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## *School of Podiatric Medicine*

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### **CLINICAL ROTATION GUIDE**

**AY 2025 - 2026**

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#### **MISSION STATEMENT**

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The UTRGV SOPM will foster student success by inspiring, educating and developing a diverse, compassionate student body fully prepared for podiatric residency training, becoming dedicated podiatric physicians, research scientists, public health professionals, and educators.

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# INTRODUCTION

Students who successfully complete the first two years of the program advance to the clinical education phase, which includes both the third and fourth years. This phase builds upon the foundational knowledge from the pre-clerkship curriculum and is designed to prepare students for entry into podiatric residency.

**Year 3** begins with a one-month orientation covering hospital protocols, electronic health record (EHR) systems, operating room (OR) procedures, and a residency fair. Following orientation, students complete eleven month-long clinical rotations in podiatric medicine, general medicine, and surgery. These rotations offer hands-on experience and opportunities to apply medical knowledge, develop essential clinical skills, and refine oral and written presentation abilities. Professionalism, self-motivation, and active participation are expected throughout.

**Year 4** emphasizes advanced clinical training and residency preparation. Students complete six months of podiatric rotations at affiliated sites across the United States, including Texas. They also complete a one-month elective in a non-podiatric specialty, a one-month local podiatry rotation in the Rio Grande Valley (RGV) and participate in structured preparation for residency interviews and Part 2 of the American Podiatric Medical Licensing Examination (APMLE). As practicing interns, Year 4 students take on increased patient care responsibilities and continue to strengthen clinical, surgical, and critical thinking skills.

Throughout both years, students are required to attend grand rounds and other structured educational activities. Preparation for rotations includes reviewing assigned materials and independently researching relevant clinical topics. Collaboration with peers and healthcare professionals is encouraged to enhance clinical reasoning and promote the use of professional medical language.

At the end of each rotation, students are assessed on their knowledge, skills, and overall clinical competency. The curriculum is organized around three core learning objectives: **Knowledge**, **Skills**, and **Professional Attitudes**, aligned with SOPM/CPME educational competencies and institutional outcomes. Mastery of these objectives is essential for successful program completion and transition into residency. The clinical education phase ultimately aims to develop competent, compassionate, and lifelong learners in podiatric medicine.

## CONTACT INFORMATION & RESOURCES

For all general questions regarding rotations and clinical education, email the Office of Clinical Affairs at:

[SOPM\\_Clerkships@utrgv.edu](mailto:SOPM_Clerkships@utrgv.edu)

This email address is monitored by Faculty and Staff for optimal response times.

Associate Dean of Clinical Affairs: [Dustin.Prins@utrgv.edu](mailto:Dustin.Prins@utrgv.edu)

Assistant Dean of Clinical Education: [Gladys.Bembo@utrgv.edu](mailto:Gladys.Bembo@utrgv.edu)

For a detailed walkthrough of access to and utilization of Typhon, click here: [Typhon Training](#) **(Password: typhon123)**.

Typhon is vital to you as a student and to a successful clinical rotation. It acts as the hub for reporting clinical experiences, taking evaluations, and building your own portfolio to use for residencies and even initial state licensure for life after school, and more.

Clinical Rotation assignment information can be found on the Typhon homepage under “My Schedule.”

[SOPM Student Handbook](#)

School Address: 2102 Treasure Hills Blvd. Harlingen, Texas 78550

School Phone number: 956-296-2011

Section 1:

Clinical Rotation Goals and Competencies

## CLINICAL ROTATIONS OBJECTIVES

The goal of SOPM's clinical rotation is to prepare each SOPM student with the knowledge, skills, and professional attitudes to excel in post-graduate podiatric medicine and surgery residency training programs of their choice.

### **Objectives of Clinical Rotations**

1. To socialize and familiarize students with the systems, processes, and procedures of the healthcare system, and clinical setting.
2. To help students determine a subspecialty of podiatric medicine (surgery, sports medicine, biomechanics, radiology) they would like to pursue.
3. To introduce students with an established background in the basic sciences to podiatric and non-podiatric clinical/surgical medicine in the four-year continuum.
4. To introduce and develop clinical skills and procedures utilized in General Medicine, Surgery, and Podiatric Medicine.
5. To allow the student to utilize complex critical thinking and higher cognitive level reasoning skills to apply to practical and clinical issues.
6. To develop and enhance communication skills - both written and oral presentation - and apply them in the clinical setting.
7. To develop and enhance the level of professionalism expected from a podiatric physician.
8. To become socially conscious of the social determinants of health that influence levels of health disease, access, and clinical outcomes in patients of different origins, backgrounds, races, and socioeconomic status.

## COMPETENCY DOMAINS

The School of Podiatric Medicine (SOPM) program's objectives will reflect the competencies set forth by the Council of Podiatric Medical Education (CPME) Competency Domains and will serve as statements of what students are expected to learn or accomplish during the program.

Foundational competencies will include:

1. Medical knowledge
2. Patient care
3. Patient care lower extremity
4. Research and Scholarly practice
5. Inter-professional and interpersonal communication
6. Professionalism
7. Inter-professional collaborative practice
8. Social determinants of health and addiction

### ***Medical Knowledge***

Graduation competencies must include mastery of the necessary body of knowledge within the basic clinical and related sciences to manage patients' health. Graduates must apply current and emerging knowledge of human structure, function, development, pathology, pathophysiology, and psychosocial development, and of pharmacology and microbiology to the foundation of podiatric clinical training, residency, and practice.

1. Describe normal development, structure, and function of the body with emphasis on the lower extremity.
2. Explain the genetic, molecular, biochemical, and cellular mechanisms important to maintaining the body's homeostasis.
3. Relate the altered development, structure and function of the body and its major organ systems to various diseases and conditions.
4. Apply knowledge from pre-clinical and clinical sciences in simulated and clinical settings to patient care.
5. Use current and emerging knowledge of health and disease to identify and solve problems in patient care.

### ***Research and Scholarly Activity***

The competent graduate must be able to study, reflect, and evaluate patient care practices. In addition, they must be able to appraise and assimilate scientific evidence and understand them. The competent graduate must apply concepts of research to further one's understanding of contemporary podiatric medicine and its application to appropriate care for patients. They must recognize that the need to learn is continuous. The competent graduate:

1. Sets clear learning goals and continuously integrates new knowledge to improve medical care.
2. Assesses their strengths and weaknesses to improve performance.
3. Identifies effective ways to address limitations and enhance expertise.
4. Critically appraises the information and relates it to their patient's health problems.
5. Identify responsible practices and ethical behaviors used in research.
6. Demonstrate the acquisition and interpretation of medical literature.
7. Apply knowledge to the principles of research methodology to evaluate the integrity of the research and its relevancy for clinical decision-making.
8. Investigate opportunities that enhance life-long learning and contribute to the body of knowledge in podiatric research and scholarship.

### ***Patient Care***

Competent graduates can provide patient care that is compassionate, appropriate, and effective for the treatment of health problems, as well as the promotion of good health. They are required to construct appropriate management strategies (diagnostic and therapeutic) for



patients with common healthcare problems (emergent, acute, or chronic) using all accumulated knowledge and skills. The competent graduate must be able to provide effective, appropriate, and compassionate patient-centered care that promotes overall health to diverse populations.

1. Apply medical knowledge to distinguish differences between wellness and disease.
2. Perform and interpret appropriate, accurate, and problem-focused history and physical examinations.
3. Perform lower extremity exams required for the diagnosis and management of disorders and conditions.
4. Formulate a prioritized differential diagnosis based on examination and clinical assessments.
5. Perform and/or interpret appropriate diagnostic studies, and tests required for management and treatment.
6. Participate actively in the performance of treatment techniques using medical and surgical means.
7. Perform competently all medical and invasive procedures required for graduation.
8. Recommend appropriate referrals of patients ensuring continuity of care through transitions between providers or settings and determining patient progress.
9. Perform, order, and interpret diagnostic investigations that result in accurate diagnosis/treatment.
10. Recognize evidence of mental or physical impairment of oneself or other to protect patients from harm.
11. Develop and implement patient specific management plans and prevention strategies.
12. Demonstrate awareness of issues related to culture, religion, age, gender, sexual orientation, and mental and physical disabilities.
13. Engage patients and their families in shared decision-making through counseling and education.
14. Use information technology to access online medical information, manage information and assimilate evidence from scientific studies to patient care.
15. Apply the principles of epidemiology and evidence-based medicine.
16. Counsel and educate patients, their families, and caregivers.

### ***Patient Care of Lower Extremity***

The competent graduate must be able to provide effective, appropriate, and compassionate patient-centered care with emphasis on the lower extremity that promotes overall health to diverse populations.

1. Apply medical knowledge to distinguish differences between wellness and disease.
2. Perform and interpret appropriate, accurate, and problem-focused history and physical examinations in the management of lower extremity conditions.

3. Perform lower extremity exams required for the diagnosis and management of disorders and conditions.
4. Formulate a prioritized differential diagnosis for conditions of the lower extremity based on examination and clinical assessments.
5. Perform and/or interpret appropriate diagnostic studies, and tests required for management and treatment of conditions in the lower extremity.
6. Recommend appropriate referrals of patients ensuring continuity of care through transitions between providers or settings and determining patient progress.
7. Develop and implement patient specific management plans and prevention strategies for conditions of the lower extremity.
8. Demonstrate awareness of issues related to culture, religion, age, gender, sexual orientation, and mental and physical disabilities.
9. Engage patients and their families in shared decision-making through counseling and education.
10. Use information technology to access online medical information, manage information and assimilate evidence from scientific studies to patient care.
11. Apply the principles of epidemiology and evidence-based medicine in the management of conditions of the lower extremity.

### ***Interpersonal and Interprofessional Communication***

The competent graduate demonstrates communication and interpersonal skills that results in relevant information exchange and decision-making with patients, their families, and members of the healthcare team. The graduate:

1. Effectively communicate, in oral, digital, and written formats.
2. Communicate effectively (including non-verbal cues) with patients, families, and other healthcare professionals, especially when special barriers to communication exist.
3. Interact appropriately with peers, faculty, staff, and healthcare professionals in academic, research and healthcare settings.

### ***Professionalism***

The competent graduate approaches medicine with integrity and respect for human dignity. The graduate exhibits the highest standards of competence, ethics, integrity, and accountability to patients and places the patient's interest above oneself. They must demonstrate awareness of and commitment to the principles and responsibilities of medical professionalism. The competent graduate:

1. Apply theories and principles that govern ethical decision-making to the practice of medicine and research.
2. Recognize potential conflicts of interest inherent in various financial and organizational

arrangements for the practice of medicine, in medical education and research.

3. Practice the standards that ensure patient privacy and confidentiality.
4. Demonstrate dependability, commitment, and reliability in interactions with patients and their families and other health professionals.
5. Recognize, and address in a constructive manner, unprofessional behaviors in oneself and others with whom one interacts.
6. Demonstrate personal behaviors that promote patient safety.
7. Identify personal deficiencies in knowledge and skills and address them by implementing methods for improvement.
8. Employ strategies for seeking and incorporating feedback from patients, peers, and other health professionals to improve personal and patient outcomes.
9. Is aware of the unique doctor-patient relationship. Demonstrates a commitment to ethical principles pertaining to provision or withholding of clinical care confidentiality of patient information and informed consent.
10. Recognizes that the need to learn is continuous.
11. Balances personal and professional commitments to ensure that patient's medical needs are always addressed and respected.

### ***Interprofessional Collaborative Practice***

The competent graduate will demonstrate the ability to work as an effective member of a healthcare team. The graduate will:

1. Effectively communicate, in oral, digital, and written format.
2. Communicate effectively (including non-verbal cues) with patients, families, and other healthcare professionals, especially when special barriers to communication exist.
3. Interact appropriately with peers, faculty, staff, and healthcare professionals in academic, research and healthcare settings.
4. Exhibit behavior that demonstrates the capacity to establish a doctor/patient relationship.

### ***Social Determinants of Health/Awareness, Addiction***

The competent graduate demonstrates an understanding of common societal problems including issues of addiction or abuse and their impact on patients and their families. The graduate will:

1. Identify and consider health care disparities and the social determinants of health.
2. Use a socio-psycho-biological model to develop individualized prevention strategies for persons with pain and/or opioid use disorder.
3. Employ an integrated, team-based approach to the patient.
4. Engage family and social support in the care of the patient.

5. Demonstrates an awareness and responsiveness to larger context and systems of health care such as identifying and treating community health care concerns specific to a bi-national region such as the Rio Grande Valley and Mexico.
6. Practice cost-effective health care that does not compromise quality of care.
7. Utilize and integrate the services of multidisciplinary health care providers, practicing cost-effective health care that does not compromise quality of care.
8. Work collaboratively with other health professionals to optimize the quality of care in underserved areas.
9. Apply principles of population health, to design and implement treatment plans for the underserved and uninsured populations.

### ***UTRGV Institutional Outcomes***

1. **Critical Thinking:** The graduate should be able to identify and solve problems that require the integration of multiple contexts when performing patient care.
2. **Breadth and Depth of Knowledge in the Discipline/Clinical Competence:** The graduate should be able to perform appropriate diagnostic and therapeutic skills, to apply relevant information to patient care and practice, and to educate patients regarding prevention of common health problems.
3. **Interpersonal Communication Skills:** The graduate should be able to effectively use interpersonal skills that enable them to establish and maintain therapeutic relationships with patients and other members of the health care team.
4. **Collaboration Skills:** The graduate should be able to collaborate with clients and with other health professionals to develop a plan of care to achieve positive health outcomes for their patients.
5. **Ethical and Moral Decision-Making Skills:** The graduate should be able to perform the highest quality of care, governed by ethical principles, integrity, honesty, and compassion.
6. **Lifelong Learning:** The graduate should be able to engage in life-long, self-directed learning to validate continued competence in practice.
7. **Evidence-Based Practice:** The graduate should be able to utilize research and evidence-based practice and apply relevant findings to the care of patients.
8. **Humanistic Practice:** The graduate should be able to conduct compassionate and humanistic approaches to health care delivery when interacting with patients, clients, and their families. They should unfailingly advocate for patient needs.

