age, gender, sexual orientation or disability.

Appendix A

CPME Standard(s)

Standard 10: Medical Student Selection, Assignment, and Progress

A medical school establishes and publishes admission requirements for potential applicants to the medical education program and uses effective policies and procedures for medical student selection, enrollment, and assignment.

10.2 Final Authority of Admission Committee

The final responsibility for accepting students to a medical school rests with a formally constituted admission committee. The authority and composition of the committee and the rules for its operation, including voting privileges and the definition of a quorum, are specified in bylaws or other medical school policies. Faculty members constitute the majority of voting members at all meetings. The selection of individual Podiatric Medicine students for admission is not influenced by any political or financial factors.
Technical Standards

Policy Number:DPM027
Policy Title: Technical Standards

I. Introduction

The DPM 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 DPM 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 Podiatric 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 Podiatric Medicine 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 Podiatric Medicine students who are candidates for retention, promotion or graduation.

The School of Podiatric 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 well-being 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 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 Council on Podiatric Medical Education (CPME). The following abilities and characteristics are defined as technical standards, are requirements for admission, retention, promotion, and graduation. In addition, the medical student must demonstrate ethical standards and a professional demeanor 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 she or he can meet the School of Podiatric Medicine Technical Standards either with, or without, reasonable accommodations. Additionally, enrolled students must attest, annually, that they continue to meet the School of Podiatric Medicine 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 at 956-665-7005.

II. Technical Standards
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.

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 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 physical mobility, coordination of both gross and fine motor neuromuscular function and balance and equilibrium.

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.

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 DPM 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.

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 Podiatric Medicine include altruism, honesty and integrity, respect for others, empathy and compassion, responsibility and dependability.

The UTRGV SOPM has posted the technical standards in this policy. In addition, the admissions requirements are available at this link: SOPM Admissions/Requirements

The technical standards will also be disseminated to students during new student orientation and to faculty during the new faculty orientation process.

Students are required to sign the policy acknowledgement form annually for compliance tracking and this includes the technical standards policy.

Appendix A

CPME Standard(s)

Standard 10.5 TECHNICAL STANDARDS

A medical school develops and publishes technical standards for the admission, retention, and graduation of applicants or Podiatric Medicine students in accordance with legal requirements.
Policy Title: Student Ability to Challenge Records

A. Purpose
This policy outlines the procedures by which a medical student can challenge his or her educational record, including the Podiatric Medicine Student Performance Evaluation, if he or she considers the information contained therein to be inaccurate, misleading, or inappropriate. For all modules, if the issue is not resolved internally, then the procedural steps should be followed.

B. Persons Affected
Podiatric medicine students participating in the UTRGV SOPM curriculum beginning with the UTRGV SOPM inaugural class, the CLASS OF 2026, and those participating in future classes.

C. Policy
Students have the right to review and challenge their educational record.

- The process for reviewing and challenging a student's educational record is as follows:
  - The student will file a written request with the Assistant Registrar for SOPM to access the educational record.
  - The student will provide to the Assistant Registrar of SOPM copies of all available evidence relating to the data or material being challenged.
  - The Assistant Registrar for SOPM shall consider the request and shall notify the student in writing within fifteen (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 SOPM officials.
  - If an agreement is reached, it shall be in writing and signed by all parties involved. A copy of such agreement shall be 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 shall be informed in writing of the denial and the right to appeal on the matter through the Associate Dean for Academic Affairs.

- A student whose request for amendment to their educational record has not been settled or has been denied may file an appeal within five (5) days of the receipt of the letter of denial. The request shall be in writing and shall be filed with the Associate Dean for Academic Affairs. The request shall set forth the legal and factual basis for seeking correction of the student's educational record.

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

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

Appendix A
CPME 120: Standards and Requirements for Accrediting Colleges of Podiatric Medicine
Found at: [Council on Podiatric Medical Education official website](http://www.councilonpodiatricmedicine.org/standards/standards.html)
Required Clinical Experiences and Procedures

Policy Number:DPM029
Policy Title: Required Clinical Experiences and Procedures

A. Purpose
To define the establishment and ongoing monitoring of the Required Clinical Experiences and Procedures (RCEPs) for the UTRGV SOPM students in the clerkship phase of the curriculum and ensure that students complete the RCEPs for each clinical clerkship. This policy outlines the procedure that the Clerkship Directors will utilize to verify experiences and provide alternative learning experiences and instructions for those conditions that the learner has not been adequately exposed to.

B. Persons Affected
The policy will cover all students participating in the UTRGV SOPM curriculum for Clinical Clerkships in Medical School Years 3 and 4.

C. Definitions
One45: The computerized learning management and documentation system (Ex: One45) that is used to electronically maintain medical student’s required clinical experiences and procedure logs.

Procedures: Procedures are defined as eye-hand techniques that are usually invasive or require informed consent from the patient.

RCEPs (Required Clinical Experiences and Procedures): RCEPs in the clerkship include all the "must see" types of patients as well as those disease entities, clinical conditions and procedures that all Podiatric Medicine students are required to experience during clinical year 3.

D. Policy
Per accreditation standards (CPME 6.2), UTRGV SOPM faculty established required clinical experiences and procedures (RCEPs) that students are required to complete by the end of their required clerkships. The RCEPs are listed in the RCEP tables in each required clerkship syllabus. The RCEP tables specify the types of patients and clinical conditions to be encountered, the skills to be performed, the appropriate clinical settings for these experiences, and the expected levels of medical student participation. The RCEPs represent a variety of patient ages, conditions, and procedures that are based on the educational program objectives and informed by each of the clinical disciplines and clerkship learning objectives. The RCEPs are distributed across the required clinical clerkships where students will most likely encounter them.

As defined by CPME Standard 8 element 8.6, Monitoring of Completion of Required Clinical Experiences, UTRGV SOPM has in place a system with central oversight that monitors and ensures completion by all Podiatric Medicine students of required clinical experiences in the medical education program and remedies any identified gaps. Podiatric Medicine students completing their clinical clerkships are required to log all RCEPs in the electronic learning management system and submit preceptor signatures in their assigned RCEP logbooks for verification of completion. Monitoring of completion of RCEPs throughout the academic year is the responsibility of the clerkship director(s) with oversight and
escalation to the assistant dean for clerkships as needed. RCEP completion rates are monitored per academic year and analyzed for gaps & comparability.

APPENDIX

Procedures

1. During each clerkship orientation, students are educated on the requirements of each Clerkship's Required Clinical Experiences and Procedures (RCEPs) list. Each RCEP list specifies the level of student involvement, the procedure and skill required to fulfill the RCEP. The level of student involvement is outlined in the RCEP list developed by the Clerkship Curricular Subcommittee and approved by the Central Curricular Authority Committee. Levels of student involvement include:

   (1) Observed: A student carefully and attentively watches the completion of a required clinical encounter or procedure. The student does not have an active role in the encounter.

   (2) Participated: A student actively takes part in and collaboratively completes a required clinical encounter or procedure but does not assume a primary role.

   (3) Performed Supervised: A student individually completes a required clinical encounter or procedure and assumes the primary role under direct supervision of a resident or faculty physician.

2. Students will record their own individual experiences in the One45 learning management system and their physical logbook but will NOT record any patient-specific identifying information (name, date of birth, medical record number, Protected Health Information, etc.).

3. During the midpoint of each clerkship, each student will meet with the Clerkship Director(s) to review their RCEP experience log completion status in One45 and in physical log books to determine if they are on track to fulfill the RCEP requirements by the end of the clerkship.

4. Monday of the last week of each clerkship, the clerkship academic coordinators will provide the RCEP completion report to the clerkship director and assistant dean for clerkships. The academic coordinator will notify each student and clerkship director of any outstanding RCEPs. If the student has been unable to fulfill the RCEP requirements by Monday of the last week of the clerkship, they must submit a request for the clerkship director to approve an alternative learning experience for the student to complete by the last Wednesday of the clerkship. Alternative learning experiences must be approved by the clerkship director and they may include but are not limited to, computer-based modules, case-based learning, other clinical simulation, or additional clinical experiences.

5. Before the last Wednesday of the clerkship, students must have satisfactorily entered all clerkship specific RCEPs in One45 and turned in their required logbooks. It is the student’s responsibility to ensure all RCEP logging is accurate and complete in the learning management system and in clerkship logbooks. Failure to timely document all RCEP requirements accurately and completely may affect their professionalism grade for the clerkship. Students are expected to document their clinical encounters
daily, and report to the Clerkship Director if they feel they are having difficulties with any RCEP. Students are to contact their academic coordinator for guidance.

6. A grade will be documented as an incomplete (I) until successful RCEP completion is documented. Once documented, either as the intended clinical experience/procedure or an alternate learning experience assigned by the clerkship director, the grade for the course may be entered into record.
Medical Student Employment Policy

Policy Number:DPM030
Policy Title: Medical Student Employment Policy

A. Purpose

In recognition of the importance and requirements for all students to reach educational goals enrolled in the full-time D.P.M. curriculum in the School of Podiatric Medicine, the following policy was established to provide guidance to students, faculty, and administrators.

B. Persons Affected

This policy will cover the students participating in the UTRGV SOPM curriculum.

C. Implementation Date

This policy is effective with the UTRGV SOPM inaugural class, the Class of 2026, and will remain in effect for future classes unless otherwise amended.

D. Policy

Employment is discouraged, whether on-campus or off-campus, since the demands of the curriculum require a student’s full attention.

A student who encounters academic difficulty can expect an academic counselor or the Medical Student Evaluation and Promotion Committee to ask about time management and outside activities, including employment. Such a student should also expect that among conditions for remediation or probation there may be a recommendation to curtail or end such activities.
Medical Student Non-Academic Grievance Policy

Policy Number: DPM031
Policy Title: Medical Student Non-Academic Grievance Policy

A. Purpose

The purpose of this policy is to provide clear guidelines for resolving complaints against UTRGV faculty and staff related to non-academic matters.

B. Persons Affected

The policy will cover the students participating in the UTRGV SOPM curriculum.

C. Policy

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 SOPM 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.

Procedures for informal resolution, formal resolution and appeal are presented in Appendix A.

APPENDIX A

Procedure for Informal Resolution

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 SOPM community, the Associate Dean for Student Affairs will liaise 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-Podiatric Medicine 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 SOPM 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 SOPM Dean may elect to:

Take no action, allowing the Associate Dean for Student Affairs decision to stand;

Modify the Associate Dean for Student Affairs decision;

Make an alternate decision;

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.
Appendix B

CPME Standard(s) 9.9 STUDENT ADVANCEMENT AND APPEAL PROCESS

A medical school ensures that the medical education program has a single set of core standards for the advancement and graduation of all Podiatric Medicine students across all locations. A subset of Podiatric Medicine students may have academic requirements in addition to the core standards if they are enrolled in a parallel curriculum. A medical school ensures that there is a fair and formal process for taking any action that may affect the status of a medical student, including timely notice of the impending action, disclosure of the evidence on which the action would be based, an opportunity for the medical student to respond, and an opportunity to appeal any adverse decision related to advancement, graduation, or dismissal.
Diversity and Inclusion Policy

Policy Number: DPM032
Policy Title: Diversity and Inclusion Policy

A. Purpose

The University of Texas Rio Grande Valley (UTRGV) School of Podiatric Medicine strives to create and sustain a spirit of diversity, inclusion, and enrichment that fosters an environment of cultural competency, sensitivity and awareness. The UTRGV SOPM goals stem from the School's unique geographic location at the border of U.S. and Mexico, a place with rich bicultural and family traditions, but also one burdened by health disparities. It inspires the SOPM's 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 SOPM. 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.

B. Persons Affected

This policy will cover the faculty, residents, students, and senior administrative staff in the UTRGV SOPM.

C. Definitions:

Senior Administrative: Individuals with title of Director and above who do not hold a faculty title or position.

Faculty: The group of individuals (both physician and non-physician) assigned to teach and supervise learners.

Resident: An individual enrolled in an ACGME-accredited residency or fellowship program.

Medical Student: Any person enrolled in any academic program and pursuing a DPM degree (or DPM-combined degree, such as DPM-PhD) at a U.S. DPM- or DO-granting medical school.

D. Policy

UTRGV SOPM is committed to providing a diverse environment for faculty, students, residents and staff. Diversity at our SOPM 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 Special Programs 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.

UTRGV SOPM is committed to recruiting and retaining students, faculty, residents, and staff from a variety of backgrounds. Differences in beliefs, opinions, perspectives, experiences, lifestyle, gender,
sexual orientation, culture, and race/ethnicity all enrich the academic environment and thus are considered in the selection process.

Students
UTRGV SOPM 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).

Residents
UTRGV SOPM 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).

Faculty and Senior Administrative Staff
UTRGV SOPM 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

UTRGV SOPM 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 will assist UTRGV SOPM in achieving measurable mission-appropriate diversity outcomes.

By embracing all communities (e.g. faculty, residents, senior administrative staff, students) and enhancing the cultural competency of all the current- and future-physicians it educates, UTRGV SOPM provides an educational environment that is welcoming and respectful of diverse ideas, cultures, and people, while improving access to care for its underserved populations.

Appendix A

CPME Standard:

3.3 DIVERSITY/ PIPELINE PROGRAMS AND PARTNERSHIPS

A medical school has effective policies and practices in place, and engages in ongoing, systematic, and focused recruitment and retention activities, to achieve mission-appropriate diversity outcomes among its faculty, residents, students, senior administrative staff, and other relevant members of its academic community. These activities include the use of programs and/or partnerships aimed at achieving
diversity among qualifies applicants for medical school admission and the evaluation of program and partnerships outcomes.

ACGME Common Program Requirements:

Background and Intent: It is expected that the Sponsoring Institution has, and programs implement, policies and procedures related to recruitment and retention of minorities underrepresented in medicine and medical leadership in accordance with the Sponsoring Institution's mission and aims. The program's annual evaluation must include an assessment of the program's efforts to recruit and retain a diverse workforce, as noted in V.C.1.c).(5).(c).


https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRResidency2019.pdf

AAMC Glossary

https://www.aamc.org/data-reports/students-residents/interactive-data/facts-glossary
Fair and Timely Formative and Summative Assessment Policy

Policy Number: DPM033
Policy Title: Fair and Timely Formative and Summative Assessment Policy

A. Purpose
The University of Texas Rio Grande Valley (UTRGV) School of Podiatric Medicine (SOPM) is committed to excellence in education and to providing students with a comprehensive medical education that will enable their development as knowledgeable, skilled, and compassionate physicians. To meet this commitment and to adhere to CPME standards, UTRGV SOPM provides both formative and summative assessment including narrative assessment in all required pre-clerkship and clerkship course. The goal of these assessments is to assure that student formative and summative assessments measure outcomes linked to defined curricular learning objectives and that students receive them in a timely manner.

B. Persons Affected
This policy will cover faculty and staff participating in the UTRGV SOPM curriculum and involved in formative, narrative, and summative assessment of students across the four years of their undergraduate medical education.

C. Authority and Responsibilities
The Central Curricular Authority Committee (CCAC), the central authority responsible for the overall design, management, and evaluation of the curriculum through appropriate subcommittees, monitors and evaluates the effectiveness of curriculum.

