



UNIVERSITY OF
SOUTH DAKOTA
SANFORD SCHOOL OF MEDICINE

Pillar 3 Student Handbook

Class of 2026

Updated: November 14 2024

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Welcome

Congratulations, you have survived the rigors of Pillar 1, developed a strong base in medicine through Pillar 2, and now get to work on fine-tuning your skills in Pillar 3. By the time you leave Pillar 3, you will be ready to step into Residency with a solid foundation. We know this is not the end of your journey but a step to becoming a great physician. We are all lifelong learners, and we never stop improving our knowledge and skills.

As you enter Pillar 3 you will find that it is not as regimented as Pillar 2, which is by design. It allows you the opportunity to experience a variety of different aspects of medicine that you didn't have a chance to experience so far. Take this opportunity to expand your knowledge in a field that you find interesting, get experience with different sub-specialties, delve into various cultural opportunities, or just check out something that you may not experience again or just want to know more about. Enjoy this time while you work on making yourselves a more well-rounded physician.

As you go through the next 16 months, I will contact you to share your experiences throughout Pillar 3. I want to make your experience and the experiences of those to follow as rewarding as possible.

If you have any questions along the way all the administration and I are here for you. Do not hesitate to contact me as my door is always open.

Yours In Medicine,

Byron Scott Nielsen, MD

Clinical Professor

Pillar 3 director

Byron.Nielsen@usd.edu

Contact Information

SSOM contact list can be found in the Contact List module of D2L.

Student Counselling Services and Resources to Students can be found in the Mental Health & Wellness module of D2L.

Competencies

MEDICAL STUDENT COMPETENCIES

1. Patient Care - Students are expected to participate in supervised patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

Objectives: Students are expected to:

- 1.1 Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and families
- 1.2 Perform an appropriate history and physical exam, formulate a differential diagnosis, and develop a management plan for common and/or important conditions in the core clinical disciplines of family medicine, internal medicine, neurology, OB/Gyn, pediatrics, psychiatry and surgery
- 1.3 Use information technology for appropriate documentation, to support patient care decisions, and for patient education
- 1.4 Participate in the common and/or important medical and surgical procedures in the core clinical disciplines
- 1.5 Assist in providing health care services aimed at preventing health problems or maintaining health; Work with health professionals, including those from other disciplines, to provide patient-focused care

2. Medical Knowledge - Students must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences as well as the application of this knowledge to patient care.

Objectives: Students are expected to:

- 2.1 Acquire, integrate and apply established and emerging principles of basic and clinically supportive sciences to the care of patients and other aspects of evidence-based healthcare
- 2.2 Demonstrate effective appraisal of, incorporation of, and communication of emerging technologies when applied to medical decision making and evidence-based healthcare
- 2.3 Demonstrate an investigatory and analytical thinking approach to clinical situations involving human health and disease

3. Practice-Based Learning and Improvement - Students must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

Objectives: Students are expected to develop skills and habits to:

- 3.1 Identify strengths, deficiencies, and limits in one's knowledge and expertise
- 3.2 Set learning and improvement goals
- 3.3 Identify and perform appropriate learning activities
- 3.4 Incorporate formative evaluation feedback into daily practice
- 3.5 Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
- 3.6 Use information technology to optimize learning
- 3.7 Participate in the education of patients, families, students, residents, and other health professionals

4. Interpersonal and Communication Skills - Students must demonstrate interpersonal and communication skills that result in effective exchange of information and collaboration with patients, their families, and health professionals.