COMPARISON OF OUTCOMES STANDARDS: UTRGV AND CPME (SOPM)	UTRGV	CPME
Critical Thinking	1	1, 2, 3, 4, 5, 6, 7, 8
Breadth and Depth of Knowledge in the Discipline/Clinical Competence	2	2, 3, 4, 5, 6, 7, 8

Interpersonal Communication Skills	3	2, 3, 4, 5, 6, 7, 8
Collaboration Skills	4	1, 2, 3, 4, 5, 6, 7, 8
Ethical and Moral Decision-Making Skills	5	2, 3, 8
Lifelong Learning	6	2, 3, 4, 5, 6, 7, 8
Evidence-Based Practice	7	2, 3, 6, 7, 8
Humanistic Practice	8	2, 3, 4, 5, 6, 8

## CLINICAL ROTATION CALENDAR

AY 2025 – 2026

### YEAR 3

In July, all third-year students will participate in a mandatory orientation and clinical skills workshops to prepare for clinical rotations. Over the following 11 months, students must complete two core medicine rotations, two core surgery rotations, five podiatric medicine and surgery rotations, and two electives in medicine, surgery, or podiatry. The third-year class is divided into two groups: one will begin with podiatry rotations and the other with non-podiatry rotations in the fall. The groups will switch in the spring semester.

Fall Semester		Spring Semester	
Orientation & Clinical Skills Workshops	07/07/25 – 08/01/25	Rotation 6	01/05/26 – 01/30/26
Rotation 1	08/04/25 – 08/29/25	Rotation 7	02/02/26 – 02/27/26
Rotation 2	09/01/25 – 09/26/25	Rotation 8	03/02/26 – 03/27/26
Rotation 3	09/29/25 – 10/24/25	Rotation 9	03/30/26 – 04/24/26
Rotation 4	10/27/25 – 11/21/25	Rotation 10	04/27/26 – 05/22/26
Rotation 5	11/24/25 – 12/19/25	Rotation 11	*05/25/26 – 06/19/26
Winter Break	12/22/25 – 01/04/26		

*Note:*

**Attendance for PMSB 9301 is mandatory every Wednesday afternoon. Last Wednesday of each rotation, students will take a shelf exam in the morning at the school.**

\* Students who choose to participate in a clinical rotation outside of the RGV during Rotation 11 must follow the AACPM-designated dates for the June rotation.

\*\* Winter Break is the ONLY scheduled time off from the third-year clinical rotation schedule. Time off for all other holidays is at the discretion of the clinical faculty/preceptor.

### YEAR 4

In the fourth year, students will spend approximately five months on clinical rotations at affiliated sites across the U.S., including Texas. Upon returning, they will complete structured preparation for residency interviews and Part 2 of the APMLE. During the final three months, students will be participating in the Podiatric Medicine, Biomechanics, Surgery rotation

Fall Semester		Spring Semester	
<b>Rotation 1:</b> PMSB Externship	06/30/25 – 08/01/25	Interview/ Step 2 Prep CRIPS	01/05/26 – 01/30/26
<b>Rotation 2:</b> PMSB Externship	08/04/25 – 08/29/25	<b>Rotation 6:</b> PMSB, Med or Surgery block	02/02/26 – 02/27/26
<b>Rotation 3:</b> PMSB Externship	09/02/25 – 10/03/25	<b>Rotation 7:</b> PMSB, Med or Surgery block	03/02/26 – 03/27/26
<b>Rotation 4:</b> PMSB Externship	10/06/25 – 10/31/25	<b>Rotation 8:</b> PMSB, Med or Surgery block	03/30/26 – 04/24/26
<b>Rotation 5:</b> PMSB Externship	11/03/25 – 11/28/25	<b>Graduation May 2026</b>	
Residency Interview Prep and APMLE Step 2 Prep	12/01/25 – 12/19/25		
<b>Winter Break</b>	<b>12/22/25 – 01/04/26</b>		

**Note:**

**Attendance for the PMSB 9501 didactic class is mandatory every Thursday morning in the Spring semester.**

**\*\* Winter Break is the ONLY scheduled time off from the fourth-year clinical rotation schedule. Time off for all other holidays is at the discretion of the clinical faculty/preceptor.**

## CLINICAL SITES

**Hospital Sites:**

- Valley Baptist Brownsville
- Valley Baptist Harlingen
- South Texas Health System
- Harlingen Medical Center

**Out-patient Clinics:**

- Brownsville Community Health Clinic
- VA Texas Valley Coastal Bend
- UT Health RGV Clinics
- Harlingen
- Edinburg
- Area Health Education Center – Bob Clark
- Limb Salvage Diabetes Center (soon to open)

**Affiliated Hospital Facilities and Private Clinics:**

- Rio Grande Valley
- In-state (TX)

- Out-of-state
- ❖ **Non- affiliated Hospital Facilities** (*Students do not have access to these hospitals at this present time*):
  - McAllen Medical Hospital
  - Valley Regional Hospital
  - Rio Grande Regional Hospital



Section 2:

Clinical Rotation Objectives and Required Clinical  
Experience

The UTRGV SOPM is committed to ensuring that the clinical science learning objectives will prepare graduates for entry level residency training. The learning objectives will reflect the knowledge, skills and professional attitudes that will need to be mastered to prepare students for success in residency training. The SOPM will align its clerkship learning objectives and outcomes with entry level podiatric residency expectations and prerequisites.

## OVERALL CLINICAL ROTATION LEARNING OBJECTIVES

<b>Clinical Rotation Learning Objectives</b>	<b>SOPM Competencies</b>	<b>Institutional Outcomes</b>
1. Demonstrate knowledge of hospital policy and protocol.	<b>1, 2, 3, 5, 6, 7</b>	<b>1, 2, 3, 4, 8</b>
2. Communicate with and show respect for patients, their families and all members of the health care team and become an integral member of the team	<b>5, 6, 7, 8</b>	<b>3, 4, 5, 8</b>
3. Be familiar with current issues in managed care, such as formularies, laboratory and radiology services and billing.	<b>1, 2, 7</b>	<b>1, 2, 3, 4, 6</b>
4. Provide care for patients throughout the life cycle, from pediatrics to geriatrics.	<b>1, 2, 3, 4, 5, 6, 7, 8</b>	<b>1, 2, 3, 4, 5, 6, 7, 8</b>
5. Demonstrate knowledge and comprehensive understanding of cultural, ethnic, and socioeconomic diversity amongst patients.	<b>1, 2, 3, 4, 5, 6, 8</b>	<b>1, 3, 5, 7, 8</b>
6. Demonstrate critical thinking by identifying and solving problems that require the integration of multiple contexts, including social determinants of health, disease, pathology, and deformity when providing patient care.	<b>1, 2, 3, 4, 5, 6, 7, 8</b>	<b>1, 2, 5, 7, 8</b>
7. Through breadth and depth of knowledge in the discipline/clinical competence, the student should be able to perform appropriate diagnostic and therapeutic skills, to apply relevant information to patient care and practice, and to educate patients regarding prevention of common health problems.	<b>1, 2, 3, 4, 5, 6, 7, 8</b>	<b>1, 2, 3, 4, 5, 7, 8</b>
8. Develop effective use of interpersonal communication skills that enable them to establish and maintain therapeutic relationships with patients and other members of the health care team.	<b>1, 2, 3, 5, 6, 7</b>	<b>2, 3, 4, 5, 7, 8</b>
9. Show collaboration skills with clients and other health professionals to develop a plan of care to achieve possible health outcomes for their patients.	<b>5, 6, 7</b>	<b>3, 4, 5, 8</b>
10. Perform the highest quality of care, governed by ethical principles, integrity, honesty, and compassion.	<b>2, 3, 4, 5, 6, 7, 8</b>	<b>2, 3, 4, 5, 8</b>
11. Engage in life-long, self-directed learning to validate continued competence in practice.	<b>1, 2, 3, 4, 8</b>	<b>2, 6</b>

12. Carry out compassionate and humanistic approaches to health care delivery when interacting with patients, clients, and their families. They should unfailingly advocate for patient needs.	<b>2, 3, 5, 6, 8</b>	<b>3, 5, 8</b>
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## MEDICINE AND SURGERY ROTATIONS OBJECTIVES

The third-year core clinical rotation competencies have been developed to provide basic clinical and surgical experiences. The competencies encompass a range of clinical activities determined to be vital to the education of third- year podiatric medical students that includes but not limited to history taking, oral case presentation, identify and describe common medical and surgical diagnosis, list differential diagnosis, and develop acceptable management plans.

### Critical Care Medicine

<b>Critical Care Learning Objectives</b>	<b>SOPM Competencies</b>	<b>Institutional Outcomes</b>
1. Obtain history and physical information for critically ill patients.	<b>1, 2, 5, 6, 7</b>	<b>1, 2, 3, 4, 5, 7, 8</b>
2. Recognize stable vs. unstable patient in the acute hospital setting.	<b>1, 2, 6, 7, 8</b>	<b>1, 2, 3, 4, 5, 6, 7, 8</b>
3. Describe the needed skills in life-saving procedures such as ACLS, for the care of severely ill patients.	<b>1, 2, 5, 6, 7</b>	<b>1, 2, 3, 4, 5, 7, 8</b>
4. Recognize basic findings in electrocardiograms and laboratory tests in the severely ill patients.	<b>1, 2, 4, 5, 6, 7</b>	<b>1, 2, 3, 4, 7</b>

### Required Clinical Experience & Procedures (RCEPs)

<b>Conditions &amp; Procedures</b>	<b># Required</b>	<b>Level of Involvement</b>	<b>Clinical Setting</b>
<b>Resuscitation and Cardiac arrest</b>	1	1, 2, or 3	I
<b>Acute Coronary Syndrome</b>	1	1, 2, or 3	I
<b>Sepsis or Severe pneumonia</b>	1	1, 2, or 3	I
<b>Stroke</b>	1	1, 2, or 3	I
<b>ECG Interpretation</b>	1	1, 2, or 3	I
<b>Interpret appropriate:</b> <i>Laboratory tests</i> <i>X-ray and/or other imaging modalities</i>	1 each	1, 2, or 3	I

**Clinical Setting: O – Outpatient, I – Inpatient**

**Level of Participation: 1 – Observed, 2 – Participated, 3 – Performed Supervised**

## Emergency Medicine

Emergency Medicine Learning Objectives	SOPM Competencies	Institutional Outcomes
1. Develop an approach towards the initial evaluation of the emergency room patient.	1, 2, 5, 6, 7, 8	1, 2, 3, 4, 5, 8
2. Present clearly a thorough evaluation of acutely ill patients.	1, 2, 6, 7, 8	1, 2, 3, 4, 5, 6, 7, 8
3. Identify common emergency medicine procedures performed in the emergency department.	1, 2, 6, 7, 8	1, 2, 3, 4, 5, 6, 7, 8
4. Recall skills of BLS and ACLS.	1, 2, 5, 6, 7	1, 2, 3, 4, 5, 7, 8
5. Recognize normal vs abnormal electrocardiograms, and laboratory tests of acutely ill patients.	1, 2, 4, 5, 6, 7	1, 2, 3, 4, 7

## Required Clinical Experience & Procedures (RCEPs)

Conditions & Procedures	# Required	Level of Involvement	Clinical Setting
Resuscitation and Cardiac arrest	1	1, 2, or 3	O
Wound Management	1	1, 2, or 3	O
Acute Coronary Syndrome	1	1, 2, or 3	O
Sepsis or Severe pneumonia	1	1, 2, or 3	O
Stroke	1	1, 2, or 3	O
ECG Interpretation	1	1, 2, or 3	O
Interpret appropriate: <i>Laboratory tests</i> <i>X-ray and/or other imaging modalities</i>	1 each	1, 2, or 3	O

**Clinical Setting:** O – Outpatient, I – Inpatient

**Level of Participation:** 1 – Observed, 2 – Participated, 3 – Performed Supervised

## Family Medicine

Family Medicine Learning Objectives	SOPM Competencies	Institutional Outcomes
1. Demonstrate ability to obtain a patient wellness evaluation for disease prevention.	1, 2, 3, 5, 6, 7, 8	1, 2, 3, 4

2. Gather information to develop differential diagnoses for common primary care conditions.	<b>1, 2, 3, 5, 6, 7, 8</b>	<b>1, 2, 3, 4, 5, 7, 8</b>
3. Recognize diagnostic tests and/or imaging studies to evaluate medical conditions, focusing on evidence-based medicine.	<b>1, 2, 4, 5, 6, 7</b>	<b>1, 2, 3, 4, 6, 7, 8</b>
4. Identify the indications and contraindications of diagnostic tests (utilized in the work-up of common primary care conditions).	<b>1, 2, 3, 4, 6, 7</b>	<b>1, 2, 4, 5, 7, 8</b>
5. Recognize the drugs in the treatment of common conditions encountered in family medicine practice.	<b>1, 2, 3, 4, 5, 7, 8</b>	<b>1, 2, 3, 4, 5, 6, 7, 8</b>

### Required Clinical Experience & Procedures (RCEPs)

Conditions & Procedures	# Required	Level of Involvement	Clinical Setting
Diabetes Mellitus	1	1, 2, or 3	O or I
Hypertension	1	1, 2, or 3	O or I
Hyperlipidemia	1	1, 2, or 3	O or I
Well Adult Female	1	1, 2, or 3	O or I
Well Adult Male	1	1, 2, or 3	O or I
Well Senior	1	1, 2, or 3	O or I

**Clinical Setting:** O – Outpatient, I – Inpatient

**Level of Participation:** 1 – Observed, 2 – Participated, 3 – Performed Supervised

### Internal Medicine

Internal Medicine Learning Objectives	SOPM Competencies	Institutional Outcomes
1. Present an accurate new patient evaluation concisely.	<b>1, 2, 3, 5, 6, 7</b>	<b>1, 2, 3, 4</b>
2. Recognize and collect information of signs and symptoms for common medical conditions like diabetes, hypertension, and kidney disease.	<b>1, 2, 3, 4, 5, 6, 7, 8</b>	<b>1, 2, 3, 4, 5, 6, 7, 8</b>
3. Identify diagnostic tests and imaging for disease management, focusing on cost-effectiveness and evidence-based practices.	<b>1, 2, 4, 5, 6, 7</b>	<b>1, 2, 3, 4, 6, 7, 8</b>