D. Policy
The Office of the Senior Associate Dean for Education and Academic Affairs and the Assistant Dean for Assessment, Evaluation, and Quality Improvement (AE&QI) are responsible for the oversight and administration of formative, narrative, and summative assessments. Together, they assure that students receive timely formative and summative assessments, including narrative assessment in modules and clerkships of at least four or more weeks in duration.

E. Definitions
Assessment: The processes employed to make judgements regarding the achievements of students over a course of study.

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.

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.

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 assessment is graded. Examples of summative assessment include: mid-term exams, final exams, shelf exams, OSCEs, etc.

F. Policy

A centralized system for student assessment operates under the auspice of the Office of the Senior Associate Dean for Education and Academic Affairs and the Assistant Dean for Assessment, Evaluation and Quality Improvement. 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 the UTRGV Educational Program Objectives (EPOs). Students are provided assessment results in a timely manner.

G. Procedure

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 that is four or more weeks in length to allow sufficient time for remediation. The types of formative assessment available to students include, but are not limited to; group case activities with feedback (e.g. PBL), 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.

Students enrolled in modules which are 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 greater than four weeks in length will meet with the Clerkship Director at the clerkship midpoint to review: 1) their core clinical skills, behaviors, attitudes and overall performance; 2) to assess their progress toward meeting required clinical encounters and procedures; and 3) to review 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 the struggling student and be provided with information on how to refer struggling students for a meeting with the Clerkship Director at any time during the clerkship.

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
learning objectives (EPOs) for which they are required to demonstrate mastery. The Assistant Dean for Assessment, Evaluation and Quality Improvement 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 with two weeks of the completion date of the module, and within six weeks of the completion date of the clerkship.

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 going forward. 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 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 a 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, Evaluation and Quality Improvement, 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.

H. Relevant Federal/State Statutes, Board Regents, and/or Coordinating Board Rules
UT System Board of Regents Rule 50702: Confidentiality and Security of Education Records Subject to the Family Educational Rights and Privacy Act (FERPA)

1The CPME Standards that apply to assessment are located in Appendix A of this policy.
4Ibid. p. 15.

Appendix A
CPME Standards
Standard 9:4 Assessment System
A medical school ensures that, throughout its medical education program, there is a centralized system in place that employs a variety of measures (including direct observation) for the assessment of student achievement, including students’ acquisition of the knowledge, core clinical skills (e.g., medical history-taking, physical examination), behaviors, and attitudes specified in medical education program objectives, and that ensures that all Podiatric Medicine students achieve the same medical education program objectives.

9.5 Narrative Assessment

A medical school ensures that a narrative description of a medical student’s performance, including his or her non-cognitive achievement, is included as a component of the assessment in each required course and clerkship of the medical education program whenever teacher-student interaction permits this form of assessment.

9.7 Formative Assessment and Feedback

A medical school ensures that each medical student is assessed and provided with formal formative feedback early enough during each required course or clerkship four or more weeks in length to allow sufficient time for remediation. Formal feedback occurs at the midpoint of the course or clerkship. A course or clerkship less than four weeks in length provides alternate means by which a medical student can measure his or her progress in learning.
UTRGV SOPM Grading Policy
Policy Number:DPM034
Policy Title: UTRGV SOPM Grading Policy

A. Purpose
The University of Texas Rio Grande Valley (UTRGV) School of Podiatric Medicine (SOPM) is committed to excellence in education and to providing students with a comprehensive medical education that will enable their development as knowledgeable, skilled and compassionate physicians. To meet this commitment and to meet CPME standards, the UTRGV SOPM must provide clear standards as for how students will be assessed and graded. This policy outlines the grading policy for UTRGV SOPM students for all four years of the curriculum.

B. Persons Affected
This policy will cover faculty, staff and students participating in the UTRGV SOPM four-year curriculum.

C. Authority and Responsibilities
The Central Curricular Authority Committee (CCAC), the central authority responsible for the overall design, management, and evaluation of the curriculum, through appropriate subcommittees, monitors and evaluates the effectiveness of the four-year curriculum.

D. Definitions
- **Assessment:** The processes employed to make judgements about the achievements of students over a course of study.
- **ASSIST:** Student information systems platform that stands for Advanced Services for Student Information Supported by Technology.
- **Grading Rubric:** A coherent set of criteria for students’ work that includes descriptions of levels of performance quality on the criteria. The Office of Education and Academic Affairs (OEAA) is responsible for the development of grading rubrics for each module, clerkship, selective and elective 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 all clinical courses and rotations including core clerkships, electives and selectives during the third and fourth years of the curriculum.
- **Grading Systems:** There are two grading systems. (1) Where the grades are Honors/High Pass/Pass/No Pass. (2) Where the grades are Pass or No Pass.

1. **Under the Honors/High Pass/Pass/F System:**
   - **Honors "H" Grade:** A grade greater than or equal to 90% will be recorded as "Honors" in the student's academic record and transcript.
   - **High Pass "HP" Grade:** A grade greater than or equal to 80% but less than 90% will be recorded as "High Pass" in the student's academic record and transcript.
   - **Pass "P" Grade:** A grade greater than or equal to 70% but less than 80% will be recorded as "Pass" in the student's academic record and transcript.
   - **Failing "F" Grade:** A grade below 70% will be recorded as "F" in the student's academic record and transcript.

2. **Under the Pass/No Pass System:**
   - **Pass "P" Grade:** A grade greater than or equal to 70% will be recorded as "Pass" in the student's academic record and transcript.
   - **No Pass "NP" Grade:** A grade below 70% will be recorded as "No Pass" in the student's academic record and transcript.

- **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. The incomplete grade will be updated once a student has completed all curricular requirements.

- **Withdrawal "W" Grade:** A grade of "W" will be awarded to a student who withdraws from a course prior to completing all requirements.

E. Policy
Module grades (PMS 1 and PMS 2 years) are based on a Honors/High Pass/Pass/Fail System. Each module provides students with its own CCAC-approved grading rubric which is comprised of two assessment components: 1) objective examinations, quizzes, presentations, etc., and 2) performance-based assessments (clinical skills, OSCEs, professionalism, etc.). Students must pass both components to receive a passing grade.

Pre-Clerkship grades are converted to scores where:
- 90-100% = Honors (4.0)
- 80-89.99% = High Pass (3.5)
- 70-70.99% = Pass (2.5)
- 0-69.99% = Fail (1.0)

Clerkship grades (PMS 3 and PMS 4 years) are based on either the Honors/High Pass/Pass/No Pass System or the Pass/No Pass System. Each clerkship provides students with its own CCAC-approved grading rubric. Grades are not rounded up or down.

Final grades for all courses (PMS 1 to PMS 4) must be entered into ASSIST by the designated official and made available to students within three weeks as the recommended guideline with six weeks as the absolute requirement from the end date of the course.

Monitoring of the timely submission of grades is the responsibility of the Office of Academic Affairs.

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 (FERPA), 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.

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

Remediation: Students who do not pass a module, clerkship, elective or selective may be required to remediate a course. (See policy Pre-Clerkship Remediation and policy Clinical Year 3 and 4 Remediation).

F. Relevant Federal and/or State Statute(s), Board of Regents’ Rule(s), UTS Policy (ies), and/or Coordinating Board Rule(s)


Board of Regents: UT System Board of Regents Rule 50702: Confidentiality and Security of Education Records Subject to the Family Educational Rights and Privacy Act (FERPA)

1See Appendix A for applicable CPME standards.

Appendix A

CPME 120: Standards and Requirements for Accrediting Colleges of Podiatric Medicine
Found at: Council on Podiatric Medical Education official website
Pre-Clerkship Scheduled Workload Hours

Policy Number:DPM035
Policy Title: Pre-Clerkship Scheduled Workload Hours

A. Purpose

The purpose of this policy is to protect and maximize student learning time and opportunities for unstructured, independent and self-directed learning within the formal / structured curriculum. Scheduled curricular activities are not to conflict with, nor overlap with self-directed time. This policy meets the CPME requirements of Element 6.3 (Self-Directed and Life-Long Learning) and Element 8.8 (Monitoring Student Time).

B. Persons Affected

This policy applies to all faculty associated with the delivery of the Pre-Clerkship curriculum

C. Definitions

Contact hour: A unit of measure that represents one hour of scheduled instruction or formal assessment given to students. This unit of measure does not include activities that are assigned to students in preparation for a class.

Scheduled learning activities: Scheduled learning activities include lectures, small-group discussions, laboratories, patient panels, student presentations, assessments, and any other instruction that occurs at a time specified in a course syllabus or schedule.

Unscheduled learning activities: Unscheduled learning activities include but is not limited to asynchronous online learning, viewing of a pre-recorded lecture or videos for flipped classroom sessions, protected time for completion of group assignments and student presentations.

Optional learning activities: Optional learning activities include optional review or open laboratory sessions.

Self-Directed learning activities: Self-Directed learning activities include time spent studying and reading, completing assigned readings and attending optional review sessions not formally scheduled in a course syllabus or schedule. This time is intended for students to engage in studying and self-directed learning outside of contact hours.

D. Policy

In order to encourage self-directed study, the contact hours should not exceed 28 hours per week in the Pre-Clerkship phase of the curriculum.

Scheduled learning activities and formal assessment activities are considered to be contact hours.

Learning Activities include but are not limited to:

Clinical experiences

Interprofessional Education sessions
Labs
Large group (TBL, case discussions, session with patient interview, panel discussions, flipped classrooms, etc.)

Lectures
Problem-based Learning sessions
Quiz review sessions
Review sessions (exam review sessions, lecture review sessions, etc.)

Clinical Skills labs
Small group (any session with a small group of students to discuss a specific issue, topic or problem, such as case conferences, seminars, etc.)

Assessment Activities:
Quizzes, essays, NBME-based examination, OSCEs etc.

Appendix A
CPME Standards

6.3 SELF-DIRECTED AND LIFE-LONG LEARNING
The faculty of a medical school ensure that the medical curriculum includes self-directed learning experiences and time for independent study to allow Podiatric Medicine students to develop the skills of lifelong learning. Self-directed learning involves Podiatric Medicine students’ self-assessment of learning needs; independent identification, analysis, and synthesis of relevant information; and appraisal of the credibility of information sources.

8.8 MONITORING STUDENT TIME
The medical school faculty committee responsible for the medical curriculum and the program’s administration and leadership ensure the development and implementation of effective policies and procedures regarding the amount of time Podiatric Medicine students spend in required activities, including the total number of hours Podiatric Medicine students are required to spend in clinical and educational activities during clerkships.
Technology Policies (E-mail, Computers, Mobile Devices, Social Media)

Policy Number:DPM036
Policy Title: Technology Policies (E-mail, Computers, Mobile Devices, Social Media)

A. Purpose

The purpose of this policy is to provide clear guidelines for how students can access and use technology at the University of Texas Rio Grande (UTRGV) School of Podiatric Medicine.

B. Persons Affected

This policy will cover the students participating in the UTRGV SOPM curriculum.

C. 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 - 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 (SMS), 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.), PDAs (personal digital assistants), 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)

D. Policy

1. Email Policy
Only the SOPM's faculty, staff, students, and other persons who have received permission under the appropriate authority are authorized users of the UTRGV SOPM e-mail systems and resources. Use of e-mail 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, he/she is subject to sanctions, including but not limited to, having his/her campus e-mail 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.

2. Portable Computers and Mobile Devices Policy
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 UTRGV SOPM-owned computers that students have access during exams and/or those borrowed for use from the SOPM 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.

3. Standards Pertaining to the Use of the Personal Computers
Students must ensure that their laptop is not used by unauthorized persons.

All students are encouraged to regularly save all data to the network drives and a central location, i.e., Blackboard. The SOPM is not 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 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.

4. Social Media Policy
The administration of the SOPM recognizes that social networking websites and applications are an important and timely means of communication. However, students who use these websites and other applications should be aware of the critical importance of privatizing their web sites 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 students in the SOPM 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 a care-givers. 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 trips) may still allow the reader to recognize the identity of a specific individual, and therefore is prohibited.

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 UTRGV SOPM is not. Many of the cases used in the academic setting have been generously provided by other medical schools with the stipulation that they would be used only by UTRGV SOPM students. In addition, it would defeat the purpose of problem-based learning 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 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 SOPM, unless authorized to do so by the President or Dean of the SOPM, 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 may not post photographs of patients, family members of patients, and/or Plastinate specimens.

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 do 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 completion of assigned clinical responsibilities 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 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.

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; and

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

When using these social networking websites/applications, students are strongly encouraged to use personal e-mail 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.

Relevant Federal and/or State Statute(s), Board of Regents' Rule(s), UTS Policy(ies), and/or Coordinating Board Rule(s)


Board of Regents: UT System Board of Regents Rule 50702: Confidentiality and Security of Education Records Subject to the Family Educational Rights and Privacy Act (FERPA)

Board of Regents: UT System Board of Regents Policy UTS165 Information Resources Use and Security Policy.
Medical Student Supervision During Required Clinical Activities Policy

Policy Number: DPM037
Policy Title: Medical Student Supervision During Required Clinical Activities Policy

A. Purpose

The purpose of a supervision policy is to ensure that learners are appropriately supervised for patient safety, quality of care, and increasing autonomy. Students gain skills at varying times and will always be supervised. This process, however, should prepare students to be entrusted in professional ability once graduated.

B. Persons affected

The policy will cover all students participating in the UTRGV SOPM curriculum.

C. Definitions

The following definitions are used throughout the document:

Student - a learner enrolled in an accredited School of Podiatric Medicine.

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 School of Podiatric Medicine.

Levels of Student Supervision

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

Direct Supervision - the supervising physician is physically present with the student and patient.

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 by program director and clerkship director discussion.

D. Policy
Supervision may be exercised through a variety of methods. Most activities require the physical presence of the supervising faculty member. For many aspects of patient care, the supervising physician may be a more advanced resident or fellow. Other portions of care provided by the student can be adequately supervised by the immediate availability of the supervising faculty member or resident physician, within the same area. The goal is to ensure that both patients and students have adequate safe supervision throughout their medical education. This policy defines the following goals:

To define the role, responsibilities, and patient care activities of students

To define the process for supervision of physicians by supervising UTRGV Faculty

To define the developmental responsibility of supervision based on defined levels of competency.

To define the role of supervision by upper-level resident physicians.

To define the role of supervision in both the inpatient and outpatient settings of health care.

To define the role of supervision in chart writing.

The privilege of progressive authority and responsibility and conditional independence in patient care delegated to each student must be assigned by the clerkship director and faculty members. The Clerkship director must evaluate each student's abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.

Faculty 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.

Individuals who provide psychiatric/psychological care or other health services to a medical student must have no involvement in the academic assessment and promotion of that student. Individuals having a close relationship with the specific student outside of the academic setting must have no involvement in the academic assessment and promotion of that student.

The School of Podiatric Medicine will request assurance that students participating in or electives or sub-internships at other CPME- accredited institutions will be provided faculty supervision as outlined in this policy.

Faculty members functioning as supervising physicians should delegate portions of care to students, based on the needs of the patient and the skills of the student. Residents or fellows should serve in a supervisory role of students based on the needs of each patient and the skills of the individual resident or fellow. In general, if a resident/fellow is approved to perform a procedure or process without direct supervision, he/she may supervise and attest supervision a student for that same procedure/process.

Each student must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act. In particular, students will always be supervised by a UTRGV Faculty either directly or indirectly with direct supervision immediately available.