Objectives: Students are expected to:

- 4.1 Communicate effectively with patients and families, as appropriate, across a broad range of socioeconomic and cultural backgrounds
- 4.2 Establish rapport and demonstrate empathy with patients and their families
- 4.3 Communicate effectively with physicians, other health professionals, and health related agencies
- 4.4 React appropriately to difficult situations including ethical dilemmas, conflicts, and noncompliance
- 4.5 Work effectively as a member of a health care team
- 4.6 Formulate timely, legible, medical records that are routinely used in medical practice

5. Professionalism - Students must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Objectives: Students are expected to demonstrate:

- 5.1 Caring and compassion in communication with patients and their families
- 5.2 Honor and integrity through interactions with patients and co-workers, and an awareness of potential conflicts of interest
- 5.3 Altruism shown by responsiveness to patient needs that supersedes self-interest
- 5.4 Responsibility and accountability to patients, society, the profession, and the education program, as demonstrated by reliability, the timeliness of task completion, and respect of policies.
- 5.5 Leadership skills that enhance team functioning, the learning environment, and/or the health care delivery system
- 5.6 Attention to personal health and well-being to assure professional functioning
- 5.7 Respect for patients, their privacy and autonomy, and respect for all others
- 5.8 Respect for and sensitivity to a diverse patient population, including but not limited to race, color, creed, national origin, ancestry, citizenship, gender, transgender, sexual orientation, religion, age, genetic information, veteran status, or disability

6. Systems-Based Practice - Students must demonstrate an awareness of and responsiveness to the larger context and system of health care.

Objectives: Students are expected to:

- 6.1 Work effectively in various health care delivery settings and systems relevant to their clinical specialty
- 6.2 Develop awareness of risks, benefits, and costs associated with patient and population-based care
- 6.3 Advocate for quality patient care and safety
- 6.4 Work in interprofessional teams to enhance patient safety and improve patient care quality

Calendar (2025-2026)

- The calendar can be found on D2L under the Handbook, Calendar, Scheduling, Forms & Resource Links module.

Overview

- Pillar 3 consists of the last 16 months of medical education containing 16 required credits, 35 elective credits, and 14 vacation/flexible weeks. The amount of actual vacation weeks will vary for later entry into Pillar 3.

Scheduling

- Students can view and update their schedule through CORE:
<https://services.corehighered.com/sso/usd/>
- Department assistants will contact students two weeks prior to the rotation start date with directions and/or contact information for the first day.
Please contact the department assistant first with scheduling questions or concerns.
 - Pillar 3 Family Medicine, Ben Gertner – Ben.gertner@usd.edu
 - Pillar 3 Internal Medicine, Espie Ortega – Espie.Ortega@usd.edu
 - Pillar 3 Neurology, Mecarte Sichmeller – Mecarte.Sichmeller@usd.edu
 - Pillar 3 OB/GYN, Pathology, Surgery, Staci Wolff – staci.wolff@usd.edu
 - Pillar 3 Pediatrics, TBD – Jacob Woodburry - peditrics@usd.edu
 - Pillar 3 Psychiatry, Erin Boggs – Erin.Boggs@usd.edu
- **Schedule changes** should be arranged 15 working days before the start of a rotation.
- Restrictions:
 - Required rotations must be completed prior to week 60.
 - A maximum of 24 elective credits can be completed in each discipline.

- Additional Sub-Internships and extramural rotations are considered elective credits.
 - Required rotations (SURG 764, FAMP 823, FAMP 810 and one four-week Sub-Internship) do not count towards this cap.
- A maximum of 16 extramural credits can be completed.

Course Syllabi

- These are stored in CORE.