4. Gain a basic knowledge of the pathophysiology and of common internal medicine conditions such as diabetes, hypertension, heart failure, acid-base disorders, and kidney and liver problems.	<b>1, 2, 3, 4, 8</b>	<b>1, 2, 5, 6, 7</b>
5. Recall the three main goals of the medical interview: gathering information, building a therapeutic relationship, and providing patient education and counseling.	<b>2, 3, 5, 6, 7</b>	<b>1, 2, 3, 4, 5, 7, 8</b>
6. Recommend common drugs in the management encountered in internal medicine.	<b>1, 2, 3, 4, 5, 7, 8</b>	<b>1, 2, 3, 4, 5, 6, 7, 8</b>
7. Recognize when to consult specialty care to achieve optimal health outcomes for patients.	<b>4, 5, 6, 7, 8</b>	<b>3, 4, 5, 6, 7</b>

#### Required Clinical Experience & Procedures (RCEPs)

Conditions & Procedures	# Required	Level of Involvement	Clinical Setting
Diabetes Mellitus	1	1, 2, or 3	O or I
Hypertension	1	1, 2, or 3	O or I
Heart Failure	1	1, 2, or 3	O or I
Kidney Failure	1	1, 2, or 3	O or I
Chronic Liver Disease/Cirrhosis	1	1, 2, or 3	O or I
Acid Base Disorders	1	1, 2, or 3	O or I
ECG Interpretation	1	1, 2, or 3	O or I

**Clinical Setting:** O – Outpatient, I – Inpatient

**Level of Participation:** 1 – Observed, 2 – Participated, 3 – Performed Supervised

#### General Surgery

General Surgery Learning Objectives	SOPM Competencies	Institutional Outcomes
1. Ability to obtain a new patient evaluation	<b>1, 2, 3, 5, 6</b>	<b>1, 2, 3, 4, 5, 6, 7, 8</b>
2. Recognize the principles of developing doctor-patient relationships and identify the factors influencing optimal surgical outcomes.	<b>1, 2, 3, 5, 6, 7, 8</b>	<b>1, 2, 3, 4, 5, 7, 8</b>
3. Demonstrate knowledge in understanding clinical presentation of common general surgery conditions.	<b>1, 2, 3, 4</b>	<b>1, 2, 6, 7</b>

4. Demonstrate basic knowledge of diagnostic tests utilized in the work-up of general surgical patients.	1, 2, 3, 4, 6, 7	1, 2, 4, 5, 7, 8
5. Describe the basics of perioperative management of surgical patients, including the indications for perioperative antibiotics and other commonly used medications.	1, 2, 3, 4, 7	1, 2, 4, 6, 7
6. Recognize patient care procedures, safety guidelines, and team communication practices.	1, 2, 3, 4, 5, 6, 7	1, 2, 3, 4, 5, 7, 8
7. Recognize the role of inter-professional health services in the care of the surgical patient.	1, 2, 3, 5, 6, 7	1, 2, 3, 4, 5, 8

### Required Clinical Experience & Procedures (RCEPs)

Conditions & Procedures	# Required	Level of Involvement	Clinical Setting
<b>Surgical Skills</b> <i>Skin closure/ suturing</i> <i>Assist in surgery (retracting, etc.)</i>	1 each	1, 2, or 3	I
<b>Pre-op evaluation/Post-op Management</b> <i>Follow 1 patient pre-op or post-op visit</i>	1	2 or 3	O or I
<b>Peripheral IV placement</b>	1	1, 2, or 3	O or I

**Clinical Setting:** O – Outpatient, I – Inpatient

**Level of Participation:** 1 – Observed, 2 – Participated, 3 – Performed Supervised

### Interventional Cardiology/Cardiology

Interventional Cardiology Learning Objectives	SOPM Competencies	Institutional Outcomes
1. Recognize the basic anatomy of the arterial vascular system.	1, 2, 3, 4, 8	1, 2, 7
2. Demonstrate knowledge to evaluate, treat and manage various conditions as it relates to cardiovascular disease.	1, 2, 3, 4, 7, 8	1, 2, 4, 6, 7, 8
3. Be able to obtain and perform a complete history and physical examination, with specific attention to acute and chronic cardiovascular diseases.	1, 2, 3, 4, 5, 6, 7, 8	1, 2, 3, 4, 5, 7, 8
4. Identify the indications for ordering diagnostic vascular studies.	1, 2, 3, 4, 5, 6, 7	1, 2, 3, 4, 5, 6, 7

5. List various classes of cardiovascular drugs.	1, 2, 3, 4	1, 2, 6, 7
6. Order appropriate diagnostic studies including non-invasive and invasive vascular imaging.	1, 2, 3, 5, 6, 7	1, 2, 3, 4, 6, 7
7. Recognize different types of coronary artery interventional procedures including balloon angioplasty, atherectomy, intracoronary ultrasound and deployment/placement of intracoronary stents.	1, 2, 4, 7	1, 2, 4, 6, 7
8. Recognize patients who require referral to the cardiovascular/cardiothoracic surgeon.	1, 2, 3, 4, 5, 6, 7	1, 2, 3, 4, 5, 6, 7, 8

#### Required Clinical Experience & Procedures (RCEPs)

Conditions & Procedures	# Required	Level of Involvement	Clinical Setting
<b>Surgical Skills</b> <i>Assist in surgery (retracting, suturing, etc.)</i>	1	1, 2, or 3	I
<b>Pre-op evaluation/Post-op Management</b> <i>Follow 1 patient pre-op or post-op visit</i>	1	2 or 3	O or I
<b>Interpret diagnostic vascular studies</b> <i>Non-invasive studies (i.e. Doppler) Invasive studies (i.e. angiogram)</i>	1 each	1, 2, or 3	O or I

**Clinical Setting:** O – Outpatient, I – Inpatient

**Level of Participation:** 1 – Observed, 2 – Participated, 3 – Performed Supervised

## MEDICINE AND SURGERY – ELECTIVE ROTATIONS

### Anesthesiology

Anesthesiology Learning Objectives	SOPM Competencies	Institutional Outcomes
1. Ability to obtain a preoperative patient evaluation.	1, 2, 3, 5, 6, 7	1, 2, 3, 4, 5, 6, 7, 8
2. Identify different anesthetic techniques used to obtain pain relief during surgery.	1, 2, 3, 5, 6, 7, 8	1, 2, 3, 4, 5, 6, 7, 8
3. Describe the pharmacology of muscle relaxants, opioids, intravenous and inhaled anesthetic agents.	1, 2, 3, 7, 8	1, 2, 5, 6, 7, 8
4. Identify indications and contraindications for different anesthesia modalities.	1, 2, 3, 4, 6, 8	1, 2, 5, 7, 8



5. Recognize different types of peripheral nerve blocks used in the operating room.	1, 2, 3, 4, 6, 8	1, 2, 5, 7, 8
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#### Required Clinical Experience & Procedures (RCEPs)

Conditions & Procedures	# Required	Level of Involvement	Clinical Setting
<b>Airway management</b>	1	1, 2, or 3	O or I
<b>Perioperative management</b> <i>Pre-op evaluation of the patient</i> <i>Intra-op management (ie: monitoring, assessment)</i> <i>Post-op management (ie: pain management)</i>	1	1, 2, or 3	O or I
<b>Peripheral IV placement</b>	1	1, 2, or 3	O or I

**Clinical Setting:** O – Outpatient, I – Inpatient

**Level of Participation:** 1 – Observed, 2 – Participated, 3 – Performed Supervised

#### Orthopedic Surgery

Orthopedic Surgery Learning Objectives	SOPM Competencies	Institutional Outcomes
1. Present clearly a basic orthopedic patient evaluation for common orthopedic conditions and injuries.	1, 2, 3, 5, 6, 7, 8	1, 2, 3, 4, 5, 6, 7, 8
2. Present clearly a pre- and post-operative evaluation of the emergent and elective various orthopedic conditions and injuries.	1, 2, 3, 4, 5, 6	1, 2, 3, 4, 5, 7, 8
3. List relevant tests and radiographic images, for the acute trauma patient.	1, 2, 3, 4, 5, 6, 7, 8	1, 2, 3, 4, 5, 6, 7, 8
4. Formulate a differential diagnosis for common orthopedic conditions and injuries.	1, 2, 3, 4, 5, 6, 7, 8	1, 2, 4, 5, 7, 8
5. Identify appropriate treatment alternatives, both non-operative and operative options, for common orthopedic conditions and injuries.	1, 2, 3, 4, 5, 6, 7, 8	1, 2, 3, 4, 5, 6, 7
6. Recall the use of pharmacological agents for post-operative and acute pain management.	1, 2, 4, 5, 6, 7, 8	1, 2, 3, 4, 5, 7, 8

#### Required Clinical Experience & Procedures (RCEPs)

Conditions & Procedures	# Required	Level of Involvement	Clinical Setting
<b>Surgical Skills</b> <i>Skin closure/ suturing</i> <i>Assist in surgery (retracting, etc.)</i>	1 each	1, 2, or 3	I

<b>Pre-op evaluation/Post-op Management</b> <i>Follow 1 patient pre-op or post-op visit</i>	1	2 or 3	O or I
<b>Trauma</b>	1	1, 2, or 3	O or I
<b>Interpret laboratory and/or medical imaging studies</b> <i>Laboratory results</i> <i>Plain radiographs, MRI, CT, etc.</i>	1 each	2 or 3	O or I
<b>Cast application</b>	1	1, 2, or 3	O or I

**Clinical Setting:** O – Outpatient, I – Inpatient

**Level of Participation:** 1 – Observed, 2 – Participated, 3 – Performed Supervised

### Physical Therapy

Physical Therapy Learning Objectives	SOPM Competencies	Institutional Outcomes
1. Ability to describe musculoskeletal exams for patients with physical and functional limitations.	1, 2, 3, 5, 6, 7	1, 2, 3, 4, 5, 6, 7, 8
2. List differential diagnoses and describe a physical therapy plan of care.	1, 2, 3, 4, 5, 6, 7, 8	1, 2, 3, 4, 5, 6, 7, 8
3. Identify therapeutics skills in evaluating and managing patients with physical and functional limitations.	1, 2, 3, 5, 6, 7, 8	1, 2, 3, 4, 5, 8
4. Recognize barriers and understand how social factors can affect patients' ability to achieve functional outcomes, considering their backgrounds and socioeconomic status.	2, 3, 5, 6, 7, 8	2, 3, 4, 5, 8

### Required Clinical Experience & Procedures (RCEPs)

Conditions & Procedures	# Required	Level of Involvement	Clinical Setting
<b>Evaluation</b> <i>Obtain history</i> <i>Manual muscle testing (MMT)</i> <i>Range of motion (ROM)</i> <i>Joint integrity</i> <i>Pain evaluation</i> <i>Functional mobility</i> <i>Cardiopulmonary function</i>	1 each	1, 2, or 3	O or I
<b>Functional mobility training</b> <i>Gait training</i> <i>Transfer training</i> <i>Activities of Daily Living (ADL) training</i> <i>Body mechanics/posture training</i>	1 each	1, 2, or 3	O or I

<b>Use of therapeutic modalities</b> - Ultrasound - Electrotherapy - Hot pack - Cold pack - Traction - Soft tissue massage Lymphedema	1 each	1, 2, or 3	O or I
<b>Wound care</b> - Wound identification/staging - Dressing identification and selection - Measurement - Debridement - Dressing application NPWT (Negative Pressure Wound Therapy)	1 each	1, 2, or 3	O or I

**Clinical Setting:** O – Outpatient, I – Inpatient

**Level of Participation:** 1 – Observed, 2 – Participated, 3 – Performed Supervised

### Pediatrics

Pediatrics Learning Objectives	SOPM Competencies	Institutional Outcomes
1. Obtain an age-appropriate patient evaluation for children.	1, 2, 3, 5, 6, 8	1, 2, 3, 4, 5, 6, 8
2. Describe common diagnostic test results, focusing on age-related norms.	1, 2	1, 2
3. List age-appropriate differential diagnoses for pediatric patients.	1, 2, 3	1, 2
4. Recognize different types of behaviors in developing children.	1, 2	1, 2
5. Recognize the need to refer a patient to an appropriate specialist with evidence of developmental delay or abnormality.	1, 2, 7, 8	1, 2, 4, 5, 8
6. Communicate with patients and families in a respectful, compassionate, and sensitive manner.	5, 6, 8	3, 5, 8

### Required Clinical Experience & Procedures (RCEPs)

Conditions & Procedures	# Required	Level of Involvement	Clinical Setting
<b>Health Maintenance Exam</b> Infant (1-12 mo) Toddler/early childhood (12-60 mo) School-aged (5-12 yr) Adolescent (13-18 yr)	1	1, 2, or 3	O

<b>Growth</b> (ie: obesity, short stature) and development (ie: motor delay, autism)	1	1, 2, or 3	0
<b>Behavioral issues</b> <i>ADD, ADHD</i>	1	1, 2, or 3	0

**Clinical Setting:** O – Outpatient, I – Inpatient

**Level of Participation:** 1 – Observed, 2 – Participated, 3 – Performed Supervised

### Radiology

<b>Radiology Learning Objectives</b>	<b>SOPM Competencies</b>	<b>Institutional Outcomes</b>
1. Identify normal vs abnormal osseous anatomy.	1, 2, 3, 4, 5, 7	1, 3, 4
2. Recognize classic radiographic finding of common soft tissue and osseous tumors.	1, 2, 3, 4, 5, 7	1, 3, 4
3. Identify indications and contraindications of radiographic imaging studies.	1, 2, 3, 5, 7	1, 2, 3, 4, 6
4. Identify indications and contraindications, complications, limitations, alternatives and interpretation of the various imaging studies including x-rays, CT, MRI, ultrasound, and bone scans.	1, 2, 3, 4, 5, 7	1, 2, 3, 4, 5, 6
5. Recognize the appropriate post-effective use of various imaging studies in the evaluation and treatment of the lower extremity.	1, 2, 3, 5, 6, 7, 8	1, 2, 3, 4, 5, 6