It is recognized that students learn at different rates and their education and capabilities are developmental. Supervision by upper-level residents and faculty is imperative in student education. As students gain skills and competency in the 6 ACGME competencies, direct supervision is
developmentally changed to more indirect supervision. For example, students can take an independent history and physical exam, but it must be corroborated by a faculty.

E. PROCEDURES

Supervising Physician
In all instances the supervising physician will be a UTRGV Faculty. However, any member of medical staff with appropriate clinical privileges may act as supervising physician for a student under the primary supervision of the UTRGV FACULTY.

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.

By exception, supervision of students may be performed by qualified and credentialed practitioners with particular expertise in certain diagnostic or therapeutic procedures, 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 determined appropriate. In order to advance to the next level of training

All UTRGV clinical faculty are vetted and credentialed through the UTRGV SOPM faculty appointment process and are expected not to practice outside their level of credentialing. Affiliate faculty and UTRGV faculty credentialed at affiliate hospitals are expected not to practice outside their level of credentialing. It is the responsibility of the Medical Executive Committee at the School of Podiatric Medicine and the Chief of Staff at the affiliate faculty to ascertain that faculty are not practicing beyond their level of credentialing.

Physicians not credentialed by an affiliate hospital are required to be credentialed as UTRGV Faculty. It is the responsibility of the Medical Executive Committee to ensure that all faculty are practicing within their scope of capacity. Clerkship directors, academic coordinators, and student evaluations as well as the anonymous student portal are measures to ensure that faculty are not practicing outside their level of competency.

General Guidelines Regarding Entries Made in the Medical Record

Student entry of information into the medical record will be determined by the policies of the clinical facility in which the student is working. Entries made in the medical record 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 will co-sign all charts for the students.
The supervising physician will be responsible for "live" coding of all visits. Students may provide coding recommendation as 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 Conditions and Procedures delineate the required procedures performed and outlines the necessary degree of supervision required, as well as the location. As the student progresses through the program, he or she is expected to demonstrate competence at each level before proceeding to the next. All students will be supervised for all procedures.
Confidentiality of Podiatric Medicine Student Educational Records
Policy Number:DPM038
Policy Title: Confidentiality of Podiatric Medicine Student Educational Records

A. Purpose
All students enrolled at UTRGV School of Podiatric Medicine are protected by the Family Educational Rights and Privacy Act (FERPA), which is commonly known as "the Buckley amendment." Students’ rights include, but are not limited to, the right to inspect and review their education records, under certain conditions, and the right to consent to disclosure of personally identifiable information contained in education records, except to the extent that FERPA authorizes disclosure without consent.

B. Persons Affected
This policy will cover the students participating in the UTRGV SOPM curriculum.

C. Implementation Date
This policy is effective with the UTRGV SOPM inaugural class, the CLASS OF 2026, and will remain in effect for future classes unless otherwise amended.

D. Policy
Podiatric Medicine 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.

1. Specifically identified medical school officials, with a legitimate educational interest, have access to the educational record without student consent. These include the following, on a need to know basis:
   • Dean
   • Associate Dean for Academic Affairs
   • Director of Student Affairs for SOPM
   • Assistant Registrar for SOPM
   • Medical Education Evaluator and Assessment Manager for SOPM

2. Access will be granted to others with an educational need to know without student consent with approval by either the Associate Dean for Academic Affairs or Director of Student Affairs.

3. 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.

E. 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 FERPA release form available on the UTRGV Student Enrollment Forms page (https://www.utrgv.edu/ucentral/student-resources/student-forms/enrollment-forms/index.htm) and submit it to the Associate Registrar for the School of Podiatric Medicine at SOPMRegistrar@utrgv.edu.
3. The Assistant Registrar for the School of Podiatric Medicine will then notify the person making the request that access has been approved by the student and will release the record accordingly.

F. Relevant Federal/State Statutes, Board of Regents, and/or Coordinating Board Rules
UT System Board of Regents Rule 50702: Confidentiality and Security of Educational Records Subject to the Family Educational Rights and Privacy Act (FERPA)

Appendix A
CPME 120: Standards and Requirements for Accrediting Colleges of Podiatric Medicine
Found at: Council on Podiatric Medical Education official website
Prohibition of Retaliation Against Students Who Report Mistreatment

Policy Number:DPM039
Policy Title: Prohibition of Retaliation Against Students Who Report Mistreatment

A. Policy

The School of Podiatric Medicine 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 or designee as appointed by the Dean of the School of Podiatric Medicine will investigate the alleged retaliation and make a report to the Dean of the School of Podiatric Medicine (The Dean) 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), if any. The Dean's decision shall not be subject to further appeal.

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 and in Policy DPM057 (Student Mistreatment) have been established to produce a timely and effective resolution to any mistreatment concerns.
Admissions Committee - Conflict of Interest Policy

Policy Number: DPM040
Policy Title: Admissions Committee - Conflict of Interest Policy

A. Policy

The University of Texas Rio Grande Valley School of Podiatric Medicine (UTRGV SOPM) encourages faculty, staff and students to engage in appropriate professional, business or other interactions with public and private entities. However, such activities can create conflicts of interest, or the appearance of conflicts of interest, that have the potential to threaten the integrity of UTRGV SOPM admissions processes and other areas such as research, scholarship, instruction, evaluation and administrative functions. To ensure that its reputation and admissions processes are not compromised by even an appearance of inattention to this matter, UTRGV SOPM Admissions Committee (AC) has the following policy - consistent with federal guidelines - that address the reporting and management of the potential conflicts of interest.

A conflict of interest is a situation in which an individual has competing interests or loyalties. For the SOPM Admissions Committee this may be reflected as but not limited to:

- Review, interview or participation in the admission selection process of a relative
- Review of an applicant who is a personal friend, relative of a friend, or previously personally known in other than educational settings
- Review of an applicant who has, or whose family has, a material financial interest and/or association with the AC member or a financial interest in the outcome of the selection process
- Review of an applicant who has a position of authority in an organization relevant to the SOPM, or who has a family member or friend in a position of authority, that conflicts with his or her interests

The Admissions Committee member has the responsibility to recuse him or herself from the review, selection and voting process of an applicant for the School of Podiatric Medicine. For convenience, a "recuse" flag is included, at the start of the review process, to give the member an opportunity for recusal (if he or she does not recognize the applicant until they start reading the application or view the applicant photo). During admissions committee meetings, if the applicant is discussed in any way, the member is expected to recuse him or herself from the discussion and leave the room.

If a member recuses him or herself from the admissions processes, the Chair will randomly assign the application to another committee member for processing.

These processes are discussed at the AC orientation and periodically re-addressed by the Chair during the selection process.

Appendix A

CPME Standard 6. Students

1.2 CONFLICT OF INTEREST POLICIES
A medical school has in place and follows effective policies and procedures applicable to board members, faculty members, and any other individuals who participate in decision-making affecting the medical education program to avoid the impact of conflicts of interest in the operation of the medical education program, its associated clinical facilities, and any related enterprises.

Approved by the Dean/Chief Academic Officer on January XX, XXXX.

Non-substantive changes made on January XX, XXXX.
Recusal of Academic Advising

Policy Number: DPM041
Policy Title: Recusal of Academic Advising

A. Purpose

A medical school has an effective system of academic advising in place for Podiatric Medicine students that integrates the efforts of faculty members, course and clerkship directors, and student affairs staff with its counseling and tutorial services. This policy will provide a clear guideline to ensure that students can obtain academic counseling from individuals who have no role in making assessment or promotion decisions about them.

B. Persons Affected

This policy will cover all students affiliated with UTRGV SOPM.

C. Implementation Date

This policy is effective with the UTRGV SOPM inaugural class, the Class of 2026, and will remain in effect for future classes unless otherwise amended.

D. Policy

This policy is in place to ensure that Podiatric Medicine students have the option of obtaining academic counseling from individuals who have no role in assessment or advancement decision about them. Students are informed during orientation as to the academic counseling role of the deans who are not involved in their assessment and advancement decisions. SOPM students are also informed that the following administrators are not involved nor have any part in the assessment and/or advancement decisions of Podiatric Medicine students.

Associate Dean of Student Affairs
Director of Academic Support Services
Academic Advisor
Educational Learning Specialist

Appendix A

CPME Standard(s)

11.1 ACADEMIC ADVISING

A medical school has an effective system of academic advising in place for Podiatric Medicine students that integrates the efforts of faculty members, course and clerkship directors, and student affairs staff with its counseling and tutorial services and ensures that Podiatric Medicine students can obtain
Oversight of Extramural Electives

Policy Number: DPM042
Policy Title: Oversight of Extramural Electives

A. Purpose

The purpose of this policy is to provide clear guidelines as to how and by whom extramural electives will be reviewed and approved prior to being made available for student enrollment.

B. Persons Affected

Podiatric Medicine students participating in the UTRGV SOPM curriculum beginning with the UTRGV SOPM inaugural class, the Class of 2026, and will remain in effect for future classes unless otherwise amended.

C. Policy

Podiatric Medicine students have the opportunity to complete domestic extramural electives at CPME and/or ACGME accredited institutions. Students apply for the electives through the Association of American Medical Colleges (AAMC) Visiting Student Learning Opportunities (VSLO) or using the host institutions' application system. Students' plans for extramural electives must be discussed with and approved by the students' faculty advisors prior to enrollment to ensure that the elective is appropriate for the student. The UTRGV SOPM 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-CPME accredited institutions, students must submit a petition with a detailed plan and daily schedule to include learning objectives. This petition requires the support of a UTRGV SOPM faculty sponsor or the student's faculty advisor. Petitions are submitted to the Office of Student Affairs through the Office of Clinical Education for review and final approval.

Podiatric Medicine students can also complete extramural electives abroad. These can be scheduled at international affiliated institutions or also through AAMC VSLO. The UTRGV SOPM has established that the VSLO vetting process for electives meets the expectations of the school and, therefore, VSLO electives need no approval beyond that of the student's faculty advisor. If a student identifies an elective opportunity at a site not at an affiliated institution or a VSLO institution the site is vetted by the Office of Student Affairs. Petitions for electives abroad are reviewed and either approved or denied by the Office of Student Affairs 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.

Appendix A

CPME Standard(s)

11.3 OVERSIGHT OF EXTRAMURAL ELECTIVES
If a medical student at a medical school is permitted to take an elective under the auspices of another medical school, institution, or organization, a centralized system exists in the dean's office at the home school to review the proposed extramural elective prior to approval and to ensure the return of a performance assessment of the student and an evaluation of the elective by the student. Information about such issues as the following are available, as appropriate, to the student and the medical school in order to inform the student's and the school's review of the experience prior to its approval:

Potential risks to the health and safety of patients, students, and the community;

The availability of emergency care;

The possibility of natural disasters, political instability, and exposure to disease;

The need for additional preparation prior to, support during, and follow-up after the elective;

The level and quality of supervision; and

Any potential challenges to the code of medical ethics adopted by the home school.
Clinical Year 3 and 4 Attendance Policy

Policy Number:DPM043
Policy Title: Clinical Year 3 and 4 Attendance Policy

A. Purpose

The purpose of this policy is to provide guidance for attendance during Clinical Year 3 & 4. These guidelines comply with both University of Texas Rio Grande Valley (UTRGV) School of Podiatric Medicine and the liaison Committee on Medical Education (CPME) standards.

B. Persons Affected

This policy applies to all students participating in UTRGV School of Podiatric Medicine Clinical Years 3 & 4.

C. Policy

Year 3 & 4 Podiatric Medicine students are required to attend and participate in all aspects of their assigned clinical rotations. All clinical schedules, rotation orientations, NBME exam days and didactic sessions are mandatory.

Rotation Orientation Day
Students are required to attend orientation sessions for each rotation. Students who do not attend the mandatory orientation session will be prohibited from participating in the clinical rotation as scheduled. A delayed start of a clinical rotation may affect the student’s entire clinical schedule. Students will be required to meet with the Assistant Dean for Medical Education, Clerkships to revise their schedule which may ultimately affect their Year 4 schedule or result in a delay in graduation.

Clinical Rotations & Didactic Lectures
Students are required to attend all scheduled clinical rotations and didactic lectures. Adherence to clinical schedules and didactics are mandatory and take precedence over scheduling of non-rotation events. It is the student’s responsibility to ensure clinical rotation requirements will be met before scheduling any non-rotation events (e.g. travel, conference attendance, weddings, etc.).

Students are required to attend all scheduled weekday, on-call and weekend duties as directed by the clerkship director, faculty supervisor, and/ or supervising resident. Students will adhere to the ACGME Work Hour Rules (2017) and UTRGV SOPM Clerkship Duty Hours Policy.

Last Day of Rotation and NBME Exam Day
Students are required to attend the last day of each clinical rotation and to sit for the NBME. Excused absences for missing an NBME include illness with substantiating doctor’s note and family emergency discussed and approved by the Assistant Dean for Medical Education, Clerkships.

Holidays and Breaks
Winter Break is the ONLY scheduled time off from the Year 3 clinical rotation schedule. Time off for all
other holidays is at the discretion of the Clerkship Director, faculty supervisor, and/or supervising resident.

D. Procedure

Clerkship Directors, faculty supervisors or their assigned designee (academic coordinators) have the responsibility for keeping and maintaining records of attendance for all mandatory clinical rotation activities. Students found to be in violation of the Clinical Years 3 & 4 Attendance Policy will receive a Professionalism Concern write up as indicated in the Professionalism Policy.

Absences
Students requesting any time off should contact the appropriate Clinical Course Director at least four weeks prior to the time requesting off. Students are required to complete the School of Podiatric Medicine Excused Absence Form (Appendix B) in order to request time off from a specific rotation. Absences must not be planned during the rotation orientation, NBME exam day, or during any other required element of a clinical rotation. Clinical rotations are scheduled in advance and it is the student's responsibility to arrange any anticipated personal events during breaks in the schedule.

In general, a student is permitted 2 excused absences during a four-week rotation and 4 excused absences during an eight-week rotation.

During Clinical Year 4, students are permitted 4 excused absences during a non Sub-Internship rotation for interviewing. Students will also be permitted 3 excused absences for STEP 2 CK/CS testing with substantiating documentation to support the time away. If a student is invited to a residency interview and the absence will exceed the 4-day limit, students must obtain written approval from the course director. The student may be required to make up missed clinical time or complete a simulation experience.

Unexcused absences will not be tolerated and will result in disciplinary action, which may include failure in professionalism and requirement to repeat a clinical rotation.

If one unexcused absence occurs, the student will be immediately reported to Clerkship Director who will complete a Professionalism Concern write up which will be included in the student’s final clerkship evaluation. The student will be referred to the Dean for Student Affairs for disciplinary action.

If a second unexcused absence occurs, the student will be reported immediately to the Clerkship Director who will complete a final Professionalism Concern write up to be included in the student’s Medical Student Performance Evaluation (MSPE) Letter. The student will be referred to the Medical Student Evaluation and Performance Committee (MSPEC) for disciplinary action

Student Reporting of Absences
If a student plans to be absent from a clinical rotation, the following individuals must be notified before the start of a work shift:

Faculty Supervisor

Email and phone call. See individual clerkship syllabi for specific contact requirements

Academic Coordinator and Clerkship Director of the specific rotation
See Clerkship syllabi for contact information

The Assistant Dean for Medical Education, Clerkships

The following absence types must be reported in the delineated manner:

**Rotation Orientation Day and/or NBME Exam Day**

If an absence is due to an illness or injury, the student must present a doctor's note on the health care provider's letterhead or prescription paper to the Clerkship Director.