Professionalism

- Students are expected to adhere to the ethical and behavioral standards of the profession of Medicine. Physicians must recognize responsibility not only to their patients, but also to society, to other health professionals, and to self.
- As a medical school, we emphasize the following professional behaviors:
 - **Altruism** - Physicians subordinate their own interests to the interests of others.
 - Show appropriate concern for others, including going “the extra mile” without thought of reward
 - Put yourself “in others’ shoes” while still maintaining objectivity
 - **Honor and Integrity** - Physicians are truthful, admit errors, and adhere to high ethical and moral standards.
 - Display honesty, forthrightness, and trustworthiness
 - Model ethical behavior, including confronting or reporting inappropriate behavior amongst colleagues
 - Admit errors and seek and incorporate feedback
 - **Caring, Compassion and Communication** – Physicians take time to talk to patients and families, break bad news with compassion, and communicate effectively with colleagues.
 - Work well with others
 - **Respect** - Physicians treat patients with respect and deal with confidential information appropriately.
 - Demonstrate respect for and sensitivity to patients (beliefs, gender, race, culture, religion, sexual orientation, and/or socioeconomic status)
 - Maintain sensitivity to confidential patient information
 - Respect authority and other professionals within the interprofessional team
 - **Responsibility and Accountability** - Physicians fulfill their professional responsibilities and are aware of their own limitations.
 - Meet deadlines and be punctual for all assigned tasks. This includes educational and professional practice requirements, e.g. immunizations, EMR training, infection control training, etc.
 - Follow policies and procedures, including attending all required educational activities
 - Assume responsibility when appropriate and ask for help when needed
 - Maintain neat personal appearance*
 - **Excellence and Scholarship** - Physicians demonstrate conscientious clinical decision making, seek to advance their own learning, and are committed to spread and advance knowledge.
 - Set and actively work toward personal goals
 - **Leadership** – Physician’s advocate for the profession and promote the development of

others.

- Students will be assessed regularly by their attendings and coordinating committees based upon the behaviors listed above.
- Professional and Unprofessional Behavior Report Forms can be found in D2L or on the medical school Web Portal found under *Forms*.
- * Students should be aware the clinical sites may have specific guidelines that need to be followed regarding facial hair, tattoos, piercings, etc. Students should wear a clean, white coat with a name badge at all times when engaged in any clinical activity. Surgical scrubs are permitted in the operating room (OR) or emergency room but should NOT be worn out of the hospital. When leaving the OR for short periods or when on-call, students should always wear a white coat over the scrubs and change into new scrubs before returning to the OR.

Electronic Medical Record (EMR)

- As stated in its Medical Student Education Objectives, the Sanford School of Medicine expects that students will demonstrate *compassion for patients and respect for their privacy and personal dignity*. The Sanford School of Medicine Student Code of Professional Conduct prohibits *showing lack of compassion or respect for patients and others by breaching confidentiality*. Finally, the Affirmation of the Physician recited by students at matriculation and graduation states, *"I will hold in confidence all that my patient relates to me."* To that end, the following policy relating to the written, verbal, and electronic aspects of patient confidentiality and medical record use requires each student's attention and signature.
 - **Access**
 - Students should have access to existing records or other information about a patient under three conditions:
 - Access to specific patient information is a necessary component of their medical education.
 - Access to specific patient information is necessary for direct involvement in the care of that patient.
 - Access to specific patient information is necessary for conducting a research project for which there is documented IRB approval.
 - Access should be through the established policies within that hospital or clinic, and applies to verbal, written, email, electronic, or any other route of communication. All written and electronic records remain the property of the hospital or clinic.
 - **Student Personal Medical Records**
 - Students may not utilize their electronic health records to access their own records. If students need access to their own records, they must follow the usual patient processes and procedures for obtaining medical records.
 - **Release of Medical Information**
 - Students should not release medical information to outside parties without the direct supervision of faculty and then only with a signed authorization from the patient, a parent or custodial parent in the case of a minor, the patient's legal guardian or a person having the patient's Power of Attorney. This applies also to facsimile, voice and electronic mail.
 - **Student-Generated Records**
 - Records generated by a student as a result of course requirements or as part of patient care may or may not become part of permanent hospital or clinic records. Efforts should be made to remove patient- identifying information from

any copies, printouts or electronic media storage kept by the student, used by the student for presentations or other patient care purposes, or transmitted to clerkship coordinators or other faculty. Patient-identifying information includes names, social security numbers, patient ID numbers, birth dates, initials, location or date of service, and attending physician’s names or initials. In the event patient-identifying information is necessary for patient care or medical education purposes, it is imperative that attention be paid to patient confidentiality with respect to storage and carrying of records. When no longer needed, any records that contain patient-identifying information should be destroyed by use of a paper shredder or by other appropriate method of permanent destruction.