### Required Clinical Experience & Procedures (RCEPs)

<b>Conditions &amp; Procedures</b>	<b># Required</b>	<b>Level of Involvement</b>	<b>Clinical Setting</b>
<b>Interpret plain radiographs</b> <i>Chest films Upper extremity</i>	1 each	1, 2, or 3	O or I
<b>Interpret plain radiographs</b> <i>Lower extremity (especially of the foot)</i>	1	1, 2, or 3	O or I
<b>Interpret a CT scan - foot and/or ankle</b>	1	1, 2, or 3	O or I
<b>Interpret an MRI - foot and/or ankle</b>	1	1, 2, or 3	O or I
<b>Interpret an ultrasound or bone scan</b>	1	1, 2, or 3	O or I

**Clinical Setting:** O – Outpatient, I – Inpatient

**Level of Participation:** 1 – Observed, 2 – Participated, 3 – Performed Supervised

### Vascular Surgery

<b>Vascular Surgery Learning Objectives</b>	<b>SOPM Competencies</b>	<b>Institutional Outcomes</b>
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1. Recognize patients who are “at risk” for peripheral vascular disease.	1, 2, 3, 4, 5, 6, 7, 8	1, 2, 3, 4, 5, 7, 8
2. List risk factors for peripheral vascular disease.	1, 2, 3, 4	1, 2, 5, 6, 7, 8
3. Formulate an appropriate differential diagnosis for patients with critical limb ischemia.	1, 2, 3, 4	1, 2, 6, 7, 8
4. Identify and recognize indications for diagnostic vascular studies.	1, 2, 3, 4	1, 2, 6, 7, 8
5. List the indications for appropriate diagnostic studies including non-invasive and invasive vascular imaging.	1, 2, 3, 4, 5, 6, 7	1, 2, 3, 4, 6, 7
6. Recognize indications and contraindications of surgical intervention of a vascular compromised patient.	1, 2, 3, 4, 5, 6, 7	1, 2, 3, 4, 6, 7
7. Recognize patients who require referral for endovascular intervention and/or vascular surgery to the appropriate interventionalist.	1, 2, 3, 4, 5, 6, 7	1, 2, 3, 4, 5, 6, 7, 8

#### Required Clinical Experience & Procedures (RCEPs)

Conditions & Procedures	# Required	Level of Involvement	Clinical Setting
<b>Surgical Skills</b> <i>Assist in surgery (retracting, suturing, etc.)</i>	1	1, 2, or 3	I
<b>Pre-op evaluation/Post-op Management</b> <i>Follow 1 patient pre-op or post-op visit</i>	1	2 or 3	O or I
<b>Interpret diagnostic vascular studies</b> <i>Non-invasive studies (i.e. Doppler)</i> <i>Invasive studies (i.e. angiogram)</i>	1 each	1, 2, or 3	O or I

**Clinical Setting:** O – Outpatient, I – Inpatient

**Level of Participation:** 1 – Observed, 2 – Participated, 3 – Performed Supervised

#### **Levels of student involvement/participation:**

- (1) **Observed:** A student carefully and attentively watched the completion of a required clinical encounter or procedure. The student did not have an active role in the encounter.
- (2) **Participated:** A student actively took part in and collaboratively completed a required clinical encounter or procedure but did not assume a primary role.
- (3) **Performed Supervised:** A student individually completed a required clinical encounter or procedure and assumed the primary role under direct supervision of a mid-level practitioner or faculty physician.

### 3<sup>rd</sup> YEAR PODIATRIC MEDICINE AND SURGERY ROTATION OBJECTIVES

#### Podiatric Medicine and Surgery

The third-year clinical rotation objectives have been developed to provide basic podiatric medicine, podiatric radiology, podiatric surgery, and podiatric orthopedic/biomechanic clinical experiences. The objectives encompass a range of clinical activities determined to be vital to the education of the third- year podiatric medical student.

Learning Objectives	SOPM Competencies	Institutional Outcomes
<b>1. New patient history:</b> All components of the podiatric history were completed. Student is aware of the patient's age, chief complaint, history of present illness questions are relevant to the chief complaint and relevant past medical history.	1, 2, 3, 5, 6	1, 2, 3, 4, 5, 8
<b>2. Established patient:</b> Student reviewed previous charts prior to entering the patient room and asked questions pertinent to the follow-up visit. Student assesses the trend of previously administered treatment. Student can formulate and voice to the preceptor whether to continue treatment or change current treatment plan.	1, 2, 3, 5, 6, 7, 8	1, 2, 3, 4, 5, 8
<b>3. Perform and record a podiatric physical examination (all components):</b> Vascular examination: Student obtains and grades pedal pulses. Student checks for and grades chronic lower extremity edema if present. Student checks for varicosities and assesses capillary refill time. Neurological examination: Student correctly assesses sharp/dull, proprioception, vibratory, and deep tendon reflexes. Student correctly assesses protective sensation via Semmes-Weinstein monofilament technique. Dermatological examination: Student inspects the skin fully including between the toes and describes the findings of lesions properly in the patient record chart. Musculoskeletal examination: Student properly assesses pain to palpation location, grading the strength of all tested lower extremity muscle compartments. Student expresses familiarity with MSK Testing ie. Coleman's block test, anterior drawer's sign, etc. Biomechanical examination: Student demonstrates the ability to perform a comprehensive biomechanical	1, 2, 3, 5	1, 2, 3, 4, 5, 8

examination in both non-weight-bearing and weight-bearing positions ie.Gait exam.		
<b>4. Patient assessment and treatment:</b> Student can list differential diagnoses leading to a working diagnosis utilizing a physical exam and diagnostic testing. Student will recognize the pathophysiology of common podiatric conditions and how physical findings relate to lower extremity diseases. Student can identify non-operative and operative treatment options. Student utilizes major current practice guidelines when discussing treatment of patients.	1, 2, 3, 4, 5, 6	1, 2, 3, 4, 5, 7, 8
<b>5. Perform proper aseptic technique in preparation for clinical injection:</b> Student demonstrates the correct anesthetic technique. Student can describe the location of local anesthetic injections and can determine the milligrams of local anesthetic drawn up and the toxic dose of local anesthetics.	1, 2, 3, 5, 6	1, 2, 3, 5
<b>6. Perform a local anesthetic block or corticosteroid injection:</b> Student swabs the skin with an antiseptic pad and is in proper location to perform the given injection and uses the appropriate amount of medicine. Describe the appropriate surface anatomy landmarks relevant to the injection.	1, 2, 3, 5, 6	1, 2, 3, 5
<b>7. Prescribe oral or topical medications for management of infection, pain, inflammation, etc.:</b> Student can recommend and write an appropriate prescription with minimal assistance or guidance on a prescription pad.	1, 2, 3, 5, 6, 7, 8	1, 2, 3, 4, 5, 8
<b>8. Describe and interpret appropriate lab tests for preoperative testing:</b> Student can describe and interpret appropriate labs with minimal guidance from the preceptor.	1, 2, 3, 5	1, 2, 3
<b>9. Perform nail debridement procedures:</b> Student debrides pathologic nails under preceptor guidance. Student accurately describes the appearance and location of nail pathology, explain the pathology of nails and suggest alternative treatment.	1, 2, 3, 5, 6, 7	1, 2, 3, 4, 5, 8

<b>10. Perform debridement of hyperkeratotic lesions:</b> Student debrides all forms of hyperkeratotic lesions under preceptor guidance. Student accurately describes the appearance and location of lesions and explains the etiology and pathology of the lesions and suggests alternative treatments.	<b>1, 2, 3, 5, 6, 7</b>	<b>1, 2, 3, 4, 5, 8</b>
<b>11. Debridement of ulcerations:</b> Student debrides an ulceration under preceptor guidance. Student accurately describes appropriate medications and wound dressings.	<b>1, 2, 3, 5, 6, 7</b>	<b>1, 2, 3, 4, 5, 8</b>
<b>12. Perform a partial or total nail avulsion with or without matrixectomy:</b> Student knows the steps, instrumentation, and indications required to perform a partial or total nail avulsion with or without matrixectomy.	<b>1, 2, 3</b>	<b>1, 2</b>
<b>13. Describe and interpret appropriate series of radiographs to visualize foot and ankle pathology:</b> Student will describe and interpret the X-ray (plain film radiographs) using correct terminology, specifically around the suspected pathology as it relates to the patient's history and physical examination. Student recommends additional imaging studies as indicated based on the X-ray interpretation ie. forefoot axial, etc.	<b>1, 2, 3, 5</b>	<b>1, 2, 3</b>
<b>14. Describe and interpret appropriate advanced diagnostic studies to include but not restricted to CT scans, bone scans, MRI, etc.:</b> Student identifies the indications for each advanced imaging study and the techniques of administering each study, including the basic science behind its utilization. Student identifies most normal anatomical structures as seen on CT scan and MRI.	<b>1, 2, 3</b>	<b>1, 2</b>
<b>15. Apply principles of X-ray protection and radiation safety:</b> Student describes how to shield patient's abdomen/thyroid and his/herself during X-ray exposure. Student asks appropriate questions to screen for pregnancy. Order appropriate labs if indicated. Student lists indications and contraindications for advanced imaging.	<b>1, 2, 3, 5</b>	<b>1, 2, 3</b>



<b>16. Complete a surgical consent form:</b> Student identifies and describes components of a surgical consent with minimal guidance which includes reviewing all possible complications specific for each surgery. Student is able to list risks, benefits and alternatives of a procedure.	1, 2, 3, 5, 6	1, 2, 3, 4, 5, 8
<b>17. Assess surgical treatment plans:</b> Student will identify common podiatric surgical procedures for treating soft tissue and bone conditions in the foot and ankle. Student will describe normal post-operative courses for surgical procedures of the foot and ankle. Describe the pros and cons of the listed surgical procedure.	1, 2, 3, 5	1, 2, 3
<b>18. Redress a surgical wound or other open lesions:</b> Student selects appropriate supplies, proper wound preparation, and applied dressing with guidance of the preceptor.	1, 2, 3, 5, 6, 7	1, 2, 3, 4, 5, 8
<b>19. Remove sutures/Staples:</b> Student selects proper instrumentation, appropriate preparation of procedure field and removal of sutures/staples without guidance of preceptor.	1, 2, 3	1, 2
<b>20. Perform wound debridement or incision/drainage procedure:</b> Student assesses wound for depth, size, drainage, presence, or absence of granulation tissue and for local signs of soft tissue infection. Student describes the indications for and performs wound debridement or incision/drainage procedure.	1, 2, 3, 5	1, 2, 3
<b>21. Apply foot/ankle strapping techniques:</b> Student applies foot/ankle strapping with guidance.	1, 2, 3, 5, 6, 7	1, 2, 3, 4, 5
<b>22. Padding and off-loading:</b> Student explains the indications for different types of padding and applies the correct padding to foot or orthotic.	1, 2, 3, 5	1, 2, 3
<b>23. Orthotic management (writing a prescription):</b> Student is able to discuss the appropriate materials, modifications and posting appropriately. Describe various ankle foot orthosis and indications	1, 2, 3, 5	1, 2, 3
<b>24. Dispensing (custom or prefabricated):</b> Student evaluates new orthosis fit non-weight bearing and weight bearing.	1, 2, 3	1, 2

<b>25. Apply lower leg splint or short leg cast or braces:</b> Student applies and explains the indications for a lower leg splint, braces or short leg cast with guidance. Student describes the steps to the proper application of the splint/cast and can name the appropriate anatomical landmarks for a successful proper fit. Student is able to describe removal of a splint/ cast and manage the removal of a splint or cast. Select the best modality for immobilization.	<b>1, 2, 3, 5</b>	<b>1, 2, 3</b>
<b>26. OR Procedures</b> Student demonstrates proper OR protocol.	<b>1, 2, 3</b>	<b>1, 2</b>

### PROFESSIONALISM OBJECTIVES:

1. Communicates effectively with the patient care team and other healthcare professionals.
2. Communicates appropriately and professionally to patients and family members.
3. Displays a sense of responsibility, dignity, and respect to patients, families, staff, and peers.
4. Demonstrates responsibility and punctuality.
5. Able to adapt to different system-based practices.
6. Presents a treatment plan to the patient that includes health promotion strategies and provides patient education.
7. Explains the importance of keeping accurate and up-to-date medical records.
8. Demonstrates appropriate attitude and is receptive to feedback.
9. Respect and adapt to cultural differences.
10. Displays a professional appearance

### Required Clinical Experience & Procedures (RCEPs)

Conditions & Procedures	# Required	Level of Involvement	Clinical Setting
<b>Wound management</b> Wound debridement Apply wound dressing	1 each	1, 2, or 3	O or I
<b>Surgical skills</b> Assist in surgery (retracting, suturing, etc) Perform a nail procedure	1 each	1, 2, or 3	O or I
<b>Local anesthetic blocks/injections</b> Digital and/or ankle block	1	1, 2, or 3	O or I
<b>Therapeutic/diagnostic injection</b> ie: Heel injection, neuroma injection	1	1, 2, or 3	O or I
<b>Routine foot care</b> Nail debridement Reduction/paring corns and calluses	1 each	1, 2, or 3	O
<b>Pre-op evaluation/Post-op management</b> Follow 1 patient pre-op or post-op visit	1	1, 2, or 3	O or I

**Clinical Setting:** O – Outpatient, I – Inpatient

**Level of Participation:** 1 – Observed, 2 – Participated, 3 – Performed Supervised

### **Didactic Conference - PMSB 9301 (Year 3) & PMSB 9501 (Year 4)**

**Year 3:** All third-year students, regardless of their clinical rotation, are required to attend PMSB 9301 every Wednesday afternoon.

**Year 4:** All fourth-year students are required to attend PMSB 9501 every Thursday morning during the spring semester. The module is set up to be distance learning and will be virtual.

These conferences include participation from students, residents, and faculty.

The conferences will focus on advanced levels of learning, emphasizing the development of skills in applying, analyzing, evaluating, and creating medical knowledge.