If an absence is due to a family or life emergency, the student must speak directly with the Clerkship Director. Confidentiality will be upheld.

Two or more consecutive missed days due to illness

Students must present a doctor's note on the health care provider's letterhead or prescription paper to the Clerkship Director.

Presentation at a national conference

Students must submit copies of the national conference invitation to present, a conference program and travel itinerary to the specific Clerkship Director to substantiate the absence.

Exam Absence and Tardiness Reporting

The testing coordinator is responsible for keeping records of attendance for all exams and will report any student absences and/or tardiness to the Assistant Dean for Medical Education, Clerkships. The Assistant Dean for Medical Education, Clerkships will then address the absence and/or tardiness with the student and if permitted, refer the student to the Office of Assessment for re-scheduling of exam at a later date. All students who miss the original scheduled exam date will be required to sign a confidentiality agreement form before the exam may be rescheduled on an alternative date.

Relevant Federal and/or State Statute(s), Board of Regents' Rule(s), UTS Policy(ies), and/or Coordinating Board Rule(s)

This section includes hyperlinks to any related federal or state laws, Regent's rules and UT System Policies.

Appendix A

CPME Standard(s)

8.8 Monitoring Student Time

The medical school faculty committee responsible for the medical curriculum and the program's administration and leadership ensure the development and implementation of effective policies and procedures regarding the amount of time Podiatric Medicine students spend in required activities, including the total number of hours Podiatric Medicine students are required to spend in clinical and educational activities during clerkships.
Appendix B

School of Podiatric Medicine Excused Absence Form
School of Medicine Excused Absence Form

Student Name: __________________________ Year: □ 1 □ 2 □ 3 □ 4 □ UTRGV ID#: __________________________

Module/Course/Clerkship: __________________________ Block # (# applicable): __________________________

Leave Begin Date: __________________________ Leave End Date: __________________________ # of Days: __________________________

Directions:
- Please complete the reason & explanation below
- Obtain signatures from Module/Course Director and appropriate Assistant Dean for Educational Affairs
- Return completed and signed form to the Office of Student Affairs

<table>
<thead>
<tr>
<th>Please choose reason</th>
<th>Please provide explanation</th>
</tr>
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<tbody>
<tr>
<td>□ Medical</td>
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<td>□ Educational</td>
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<td>(Professional Scholarly approved activity)</td>
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<td>□ Bereavement</td>
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<td>□ Religious Observance</td>
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<td>□ Military</td>
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<td>□ Step 2 CK/CS</td>
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<tr>
<td>□ Interview</td>
<td></td>
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<td></td>
<td>(Year 4 only)</td>
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<tr>
<td>□ Emergency</td>
<td></td>
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<tr>
<td></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 Educational Affairs
Pre-Clerkship/Clerkship Signature: __________________________ Date: ____________ □ Approved □ Denied

For Office of Student Affairs use only:

Recipient Initials: __________________________ Date: ____________ Entered into Progress IQ: ____________

CCAC APPROVED 09/18/2019 SOM EXCUSED ABSENCE FORM V.20/1/2019 rev11/2/2019

Download: SOPM Excused Absence Form (PDF)
Professional Dress Code Policy

Policy Number: DPM044
Policy Title: Professional Dress Code Policy

A. Purpose

During clinical years 3 and 4, students function as doctors in training rotating through various clinical settings and interacting with a variety of patients, healthcare providers and team members. During preclinical years 1 and 2, students interact with Standardized Patients in simulations of clinical encounters and settings, Professional conduct and appearance are both paramount to assuring patient safety. Professional appearances also helps to foster patient trust, respect, and confidence. Non-adherence to the professional dress code policy may have negative effects on patient care while diminishing the reputation of UTRGV School of Podiatric Medicine, affiliated hospitals and clinics. This policy provides guidance and minimum standards for professional dress and hygiene.

B. Persons Affected

This policy applies to all UTRGV School of Podiatric Medicine Students engaged in simulated and actual patient encounters.

C. Definitions

Professional Attire
Professional attire is required at all times in both outpatient and inpatient clinical settings and during non-patient care activities related to a clinical rotation. Professional attire refers to business attire as described by the following, including but not limited to:

White Coat (laundered and ironed/pressed with no stains).

Slacks/trousers (no cargo pants, track pants, yoga pants, legging, or jeans).

Dress shirts and Blouses.

Skirts or dresses with a hemline no higher than one inch above the knee.

No plunging necklines (no cleavage or decolletage visible).

No midriff exposure.

Jewelry that does not interfere with patient care.

Covering of visible tattoos, removal of facial/body piercings, and removal of ear gauges/spikes/bars/chains.

Closed toe dress shoes that are non-porous, low-heel (no more than 2½" high for women) and comfortable for standing when participating in patient care.

Personal Hygiene & Grooming
Refers to cleanliness, including but not limited to the following:

Bathing/showering daily.
Shaving to present facial hair in neat and orderly appearance.

Combing of hair daily.

Trimming/cleaning of fingernails regularly.

D. Policy

It is the responsibility of each student to follow all applicable hospital and clinical site dress codes and present in a neat, clean and appropriately dressed fashion while attending all UTRGV SOPM clinical rotations and clinical skills sessions. Professional attire is required in all outpatient and inpatient clinical setting or when otherwise designated by each clinical rotation. Minimum standards for dress and professional appearance are as follows:

Hygiene

Hair must be clean, combed and neatly trimmed or arranged to conform to the safety requirements of the specific work area.

Facial hair such as sideburns, moustaches, and beards must be neatly trimmed; a beard hood may be required in certain clinical areas.

Standard full coverage undergarments (bras and underwear) must be worn that are modest and assure the complete coverage of breast and genitals

Extreme hair colors including but not limited to yellow, green, pink, purple, blue, or fire engine red are not permitted.

Long fingernails are prohibited when providing direct patient care.

Body and hair cleanliness is mandatory. Fragrance free bath products and body lotions will not interfere with the health or allergies of the patients, faculty and staff.

No heavily scented colognes/perfumes, body sprays, cigarette/vape smoke, or incense odor is permitted. All of these aromas may pose a risk to patients, faculty and staff.

Professional Attire

Clothing such as miniskirts, shorts, tank tops, leggings, yoga pants, sweats, track pants, midriff shirts, jeans, low-rise pants, and any type of athleisure/workout wear are not permitted.

Clothing must fit appropriately so that inappropriate exposure of the body does not occur during normal work activities.

White coats should be worn at all times during patient care as deemed appropriate by each clinical rotation (i.e. non-surgical settings). White coats must appear regularly laundered, clean, neat, and ironed. This aids in infection control and elimination of body odor. While wearing a white coat in the clinical setting, Podiatric Medicine students are expected to identify themselves as students at all times and must assume responsibility to clarify their role to patients.

All visible tattoos should be appropriately concealed so as not to be distracting or offensive to patients.
Dress shoes are to be closed-toe, non-porous, low-heel (no more than 2½” high for women) and comfortable for standing.

Scrubs -

In general, Podiatric Medicine students should wear their own clothes (rather than scrubs) for patient care assignments in clinics and when performing inpatient services.

Scrubs must be worn in compliance with the polices of the institution in which the student is assigned for patient care rotations. They should not be worn in public places outside a clinical facility.

Scrubs should be clean, free of stains, and without holes.

Scrubs may be worn in specific patient care areas only, as designated by the clinical site. Outside these areas, students should wear a white coat over their scrubs.

Hair covers, masks, shoe covers, and gowns should not be worn outside designated areas unless needed as personal protective equipment.

Jewelry

Earrings that dangle more than one inch from the ear lobe may not be worn.

Jewelry with visibly offensive or distracting images and/ or undertones are not permitted (serpents, goats, naked human images etc.)

Barbells and/or chains that stretch between ear holes are not permitted.

Visible body piercing other than traditional singular earlobe piercings should be removed.

All facial piercings (tongue, nose, cheek, eyebrow, earlobe gauges, ear cartilage spikes/ bars/ piercings, etc.) are to be removed.

Make-up

"Natural make-up" is best, as patient comfort is key. No extreme or garish make-up like: dark lipstick-black, blue, dark purple, etc., glittery lipstick, eyeshadow, blush or use of any extreme colors is permitted. Application techniques that may make patients uneasy is not permitted.

Reporting concerns about students' dress and appearance

Faculty, staff, and fellow students who are concerned about a student's dress or appearance should address these concerns directly with the student. If more formal complaint seems appropriate, refer to policy DPM050- Student Professionalism - for guidance.

Appendix A

CPME Standard(s)

3.5 Learning Environment/Professionalism
A medical school ensures that the learning environment of its medical education program is conducive to the ongoing development of explicit and appropriate professional behaviors in its Podiatric Medicine students, faculty, and staff at all locations and is one in which all individuals are treated with respect. The medical school and its clinical affiliates share the responsibility for periodic evaluation of the learning environment in order to identify positive and negative influences on the maintenance of professional standards, develop and conduct appropriate strategies to enhance positive and mitigate negative influences, and identify and promptly correct violations of professional standards.
Security, Student Safety, and Disaster Preparedness

Policy Number:DPM045
Policy Title: Security, Student Safety, and Disaster Preparedness

A. Purpose

The purpose of this policy is to provide clear guidelines for the School of Podiatric Medicine in the event of an emergency in the Rio Grande Valley or on any of the campuses or clinical sites.

B. Persons Affected

This policy will cover all faculty, staff, and students affiliated with UTRGV SOPM.

C. Implementation Date

This policy is effective with the UTRGV SOPM inaugural class, the Class of 2026, and will remain in effect for future classes unless otherwise amended.

D. Policy

Overview:
All members of the SOPM community are expected to adhere to University standards and policies regarding emergency preparedness, safety, and security. The UTRGV SOPM 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:
UTRGV SOPM adheres to University procedures in the event of an emergency. UTRGV SOPM follows the UTRGV Emergency Operations Plan, which can be found here: (Emergency Preparedness). This plan is designed to provide framework and guidance for coordinated response to minor emergencies, major emergencies and disasters. It is maintained by the Office of Emergency Management (http://www.utrgv.edu/emergencypreparedness) and regularly updated to mitigate potential emergency situations. All members of the UTRGV community are encouraged to read the Emergency Operations Plan to understand their respective roles in a given situation. UTRGV SOPM 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 UTRGV SOPM will coordinate responses through the Office of Clinical Affairs.

The UTRGV SOPM coordinator will work with the designated hospital official to ensure alignment with emergency preparedness plans at both hospital sites and UTRGV SOPM. UTRGV SOPM 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/ehsrn/programs/lab-safety/index.htm).

Safety
The UTRGV SOPM 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/ehsrmi/programs/fire-safety/index.htm) that aims to protect lives and property at UTRGV, occupational health and safety program to provide safe working conditions, laboratory safety and environmental protection.

The UTRGV SOPM will communicate with UTRGV's Environmental Health, Safety and Risk Management office (http://www.utrgv.edu/ehsrmi) to promote a healthy and safe campus environment. This UTRGV office oversees hazard communication, OSHA compliance, indoor air quality, blood borne pathogens, asbestos awareness, construction safety, accident investigation/reporting, ergonomics and industrial hygiene.

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

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

Calling The University of Texas Rio Grande Valley Police at 956-882-4911 or by personal visit to the UTRGV Police Department; or

Using any campus telephone and dialing 911; or

Contacting an officer in uniform on patrol; or

Using CampusShield Smartphone app (Android and Apple);

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

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

Appendix A

CPME Standard(s)

5.7 SECURITY, STUDENT SAFETY, AND DISASTER PREPAREDNESS

A medical school ensures that adequate security systems are in place at all locations and publishes policies and procedures to ensure student safety and to address emergency and disaster preparedness.
Immunization Policy

Policy Number: DPM046
Policy Title: Immunization Policy

A. Purpose

Student Immunization Requirements

B. Persons Affected

This policy will cover the Podiatric Medicine students attending UTRGV School of Podiatric Medicine

C. Policy

In compliance with the State of Texas Higher Education Mandatory Immunization Requirements and recommendations of the Texas Department of State Health Services Immunization Division and Department of Health and Human Services Center for Disease Control and Prevention, all students are required to complete the required immunizations as a condition of enrollment.

All immunizations required in healthcare or research areas must be completed before a student may participate in any activity.

NOTE: Certain areas of study, clinical placements, or field research may require additional immunizations beyond those listed.

D. Vaccination Requirements

Vaccinations may be subject to change based on fluctuation in disease outbreak, changes in State Law, and/or CDC recommendations.

E. Relevant Federal and/or State Statute(s), Board of Regents' Rule(s), UTS Policy(ies), and/or Coordinating Board Rule(s)

State of Texas Higher Education Mandatory Immunization Requirements
Texas Department of State Health Services Immunization Division
CDC

Appendix A

CPME Standard(s)

12.7 IMMUNIZATION GUIDELINES

A medical school follows accepted guidelines in determining immunization requirements for its Podiatric Medicine students.
Medical Student Criminal Background Check Policy

Policy Number: DPM047
Policy Title: Medical Student Criminal Background Check Policy

A. Purpose

The University of Texas Rio Grande Valley School of Podiatric Medicine (SOPM) conducts background checks for all applicants who have received an offer of admission, current students anticipating clinical assignment, and visiting students placed in affiliated clinical facilities to ensure that each satisfactorily completes a background check as a condition of matriculation to the SOPM.

B. Persons Affected

This policy applies to applicants who have received an offer of admission to The University of Texas Rio Grande Valley School of Podiatric Medicine and current students anticipating clinical assignments. Visiting students assigned placements in an affiliated clinical facility are also subject to the policy.

C. Policy

Applicants who have received an offer of admission must submit to and satisfactorily complete a background check review as a condition of matriculation to the SOPM. 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 background check review 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 review may be dismissed from the medical education program.

Rationale

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.

Clinical facilities are increasingly required by accreditation agencies, such as the Joint Commission of Healthcare Organization, 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.

Clinical rotations are essential components of the medical school curriculum. Students who cannot participate in clinical rotations due to criminal or other adverse activities that are 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 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 SOPM.

The SOPM is obligated to meet the contractual requirements contained in affiliation agreements between the SOPM and the various clinical facilities.

Background Check Report

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

Criminal background checks include the following and cover at least the past seven years:

Criminal history search, including convictions, deferred adjudications or judgments, and pending criminal charges involving felonies, Class A, Class B, and Class C violations

Social Security Number verification

Violent Sexual Offender and Predator Registry search

Office of the Inspector General (OIG) List of Excluded Individuals/Entities

General Services Administration (GSA) List of Parties Excluded from Federal Programs

U.S. Treasury Office of Foreign Assets Control (OFAC), List of Specially Designated Nationals (SDN)

Applicable State Exclusion List

APPENDIX A - PROCEDURE

Applicants

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

The criminal background check report will be submitted to and reviewed by the Associate Dean for Student Affairs. If the report contains concerning findings, the Associate Dean for 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 Associate Dean for Student Affairs will review all available relevant information. Prior to making a final determination that will adversely affect the applicant, the SOPM will provide the applicant 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 SOPM.