- **Student Patient Encounter Log (SPEL)**
 - Maintenance of patient encounters in a student database is a requirement of the medical education program. SPEL entries should not include patient names, initials, date of birth or other identifying information.
- **Verbal communication**
 - Verbal communication is an essential part of patient care as well as the learning process, and should follow these professional guidelines:
 - Verbal communication with the patient should occur under supervision of medical school faculty, though faculty presence may not be required.
 - Verbal communication with the patient’s family members should be with patient consent.
 - Verbal communication regarding a patient should only be done in the appropriate setting and with individuals who are involved with the care of the specific patient.
 - Discussion of the patient as part of the education process should be conducted in an appropriate educational setting and in a professional manner.
- **Electronic Transmission**
 - Due to lack of privacy, email, social media, texting, and similar electronic methods are inappropriate media for communicating any patient-related information. Patient information may be transmitted electronically only if required by the clerkship or educational program and then only to the appropriate faculty. Remember that all patient identifying information needs to be removed.
 - AI policy reference
- **Disposal**
 - Patient information that is written or printed should be shredded immediately after use.
 - Electronic patient information should not be stored by the student and should be permanently deleted as soon as no longer needed.

Requirements

#	Required Courses	
2	SURG 764 Surgery Specialties	4 weeks (2-2week rotations)
1	FAMP 823 Emergency Room	3 weeks
1	Sub-Internship (MEDC, FAMP, OGYN, PEDS, PTRY, or	4 weeks
1	FAMP 810 Rural Family Medicine	4 weeks

1	Transition to Residency	1 week
1	Student Affairs Course	1 week
	Total Required	17
# Elective Courses		
34	Elective courses	34 weeks
	Total Elective	34 weeks
	Total	51

# OTHER DOCUMENTS/ACTIVITIES		
	IPE/ Inter-Professional Experience	Scheduled by OME, Occurs in the Parry Center
	Professionalism and Ethics Paper	Uploaded to D2L
	SPEL	Experiences are required to be logged through One45

*Restrictions:

- Required rotations must be completed prior to week 60
- Maximum of 24 elective credits can be completed in each discipline
 - Additional Sub-Internships and extramural rotations are considered elective credits
 - Required rotations (SURG 764, FAMP 823, FAMP 810 and one four-week Sub-Internships) do not count towards this cap

Coaching Program

- Each student will be assigned a coach to work with throughout the Pillar 3 experience.
- The purpose of the coaching program is to provide a third support, separate from an advisor or mentor resource.
- If you have questions regarding the coaching program, please reach out to your coach.

SPEL - Student Patient Encounter Log

Students are required to log their experiences in One45.

- SPEL provides an ongoing record of a student's clinical experiences in medical school, which is necessary for the following:
 - Student self-assessment of the breadth and depth of their clinical experiences and validation of experiences to prepare students for the transition to residency.
 - SSOM's monitoring of clinical curricular experiences to ensure sufficient breadth and depth of content covered.
 - Fulfillment of Liaison Committee on Medical Education (LCME) requirements for medical school accreditation
- Throughout Pillar 3 you will have the opportunity to experience multiple different facets of Medicine. Below you will find a list of different experiences that we would like to make sure you have the chance to be involved in. As you progress through Pillar 3, including electives and away rotations, please take the time log these experiences.

Pillar 3 SPELL

*Date performed:

Dec 31, 2024

*Rotation:

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*Experience

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Notes:

- Below is the list of the experiences to be logged.
 - Obesity
 - Depression
 - Tobacco Abuse
 - Substance Abuse
 - Domestic violence
 - Competed and presented an H&P
 - Completed and presented daily progress note
 - Intubation
 - Suturing
 - Central Line/IV insertion
 - Resuscitation

Inter-Professional Experience

- Completing one Inter-Professional Experience (IPE) ICU rounding simulation **is a requirement in Pillar 3.**
- Students will not receive a formal grade for this exercise, rather a summative evaluation that will be discussed by the Competency Committee. Lack of attendance may negatively impact your MSPE letter.
- IPE is an in-person activity that will take place during Transition to Residency week.
- The assistant, Tiffany Semmler, will send more information out closer to the activity date.