Discussions will center with a wide breadth on wide range of healthcare with an emphasis on the lower extremity ultimately.

## **4<sup>TH</sup> YEAR PODIATRIC MEDICINE AND SURGERY ROTATION OBJECTIVES**

<b>PMSB Learning Objectives</b>	<b>SOPM Competencies</b>	<b>Institutional Outcomes</b>
1. Student obtains, performs, and presents a thorough podiatric patient history and physical examination for foot and ankle conditions and injuries, including relevant diagnostic tests, assessment, and a treatment plan.	1, 2, 3, 5, 6, 7, 8	1, 2, 3, 4, 5, 6, 7, 8
2. Student demonstrates knowledge and gains experience in podiatric surgical procedures for treating soft tissue and bone conditions in the foot and ankle.	1, 2, 3, 4, 6	1, 2, 5, 6, 7
3. Student recognizes the pathophysiology of podiatric conditions and relates physical findings to lower extremity diseases.	1, 2, 3, 4	1, 2, 6, 7
4. Student develops a differential diagnosis for common podiatric conditions and injuries, identifying the appropriate timing and use of diagnostic tests to establish a definitive diagnosis.	1, 2, 3, 4, 5, 6, 7, 8	1, 2, 4, 5, 7, 8
5. Student applies evidence-based medicine to non-operative and operative treatment options for common podiatric conditions and injuries including the risks, benefits, limitations, and possible complications of each type of treatment.	1, 2, 3, 4, 5, 6, 7, 8	1, 2, 3, 4, 5, 6, 7
6. Student demonstrates the knowledge and clinical skills to effectively manage patients with surgical complications and infections.	1, 2, 3, 4, 5, 6, 7	1, 2, 3, 4, 5, 7, 8
7. Student performs a biomechanical exam and relates findings to guide the selection of surgical and non-	1, 2, 3, 4, 8	1, 2, 5, 7

surgical treatment options through discussion with their preceptor.		
8. Student recommends and interprets appropriate diagnostic studies (vascular studies, laboratory tests, x-rays, and other advanced imaging modalities) identifying the indications, contraindications, and appropriate timing for use.	<b>1, 2, 3, 4</b>	<b>1, 2, 7</b>
9. Student performs basic podiatric procedures, including nail treatments, soft tissue debridement, and casting techniques.	<b>1, 2, 4, 5, 6, 7, 8</b>	<b>1, 2, 3, 4, 5, 7, 8</b>
10. Student recommends the use of common pharmacological agents in podiatric patient management, including the indications and potential adverse reactions of prescribed medications, particularly opioids and pain medications.	<b>5, 6, 7</b>	<b>3, 4</b>
11. Student adheres to operating room policies and protocols.	<b>1, 2, 3, 4, 5, 6, 7</b>	<b>1, 2, 3, 4, 5, 6, 7, 8</b>
12. Student recognizes when to consult or refer to other physicians or specialists.	<b>5, 6, 8</b>	<b>3, 5, 8</b>

## Section 3:

### Students

## PODIATRIC MEDICAL STUDENT RESPONSIBILITIES

The general responsibilities are outlined below to ensure that all students are held to the same standard and expectations. Each student must know the limits of his/her scope of authority and the circumstances under which they are permitted to act. A faculty member will always supervise students either directly or indirectly with direct supervision immediately available.

Student responsibilities are as follows:

- Work with UTRGV SOPM faculty and staff to assure all rotation requirements are completed in a timely manner prior to the beginning of every rotation.
- Be compliant with all required immunizations, training (including BCLS, ACLS, HIPAA, Blood Borne Pathogens, etc.) and Respiratory Fit Testing. (See page 44, [Student handbook](#) for required immunizations)
- Actively participate in every learning experience by being proactive, engaged, and participating in all assigned patient care activities.
- Be familiar with each rotation syllabus – complete all learning objectives, participate in required learning activities, and fulfill all required assessments, including post-clerkship comprehensive shelf exams and final (end of the year) OSCE.
- Always demonstrate professionalism through behavior and appropriate attire.
- Collaborate with faculty and staff to maximize opportunities in the learning environment.
- Provide appropriate feedback by completing evaluation forms provided by SOPM at the end of each rotation to enhance the learning experiences for future students.
- Assure that individual medical insurance coverage is current in the event of an acute illness or injury while completing clerkships.
- Always demonstrate professionalism as a future physician and representative of the SOPM with preceptors, health care teams, patients and the community.
- Uphold the academic and honesty standards as outlined in the UTRGV SOPM [Student Handbook](#).

## CLINICAL CREDENTIALING OF PODIATRY STUDENTS

All podiatric medical students must maintain compliance with occupational health requirements to participate in clinical rotations. In addition, most health care facilities and offices require students to be credentialed to enter hospitals and clinics and participate in patient care and procedures. These include health and background screening. Students are required to have documentation of completion of required immunization or completion of declination of the vaccine. The Office of Clinical Affairs will work closely with the Office of Student Affairs and each student to complete all necessary documentation for each health care facility. It is each student's responsibility to comply with all required appointments such as fingerprinting at the Veterans Administration and completing all required documentation in a timely manner. Students who fail to comply with credentialing requirements will not be permitted to participate in any third-year clinical rotation or enter a health care facility. A delay in the student's start date may affect their overall rotation schedule and their graduation date. Failure to comply with all credentialing requirements may also be reflected in the student's final assessment of their professionalism.

Please note that the Office of Clinical Affairs and Office of Student Affairs will notify students of non-compliance.

## **OUTSIDE ROTATION REQUIREMENTS**

Rotations at South Texas Health System require additional credentialing documents to be completed before podiatric medical students can attend consultations and surgeries at the site. These requirements must be completed **60 days prior to the rotation start date**.

## **ON-BOARDING DOCUMENTATION AND PROCESS**

**CastleBranch-** When you first matriculate at SOPM, all students are enrolled in CastleBranch (CB). CB is the compliance tracking management system of all documents required for students to matriculate and credential in all hospitals where the students are required to rotate such as background checks, fingerprinting, immunizations, vaccines, etc. The system will automatically send an email notification to the students when documents are due. It is the student's responsibility to maintain the records up to date. Failure to maintain all records up to date will delay rotations' onboarding process. Click the [CastleBranch](#) hyperlink and create an account/sign in to begin entering your information or receive assistance.

**Typhon-** The SOPM utilizes the Typhon system to monitor and document the completion of required clinical experiences in the medical education program and remedies any identified gaps. Students must record their individual experiences in the Typhon application and their physical logbook, time logs, required clinical experiences and procedures (RCEPs), and evaluations. Typhon also serves as a communication platform between instructors, students, and staff. Click the [Typhon](#) hyperlink and use password "typhon123" to watch student training instruction video.

## CLINICAL ROTATION RESPONSIBILITIES

### **Student Clinical Rotation Responsibilities are as follows:**

1. Report to the hospital and/or clinic daily to make rounds as directed by the intern/resident or attending.
2. Arrive on time and in appropriate clinical or surgical attire.
3. Accompany the team on rounds and consultations.
4. Attend or scrub in operating room cases as assigned by one's intern/resident or attending physician.
5. Perform pre-rounds and in attendance to present patients to the team during rounds.
6. Be prepared to discuss interesting patient diagnoses in cases by searching and reading the medical literature.
7. Perform surgical history and physicals (H&P) on patients as directed by the intern/resident or attending physician. Students are expected to develop and refine their history and physical examination skills by performing frequent history and physical exams.
8. Record history and physicals (H&P), consultations, and progress notes. All notes must include the date, time, and signature.
9. Prepare a mini presentation with handouts to the team on an interesting topic as assigned by the intern/ resident or attending.
10. Attend all related education lectures, staff meetings, and conferences as directed by the team.

During the podiatric surgical rotations, students will round with their team members and be responsible for patient care (write or dictate history and physicals, admission notes, progress notes, operative reports, and discharge summaries). Students may be assigned and expected to complete clinical/surgical ward responsibilities. Additionally, students are expected to participate in the surgical duties associated with the operating room as assigned by the team/preceptor.

## DOCUMENTATION OF CLINICAL EXPERIENCE AND PARTICIPATION

All clinical and educational activities must be tracked manually on the Student Clerkship Patient Log Form. To receive credit for all clinical experience in the clerkship, students are required to have the supervising faculty/physician verify the activities and sign the log. Students must log the information into [Typhon](#) and upload the signed logs.

1. Students must record their individual experiences in the Typhon application and their physical logbook (Student Clerkship Patient Log Form) but must NOT record any patient-specific identifying information (name, date of birth, medical record number, Protected Health Information, etc.).
2. At the midpoint of each rotation, students must: (a) meet with their preceptor for a mid-point assessment and submit the completed form to the clinical coordinator, and (b) meet



with the clinical coordinator to review RCEP log completion in Typhon and physical logbooks (Clerkship logs) to ensure they are on track to meet clerkship requirements.

3. The clinical coordinator will inform both students and supervising faculty of any outstanding RCEPs. If the student has not met the RCEP requirements by Monday of the last week of the rotation, an alternative learning experience will be arranged for the student to complete by the last Wednesday of the clinical rotation. These alternatives, approved by the associate dean of clinical affairs may encompass, computer-based modules, case-based learning, clinical simulation, or additional clinical experience.
4. Before the last Wednesday of the clerkship, students must satisfactorily enter rotation specific RCEPs in Typhon and uploaded their signed 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 will affect their grade for the clerkship. Students are expected to document their clinical encounters **daily** and report to the supervising faculty/physician if they are having difficulties with any RCEP. Students are to contact their clinical coordinator for guidance.
5. A grade will be documented as an incomplete (I) until successful RCEP completion is documented. Once documented as the intended clinical experience/procedure or an alternate learning experience, the grade for the module may be entered into record.

**Note: For third-year (PMSB 9313) and fourth-year (PMSB 9503–9511, PMIM 9500, PMGS 9500) clinical rotations completed outside the RGV, documentation of clinical experience and participation must follow the guidelines below:**

*\*\* Students are not required to complete specific clinical experiences and procedures. However, they are required to document any clinical experiences or procedures they participate in during the rotation.*

All clinical and educational activities must be logged in Typhon. Students must submit a patient log for every patient encounter experienced (observed, assisted, or performed) for core rotations, clerkship rotations, and 4<sup>th</sup> year rotations. In Typhon you can view your clinical schedule, evaluations, and enter patient logs. Once you login you can view training videos on how to navigate the system.

1. Students will record their own individual experiences in the Typhon student tracking system but will NOT record any patient-specific identifying information (name, date of birth, medical record number, Protected Health Information, etc.).
2. Before the last Wednesday of the clerkship, students must have entered all clinical experience and procedures in Typhon and uploaded their signed logbooks. Students are encouraged to document their clinical and educational activities daily.

## ATTENDANCE AND DUTY HOURS

Students are required to attend all scheduled clinical rotations, orientation, workshops and didactic conferences. Adherence to clinical activities and didactics is mandatory and takes precedence over scheduling of non-clinical rotation events.

**Unexcused absence:** any absence other than the above reasons. If a student is dismissed from clinic for inappropriate behavior or being late it will count as an unexcused absence. Students will need to make up **one** clinic session for each unexcused absence from clinic. **Two unexcused absences during a third-year clinic rotation will result in failure of the rotation. The Associate Dean of Clinical Affairs will determine if the student should be reported to the PSMEPC.**

**Students must contact the Office of Clinical Affairs within 24 hours of their unexcused absence.**

A student who leaves a rotation before it is finished without the permission of the clerkship preceptor or dismissed from a rotation by the clinical faculty/preceptor is considered to have failed the rotation.

A student may be dropped from the rotation for excessive absences. It is the student's responsibility to ensure rotation requirements will be met prior to scheduling any non-rotation events (e.g., travel, conference attendance, social events, etc.). Students are only allowed two (2) excused absences per rotation. Students must contact the supervising faculty/preceptor in advance of scheduling any of these events. The student must submit a signed excused absence form from the supervising faculty/preceptor indicating approval of the student's absence to Office of Clinical Affairs. In case of severe illness, hospitalization, death in the family or other critical event, the student should submit the form to the director of student affairs.

Students should notify the academic or clinical coordinators if faculty or preceptors require them to work beyond duty hour limits. They may also inform the Office of Clinical Affairs, or report potential violations through the [SOPM Professionalism Portal](#).

## PROFESSIONAL DRESS CODE

Students in clinical rotations will function as doctors-in-training rotating through various clinical settings and interacting with physicians, healthcare professionals, clinic staff, patients, and their families. As a representative of the medical profession and of the SOPM, all students are expected to place a high value on personal appearance by maintaining an image that incites credibility, trust, respect, and confidence among colleagues, peers, and patients. Professional appearance helps foster patient trust, respect and confidence which are essential to successful treatment experiences and outcomes.

Students are expected to be clean and neat in their appearance in clinic. Students may wear scrubs with their white coat but always receive approval from your preceptor. Scrubs must be clean, free from wrinkles and accompanied by a white coat. Men may wear shirts and ties, and women a skirt or dress pants and blouse. Avoid wearing clothing which may call undue attention to the physical body and could distract the patient or members of the medical team from the care being delivered. As a safety precaution, all students must wear closed-toe shoes. Hair should be clean, combed, and neat. Long hair should be pulled back from the face and/or eyes. Beards and mustaches should be well groomed. Nails should be clean and well-trimmed. Hand and wrist jewelry can interfere with treatment being given; therefore, it should be kept to a minimum. No facial or tongue piercings. No visible tattoos. The preceptors reserve the right to restrict the apparel or jewelry the student is wearing. All students must wear clean and pressed white clinical jackets. Students who are not appropriately dressed or groomed will be asked to leave clinic to correct the situation. Student ID badge should be worn at all times.

## USE OF CELL PHONES, MOBILE DEVICES AND SOCIAL MEDIA

Students in clinical rotations are expected to adhere to the highest level of professionalism and discretion. All students must comply with HIPAA and Privacy laws that protect sensitive patient health information from being disclosed without the patient's consent or knowledge. Students are expected to review and follow all sites (clinics, offices, and hospitals) and SOPM policies and procedures to ensure compliance and patient privacy.