The SOPM has authority to refuse or rescind an offer of admission of the applicant to the SOPM. The SOPM decisions are final and may not be appealed.
Current Students

Students satisfactorily completed the criminal background check at the time of admission into the medical education program. Students may have to complete the criminal background check review prior to commencement of an assignment to a clinical facility. Students who return from a leave of absence may require the criminal background check. If a legal violation occurs after matriculation, it is the student's duty to report the violation to the Associate Dean for Student Affairs within 30 days. These students may also require satisfactory completion of the criminal background check. Violations include if you have ever been arrested, charged, or convicted 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, evading a peace officer, failure to appear, driving while the license is suspended or revoked MUST be reported. This list is not all-inclusive, and if in doubt as to whether an offense should be disclosed then it is better to disclose.

Criminal background check reports will be submitted to the Associate Dean for Student Affairs for review. If the report contains concerning findings, the Associate Dean for Student Affairs may request that the student submit additional information related to the finding, such as a written explanation, court documents and/or police reports. Prior to making a final determination that will adversely affect the student, the SOPM will provide the 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 SOPM.

The Associate Dean for Student Affairs will review all available relevant information and may take immediate action related to the student's participation in clinical activities, pending full review and decision by the Medical Student Evaluation & Promotions Committee (MSEPC).

Review Standards

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 current student in the application materials, disclosure forms, or other materials. Decisions will be made bearing in mind both the safety interests of the patient 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 or UT System Office of General Counsel, UTRGV Police Department, or other appropriate advisors.

Confidentiality and Record Keeping
Criminal background check reports and other submitted information are confidential and may only be reviewed by UTRGV SOPM officials and affiliated clinical facilities in accordance with the Family Educational Records and Privacy Act (FERPA).

Students: Criminal background check reports and other submitted information will be maintained in the Office of Student Affairs in accordance with the SOPM's record retention policy for student records.

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 SOPM's record retention policy.

Other Provisions

The Associate Dean for Student Affairs shall inform the applicant/current student who has concerning findings in the criminal background check report. The SOPM'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 SOPM.

The SOPM 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 the re-entry criminal background check.

Falsification of information, including omission of relevant information, may result in denial of admission or dismissal from the medical education program.

Criminal activity that occurs while a student is in attendance at the SOPM may result in disciplinary action, including dismissal, and will be addressed through the charge of the MSEPC.
Optimal Learning Environment Policy

Policy Number: DPM048
Policy Title: Optimal Learning Environment Policy

A. Purpose

The University of Texas Rio Grande Valley School of Podiatric Medicine (UTRGV SOPM) is committed to the principle that educational relationships should be one of mutual respect between teacher and learner. Because the school trains individuals who are entrusted with the lives and well-being of others, we have unique responsibilities to assure that students learn as members of a community of scholars in an environment that is conducive to learning.

B. Implementation Date

This policy is effective with the UTRGV SOPM inaugural class, the Class of 2026, and will remain in effect for future classes unless otherwise amended.

C. Policy

The UTRGV School of Podiatric Medicine 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 missions 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 with respect to their evaluative roles relative to student work and with respect to modeling appropriate professional behaviors. Teachers must be ever mindful of this responsibility in their interactions with their colleagues, their patients, and those whose education has been entrusted to them. UTRGV SOPM has adopted the Association of American Medical Colleges (AAMC) Teacher-Learner Expectations to ensure that a professional learning environment exists. These will be in place, within the SOPM, orientation activities for both faculty and students in order to communicate behavioral expectations both in the classroom and in the clinic.

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 based care models. By allowing learners to participate in the care of patients, teachers accept the obligation to ensure high quality, evidence based and compassionate care is delivered in all learning environments.

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 student can rise to the level of prohibited sexual harassment as defined by the UT Policy. Consensual relationships may adversely affect all learner’s experience 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/administrator/resident and students must be reported to the Associate Dean for Education and Academic Affairs.

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 of 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>
</tr>
<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 lifelong learning, a practice that is</td>
</tr>
</tbody>
</table>
Student Mistreatment

UTRGV SOPM 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/default/files/offices/board-of-regents/rules-regulations/30105.pdf](https://www.utsystem.edu/sites/default/files/offices/board-of-regents/rules-regulations/30105.pdf), are included in this section as forms of student mistreatment.
Standards of Behavior and Definition of Mistreatment
See policy DPM057 (Student Mistreatment).

Appendix A

CPME Standard(s)

3.5 LEARNING ENVIRONMENT/PROFESSIONALISM

A medical school ensures that the learning environment of its medical education program is conducive to the ongoing development of explicit and appropriate professional behaviors in its Podiatric Medicine students, faculty, and staff at all locations. The medical school and its clinical affiliates share the responsibility for periodic evaluation of the learning environment in order to identify positive and negative influences on the maintenance of professional standards, develop and conduct appropriate strategies to enhance positive and mitigate negative influences, and identify and promptly correct violations of professional standards.
Scholarship Policy

Policy Number: DPM049
Policy Title: Scholarship Policy

A. Persons Affected

This policy covers all students participating in the UTRGV SOPM curriculum.

B. Policy

Scholarships (when available) are disbursed each year to those students making "satisfactory academic progress" towards their chosen degree and/or program of study. If a student is required to repeat a year, they will not receive a scholarship for the repeating year. However, the scholarship (if available) can be reinstated once the student is promoted to the next year.
UTRGV SOPM Student Professionalism Policy

Policy Number:DPM050
Policy Title: UTRGV SOPM Student Professionalism Policy

A. Purpose

Professionalism is the basis of medicine's contract with society and a core competency in medical education. This policy describes fundamental principles and a set of professional responsibilities and expectations to which all students are required to subscribe.

B. Persons Affected

This policy will cover all students participating in the UTRGV SOPM curriculum.

C. Authority and Responsibilities

The Central Curricular Authority Committee (CCAC), the central authority responsible for the overall design, management, and evaluation of the curriculum through appropriate subcommittees, monitors and evaluates the effectiveness of the medical curriculum. The standards for student professional conduct are established and governed by the CCAC and monitored by the Office of Student Affairs (OSA) and the Medical Student Evaluation and Promotion Committee (MSEPC) which makes the final decisions regarding remediation and promotion which include student adherence to professional conduct policies and guidelines.

D. Definitions

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 his/her 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 UTRGV SOPM.

OSA: In addition to its many other student-related responsibilities, the OSA is responsible for investigating and addressing any issues related to professional misconduct by students.

Professionalism: See Appendix B for the UTRGV School of Podiatric Medicine Student Professionalism Evaluation Early Concern Note which describes three areas for evaluating student professionalism: Integrity and Personal Responsibility, Motivation to Pursuit of Excellence and Insight for Self-Improvement, and Personal Interactions - Compassion and Respect.

E. Policy

The University of Texas Rio Grande Valley (UTRGV) School of Podiatric Medicine (SOPM) students are expected to maintain the highest standards of professional and ethical conduct. Podiatric Medicine students are expected to conduct themselves in a professional manner in interactions not only with patients, but also with peers, faculty, and staff of the UTRGV SOPM and the broader community. The UTRGV SOPM has written expectations regarding professional conduct (See Appendix B). In addition, Podiatric Medicine students are governed by the Podiatric Medicine students Code of Professional
Conduct in the SOPM (Appendix C). This policy includes a mechanism for early identification, counseling, and remediation of problematic behaviors of students throughout the four-year curriculum. SOPMe student behaviors, such as academic dishonesty and unlawful behavior are managed under the University's disciplinary process and are not a part of this policy.

**F. Procedure**

Options for Reporting Concerns About a Student's Professional Behavior

Concerns about a student's professional behavior may be either:

- directly observed or otherwise noted by a SOPM module, clerkship or course director; or
- directly observed or otherwise noted by other module, clerkship or course faculty or staff with whom the student interacts.

A module, clerkship or course director who either directly experiences, or receives a report of potentially unprofessional behavior is encouraged to discuss the concerns directly with the student, and has the options of

- including professionalism concerns in the student's formal module, clerkship or course evaluation; or
- submitting an Early Concern Note; or
- including professionalism concerns in the student's evaluation and submitting an Early Concern Note; or
- determining that no action is indicated.

Individuals other than module, clerkship or course directors who are concerned about a student's behavior are encouraged to discuss the concerns directly with the student. If the individual feels uncomfortable with such a discussion, or believes the behavior warrants further review, they should discuss their concerns directly with the student's course/clerkship director and/or submit an Early Concern Note.

Upon receipt of an Early Concern Note regarding a student, the Associate Dean for Student Affairs or his/her designee will meet with the student to discuss the report, and will make recommendations to the student regarding appropriate intervention, which are not binding. The student will be encouraged to write a response to the report, which will be maintained with the Early Concern Note for future reference.

Early Concern Notes are not anonymous. For this reason, those who submit an Early Concern Note are strongly urged to review their concerns personally with the student at the time the note is submitted. Early Concern Notes are confidential (their contents are shared only with the person initiating the report and the student), except as described in (7) and (8) below.

**Consequences of Early Concern Notes**

The first Early Concern Note received by a student during medical school enrollment will result in a private discussion between the student and the Associate Dean for Student Affairs or his/her designee, and the potential for voluntary referral and counseling. No further action will be taken unless the
Associate Dean for Student Affairs or his/her designee determines that, in his/her judgment, urgent intervention is indicated for the protection of the student or others.

A second Early Concern Note received by a student during medical school enrollment will result in a report of both Early Concern Notes (and any student written responses) by the Associate Dean for Student Affairs or his/her designee to the School of Podiatric Medicine Academic Affairs Operations Committee, members of which will meet with the student to discuss the Early Concern Notes. No further action will be taken unless the Academic Affairs Operations Committee determines that, in its judgment, urgent intervention is indicated for the protection of the student or others.

A third or subsequent Early Concern Note received by a student during medical school enrollment will result in one or more of the following:

- a report of all Early Concern Notes (and any student written responses) by the Associate Dean of Student Affairs or his/her designee to the Medical Student Evaluation and Promotions Committee (MSEPC);
- the student appearing before the MSEPC for a dismissal hearing, absent extenuating circumstances, to discuss the Early Concern Notes;
- action as determined by the MSEPC, including dismissal or alternative action; the MSEPC may also choose to take no action;
- if MSEPC action is taken, a notation of the Early Concern Notes and any MSEPC action will be included in the student’s MSPE; and
- inclusion of a professionalism remediation program, if prescribed, on the student's transcript.

Appendix A

Applicable CPME Standard

3.5 Learning Environment/Professionalism

A medical school ensures that the learning environment of its medical education program is conducive to the ongoing development of explicit and appropriate professional behaviors in its Podiatric Medicine students, faculty, and staff at all locations and is one in which all individuals are treated with respect. The medical school and its clinical affiliates share the responsibility for periodic evaluation of the learning environment in order to identify positive and negative influences on the maintenance of professional standards, develop and conduct appropriate strategies to enhance positive and mitigate negative influences, and identify and promptly correct violations of professional standards.

Appendix B

**UTRGV School of Podiatric Medicine Student Professionalism Evaluation Early Concern Note**

For Use by SOPM Module, Clerkship and Course Directors, Faculty and Staff
Appendix C
Podiatric Medicine students Code of Professional Conduct

Preamble

The University of Texas Rio Grande Valley School of Podiatric Medicine's Honor Code requires that Podiatric Medicine students live honestly, advance on individual merit, and demonstrate respect for others. UTRGV SOPM 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.
USMLE Step 1 and Step 2 CK Exams Policy

Policy Number: DPM051
Policy Title: USMLE Step 1 and Step 2 CK Exams Policy

A. Purpose

Students must pass USMLE STEPS 1 and 2 Clinical Knowledge (CK) of the United States Medical Licensing Examination (USMLE) in order to graduate from the University of Texas Rio Grande Valley School of Podiatric Medicine (UTRGV SOPM). This policy details the consequences of failing these examinations and the remedies available to students.

B. Persons Affected

This policy applies to all students enrolled in the UTRGV SOPM.

C. Implementation Date

This policy is effective with the UTRGV SOPM Class of 2026 and for subsequent classes unless amended.

D. Authority and Responsibilities

This policy is set by the Central Curricular Authority Committee (CCAC) and is implemented by the Medical Student Evaluation and Promotion Committee (MSEPC).

E. Definitions

All references in this policy to the Dean of the School of Podiatric Medicine and the Associate Dean for Student Affairs shall refer to those individuals within the School of Podiatric Medicine and shall be deemed to include their designees.

Medical Student Evaluation and Promotion Committee (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 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 School of Podiatric Medicine, shall be responsible for:

- The oversight of medical student academic and professional performance during all 4 years of the curriculum;
- The recommendation of Podiatric Medicine 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.

F. Policy

USMLE STEP 1 Promotion
All PMS YEAR 2 students must take the USMLE STEP 1 examination before the start of their PMS3 year. Students who do not take the USMLE STEP 1 examination before the start of the PMS3 year will not be permitted to begin clerkship rotations.

Failure to Pass USMLE Step 1 - First Attempt

A student who fails the USMLE STEP 1 examination will:

- Complete the clerkship in which he/she is currently enrolled. The student will then enter the Self-Directed USMLE Study course [MEDI 8500] for up to 16 weeks in order to prepare for, re-take, and pass the USMLE STEP 1 examination. If the student passes the exam, he/she will resume the PMS YEAR 3 curriculum. The student will remain with the same cohort, on the same track, as he/she started the PMS YEAR 3. Before advancing to PMS YEAR 4, the student must complete all clerkship(s) missed while on the Self-Directed USMLE Study course.

  Note: The necessary adjustments in the student's schedule to allow time for re-taking and passing the USMLE STEP 1 exam must be developed with and approved by the Assistant Dean for Educational Affairs, Clerkships.

Failure to Pass USMLE STEP 1 - Second Attempt

The student will be referred to the MSEPC for evaluation. In its assessment, the MSEPC shall review the student's academic record, performance on the CBSE, USMLE STEP 1 exam score, and any other pertinent information. The MSEPC shall recommend remedial measures and changes in the student's enrollment status as deemed necessary to support the student's effort to pass the Step 1 exam. The student must take and pass the USMLE STEP 1 exam for a third and final time by April 30th of his/her 3rd year of medical school.

Failure to pass USMLE STEP 1 during PMS YEAR 3 may delay graduation.

Failure to pass USMLE STEP 1 after three (3) attempts will lead to dismissal from the School of Podiatric Medicine.

USMLE STEP 2 Clinical Knowledge (CK)

Students must successfully fulfill all requirements of the 3rd year before taking Step 2 CK

All students must take and pass the USMLE STEP 2 CK examination within three (3) attempts prior to graduation.

Failure to Pass USMLE Step 2 CK on any attempt

A student who fails the USMLE STEP 2 CK will be referred to the MSEPC for disciplinary action. The student will meet with the Assistant Dean for Educational Affairs, Clerkships to develop a remediation plan.

Failure to Pass USMLE STEP 1, or Step 2 CK after the third attempt, will lead to an automatic dismissal from the School of Podiatric Medicine.

Other Consequences
Other consequences of failing to meet the academic and professional requirements and standards described above include, but are not limited to, the student's status being determined to be the following:

At Risk:

"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 School of Podiatric Medicine.