Clinical Competency Committee

- The purpose of the clinical competency committee is to review the academic success of all Pillar 3 students.
- If additional resources are suggested during the committee, students may receive additional communication.
- Students will receive a One45 survey in May. The purpose of this survey is to streamline your academic and career interests to guide the committee in your residency match goals.

Letters of Recommendation

- Students have access to pull and share grades and narrative feedback from One45. To ensure an

expedited process with respective clerkship director(s), students are asked to pull and share their own grades and feedback.

- Students requesting a letter of recommendation are strongly advised to provide the director with a copy of their CV along with their grades.

Resources for Student Success

- **P3 Academic Coach**— An academic coach is a person assigned to facilitate learners achieving their fullest potential. ([AMA, 2024](#))
- **P3 Advisor/Mentor**—Understands the discipline they are hoping to match into and the expectations for a successful match into that discipline of choice. Is often an individual connected with residencies and other programs so that they are very familiar with expectations for a successful match in that program of choice.
- **Career Advisor/Student Affairs Advisor**— The Associate Dean of Student Affairs, Assistant Dean of Student Affairs, and Campus Deans write the MSPE letters. Student Affairs will help them understand their resources for match (ERAS, VSLO, away rotations, etc.).
- **Sponsor**—This is a highly visible, nationally recognized career clinician in their respective career of choice (e.g. Dr. Timmerman for surgery); will often write a letter or recommendation for the learner.
- **Campus Dean**—Morale Support, Resource Support for Rotations, etc.

Professionalism and Ethics Paper

- Completing the professionalism and ethics paper by January 23, 2026 is a requirement in Pillar 3. Students will not receive a formal grade for this exercise. The purpose of this activity is for students to describe and reflect on their clinical experiences and growth relating to professionalism and ethics. Papers also provide students an opportunity to demonstrate their understanding of professionalism domains.
- The Expectations and Feedback Matrix and Behaviors of Professionalism SSOM can be found in the Professionalism and Ethics Paper module of D2L.
- Students' papers will be reviewed by their coach and feedback provided. In addition, each student's campus dean will review and facilitate a conversation regarding professionalism and ethics in medicine and in the learning environment.

Transition to Residency Course

- Transition to Residency is a one-week required course scheduled later in the Pillar 3 experience. The goal of the course is to increase confidence as you transition to Residency. You will receive more information about this course from the Transition to Residency course assistant Tiffany Semmler. Tiffany.Semmler@usd.edu Director: Byron Nielsen

Student Affairs Course

- The SSOM Medical Student Affairs One-Credit course focuses on career and professional development, well-being, and financial literacy. The required sessions span the 4-year medical curriculum. Students will be registered for the one-credit course in the second spring semester of Pillar 3.
 - Career Planning: Prepare students to learn about themselves in anticipation of choosing a specialty and a successful match
 - Well-Being: Sessions and exercises to encourage self-awareness and promote wellness amongst students
 - Financial Literacy: Empower students to have the knowledge and tools to make good financial decisions and goals

Assessment, Evaluation, Grading and Appeals

Assessment Scales

- Grading criteria for all Pillar 3 courses:
 - A ≥ 90.00%
 - B = 89.99% - 80.00%
 - C = 79.99% - 75.00%
 - D = 74.99% - 60.00%
 - F < 59.99%

<u>Pillar 2</u>	<u>Pillar 3</u>
100% - Student met objective independently; Student is performing at the level of graduating 4 th year student. (exceptional)	100% - Student met objective independently.
92% -Student was able to meet the objective independently with minimal prompting by attending; performing at the level of an Pillar 3 sub-internship student. (above expectations)	88% -Student was able to meet the objective independently with minimal prompting by attending.
84% - Student needed assistance to meet objective; student is at the level of an average Pillar 2 student. (satisfactory)	78% - Student needed assistance to meet objective; additional practice is needed.
76% - Student required significant assistance to meet objective; Additional practice is needed to meet the expectations. (Satisfactory)	68% - Student required significant assistance to meet objective; major concerns exist and significant remediation is required.