The use of cell phones or other personal mobile devices during clinical rotations is prohibited when students are engaged in patient encounters. Students should limit cell phone use (i.e.: texts and calls) to during breaks and away from all patients.

Students are to refrain from using social media during their duty hours. Students are prohibited from taking photographs and posting about a patient or part of the healthcare team, and/or recording patients and/or members of the healthcare team.

## NEEDLE STICK POLICY

In the event of a needlestick injury, students must follow the UTRGV SOPM Needlestick Protocol outlined on page 48 of the [Student Handbook](#). Students are encouraged to seek treatment within two hours of a needlestick or body fluid exposure.

## CLINICAL ROTATION GRIEVANCES

Refer to [Student Handbook](#), page 10 under "Clinical Rotation Grievances".

## YEAR 4 CLINICAL ROTATIONS

As a fourth-year student, you are required to complete five (5) months of clinical rotations, which you will schedule through the American Association of Colleges of Podiatric Medicine (AACPM) DPM Clerkship website. If you are unable to secure a rotation through the DPM Clerkship system during any of those months, you may fulfill that rotation at an affiliated clinical site located outside the Rio Grande Valley.

### **Researching Clinical Rotations:**

Researching residency programs in advance is a vital part of the decision-making process. Residency programs often prefer students who have completed clerkship rotations at their facility. To make well-informed decisions about which clinical rotations and residency programs best align with your goals, explore the following resources and methods:

- **AACPM Website** – The AACPM website ([www.aacpm.org](http://www.aacpm.org)) provides a Clerkship Handbook with comprehensive information on podiatric medicine clerkship programs. It includes program overviews, contact details, and application requirements to help students navigate the application and selection process.
- **Feedback from Students** – Speak with students who have previously rotated at programs you are considering. Their firsthand experiences can provide valuable insight into program culture, expectations, and learning opportunities.
- **Residency Fair** – The School of Podiatric Medicine (SOPM) hosts a mandatory residency fair for third-year students each July during Orientation and Clinical Skills Workshops. Programs from across the country participate, giving students the opportunity to speak directly with residency directors and current residents, ask questions, and gather important program information.
- **Externship Discussion with Faculty** – Designated SOPM faculty conduct individualized meetings with each third-year student to offer guidance and support in selecting clerkship programs that best match their interests and career goals.
- **Visit the Program** – Students are encouraged to visit residency programs during free periods in their schedule. Visiting provides an opportunity to meet residency directors and current residents in person and gain a better understanding of the program's environment.

**Affiliation Agreements** – Students may only rotate at facilities with which SOPM has a formal affiliation agreement. If no such agreement exists with a program of interest, the student will not be permitted to commit to a rotation at that site.

### **Selecting Clinical Rotations:**

- When choosing clinical rotations, it is important to evaluate several key factors to ensure the programs align with your personal, professional, and educational goals:
- **Location and Cost** – Consider whether you are limited to a specific geographic area and whether you can afford the associated expenses, including travel, housing, food, and other living costs. Budgeting for each rotation is essential, especially for out-of-town programs. It is difficult to estimate the total cost of your 4<sup>th</sup> year, but you will need to consider CASPR/CRIP costs, travel to/from programs, housing, food, etc. You are encouraged to speak with the financial aid office about what your options are if an emergency were to arise.
- **Type of Residency** – Evaluate the residency program associated with each clerkship. Does it offer the training and skill development you're seeking in your post-graduate education? Be mindful not to limit your overall clinical experience by focusing only on specific residency types at the expense of broader learning opportunities. If you decide that you are no longer interested in a certain residency program but have committed yourself to complete a clerkship rotation with that program, you are still committed to attend the clerkship rotation.
- **Rotation Hours** – Rotation schedules and expectations vary widely between programs. Some may require long or irregular hours. Consider your ability to manage the demands of each program's schedule before committing.
- **Self-Assessment** – Reflect honestly on your academic strengths, personality, and work style. Choose programs that align well with your qualifications and temperament to ensure a successful and rewarding rotation experience.
- **Financial Needs**- Your 4<sup>th</sup> year will by far be your most expensive. Select programs that will allow you to stay within your projected financial budget. Many programs do not provide room and board. You will also need to consider travel expenses and residency application and interview fees. *Overextending yourself financially will not be an acceptable excuse to back out of a scheduled clerkship/senior medicine rotation.*

### **Scheduling Clinical Rotations:**

After submitting your clerkship applications through the AACPM DPM Clerkship website, you will follow the round schedule provided by AACPM. Once you begin accepting offers, keep the following guidelines in mind:

- **Program Communication** – All correspondence with clerkship programs must be in writing. Keep a record of all emails in case you need to reference them later.
- **Accepting a Clerkship** – Accepting a clerkship offer is a formal commitment. Once you agree to a rotation, you are required to complete it as part of your graduation requirements. Do

not accept a position unless you are certain you intend to attend.

- **No Schedule Changes Allowed** – You must honor all clerkship commitments. While applying does not obligate you, accepting an offer does. Once accepted, you are not permitted to drop or switch rotations or months.
- **Clinical Rotation Change** – Clerkship sites rely on students for clinical support, and withdrawing from a rotation negatively affects future SOPM students. If you fail to attend an accepted rotation, you will receive a failing grade and must make up the rotation during the summer of your fourth year. The Office of Clinical Affairs will assign the makeup rotation site and schedule.
- **Exception Process** – In rare and extreme circumstances, schedule changes may be considered. See **Clinical Rotation Site Assignment and Reassignment Policy**. To request a change, you must submit a written request with supporting documentation to the Office of Clinical Affairs. You will be notified of the decision. Unapproved changes or failure to attend a scheduled rotation may result in a failing grade and, if more than one clinical rotation is failed in a single academic year, dismissal from the program. **Students are not permitted to attend unapproved clerkships.**

#### **Requesting A Schedule Change:**

**Do not contact the clerkship program directly about a schedule change unless you have received prior approval from the Office of Clinical Affairs.**

If you believe you have valid grounds for requesting a release from a scheduled clerkship, you must submit the following in writing to the Office of Clinical Affairs:

- A completed *Change of Schedule* form
- A written explanation of your reasons, along with supporting documentation

Your request will be reviewed, and you will be notified of the decision. If your request is approved, the Office of Clinical Affairs will provide instructions on how to proceed. If your request is denied, you will be required to attend the originally scheduled rotation. You may appeal a denied request to the dean, whose decision is final.

**Do not cancel or miss a rotation without written approval from the Office of Clinical Affairs. Unauthorized changes will result in a failing grade for the rotation and may lead to further disciplinary action, including possible dismissal from the program.**

## Section 4:

### Grading System

## 3<sup>RD</sup> YEAR CLINICAL ROTATION GRADING SYSTEM

A comprehensive and holistic approach for assessment and ranking will be utilized in the clerkship years. The podiatric medical student's progress to clinical competency will be evaluated and measured by how well the student can translate and apply the cognitive knowledge from the pre-clinical years in the clinical setting. The clinical skills and behaviors of the developing physician will be the central focus of the assessment process during the clerkship years.

Clinical rotation preceptors are provided an evaluation form at the end of each rotation that mirrors the Learning Objectives found on the rotation's syllabus. An example can be found in the appendices of this document for the third-year podiatric medicine rotations.

### **Criterion Vs Norm Referenced Evaluation**

The UTRGV School of Podiatric Medicine uses a criterion-referenced evaluation system in clinical rotations, where students are assessed based on predefined standards. Students who meet these criteria can pass, regardless of their peers' performance. This contrasts with a norm-referenced system, which ranks students relative to one another and limits the number of top performers.

**The final grade for the rotation will be determined on a Pass/Fail basis.**

To pass the rotation, the student must meet **ALL** of the following requirements:

- Over the course of the module series, third-year students are required to demonstrate competency in a manner that meets or exceeds expectations for all student learning objectives. It is anticipated that as the third-year progresses, students will complete a higher volume of objectives for each subsequent PMSB module.
- Final grades for each module are determined through a comprehensive review of multiple performance components. These include: preceptor evaluations of clinical performance, performance on the clinical shelf examination, professionalism and adherence to site expectations, and timely submission of all required documentation including logs and student evaluation of the clinical experience.
- If multiple areas of “does not meet expectations” are marked on a student’s clinical evaluation, this will prompt a formal review by the Associate Dean of Clinical Affairs (ADCA) or their designee. This review will include consultation with the preceptor and a holistic evaluation of all available documentation. The focus of this review is not solely on the pass/fail outcome, but rather on ensuring the student receives constructive feedback regarding their clinical performance and areas for growth.
- If the student fails in any of the above sections, except for the shelf exam, they will be



reviewed by the ADCA, who will make a determination regarding the passing or failing of the rotation.

- Score 70% or higher on the shelf exam. If the student scores below 70% on the first attempt, a retake exam is required. A score below 70% on the retake exam will result in a “Fail” grade for the rotation.

When due	Required Assignments
Every Monday	Enter time logs from the previous week in Typhon
Midway (about 2 weeks) into the rotation	Meet with preceptor for mid-point assessment and turn in assessment form to clinical coordinator.  Meet with clinical coordinator for review of RCEPs.
Before the Last Friday of the rotation	Submission of the end of clerkship Evaluation of Clinical Instructor(s)
	Submission of the end of clerkship Evaluation of Clinical Site - one for every site throughout the rotation
	Submission of the end of clerkship Evaluation of Clinical Experience
Before the Last Wednesday of the rotation	Clerkship Patient Logs completed and signed logs uploaded on Typhon

**\*\* Students are required to submit all assignments online through [Typhon](#) using their account. Click the hyperlink and use password “typhon123” to watch student training instruction video.** Module evaluations collected to assess the student experience during the rotation will help guide any necessary revisions to improve student success.

### **Professional Conduct:**

The following outlines the conduct expected of a podiatric medical student, including but not limited to:

- Complete and submit **ALL** required onboarding materials on time for each clinical site.
- Complete all required assignments
- Meet expectations for each of the professional objectives

- Complete **ALL** exit activities on time, including returning the medical badge on the last day of the rotation.
- Attendance at all scheduled clinical rotations, orientation, workshops, and didactic conferences is mandatory. If absent, the excused absence form must be completed and submitted immediately.
- If, during the course of the rotation, the student fails to follow the SOPM professional conduct guidelines, it is expected the preceptor will contact the Office of Clinical Affairs at [SOPM\\_Clerkships@utrgv.edu](mailto:SOPM_Clerkships@utrgv.edu) to discuss concerns regarding the student. The SOPM Office of Clinical Affairs will contact the student to review the issues and if appropriate recommend corrective measures. The SOPM reserves the right to make a final decision on the grade the student receives.
- Changes to the rotation schedule, instructor, or clinical site are not permitted unless approved by the Office of Clinical Affairs.

#### **Failed Rotation and Remediation:**

A failed rotation will result in the student having to present to the Podiatric Medicine Student Evaluation and Promotions Committee (PMSEPC) to determine if the student is eligible for remediation. If granted, the student will be informed on how to remediate the failed rotation. See the **Clinical Education Remediation section** on page 28 of the [Student Handbook](#) for more information.

A student who leaves a rotation without the preceptor's permission or is asked to leave by the preceptor or hospital director will be considered to have failed the rotation.

## **4<sup>TH</sup> YEAR CLINICAL ROTATION GRADING SYSTEM**

### **Criterion Vs Norm Referenced Evaluation**

The UTRGV School of Podiatric Medicine uses a criterion-referenced evaluation system in clinical rotations, where students are assessed based on predefined standards. Students who meet these criteria can pass, regardless of their peers' performance. This contrasts with a norm-referenced system, which ranks students relative to one another and limits the number of top performers.

**The final grade for the rotation will be determined on a Pass/Fail basis.**

To pass the rotation, the student must meet **ALL** of the following requirements:

- Over the course of the module series, fourth-year students are required to demonstrate competency in a manner that meets or exceeds expectations for all student learning objectives.

- Final grades for each module are determined through a comprehensive review of multiple performance components. These include: preceptor evaluations of clinical performance, professionalism and adherence to site expectations, and timely submission of all required documentation including logs and student evaluation of the clinical experience.
- If multiple areas of “does not meet expectations” are marked on a student’s clinical evaluation, this will prompt a formal review by the Associate Dean of Clinical Affairs (ADCA) or their designee.
- If the student fails in any of the above sections, they will be reviewed by the ADCA, who will make a determination regarding the passing or failing of the rotation.

When due	Required Assignments
Before the Last Friday of the rotation	Submission of the end of clerkship Evaluation of Clinical Instructor(s)
	Submission of the end of clerkship Evaluation of Clinical Site
	Submission of the end of clerkship Evaluation of Clinical Experience
Before the Last Wednesday of the rotation	Clerkship Patient Logs completed and signed logs uploaded on Typhon

**\*\* Students are required to submit all assignments online through [Typhon](#) using their account. Click the hyperlink and use password “typhon123” to watch student training instruction video. Module evaluations collected to assess the student experience during the rotation will help guide any necessary revisions to improve student success.**

#### **Professional Conduct:**

The following outlines the conduct expected of a podiatric medical student, including but not limited to:

- Complete and submit ALL required onboarding materials on time for each clinical site.
- Complete all required assignments
- Meet expectations for each of the professional objectives
- Complete ALL exit activities on time, including returning the medical badge on the last day of the rotation.
- Attendance at all scheduled clinical rotations, orientation, workshops, and didactic

conferences is mandatory. If absent, the excused absence form must be completed and submitted immediately.

- If during the course of the rotation the student fails to follow the SOPM professional conduct guidelines, it is expected the preceptor will contact the Office of Clinical Affairs at [SOPM\\_Clerkships@utrgv.edu](mailto:SOPM_Clerkships@utrgv.edu) to discuss concerns regarding the student. The SOPM Office of Clinical Affairs will contact the student to review the issues and if appropriate recommend corrective measures. The SOPM reserves the right to make a final decision on the grade the student receives.
- Changes to the rotation schedule, instructor, or clinical site are not permitted unless approved by the Office of Clinical Affairs.