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 Podiatric Medicine D.P.M. 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 MSPE or other information transmitted to outside entities (e.g., certifications of training) and will remain in the student's permanent records in the School of Podiatric Medicine. While a student is on probation, if he/she receives another academic deficiency, or is cited for professional misconduct, he/she will immediately undergo a dismissal hearing.

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.

Suspension:

The MSEPC may conclude that the student should be suspended from the UTRGV SOPM for a period of time to be determined in its reasonable discretion. Reinstatement to the UTRGV SOPM is contingent upon completion of all requirements stipulated under the suspension. The Dean of the SOPM 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, determine 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 DPM degree successfully, and recommend whether the student should be reinstated.
Dismissal:

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

Failure to remediate deficiencies as described above;

Another academic deficiency or professionalism violation is received while on probation;

An accumulation of narrative evaluations indicating serious gaps in knowledge, clinical skills and/or inadequate integration of the content of the curriculum;

A specific academic deficiency (e.g., an important clinical skill has not been mastered);

Three failed attempts at the USMLE STEP 1, or Step 2 CK;

Failure to assume appropriate professional responsibility;

Failure to meet professional standards, including those of demeanor and conduct; and

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.

Appeal of MSEPC Decision

The student may file a written appeal to the Dean of the SOPM within five (5) business days from receipt of a written decision by the MSEPC. 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:

Take no action, allowing the MSEPC decision to stand;

Modify the MSEPC decision;

Make an alternate decision.

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 and the Chair of the MSEPC. The decision of the Dean is final and not subject to appellate review.

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

Appendix A

CPME Standard(s) 10.3 POLICIES REGARDING STUDENT SELECTION / PROGRESS AND THEIR DISSEMINATION
The faculty of a medical school establish criteria for student selection and develops and implement effective policies and procedures regarding, and make decisions about, medical student application, selection, admission, assessment, promotion, graduation, and any disciplinary action. The medical school makes available to all interested parties its criteria, standards, policies, and procedures regarding these matters.
Requirements for New Course Approval Policy

Policy Number: DPM052
Policy Title: Requirements for New Course Approval Policy

A. Responsibility

Central Curricular Authority Committee (CCAC), Pre-Clerkship and Clerkship Subcommittees (PCS & CCS respectively), Office of Education and Academic Affairs, UTRGV Registrar.

B. Overview

The Central Curricular Authority Committee (CCAC) is charged with approval of all components of the curriculum, its integration, and monitoring its effectiveness through its standing subcommittees. The Pre-Clerkship and Clerkship Subcommittees are charged with review of new or revised curriculum proposed by the faculty. All new and revised curricular proposals reviewed by the PCS or CCS must be presented to CCAC for final review and approval prior to implementation.

C. Definitions

Courses: Describes the educational units of teaching conducted as part of the curricular offerings in the School of Podiatric Medicine, are approved by the CCAC and deemed appropriate for the receipt of academic credit towards a Doctor of Medicine Degree. Courses may include but are not limited to modules, clerkships, selectives, sub-internships, and electives.

Clerkships: The clinical courses of the third and fourth year of the curriculum that have been approved by the CCAC. Core Clerkships are the clinical courses which are determined by CCAC as required for graduation.

Electives: Educational opportunities that supplement required learning experiences and that permit Podiatric Medicine students to gain exposure to and expand their understanding of medical specialties, and to pursue the individual academic interests. These courses are offered throughout the medical school curriculum.

Modules: The primary educational unit of the first and second years of the curriculum that have been approved by the CCAC and are required for graduation.

Selectives: A prescribed group of courses from which students may select a particular course to meet specified graduation requirements.

Sub-internship: An advanced clinical course for students in which they perform duties at the level of a

D. Policy

All requests for new courses must first be submitted to the Pre-Clerkship or Clerkship Subcommittee respectively for initial review and endorsement of approval. Once presented at the subcommittee level, new course requests must then be presented to CCAC for final review and approval. All new course requests must be submitted to CCAC prior to the start of the Academic Year in which the course is to be offered. Exceptions to this time frame may be granted by the CCAC Chair with endorsement from the Office of Education & Academic Affairs.
E. Process

Prior to submission of a request for a new course, faculty must:

Obtain permission from the Chair of the department (if the course is departmentally based) in which the course will be offered in order to develop and implement the course;

Obtain endorsement from the Office of Education & Academic Affairs curricular leadership;

Develop/Conceptualize the course including the following:

Assure that the course is aligned with the UTRGV SOPM mission;

Develop the course learning objectives (LOs) and assuring their alignment with the SOPM competencies and Educational Program Objectives (EPOs);

Identify prerequisites, if any;

Determine whether the course is an elective/ selective/other course;

Determine when the course will be offered, where it will be offered, and by whom (faculty) and to whom (PMS1, PMS2, PMS3and/or PPMS4 students).

Obtain and complete the appropriate New Course Approval forms;

Submit the completed form to the Pre-Clerkship or Clerkship Subcommittee Chair for presentation at the respective subcommittee;

Obtain initial recommendation of approval at the Subcommittee level;

Respond to any requests from the respective subcommittee for additional information and/or clarification if needed;

Submit and present the new course request to the CCAC for discussion and approval.

The Pre-Clerkship and Clerkship Subcommittee is responsible to:

Manage and review all initial requests for new courses;

Provide recommendation for approval of the request to be forwarded to CCAC for review and approval; and

Provide faculty making a new course request with feedback regarding the status of their requests, i.e., letting them know when additional supporting information is needed, the date of their course presentation to CCAC, and/or the receipt of course approval from the University Registrar.

The CCAC is responsible for approval of all new course requests and forwarding signed requests to the Office of Education and Academic Affairs for management and storage and on to the University Registrar for addition to the curriculum and course catalog.

Appendix A
Related CPME Standards

Standard 6.1 Program and Learning Objectives
The faculty of the medical school define its medical education program objectives in outcome-based terms that allow the assessment of Podiatric Medicine students’ progress in developing the competencies that the profession and the public expect of a physician. The medical school makes these medical education program objectives known to all Podiatric Medicine students and faculty. In addition, the medical school assures that the learning objectives for each required learning experience (e.g. course, clerkship) are made known to all Podiatric Medicine students and those faculty, residents, and others with teaching and assessment responsibilities in those required experiences.

Standard 6.5 Elective Opportunities
The faculty of a medical school ensure that the medical curriculum includes elective opportunities that supplement required learning experiences and that permit Podiatric Medicine students to gain exposure to and expand their understanding of medical specialties, and to pursue their individual academic interests.

Standard 7 Curricular Content
The faculty of a medical school ensure that the medical curriculum provides content of sufficient breadth and depth to prepare Podiatric Medicine students for entry into any residency program and for the subsequent contemporary practice of medicine.
Commitment to Student Success Policy

Policy Number:DPM053
Policy Title: Commitment to Student Success Policy

Purpose

This policy sets forth the commitment of the UTRGV SOPM to the success of our students.

Persons Affected

This policy covers all students participating in the UTRGV SOPM curriculum.

Authority and Responsibilities

The Central Curricular Authority Committee (CCAC), the central authority responsible for the overall design, management, and evaluation of the curriculum through appropriate subcommittees, monitors and evaluates the effectiveness of the medical curriculum. The standards for student advancement are established and governed by the CCAC. The Medical Student Evaluation and Promotion Committee (MSEPC) reviews the academic progress and professional development of each student during all components of the four-year medical education program.

Policy

Admission to the SOPM does not carry with it a guarantee of graduation. To graduate, students must fulfill all curricular requirements, as set forth in policy DPM012.

The UTRGV SOPM is committed to assisting and supporting students in meeting graduation requirements. The SOPM offers such services as:

Academic advising
Learning skills assessment
Faculty coaching
Peer tutoring
Counseling
Assessment and accommodations for disabilities
Career advising

These support services are provided to students without regard to race, ethnicity, religious affiliation, gender, or sexual orientation.

When sustained, coordinated support efforts are required, students will work with faculty to design remediation plans within a framework established by the CCAC and described in the Standard Operating Procedures associated with this policy.

Remediation plans will include learning and performance objectives, methods for measuring progress, and a timeline for achieving objectives.
A student who fails to successfully complete a remediation plan will be referred to the MSEPC for review and disciplinary action.

Appendices:

Roles and Responsibilities

Remediation Thresholds

Remediation Plan for Student

Standard 11.1 Academic Advising

Appendix A – Roles and Responsibilities

Roles and Responsibilities

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

Determining students’ eligibility to remediate a module or clerkship and notifying students of their need to remediate.

Collaborating with the Office of Student Affairs (OSA) and Academic Advising and Support Services, as deemed appropriate, to determine as accurately as possible why the module or clerkship 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 a successful remediation.

Collaborating with the Module Leads or Clerkship Directors and appropriate faculty to identify students’ academic deficiencies.

Providing consultation to Module Leads and Clerkship Directors who are responsible for developing the individualized remediation plan and assuring its appropriateness and adequacy.

Meeting with the Assistant Dean for Assessment, Evaluation, and Quality Improvement and Module Leads or Clerkship Directors to develop a plan for formative and summative assessments of students receiving remediation.

Scheduling of and attended the preliminary meeting with Module Leads or Clerkship Directors and the remediating student to review the remediation plan, obtain student input, respond to questions, and confirm that both faculty and students have clear expectations and understanding of each other's role in the process.

Periodic monitoring of the implementation of the remediation plan.

Reporting of the individual student remediation plan results to the Associate Dean for Educational Affairs, the Associate Dean for Student Affairs, and the Chair of the MSEPC; and

Participating in the evaluation of the remediation process to determine areas for improvement.
The Assistant Dean for Assessment, Evaluation, and Quality Improvement has the following responsibilities:

Meeting with the Assistant Deans for Medical Education Pre-Clerkship and Clerkships to assist, as needed, with the development of formative assessments to help both faculty and students gauge progress throughout the remediation plan.

Providing a secure, proctored testing environment and special accommodations if needed.

Analyzing assessment results and reporting same to the Assistant Deans for Pre-Clerkship or Clerkships; and

Guiding an assessment of the remediation process for the purpose of quality improvement.

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

Meeting with the above-named individuals as outlined above.

Developing and reviewing with the student an individualized remediation plan which:

Outlines specific learning objectives.

Provides resource recommendations (reference books, articles, videos, websites, etc.)

Identifies and secures faculty to assist with the remediation process as needed.

Prescribes the frequency of contacts to be made with the students and expectations for those meetings.

Delineates the number and types of formative assessments that will occur.

Sets an approximate date for the summative assessment to determine the outcome of the remediation process.

Scheduling regular meetings to monitor, track and assess student progress toward remediation plan goals and objectives and report same to Assistant Deans for Pre-Clerkship or Clerkships.

Referring students, as needed, to the Office of Advising and Support Services, Counseling, and/or Student Accessibility Services as indicated.

Determining student's readiness for summative assessment and scheduling of exam; and

Participating in the evaluation of the remediation process for the purpose of quality improvement.

Remediating Student’s responsibilities include:

Attending all meetings described above.

Actively engaging in the remediation process as evidenced by adhering to the remediation plan, placing focused attention on studying and meeting deadlines to assure success; utilizing a self-monitoring system designed for tracking study habits and learning objects; and

Identifying to the appropriate party any factors, academic, personal, or otherwise, that may impede successful remediation.
## Appendix B: Remediation Thresholds

<table>
<thead>
<tr>
<th>Competency</th>
<th>Threshold for concern or action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Medical knowledge</td>
<td>Quiz scores &lt;75% 2 or more per module</td>
</tr>
</tbody>
</table>
| 2. Clinical skills                             | Clinical exam or simulation scores <70%  
Or  
Poor rating in formative evaluation  
OR  
Specific comment indicating poor skills  
OR  
Procedural error  
OR  
Failure to participate or perform |
| 3. Clinical reasoning and judgment             | Clinical exam scores <70%  
Or  
Poor evaluation by preceptor  
OR  
Specific comment indicating poor clinical reasoning or judgment  
OR  
Clinical incident |
| 4. Time management and organization            | Violating work hours  
Or  
Not completing work on time  
OR  |
<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Interpersonal skills</td>
<td>2 or more reported conflicts OR Comment indicating poor communication OR Complaint by patient OR Complaint by other health care professional</td>
</tr>
<tr>
<td>6. Communication</td>
<td>Comment indicating poor oral presentation skills OR Comment indicating poor note-writing skills OR Inappropriate use of email or social media</td>
</tr>
<tr>
<td>7. Professionalism</td>
<td>2 or more concern notes OR 2 or more unexcused absences OR 2 or more times arriving late OR Incomplete assignment OR Any egregious act of unprofessional behavior</td>
</tr>
<tr>
<td>8. Practice-based learning and improvement</td>
<td>Patient safety concern OR Not seeking help when needed OR</td>
</tr>
</tbody>
</table>
Multiple comments indicating resistance to feedback

9. Systems-based practice
Faculty comments suggesting lack of agency (ability to get things done)
OR
Disrespectful interaction with other members of health care team
OR
Inability to, or lack of understanding, in arranging services for patients

10. Mental well-being
Inconsistent performance
OR
Not demonstrating improvement (resistant to feedback)
OR
Symptoms/signs of mental illness impacting performance

Based on Guerrasio, Remediation of the Struggling Medical Learner, pp. 194-195

Appendix C: Remediation Plan for Student

Remediation Plan for [student]

Faculty lead:

Other faculty and staff:

Deficiencies to be remediated (attach student's and faculty's statements of need):

Medical knowledge
Clinical skills
Clinical reasoning and judgment
Time management and organization
Communication and social interaction
Presentation (oral or written) skills
Professionalism
Practice-based learning and improvement
Systems-based practice
Mental well-being
Other

Learning and performance objectives:

Progress will be measured by: (utilizing a self-monitoring system designed by the student and monitored on a weekly basis by all faculty and staff assigned to the students’ remediation plan)

Timeline, tasks, and expected completion date:

Appendix D: Standard 11.1 Academic Advising

Standard 11.1 Academic Advising

A medical school has an effective system of academic advising in place for Podiatric Medicine students that integrates the efforts of faculty members, course and clerkship directors, and student affairs staff with its counseling and tutorial services and ensures that Podiatric Medicine students can obtain academic counseling from individuals who have no role in making assessment or promotion decisions about them.
Satisfactory Academic Progress Policy

Policy Number:DPM054
Policy Title: Satisfactory Academic Progress Policy

A. Purpose

Federal Title IV financial aid regulations require students receiving federal student aid to meet Satisfactory Academic Progress (SAP) standards to maintain eligibility for the aid. Satisfactory Academic Progress standards are also required for SOPM state and institutional financial aid programs. At UTRGV School of Podiatric Medicine (SOPM), satisfactory academic progress is determined once a year at the end of each academic year; and once all final grades are posted.

B. Persons Affected

The policy will cover the students participating in the UTRGV SOPM curriculum. At UTRGV School of Podiatric Medicine (SOPM), satisfactory academic progress is determined once a year at the end of each academic year; and once all final grades are posted. UTRGV SOPM does not calculate GPA; therefore, in lieu of GPA, students must meet the three components described below. Students repeating a year of medical school are eligible for Title IV aid if the student satisfies the required three components of SAP as follows: Qualitative Assessment, Pace of Progression (Quantitative Standard) and Maximum Time Frame.