<p>68% - Student did not meet objective; Student is performing well below the level of their peers and major concerns exist and significant remediation is required. (unsatisfactory)</p>	<p>60% - Student did not meet objective; Student is performing well below the level of their peers and major concerns exist and significant remediation is required.</p>
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Assessment in One45

Introduction

The Office of Medical Education (OME), an entity within the greater structure of the University of South Dakota Sanford School of Medicine (USD SSOM), is responsible for centrally administering Pillar 2 & 3 student assessments to maintain our accreditation standards and abide by applicable state policies and federal laws. Liaison Committee on Medical Education (LCME) Standard 9.4 states that “A medical school ensures that...there is a centralized system in place that employs a variety of measures...for the assessment of student achievement,...and that ensures that all medical students achieve the same medical education program objectives.”¹ Additionally, LCME Standard 8.7 states that “A medical school ensures that the medical curriculum includes comparable educational experiences and equivalent methods of assessment across all locations within a given course and clerkship to ensure that all medical students achieve the same medical education program objectives.” The following policy outlines the Pillar 2 & 3 assessment process so that, in accordance with policies and laws, the process is carried out in the same manner for all students across the SSOM footprint.

Assessment of Students by Faculty

One45

The OME uses an online assessment and evaluation platform, One45, for all clinical assessments in Pillar 2 & 3, as well as course and faculty evaluations. All assessments in Pillar 2 & 3 are completed by the assigned faculty member via One45. One45 is an electronic education record, similar to an electronic medical record. As such, the OME is required to follow the federal law pertaining to the privacy of student educational records, known as the Family Educational Rights and Privacy Act (FERPA).² In addition, the OME must follow South Dakota Board of Regents policies (see 3:5) and LCME Standard 11.5 pertaining to the confidentiality of student educational records.³ Therefore, access to One45 and the content therein will be “limited to school officials with legitimate educational interest” as outlined by FERPA. Individuals will only have access to the functions needed to perform their professional responsibilities. Additionally, once an assessment has been submitted to One45 by a faculty member, it becomes part of the student’s permanent educational record.

Formative Assessment

There are assessments of students in the course of Pillar 2 that are formative only. These assessments are intended to allow the student to reflect on their strengths and weaknesses and adjust as they feel is appropriate prior to summative assessment activities. If a concern is noted in a written formative assessment, a subsequent discussion may be arranged between the student and the faculty member at the student’s request. This communication may be written, via telephone, or in person. As the intent of formative assessments is to provide an avenue for students to receive feedback, the in-person conversations the student has with the attending physician should provide a resolution of miscommunication, misunderstanding, or error that may have occurred. There is no need for further

documentation of any kind as the student receives feedback in person during the follow-up discussion and the assessment is not used in any summative assessment of the student.

Who May Assess Students?

Any person with USD SSOM faculty appointment may complete student assessments in Pillars 2 & 3. All assessors must complete the required training for clinical educators in general, as well as training specific to the activity they are assessing.

Faculty members who complete academic assessments (formative and summative) should be free from conflicting relationships with students and should recuse themselves from such situations. This conflict of interest includes doctor/patient relationships, family members (relatives), household members, or close friends (LCME Standard 12.5).

Assessment Forms

All faculty members are expected to complete Pillar 2 & 3 assessments within 2 weeks of receiving them and all assessments must be completed before 6 weeks to comply with LCME requirements. Narrative assessments will be available to students in One45 and will be available to Student Affairs for use in the Medical Student Performance Evaluation (MSPE or Dean's Letter).

Pillar 3

Attending Physician Assessment of Student Performance: Attending physicians will complete a set of questions scored on a five-point scale that align with the SSOM student competencies. Additionally narrative assessment is to be completed for each student the assigned attending.