#### **Failed Rotation and Remediation:**

A failed rotation will result in the student having to present to the Podiatric Medicine Student Evaluation and Promotions Committee (PMSEPC) to determine if the student is eligible for remediation. If granted, the student will be informed on how to remediate the failed rotation. See the **Clinical Education Remediation** section on page 28 of the [Student Handbook](#) for more information.

A student who leaves a rotation without the preceptor's permission or is asked to leave by the preceptor or hospital director will be considered to have failed the rotation.

## Section 5:

### Clinical Faculty/Preceptors

## CLINICAL FACULTY/PRECEPTOR RESPONSIBILITIES

As an experienced clinician, your skill and knowledge are essential for the SOPM to fulfill its mission to foster student success by inspiring, educating and developing a diverse compassionate student body fully prepared for podiatric residency training, becoming dedicated podiatric physicians, research scientists, public health professionals, and educators. Clinical faculty and preceptors should be cognizant of the objectives and required clinical experience and procedures, the student's skills level and the UTRGV SOPM policies.

Supervising physicians may delegate portions of patient care to the students once their skill levels have been assessed. Supervision of students may be delegated to a qualified member of the healthcare team under the primary supervision of the supervising physician/preceptor. As the student progresses through the rotation acquiring knowledge and skills and demonstrating proficiency in competencies, direct supervision moves towards indirect supervision to allow for assessment. The preceptors and their healthcare teams observe and evaluate the student at every level as they perform their duties. This allows students to receive timely feedback and be informed of the set expectations at each level of the rotation.

*\*\* Please be advised that no one providing psychiatric, psychological, and/or healthcare services to and those with a close relationship with a specific student outside of the academic setting may not be involved in the supervision, academic assessment, and promotion of that specific student.*

### **Clinical Faculty/Preceptors Responsibilities:**

- Maintain primary responsibility for patient care.
- Provide orientation to the office, patient-care experience with emphasis on diagnosing common problems, delivering preventative health care, and providing continuity of care standards.
- Provide education, instruction, and expertise to the student in accordance with supervision and clinical responsibility guidelines outlined in this document.
- Generate interest in the subject matter or clinical rotation. Review schedule to identify patients of educational benefit. Students can focus on reading activities around those patients. Students are expected to read and research topics and present information for discussion.
- Assess the student's competency level by matching the student's level of patient-care responsibility to the level of student's patient-care skills.
- Provide a higher level of supervision/limitation of clinical responsibilities as determined appropriate to students if necessary.
- Serve as an effective role model, demonstrates ethical behavior, and interacts appropriately with other members of the healthcare team.
- Provide guidance and be available as a resource person.
- Gives an appropriate responsibility to the student/learner.
- Provide feedback by completing student evaluation forms provided by UTRGV SOPM at the end of each rotation to enhance the learning experience for future students.

## GUIDELINES FOR SUPERVISING STUDENTS

Podiatric medical students will participate in various clerkship rotations to gain hands-on experience in the responsibilities of a practicing physician and to learn how to work effectively as part of a healthcare team. These students are unlicensed, and preceptors or supervising physicians are expected to be actively involved in all aspects of their education. Under the guidance of the supervising physician, the podiatry students will be expected to learn and engage in all facets of patient care, including:

- Obtaining and performing histories and physicals
- Formulating differential diagnoses
- Determining the appropriate labs, imaging studies, and procedures to order or perform
- Interpreting results of lab tests, imaging studies, results of special studies and treatments
- Prescribing and ordering of medications
- Performing diagnostic and therapeutic procedures
- Actively integrating and collaborating as a member of the healthcare team
- Communicating with patients on all aspects of disease and prognosis
- Communicating, in both oral and written form, with members of the healthcare team
- Adhering to all HIPPA rules

## GUIDELINES REGARDING MEDICAL RECORD ENTRY BY STUDENTS

Student entry of information into the medical record will be determined by the policies of the clinical site/facility in which the student is working. Entries made in the medical record by students require to be countersigned by the supervising faculty/physician. Students **are not allowed** to give verbal or telephone orders.

## EVALUATION TEAM – ROLES AND MEMBERS

### Role of Evaluators

- Respond properly to requests for input on student performance.
- Describe observations of student performance.
- Provide feedback directly to students on observations of performance in a timely manner.

### Clerkship Evaluation Team

Each clinical rotation has established an “evaluation team” to review student performance. The team is composed of:

- Clerkship directors
- Preceptors/clinical faculty
- Interns/residents/ fellows
- Physician assistants/nurse practitioners (mid-levels)
- Nurses

## OUTPATIENT TRAINING SITES

### **Training at Outpatient Clinical Sites:**

- The supervising physician must co-sign all charts for the students.
- The supervising physician will be responsible for medical coding of all patient encounters/visits. Students may provide coding recommendations as a component of their training; however clinical faculty are responsible for submission of the final code.

### **Professionalism Objectives**

1. Communicates effectively with the patient care team and other healthcare professionals.
2. Communicates appropriately and professionally to patients and family members.
3. Displays a sense of responsibility, dignity, and respect to patients, families, staff, and peers.
4. Demonstrates responsibility and punctuality.
5. Able to adapt to different system-based practices.
6. Presents a treatment plan to the patient that includes health promotion strategies and provides patient education.
7. Explains the importance of keeping accurate and up-to-date medical records.
8. Demonstrates appropriate attitude and is receptive to feedback.
9. Respect and adapt to cultural differences.
10. Displays a professional appearance



## Section 6:

### Appendices

## STUDENT CLERKSHIP PATIENT LOG

**Student Name:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Rotation/Facility:** \_\_\_\_\_ **Supervising Physician:** \_\_\_\_\_

**Instructions:** Please complete this form and upload into Typhon **before the last Wednesday** of the rotation.

**Clinical Setting:** 0 = Outpatient 1 = Inpatient      **Level of Participation:** 1 = Observed 2 = Participated 3 = Performed Supervised

[illegible]

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Supervising Physician Signature: \_\_\_\_\_

Date received from student: \_\_\_\_\_

## STUDENT EVALUATION OF CLINICAL INSTRUCTOR FORM

**Student Name:** \_\_\_\_\_ **Location/Setting:** ☐ Hospital ☐ Clinic/Office

**Rotation/Instructor Name:** \_\_\_\_\_ **Dates:** \_\_\_\_\_

**Purpose: 1).** Foster communication between the clinical instructor and student; **2).** Provide constructive feedback to the clinical instructor;

**3).** Provide feedback to the SOPM regarding the student's clinical experience.

**Instructions:** Please complete this form the Friday before the end of the rotation. Constructive professional comments are extremely valuable and are strongly encouraged. Please check the appropriate rating box for each item.

The Clinical Instructor	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. ... provided support and encouragement for my learning.					
2. ... appeared open-minded, encouraging and non-judgmental					
3. ... was available for discussion and/or consultation					
4. ... facilitated discussions to review and revise my specific learning goals and objectives					
5. ... facilitated the development of my skills (interviews, assessments, clinical skills and techniques, intervention plans, communication, collaboration).					
6. ... helped me develop my clinical reasoning skills (use of clarifications, probes, reflective questions, etc.).					
7. ... encouraged me to use evidence to support clinical decisions and treatment plans					
8. ... modeled effective behaviors (professional and ethical behaviors, patient and/or family communication).					

**What are the positive aspects of working with your clinical instructor?**

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**Suggestions to improve this learning experience:**

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**Please answer the following:**

**Did you receive mid-rotation assessment from your preceptor?** ☐ Yes ☐ No

**If you answered "No," please explain why:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## STUDENT EVALUATION OF CLINICAL SITE FORM

**Student Name:** \_\_\_\_\_ **Location/Setting:** ☐ Hospital ☐ Clinic/Office

**Rotation Name:** \_\_\_\_\_ **Dates:** \_\_\_\_\_

**Purpose: 1).** Provide constructive feedback to the clinical site and **2).** Provide feedback to the SOPM regarding the clinical learning environment.

**Instructions:** Please complete this form the Friday before the end of the rotation. Constructive professional comments are extremely valuable and are strongly encouraged. Please check the appropriate rating box for each item.

Your experience at the Clinical Site	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
1. I was adequately oriented to the site and clinical area (emergency and safety procedures, equipment, supplies, documentation standards, etc.).						
2. The clinical site's expectations of my roles and responsibilities were discussed						
3. The clinical site learning environment was welcoming, non-threatening, collegial, and respectful.						
4. Opportunities and resources were identified to augment my learning while at the clinical site (patient/family meeting, conferences, etc).						
5. There was adequate opportunity to conduct patient assessments and develop treatment plans.						
6. I had an opportunity to be a part of an interdisciplinary healthcare team.						
7. I had the opportunity to collaborate with other healthcare professionals, staff, etc. which facilitated my learning.						
8. The clinical site provided the learning experience required to develop competency in this area of practice, appropriate to my clinical level.						
9. I felt safe at this clinical site.						
10. The importance of patient safety and privacy was emphasized at this clinical site.						
11. The clinical site promotes a culture of quality improvement.						

**What are the positive aspects of this clinical site?**

\_\_\_\_\_

\_\_\_\_\_

**Suggestions to improve this learning experience:**

\_\_\_\_\_

\_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## STUDENT EVALUATION OF CLERKSHIP EXPERIENCE FORM

**Student Name:** \_\_\_\_\_ **Location/Setting:** ☐ Hospital ☐ Clinic/Office

**Rotation Name:** \_\_\_\_\_ **Dates:** \_\_\_\_\_

**Purpose:** **1).** Determine if goals and objectives of the clerkship are being met; **2).** Determine if required competencies are being met and **3).** Determine how to improve student experience in the clerkship rotation.

**Instructions:** Please complete this form the Friday before the end of the rotation. Constructive professional comments are extremely valuable and are strongly encouraged. Please check the appropriate rating box for each item.

During the clerkship	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. ... you developed knowledge, skills, and professional attitudes to prepare you to excel in a podiatric medicine and surgery residency training					
2. ... you developed clinical skills and techniques used in General Medicine, Surgery or Podiatric Medicine					
3. ... you were encouraged to use critical thinking and reasoning skills and apply them to practical and clinical issues.					
4. ... you developed and enhanced your communication skills - both written and verbal.					
5. ... you developed and enhanced your collaborative skills to the level expected of a podiatric physician					
6. ... you became socially conscious of the social determinants of health that can influence levels of health disease, access, and clinical outcomes in patients of different origins, backgrounds, races, and socioeconomic status.					
7. ... you were exposed to the systems, processes, and procedures of the healthcare system and clinical setting.					
8. ... you received the amount and type of supervision appropriate to your level/experience/competence					

**What are the positive aspects of this clerkship experience?**

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**Suggestions to improve this learning experience:**

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**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## YEAR 3 PODIATRIC CLINICAL PERFORMANCE ASSESSMENT

**Student Name:** \_\_\_\_\_ **Location/Setting:** ☐ Hospital ☐ Clinic/Office

**Rotation Name:** \_\_\_\_\_ **Dates:** \_\_\_\_\_

**Instructions:** UTRGV School of Podiatric Medicine uses the evaluation method based on Miller's Pyramid (see SOPM Program and Student Outcomes Assessment Plan) to comprehensively evaluate the student's knowledge, skills and professional attitudes in the clinical years. All performance measures are linked to a core competency including: Medical Knowledge (**K**), Patient Care (**PC**), Patient Care Lower Extremity (**PLE**), Research and Scholarly Activity (**RS**), Interpersonal/Inter-professional Communication (**IC**), Professionalism (**P**), Inter-professional Collaborative Practice (**ICP**) and Social Awareness/Pain Addiction (**SA**). Please select the number associated with the phrase that best exemplifies the student's overall performance level for each of the performance measures. Detailed learning objective descriptions can be found in the rotation syllabus.

LEARNING OBJECTIVES	Does not meet expectations	Meets expectations	Exceeds expectations	Not assessed
1. Perform a new patient history				
2. Perform an established patient visit				
3. Perform and record a podiatric physical examination (all components)				
4. List patient differential diagnosis, assessment and treatment				
5. Perform proper aseptic technique in preparation for clinical injection				
6. Perform a local anesthetic block or corticosteroid injection				
7. Prescribe oral or topical medications for management of infection, pain, inflammation, etc.				
8. Describe and interpret appropriate lab tests for preoperative testing				
9. Perform nail debridement procedures				
10. Perform debridement of hyperkeratotic lesions				
11. Debridement of ulcerations and wound dressing selection				
12. Perform a partial or total nail avulsion with or without matrixectomy				
13. Describe and interpret appropriate series of radiographs to visualize foot and ankle pathology				
14. Describe and interpret appropriate advanced diagnostic studies to include but not restricted to CT scan, bone scans, MRI, etc.				

15. Apply principles of X-ray protection and radiation safety				
LEARNING OBJECTIVES	Does not meet expectations	Meets expectations	Exceeds expectations	Not assessed
16. Complete a surgical consent form				
17. Assess surgical treatment plans				
18. Redress a surgical wound or other open lesions				
19. Remove sutures/Staples				
20. Perform wound debridement or incision/drainage procedure				
21. Apply foot/ankle strapping techniques				
22. Describe indications for various padding and off-loading techniques				
23. Orthotic management (writing a prescription)				
24. Dispensing (custom or prefabricated)				
25. Apply lower leg splint or short leg cast or braces				
26. Demonstrate proper OR protocol				

PROFESSIONALISM OBJECTIVES	Does not meet expectations	Meets expectations	Exceeds expectations
1. Communicates effectively with the patient care team and other healthcare professionals.			
2. Communicates appropriately and professionally to patients and family members.			
3. Displays a sense of responsibility, dignity, and respect to patients, families, staff, and peers.			
4. Demonstrates responsibility and punctuality.			
5. Able to adapt to different system-based practices.			