C. Definitions

Qualitative Assessment:
To determine a student's academic progress, the SOPM Financial Aid Office adheres to the School of Podiatric Medicine’s Medical Student Evaluation and Promotion Committee (MSEPC) academic policy. Such policy is instituted for all students and requires of said student to fulfill Federal Title IV academic policy requirements.

Pace of Progression (Pace)
Determined by dividing the cumulative hours the student has successfully completed by the cumulative hours the student has attempted.

Attempted hours are all course credit hours for which a student is enrolled as of the census date. For Podiatric Medicine students, attempted hours include grades of P (pass), NP (failed-no pass), DR (dropped), or I (incomplete). Grades of DR (dropped) are counted as hours attempted if the student is enrolled in the class as of the census date.

Students must successfully complete at least 67% of the hours attempted. (For example, a medical student who attempted 40 credit hours and successfully completed 32 of those credit hours with a “P” (pass) would have completed 80% of attempted credits).

At the end of an academic year, students failing to meet this standard will be placed in financial aid probation and will be required to submit a Financial Aid SAP appeal.

Maximum Time Frame (MTF)
This is the maximum time-period in which SOPM students must complete their medical degree according to federal regulations.

Maximum Time Frame will be measured by the number of years allowed to complete the Doctor of Medicine Program.

Podiatric Medicine students enrolled in the Doctor of Medicine Program have a maximum of 6 years (150% of program length) to complete their degree from the day of matriculation. Appeals to MSEPC can be made on a case-by-case basis.

D. Policy

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Evaluation of Eligibility
Podiatric Medicine students are evaluated for SAP at the end of each academic year once all grades are posted (usually occurs in June). Students not meeting SAP after the process is completed will automatically go into financial aid probation and there will be no warning period, as per Federal regulations. Students placed in probation are not eligible for any Title IV aid, such as Direct unsubsidized and graduate loans unless a Financial Aid SAP appeal is approved.

Appeal Information
A medical student denied Title IV aid (financial aid) because of a failure to meet satisfactory academic progress standards can appeal this determination by completing a Financial Aid SAP Appeal and submit the appeal form along with any supporting documentation to the SOPM Financial Aid Appeals Committee. An appeal must be based on significant mitigating circumstances that seriously affected academic performance. Examples of possible mitigating circumstances are death of immediate family member, serious illness or injury, and/or other extenuating circumstances in which the student had no control, such as automobile accident, separation/divorce, and other similar events.

The SOPM Financial Aid SAP Appeals Committee will be convened as needed by the Associate Dean of Student Affairs. Committee members consisting of SOPM Administration along with representation from the UTRGV Financial Aid Office will review submitted financial aid appeal forms. These committee members function in a student advisory, administrative capacity, and/or have knowledge of federal, state, and institutional financial aid regulations and policies. Approved decisions are determined after careful evaluation of the student’s unique circumstances, Federal Title IV regulations, and UTRGV SOPM guidelines. Students with an approved appeal are notified of the decision via e-mail and the student portal. During this time, the student is responsible for any tuition and fees (including late fees) incurred in their account.

Appeal Procedures
An appeal must include a letter of explanation detailing why the student failed to meet SAP standards, and what specific measures they will take to resolve the situation and ensure SAP requirements are met. Students will be given a period of two weeks to complete and submit their Appeal.

The appeal committee may approve an appeal based on their professional judgment that a student has sufficiently proven that an extenuating circumstance has caused the suspension, due to not meeting SAP.

Students with a denied appeal remain in financial aid suspension without the benefit of financial aid funds until SAP policy standards are regained.

All appeal decisions are final.

Reinstatement of Financial Aid (Title IV) Eligibility
Students with an approved appeal are placed on financial aid probation for one year. During this probationary year, they remain eligible to receive Title IV aid, including Direct Loans.

Students meeting all SAP requirements at the end of a probationary year regain eligibility for Title IV aid and are not required to file another appeal for the next academic year.

Please note: Students with an approved appeal, but who are repeating a year of medical school are not eligible to receive any type of tuition scholarship as per SOPM Scholarship Policy.

E. Procedures

A medical student denied Title IV aid (financial aid) because of a failure to meet satisfactory academic progress standards can appeal this determination by completing a Financial Aid SAP Appeal and submit the appeal form along with any supporting documentation to the SOPM Financial Aid Appeals Committee. An appeal must be based on significant mitigating circumstances that seriously affected academic performance. Examples of possible mitigating circumstances are death of immediate family member, serious illness or injury, and/or other extenuating circumstances in which the student had no control, such as automobile accident, separation/divorce, and other similar events.

An appeal must include a letter of explanation detailing why the student failed to meet SAP standards, and what specific measures they will take to resolve the situation and ensure SAP requirements are met. Students will be given a period of two weeks to complete and submit their Appeal.

The appeal committee may approve an appeal based on their professional judgment that a student has sufficiently proven that an extenuating circumstance has caused the suspension, due to not meeting SAP.

Students with a denied appeal remain in financial aid suspension without the benefit of financial aid funds until SAP policy standards are regained.

All appeal decisions are final.

Students with an approved appeal are placed on financial aid probation for one year. During this probationary year, they remain eligible to receive Title IV aid, including loans.

Students meeting all SAP requirements at the end of a probationary year regain eligibility for Title IV aid and are not required to file another appeal for the next academic year.

F. Final Level of Appeal (if applicable)

The SOPM Financial Aid SAP Appeals Committee will be convened as needed by the Associate Dean of Student Affairs. Committee members consisting of SOPM Administration along with representation from the UTRGV Financial Aid Office will review submitted financial aid appeal forms. These committee members function in a student advisory, administrative capacity, and/or have knowledge of federal, state, and institutional financial aid regulations and policies. Approved decisions are determined after careful evaluation of the student’s unique circumstances, Federal Title IV regulations, and UTRGV SOPM guidelines. Students with an approved appeal are notified of the decision via e-mail and the student portal. During this time, the student is responsible for any tuition and fees (including late fees) incurred in their account.
G. Relevant Federal and/or State Statute(s), Board of Regents’ Rule(s), UTS Policy(ies), and/or Coordinating Board Rule(s)

DPM054 Satisfactory Academic Progress

AAMC Committee on Student Financial Assistance
Satisfactory Academic Progress – Essentials for Compliance at Medical Schools
Medical Student Liability Insurance Policy

Policy Number: DPM055
Policy Title: Medical Student Liability Insurance Policy

A. Purpose

The purpose of this policy is to provide clear guidelines for the requirement that all Podiatric Medicine students must obtain medical liability insurance and medical insurance.

B. Persons Affected

This policy will cover the students participating in the UTRGV SOPM curriculum.

C. Implementation Date

This policy is effective with the UTRGV SOPM inaugural class, the Class of 2026, and will remain in effect for future classes unless otherwise amended.

D. Policy

UTRGV SOPM adheres to the University of Texas Board of Regents rules regarding liability coverage. This rule can be found at the following link: https://www.utsystem.edu/board-of-regents/rules/50501-liability-insurance-students.

Students of the UTRGV SOPM are covered by the UTRGV medical liability plan only when participating in approved activities of UTRGV SOPM. Coverage for UTRGV SOPM Podiatric Medicine students shall be limited to claims arising from assigned teaching activities and supervision of Podiatric Medicine students performed within the course and scope of the medical student’s assignments. The University of Texas system carries a professional medical liability benefit plan for medical or dental students of a medical or dental school of the system only when 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 can be accessed at: https://www.utsystem.edu/documents/docs/general-counsel-documents/2020/university-of-texas-system-professional-medical-liability-benefit-plan.
Student Exposure to Infectious and Environmental Hazards

Policy Number:DPM056
Policy Title: Student Exposure to Infectious and Environmental Hazards

A. Purpose

The purpose of this policy is to educate and prevent student exposure to infectious and environmental hazards and to provide clear procedures and guidelines on how to proceed in the event a student is exposed to such hazards.

B. Persons Affected

This policy will cover students participating in the UTRGV School of Podiatric Medicine (UTRGV SOPM) curriculum.

C. Policy

The UTRGV SOPM supports practices which secure the health of our students, staff, and faculty. The SOPM particularly seeks to mitigate the potential harms which may come to a student who experiences an accidental exposure to blood-borne pathogens, through inadvertent needlestick or other route. To that end, the SOPM has developed guidance and procedures for our students to follow in the event of such exposure, and further the SOPM has deployed resources in Student Health Services and Employee Health Services to help students and others deal with these exposures.

Education and Evaluation

All students at UTRGV SOPM and students visiting UTRGV SOPM shall receive personal safety and environmental exposures training.

UTRGV SOPM will provide all Podiatric Medicine students an orientation to the infectious and environmental hazards policy of the affiliate hospital prior to commencing laboratory and/or patient care activities.

Those students with an occupational exposure to a blood borne pathogen shall have the exposure evaluated and documented by a healthcare provider following the applicable post-exposure protocol described in Appendix A of this policy.

Infection Control

Podiatric Medicine students, like all health care workers, bear a responsibility to prevent the spread of infection. Pursuant to that responsibility, Podiatric Medicine students will follow universal precautions at all times.

Blood, semen, and vaginal fluids are the three most potentially infectious body fluid 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.

UTRGV SOPM 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 (PEP) 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 PEP care. In addition, Student Health Services is prepared to provide HIV post exposure prophylaxis intervention if indicated.

Implications on Learning Activities

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 UTRGV campus clinics or from their private physician. Students will be excused from clinical activities in order to seek medical care.

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

APPENDIX A

PROCEDURES FOR STUDENT EPOSURE TO INFECTIOUS DISEASE

Prevention and Education Protocol

All students will receive training in universal precautions prior to seeing patients. This training will meet the minimum requirements for students as outlined in The University of Texas Rio Grande Valley Bloodborne Pathogen Exposure Control Plan at this link: https://www.utrgv.edu/ehsrml_files/documents/lab-safety/bloodborne-pathogen-control-plan.pdf

Students must complete the following safety modules yearly:

-OSHA Blood Borne Pathogens (BBP)
-Airborne exposures (i.e. Tuberculosis) Safety Training
Active Shooter Training

Infection Control

All Podiatric Medicine students will also receive an orientation to the infectious and environmental hazards policy of the affiliate hospital prior to commencing laboratory and/or patient care activities.

The sponsoring host faculty member at UTRGV SOPM is responsible for ensuring that all visiting students receive the appropriate training and orientation prior to starting laboratory or clinical work at UTRGV 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.

Infection Control Precautions

Always wash hands before and after patient contact, according to the policy of the clinical site, even if gloves are used.

Always wear gloves when exposure to blood, body fluids, and other body excretions is likely.

Use gloves appropriately according to aseptic and/or sterile techniques and always change gloves between patients.

Wear gowns/aprons when soiling of clothing with blood or body fluids is likely.

Wear masks, face shields, and eye protection when aerosolization of blood or body fluids may occur.

Dispose of sharps in designated rigid sharp containers. Never recap needles by hand.

Dispose of waste saturated with blood or body fluid in designated red biohazardous waste containers

Post-Exposure Protocol

Handling of and exposure to body fluids is routine in medical practice. Hazardous exposure - a needle stick or splash or inhalation - is not routine but may nevertheless happen. If you are exposed in a potentially hazardous way, please remember to take these steps:

Apply first aid. Wash and rinse the wound or exposed area thoroughly with soap and water.

Say Something. Report the exposure promptly to an attending or resident or charge nurse and Student Health Services. Especially for a needle stick blood exposure, timing is crucial. According to the CDC, evaluation and initiation of preventive treatment, if indicated, should occur within 2 hours of exposure.

Get care in the nearest facility you can access within 2 hours. If you are at one of our partner hospitals, go to the ER. If you are in an office or clinic, speak to your faculty preceptor. Comply with all policies and procedures at the clinical site, including creating an Incident Report and having yourself and the source patient tested.

Follow the protocol. If a potentially hazardous exposure occurred, then have blood drawn from you to be tested for HIV antibody, Hep B surface antigen, and Hep C antibody as well as from the source patient.
Get PEP - post-exposure prophylaxis - if indicated. This is not a judgment you should make by yourself but rather by a clinician at your site. If in doubt, or if no one is immediately available, call Student Health Service (665-2511) or Dean on Call (296-2502).

Follow-up with Student Health Services. Complete paperwork - file insurance claim to cover charges for care - arrange to receive results of tests. Student Health Services can be reached at 956-665-2511 during working hours. If the exposure occurs after working hours, report to Student Health Services promptly on the next working day following the exposure.

Post-exposure protocol is also presented in a graphic form in Appendix B.

Financial Responsibility

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

Each student must consult the Student Health Services at 956-665-2511 immediately.

Each student must seek reimbursement from the student's private insurance company first.

The student must initiate the request for reimbursement from UTRGV within 30 days from the date the student’s insurance claim is approved/denied.

Each student must provide the Student Health Services 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 your clinical duties as a registered student at UTRGV.

APPENDIX B

Guidelines for Needle Stick and Body Fluid Exposures for UTRGV Students
Blood Borne Pathogen Exposure

- Wash exposed area thoroughly
- Immediately advise supervisor/faculty
- Refer to site specific checklist
- Refer to Supervisor/Faculty Checklist
  - Ensure consent and lab testing are done on source
  - Seek Post-Exposure Care
    - During business hours Student Health Services: 956-665-2511
    - After hours/weekend Holiday Report to ER Triage
    - Complete needle stick incident report
    - Evaluation by healthcare provider
      - Be sure to file all charges with your insurance company
      - Read and sign consent for prophylactic treatment for HIV
      - Fill RX for medications (if applicable and file with insurance company)
      - Have labs drawn (file with insurance company)
      - Call Student Health clinic next business day to follow up on labs
      - Retain all receipts and bring to student health clinic for processing
Student Mistreatment

Policy Number: DPM057
Policy Title: Student Mistreatment

A. Policy

UTRGV SOPM has zero tolerance for student mistreatment. UTRGV SOPM is committed to maintaining an environment where there is mutual respect between students, teachers, peers, patients, and all members of the education and health care teams.

To maintain an optimal learning environment, it is incumbent upon all members of the SOPM community to report instances of student mistreatment.

Instances of alleged mistreatment will be investigated, and appropriate measures will be taken to stop the mistreatment.

Retaliation against reporters of mistreatment will not be tolerated.

B. Definitions and Examples

The Association of American Medical Colleges defines mistreatment as behavior that shows disrespect for the dignity of others and unreasonably interferes with the learning process. It can take many forms, and includes any behavior that humiliates, degrades, demeans, intimidates, or threatens an individual or a group. To violate this policy, the behavior should be such that a reasonable person would find that it creates inhospitable working or learning conditions.

Mistreatment can be further defined but is not limited to the following domains:

<table>
<thead>
<tr>
<th>Domain</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical mistreatment</td>
<td>Any behavior that involves physical harm, threat of physical harm or imposition of physical punishment.</td>
</tr>
<tr>
<td>Abusive expression</td>
<td>Includes spoken, written, visual, or nonverbal actions directed at another person that are outside the range of commonly accepted expressions of disagreement, disapproval, or critique in an academic culture and professional setting that respects free expression.</td>
</tr>
<tr>
<td>Power abuse</td>
<td>Includes any abuse of authority or inappropriate actions, threats or retaliation in the exercise of authority, supervision, or guidance. This includes using learner evaluation, grades and potential letters of recommendation as quid pro quo for behaviors.</td>
</tr>
<tr>
<td>Psychological cruelty</td>
<td>Any malicious behavior that results in psychological pain and suffering.</td>
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</table>
Sexual harassment is defined as unwelcome sexual advances, unwelcome requests for sexual favors, and other verbal, nonverbal, or physical conduct of a sexual nature when a person's submission to such conduct is implicitly or explicitly made the basis for employment decisions, academic evaluation, grades or advancement, or other decisions affecting participation in a University program (quid pro quo), or when such conduct creates a hostile learning or working environment.

Discrimination

Any prejudicial treatment on the basis of race, color, national origin, religion, sex, gender, gender expression, gender identity, gender transition status, pregnancy, physical or mental disability, medical condition (cancer-related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services, including protected veterans.

Examples of mistreatment:

<table>
<thead>
<tr>
<th></th>
<th>Not Mistreatment</th>
<th>Mistreatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical mistreatment</td>
<td>A surgeon tells the student not to take the retractor from them unless they ask the student to retract.</td>
<td>Scrub tech hits the student's arm with a clamp as they are trying to sew because they did not like how the student bumped the Mayo stand.</td>
</tr>
<tr>
<td>Abusive expression</td>
<td>The student is yelled at to &quot;get out of the way&quot; by a member of the code team as a patient is about to be shocked during resuscitation.</td>
<td>A resident yells at the student for &quot;always getting in the way.&quot;</td>
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<td></td>
<td>An operating room nurse tells the student that they contaminated their gown and instructs them to rescrub.</td>
<td>A resident makes fun of the student calling them &quot;incompetent&quot; because they do not know how to insert a Foley catheter.</td>
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<td></td>
<td>An attending gives the student feedback on how to improve their performance and it makes the student feel bad because they feel criticized and not appreciated for their efforts.</td>
<td>An attending speaks to the student in public or private in a meant to humiliate. &quot;Did you even go to college?&quot; &quot;How did your pass your other rotations?&quot;</td>
</tr>
<tr>
<td>Power abuse</td>
<td>The student is in the operating room for the first time and feels timid because they do not know where to stand and what to do.</td>
<td>An attending tells the student not to scrub in on any cases, and says to the other members of the team, &quot;Students always contaminate the field.&quot;</td>
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<td>The student who, after being given clear expectations at the beginning of their obstetrics and gynecology rotation, is asked to leave the operating room because they did not introduce themselves to the patient, read about the patient or prepare for the case.</td>
<td>A resident tells a student that it is their job to write all of the consult notes and progress notes for all patients on the service.</td>
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<tr>
<td></td>
<td>The student stays in the outpatient clinic late because there are patients that still have not been seen and labs to be followed up on.</td>
<td>The student is expected to work over 80 hours a week, and it is communicated to them that this will be the way to earn an Honors grade on the rotation.</td>
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<td></td>
<td>The student is asked to run down to central supplies to get the necessary equipment to perform a bedside paracentesis.</td>
<td>The student is asked to pick up an attending's dry cleaning or dinner for the chief resident.</td>
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<tr>
<td></td>
<td>A resident tells a student that they would like them to review and present a topic to the team as a way to demonstrate their knowledge base and oral presentation skills.</td>
<td>The student is threatened with a failing or lower grade if they do not help the resident write notes.</td>
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<td></td>
<td>The student is assigned duties to help the team provide patient care that do not seem educational to the student (&quot;scut&quot;), including calling an outside hospital to obtain microbiology reports.</td>
<td>The student is assigned duties as punishment rather than learning.</td>
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<tr>
<td></td>
<td>On the first day of third year, a resident says to the students on rotation, &quot;You must be the newbies on service,&quot; then offers to help the students find a computer station.</td>
<td>Students on the team are all given nicknames by the chief resident that are demeaning and culturally inappropriate.</td>
</tr>
<tr>
<td><strong>Psychological cruelty</strong></td>
<td>The student's question is not answered because the attending is concentrating on a critical portion of the procedure.</td>
<td>The student's questions are repeatedly ignored by the attending when other learners' questions are answered.</td>
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<td>The student had to eat lunch alone because the rest of the team was busy with other duties</td>
<td>The entire team eats lunch together every day but it is made clear that the student is not invited and is laughed at or ignored when they enter the room.</td>
<td></td>
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<tr>
<td>The student working with a department chair says he feels nervous about rounding with him/her since they can &quot;make or break&quot; their career.</td>
<td>Resident tells a student that it is their goal to make them cry before the rotation is over.</td>
<td></td>
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<tr>
<td>A resident incorrectly tells the student the patient's CXR is normal and when the student reports the result on rounds the attending, who knows otherwise, gets upset at the student.</td>
<td>A resident purposely gives a student misinformation before rounds. Student then overhears the resident laughing with another resident about messing him over.</td>
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</tr>
<tr>
<td><strong>Sexual harassment</strong></td>
<td>A male student is asked not to go into a room because a female patient only wants a female to examine her.</td>
<td>The student is subjected to offensive sexist remarks or name calling while on call with the team.</td>
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<td></td>
<td>A student is asked by the resident on the team to attend a farewell party at a local bar for the interns leaving the service.</td>
<td>A student is asked by a resident to go out after hours to a bar &quot;so they can discuss the student's progress on the clerkship&quot;</td>
</tr>
<tr>
<td><strong>Discrimination</strong></td>
<td>The student is asked to see a specific patient in clinic because they speak their language.</td>
<td>The student is subjected to racist or ethnically offensive remarks or names about themselves or others, including patients.</td>
</tr>
<tr>
<td></td>
<td>The student is asked to wear a white coat in clinic and make sure their attire meets professional standards.</td>
<td>The student is subjected to derogatory remarks about their or another's sexual orientation.</td>
</tr>
</tbody>
</table>
C. Who Should Report

The maintenance of an Optimal Learning Environment is incumbent on all of us engaged in teaching, research, and mentoring the next generation of physicians. Mistreatment of any kind undermines the professional and collegial environment in which we learn and practice medicine. Mistreatment directly affects the well-being of teachers and learners, and in a clinical setting may also affect patient safety and treatment outcomes. Anyone who is a victim of mistreatment, a witness to another's mistreatment, or the recipient of a report or outcry about mistreatment, should report the concern.

D. Reporting Options

To be dealt with judiciously and equitably, mistreatment must be reported in a timely and respectful manner. Anonymous reports are permitted. However, your decision to remain anonymous may greatly limit UTRGV's ability to stop the alleged conduct, collect evidence, or take action against parties accused of violating this policy. You should make reports as soon as you become aware of the mistreatment or misconduct.

You may make reports of suspected mistreatment in any of the following ways:

To report overt threats, call UT Police: (956) 882-4911 or 911

To report mistreatment or unprofessional behavior in an academic or clinical setting:

Talk with a faculty member, chief resident, attending physician, Program Director, Department Chair, or Module Director; or

Report to a dean - Assistant Dean/Pre-clerkship, Assistant Dean/Clerkship, Assistant Dean for Student Affairs, Associate Dean for Educational Affairs, or Associate Dean for Student Affairs; or

Go online and make a mistreatment report via Vaqueros Report It https://www.utrgv.edu/reportit

To report mistreatment by staff personnel, contact the direct supervisor or the Office of Human Resources https://www.utrgv.edu/hr
(956) 296-1516

To report sexual harassment, sexual misconduct, sexual violence, or discrimination, report to the Office of Institutional Equity and Diversity (Title IX /AA/EO Coordinator).
https://www.utrgv.edu/equity/
(956) 665-3851

Faculty, employees in the Office of Student Affairs, and University Police are obligated to refer reports of sexual misconduct to the Title IX Coordinator. Students may discuss an incident with a counselor in the Counseling Center, a health care provider in Student Health Services, the clergyperson of the student's choice, an individual who works or volunteers in the Office of Victim Advocacy and Violence Prevention, or an off-campus resource (i.e. rape crisis center, doctor, psychologist, etc.) without concern that the incident will be reported to the Title IX Coordinator.
UTRGV provides support for students who are victims of sexual misconduct through the Office of Victim Advocacy and Violence Prevention (OVAVP):
https://www.utrgv.edu/ovavp/
(956) 665-8287

If in doubt - whether to report a concern, or to whom to make a report - call the Dean on Call: (956) 296-2502 or submit a report via:

E. Response and Follow-up

The Office of Student Affairs (OSA) maintains contact with the University offices which investigate reports of mistreatment. As reports are investigated and adjudicated, OSA presents the nature of the reports and the outcomes of the investigations to the Optimal Learning Environment Committee (OLEC) in a de-identified manner and in compliance with state and federal law. OLEC determines whether further action is needed, such as policy change or additional professional development, and reports its recommendations to the Dean and other appropriate SOPM officials.

OSA also communicates back to the reporter(s) of mistreatment incidents. Within the constraints of the rules of confidentiality linked to the procedures for investigation and adjudication of these investigations, OSA informs the reporters of the disposition of the incident, if not otherwise communicated.

Retaliation against a reporter, witness or victim of mistreatment is not tolerated. UTRGV maintains a zero tolerance policy (ADM 04-301) toward retaliation:
https://www.utrgv.edu/hop/policies/adm-04-301.pdf

Sources:
Association of American Medical Colleges:
Power and Privilege Definitions

Sexual and Gender Harassment Resources
https://www.aamc.org/what-we-do/mission-areas/diversity-inclusion/harassment

Navigating the Hidden Curriculum in Medical School

David Geffen School of Podiatric Medicine, UCLA - Medical Student Mistreatment Policy
https://medschool.ucla.edu/current-15-mistreatment

Harvard Medical School - Student Mistreatment Policy and Procedures

UT System: Cultivating Learning and Safe Environments
UT Health Science Center San Antonio - Student Mistreatment Policy
http://catalog.uthscsa.edu/generalinformation/institutionalpolicies/studentmistreatmentpolicy/

UTRGV School of Podiatric Medicine - Medical Student Standards of Conduct (dpm013)
/2020-2021/SOPM-Medical-Student-Handbook/SOPM-POLICIES/EAA016-Medical-Student-Standards-of-Conduct-Policy

UTRGV School of Podiatric Medicine - Prohibition of Retaliation (DPM039)

UTRGV Policy Number:DPM001 ADM 03-300: Sexual Misconduct
https://www.utrgv.edu/hop/policies/adm-03-300.pdf
ACADEMIC WORKLOAD POLICY

Policy Number: DPM058
Policy Title: ACADEMIC WORKLOAD POLICY

A. Purpose
The academic policy ensures that the schedules developed will consider student workload.

B. Persons Affected
This policy will cover the students participating in the UTRGV SOPM curriculum.

C. Policy
The UTRGV SOPM established student workload policies during the clinical clerkships and rotations. Clerkship directors are responsibility for the monitoring and enforcement of this policy. This policy ensures an appropriate balance between formal teaching and service.

D. Procedures

Pre-Clinical Instruction (Year 1 and 2) Workload Policy

Maximum of 40 hours of scheduled educational learning activities per week. (Didactic lectures, Problem Based Learning, Educational Laboratory, Clinical Skills sessions)

Up to 4 hours additional instruction contact hours may be approved by the Associate Dean of Academic Affairs.

15 formal instruction hours per credit.

Expected workload per (1) credit is 45 total contact hours including instruction, formal preparation/review time, and all exams.

Clinical Clerkship Instruction (Year 3 and 4) Workload Policy

• Each Clerkship/Externship rotation in the Third and Fourth year will equate to 4 Semester Credit Hour Equivalents (SCH).

• 4 SCH per rotation equates to up to 40-60 Contact Hrs. Per Week

• Duty hours are limited to maximum of 80 hours per week, to include on call hours.

• A 10-hour minimum rest between duty periods (not applicable to night or weekend call) is required.

• Continuous on-site duty, including in-house call, must not exceed 30 consecutive hours; students may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

• Students can be on call no more than every third night. Students must be provided with one (1) day in seven (7) free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call.
• Fatigue education and fatigue management strategies will be provided to students.

E. Definitions

Call Hours: The time that students are expected to be on site and may report for patient care responsibilities when needed. Requirements for call are established by each clerkship.

Duty Periods - Adequate time for rest and personal activities must be promoted. Students should have 10 hours, and must have 8 hours, free of duty between scheduled duty periods and after in-house call.

Continuous on-site duty - Continuous on-site call duty should not exceed 24 consecutive hours; however, Students may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care. No new patients may be accepted after 24 hours of continuous duty.

F. Dates Reviewed or Amended

1/26/2023
COURSE CREDIT HOUR POLICY

Policy Number:DPM059
Policy Title: COURSE CREDIT HOUR POLICY

A. Purpose

Academic credit provides a common basis for measuring the amount of engaged student learning in an academic setting. A credit hour is an amount of work represented in intended learning outcomes and verified by evidence of student achievement in a course, laboratory, studio and internship or other experiential learning activity delivered by any instructional mode.

The UTRGV School of Podiatric Medicine curriculum a competency based, patient-focused, student learning blended curriculum consisting of courses, systems, and clinical rotation experiences that present opportunities for learning using multiple modalities including lectures, case-based learning, podiatric medical and journal clinical skills training, small group discussions, community service, and directed independent study.

B. Persons Affected

This policy will cover the students participating in the UTRGV SOPM curriculum.

C. Policy

The credit hour is used as a common currency by students, institutions and the federal government to measure a variety of academic activities. Credit hours are used by universities to calculate, record, and interpret the amount of work students need to fulfill degree, certificate, and other similar academic requirements. Credit hours facilitate the transfer of students from one institution to another and it is the basis for the awarding of federal financial aid.

D. Procedures

Each module is assigned a set number of credit hours equivalent based on module length and content.

A student completes fifteen contact instructional hours for each credit received. 45 contact instructional hours must be met regardless of module length. This includes instruction, expected preparation/review time, and all exams.

Clinical rotations and minimum hours of rest between clinical duty periods, and units given for each module/course are converted to SCH equivalents based on the number of hours spent in each module/course.

E. Definitions

UTRGV’s Academic Credit Hour Policy aligns with Texas law, which stipulates the standard length of a semester and the number of contact hours per course, as well as the maximum amount of credit a student may earn in each time.

For traditionally delivered courses, no less than one hour of classroom1 or direct faculty instruction and a minimum of two hours of coursework outside the classroom for approximately fifteen weeks for one
semester hour of credit. There may be additional contact hours for those courses that include a final examination week.

For other academic activities including laboratory work, internships, practica, studio work, and other academic work leading to the award of credit hours, an equivalent amount of work as required in item 1 above is necessary.

Online, hybrid, shortened, intensive format courses and other nontraditional modes of course delivery may not meet the credit/contact hours assigned above. In such instances, the course will be reviewed and approved by a faculty review process that evaluates the course and its learning outcomes to determine if the course has equivalent learning outcomes to those in a traditionally delivered course.

In determining the amount of work a course's learning outcomes will require, alternative delivery methods, measurements of student work, academic calendar, discipline, and degree levels may be taken into consideration.

F. Related Statutes or Regulations, Rules, Policies, or Standards

https://www.utrgv.edu/academicaffairs/_files/documents/faculty-resources/academic_credit_policy.pdf

G. Dates Reviewed or Amended

1/26/2023