6. Presents a treatment plan to the patient that includes health promotion strategies and provides patient education.			
7. Explains the importance of keeping accurate, and up-to-date medical records.			
8. Demonstrates appropriate attitude and is receptive to feedback.			
9. Respects and adapts to cultural differences.			
10. Displays a professional appearance			

Please explain all “Does Not Meet Expectation” ratings:

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Opportunities for Student Improvement:

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Professionalism/Attendance Concerns:

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

EVALUATION GUIDE	Does not meet expectations	Meets expectations	Exceeds expectations
<b>Understanding of Content</b>	Shows limited or incorrect understanding; major misconceptions present	Demonstrates accurate and sufficient understanding of key concepts	Demonstrates deep understanding; applies concepts in novel or insightful ways
<b>Medical Procedures</b>	Performs or approaches procedures incorrectly or unsafely; lacks understanding of protocols	Performs procedures correctly and safely; follows established protocols	Performs procedures with precision and confidence
<b>Professionalism</b>	Displays inappropriate behavior, poor communication, or lack of adherence to policy.	Maintains professional demeanor, communicates respectfully, and follows policy.	Exemplifies professionalism; mentors peers; models ethical behavior, and enhances team dynamics.



## YEAR 4 PODIATRIC CLINICAL PERFORMANCE ASSESSMENT

**Student Name:** \_\_\_\_\_ **Location/Setting:** ☐ Hospital ☐ Clinic/Office

**Rotation Name:** \_\_\_\_\_ **Dates:** \_\_\_\_\_

**Instructions:** Please select the number associated with the phrase that best exemplifies the student's overall performance level for each of the performance measures. Detailed learning objective descriptions can be found in the rotation syllabus.

LEARNING OBJECTIVES	Does not meet expectations	Meets expectations	Exceeds expectations	Not assessed
1. Student obtains, performs, and presents a thorough podiatric patient history and physical examination for foot and ankle conditions and injuries, including relevant diagnostic tests, assessment, and a treatment plan				
2. Student demonstrates knowledge and gains experience in podiatric surgical procedures for treating soft tissue and bone conditions in the foot and ankle.				
3. Student recognizes the pathophysiology of podiatric conditions and relates physical findings to lower extremity diseases.				
4. Student develops a differential diagnosis for common podiatric conditions and injuries, identifying the appropriate timing and use of diagnostic tests to establish a definitive diagnosis.				
5. Student applies evidence-based medicine to non-operative and operative treatment options for common podiatric conditions and injuries including the risks, benefits, limitations, and possible complications of each type of treatment.				
6. Student demonstrates the knowledge and clinical skills to effectively manage patients with surgical complications and infections.				
7. Student performs a biomechanical exam and relates findings to guide the selection of surgical and non-surgical treatment options.				
8. Student recommends and interprets appropriate diagnostic studies (vascular studies, laboratory tests, x-rays, and other advanced imaging modalities) identifying the indications, contraindications, and appropriate timing for use.				
9. Student performs basic podiatric procedures, such as nail treatments, soft tissue debridement, and casting techniques.				
10. Student recommends the use of common pharmacological agents in podiatric patient management, including the indications and potential adverse reactions of prescribed medications, particularly opioids and pain medications.				
11. Student adheres to operating room policies and protocols.				

12. Student recognizes when to consult or refer to other physicians or specialists.				
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PROFESSIONALISM OBJECTIVES	Does not meet expectations	Meets expectations	Exceeds expectations
1. Case presentation: Student case presentation is fluent, organized, and focused.			
2. Rapport with patient and/or family: Student is empathetic, demonstrates ability to listen, and communicates in a professional manner with the patient and their family to establish rapport.			
3. Patient and Family Engagement: Student engages the patient and/or their family in shared decision making in the care of the patient.			
4. Privacy and Confidentiality: Student observes protocol, appreciates and respects the need for patient privacy and confidentiality.			
5. Cultural awareness: Student understands and respects the cultural differences when interacting with patients and their families.			
6. Reliability and Commitment: Student demonstrates a sense of responsibility. Can be depended upon to perform assigned tasks/duties.			
7. Punctuality and Attendance: Student attended all activities on a regular and timely basis.			
8. Feedback and criticism: Student accepts constructive feedback and implements methods for improvement.			
9. Ability to work with others: Student interacts appropriately with peers, faculty, staff. Is a cooperative and a productive member of the team.			
10. Professional appearance: Student dresses in a professional manner, following clinical rotation site dress requirement policies			

**Please explain all "Does Not Meet Expectation" ratings:**

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**Opportunities for Student Improvement:**

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**Professionalism/Attendance Concerns:**

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**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

EVALUATION GUIDE	Does not meet expectations	Meets expectations	Exceeds expectations
<b>Understanding of Content</b>	Shows limited or incorrect understanding; major misconceptions present	Demonstrates accurate and sufficient understanding of key concepts	Demonstrates deep understanding; applies concepts in novel or insightful ways
<b>Medical Procedures</b>	Performs or approaches procedures incorrectly or unsafely; lacks understanding of protocols	Performs procedures correctly and safely; follows established protocols	Performs procedures with precision and confidence
<b>Professionalism</b>	Displays inappropriate behavior, poor communication, or lack of adherence to policy.	Maintains professional demeanor, communicates respectfully, and follows policy.	Exemplifies professionalism; mentors peers, models ethical behavior, and enhances team dynamics.

# STUDENT ACADEMIC WORKLOAD AND DUTY HOUR POLICY

## A. Purpose

The purpose of this policy is to establish guidelines for compliance in alignment with the University of Texas Rio Grande Valley (UTRGV) School of Podiatric Medicine (SOPM) academic requirements for student work hours in the pre-clinical and clinical years of the curriculum. Duty hour restrictions are established to reduce student fatigue, and medical errors, as well as to prepare students for graduate medical education. The SOPM curriculum is competency-based, consisting of modules, systems, and clinical rotation experiences that present opportunities for learning using multiple modalities including lectures, case-based learning, podiatric medical clinical skills training, small group discussions, community service, and directed independent study.

## B. Persons Affected

This policy will cover all students participating in and all faculty and preceptors delivering the UTRGV SOPM curriculum.

## C. Definitions

Duty Hours: All clinical and academic activities related to clinical education, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for the 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.

Call Hours: The time that students are expected to be available and may report on patient care responsibilities when needed. Requirements for call hours are established by each clinical rotation.

Continuous On-site Duty or Contact Hours: Continuous on-site duty or contact hours in clinical rotations refer to the amount of time that students spend actively engaged in clinical activities under the supervision of a healthcare professional. It includes the time spent directly interacting with patients, observing procedures, participating in rounds, attending lectures or conferences, and other activities related to patient care and learning.

## D. Policy

The UTRGV SOPM established student workload and duty hour requirements for the pre-clinical and clinical years of the curriculum. The SOPM Chair and the Associate Dean of Clinical Affairs are responsible for the monitoring and enforcement of this policy. This policy ensures an appropriate balance between formal teaching and service.

### Pre-Clinical Instruction (Years 1 and 2) Workload Policy

- Maximum of forty (40) hours of scheduled educational learning activities per week (e.g., didactic lectures, problem-based learning, educational laboratory, clinical skills sessions).
- The SOPM Chair and Assistant Dean of Pre-Clinical Sciences may approve up to an additional four hours of instruction contact hours if warranted.
- Fifteen formal face-to-face instruction hours per credit.

Expected workload per credit is forty-five (45) total hours including instruction, independent student, preparation/review time, and all exams.

#### **Clinical Rotation Instruction (Years 3 and 4) Workload/Duty Hours Policy**

- Each clerkship/externship rotation in the third and fourth year will equate to four (4) Semester Credit Hour Equivalents (SCH).
- Four (4) SCH per rotation equates to up to sixty (60) contact hours per week.
- Duty hours are limited to a maximum of eighty (80) hours per week, including on-call hours.
- A ten (10) hour minimum rest between duty periods (not applicable to night or weekend calls) is required.
- Continuous on-site duty, including in-house calls, must not exceed twenty-four (24) consecutive hours.
- Students can be on-call no more than every third (3<sup>rd</sup>) night. Students must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week (4) period, inclusive of calls. If a student has a twenty-four-hour shift, the student will have the following twenty- four (24) hours off.

#### **E. Procedures**

1. A copy of the Student Academic Workload and Duty Hours Policy will be made available to preceptors for review.
2. During each clinical rotation orientation, the Student Academic Workload and Duty Hours Policy will be reviewed, and all students will be required to acknowledge in writing that they have received training and understand the workload and duty hours policy. See Student Academic Workload and Duty Hours Policy Acknowledgement Form.
3. Students will also be instructed on how to use the Internet-based duty hour tracking system to input their duty, conference, and on-call hours. Students will be required to input duty hours into the learning management software every week. Students may review their duty hour status at any time by accessing the duty hour tracking system in the learning management software.
4. Students who are unable to access the Internet to input their duty hours must notify the program or clinical coordinators.
5. Students should inform the program or clinical coordinators if faculty/preceptors require students to work past duty hour limitations. Students may also inform the Associate Dean of Clinical Affairs. Students may also report potential duty hour violations through the [SOPM Professionalism Portal](#).
6. The Associate Dean of Clinical Affairs may discuss any findings with the program or clinical coordinators and students prior to any action.
7. Unresolved duty hour violations are investigated and handled by the Office of Clinical Affairs.
8. In the event of policy violations, progressive administrative action will be taken and plans for correction of recurrent violations will be developed.

#### **F. Related Statutes or Regulations, Rules, Policies, or Standards**

N/A

#### **G. Review and Approval History**

Effective Date	Action Taken	Approved By	Date Approved
	Policy Origination		

	<b>Policy Revision</b>		

Approved by the SOPM Curriculum Committee: 05-24-2023: CB.

Approved by the Dean/Chief Academic Officer: 05-26, 2023: JL.

## POLICY STATEMENTS

*Students should be familiar with all student policies. See **UTRGV SOPM** [Student Handbook](#)*

### Academic Integrity

Academic integrity is fundamental in our actions, as any act of dishonesty conflicts as much with academic achievement as with the values of honesty and integrity. Violations of academic integrity include, but are not limited to: [cheating, plagiarism \(including self-plagiarism\), and collusion](#); submission for credit of any work or materials that are attributable in whole or in part to another person; taking an examination for another person; any act designed to give unfair advantage to a student; or the attempt to commit such acts ([Board of Regents Rules and Regulations](#), STU 02-100, and [UTRGV Academic Integrity Guidelines](#)). **All violations of Academic Integrity will be reported to Student Rights and Responsibilities through [Vaqueros Report It](#).**

### Conflict of Interest

The UTRGV School of Podiatric Medicine is committed to maintaining a learning environment free from any real or perceived biases, including personal, financial, or other biases, that may arise from faculty, staff, or school representatives who are involved in the assessment and promotion of students with whom they have a personal relationship or significant connection. For more details, please refer to the **SOPM Policy on Educational Conflicts of Interest and Recusal**.

### Needlestick

In the event of a needlestick injury, students must follow the UTRGV SOPM Needlestick Protocol outlined on page 47 of the [Student Handbook](#). Students are encouraged to seek treatment within two hours of a needlestick or body fluid exposure.

### STUDENT SUPPORT RESOURCES

Center Name	E-mail
<a href="#">Advising Center</a>	<a href="mailto:AcademicAdvising@utrgv.edu">AcademicAdvising@utrgv.edu</a>
<a href="#">Career Center</a>	<a href="mailto:CareerCenter@utrgv.edu">CareerCenter@utrgv.edu</a>
<a href="#">Counseling Center</a>	<a href="mailto:Counseling@utrgv.edu">Counseling@utrgv.edu</a>
<a href="#">Food Pantry</a>	<a href="mailto:FoodPantry@utrgv.edu">FoodPantry@utrgv.edu</a>
<a href="#">Learning Center</a>	<a href="mailto:LearningCenter@utrgv.edu">LearningCenter@utrgv.edu</a>
<a href="#">University Library</a>	<a href="mailto:circulation@utrgv.edu">circulation@utrgv.edu</a>
<a href="#">Writing Center</a>	<a href="mailto:WC@utrgv.edu">WC@utrgv.edu</a>
<a href="#">UCentral</a>	<a href="mailto:ucentral@utrgv.edu">ucentral@utrgv.edu</a>

## TECHNICAL SUPPORT

If you need assistance with course technology (Brightspace) at any time, please contact the [Center for Online Learning and Teaching Technology \(COLTT\)](#).

## UNIVERSITY POLICY STATEMENTS

*We care about creating a safe and supportive learning environment for all students. The University policy statements below are intended to create transparency for your rights and responsibilities as students. We each contribute to ensuring a safe and positive environment through our actions and conduct, and students are encouraged to advocate for their needs.*

## SEXUAL MISCONDUCT AND MANDATORY REPORTING

In accordance with UT System regulations, your instructor is a “Responsible Employee” for reporting purposes under Title IX regulations and so must report any instance of sexual misconduct, which includes sexual assault, stalking, dating violence, domestic violence, and sexual harassment to the [Office of Title IX and Equal Opportunity \(otixeo@utrgv.edu\)](#). More information can be found on the [OTIXEO website](#). If students, faculty, or staff would like confidential assistance, or have questions, they can contact [OAVP \(Office for Advocacy & Violence Prevention\)](#).

## STUDENT ACCESSIBILITY SERVICES

[Student Accessibility Services](#) has offices on Brownsville and Edinburg campuses. [Visit the SAS web page to learn more and explore accessibility services.](#)

## STUDENTS WITH DISABILITIES

Students with a documented disability (physical, psychological, learning, or other disability which affects academic performance) who would like to receive reasonable academic accommodations should contact [Student Accessibility Services \(SAS\)](#) for additional information. The student must apply for accommodations using the [mySAS portal](#) and is responsible for providing sufficient documentation of the disability to SAS. Upon submission of the request, students should expect to participate in an interactive discussion, or an intake appointment, with SAS staff. Accommodations may be requested at any time but are not retroactive, meaning they are valid moving forward after approval by SAS. Students should contact SAS early in the semester/module for guidance.

Students who experience a broken bone, severe injury, or undergo surgery may also be eligible for temporary accommodations. Please contact [Student Accessibility Services \(SAS\)](#) for more information.

## PREGNANCY, PREGNANCY-RELATED, AND PARENTING ACCOMMODATIONS

Title IX of the Education Amendments of 1972 prohibits discrimination based on sex, which includes discrimination based on pregnancy, marital status, or parental status.

Students seeking accommodations related to pregnancy, pregnancy-related condition, or parenting should submit the request using the form found at [Pregnancy and Parenting | UTRGV](#).