Pillar 3 students receive mid-rotation feedback on any rotation that is at least four weeks in length. Students are encouraged to pick an attending to provide mid-rotation feedback. In the absence of a final assessment, the student may be awarded a grade based on mid-rotation feedback. This may occur if the department assistant has exhausted all other avenues of receiving the final course assessment/grade in a timely manner and is finalized by the clerkship director.

Assessment Documents

Although most assessment documents are managed through One45, some physical documents remain. Physical documents that contribute to the assessment of student performance should be kept at each campus until the student graduates and then destroyed. The OME will follow all record retention policies, as outlined by the South Dakota Board of Regents Records Retention Manual⁴. These documents include any paper documents such as H&Ps (cover/face sheet only – any patient-protected information can be destroyed), progress notes, etc. Scanned PDF copies of these documents should be uploaded to the -Microsoft Teams Records & Retention folder for each campus/department for the respective Pillar. The OME is responsible for sharing appropriate grade documentation and grade information with students via One45 and Desire 2 Learn (D2L) for exam scores (CCSE & NBME). The official record of student assessment is maintained by the Office of Medical Education. Per FERPA and LCME Standard 11.6, students have a right to view their educational records. These official records will be available to students through One45. Individual campuses should not keep independent or separate grade calculation records of any type as these are not official and not recognized by either the OME or the Office of Student Affairs and create the potential for discrepancy and miscommunication.

- Pillar 2 semester grades are released to students in One45 at the end of each semester. Please see the Pillar 2 student handbook for how scores contribute to a student's overall letter grade.
- Pillar 3 grades are released to students in One45 as assessments are completed by faculty. In certain courses, multiple components are incorporated into the final grade.

Grade information housed within One45 may be viewed by students, Clerkship Directors, Campus Deans, Advisors, and Student Affairs (i.e MSPE). Only final grades for a course are reported for student academic transcripts.

Revisions of Narrative Assessment

Narrative assessment is an important aspect of the holistic assessment of student performance throughout Pillar 2 & 3 and is required for accreditation by the LCME (Standard 9.5).

A narrative assessment may not be edited or removed by the advising committee or by campus leadership outside of the student appeals process unless misconduct by students or faculty members is evident or a narrative comment violates a student's privacy (i.e. medical health, marital/relationship status, or parental status).

Changes can be made by the Office of Medical Education prior to the One45 grades being released but in general, the OME will not actively search and update grammar issues, abbreviations, and general readability unless readability is severely affected.

The Appeal of an Assigned Grade in a Course or Clerkship

This appeals process outlines how the OME handles appeals. This process follows the South Dakota Board of Regents Policy (see Policy 2.9) and the Medical Student Affairs Handbook but centralizes the process so that appeals are submitted within the designated timeframe and forwarded to the proper individual to assist students with this process and avoid conflicting information from multiple parties.^{3,5} Within this policy, the term "grade" refers to both the letter grade and narrative assessment. Students must submit a written appeal using the standard Appeal Form available in One45. Appeals made via email or any other form of communication will not be accepted.

The appeal form will be made available in One45 following the grade release and must be submitted within fourteen calendar days. Specific appeal window dates will be communicated to the students as needed. The OME will ensure all information required on the appeal form has been completed, and they will forward the appeal to the appropriate individual for a decision. If there is a potential conflict of interest arising from the student working with a clerkship director or campus dean as their preceptor, the appeal will be forwarded to another advisor in the respective discipline or another campus dean. Clerkship directors and campus deans or other designees will review and discuss all grade appeals and make a decision regarding the requested change. After a grade appeal decision has been made, the student will be notified in writing of a decision regarding their appeal and appropriate grade change documentation will be completed by the Office of Medical Education.

Appeal Process

Step 1

- Clerkship director if the student is appealing a clerkship/discipline-specific grade.
- Campus dean if the student is appealing a clinical competency grade.
- The appropriate course director for Clinical Ethics, Radiology, Friday Academy, or Cultural Immersion.
- If a student's appeal for a competency grade is deemed by the campus dean to involve the component of the grade derived from the OSCE, Palliative Care, or HQIP, the following procedures should be followed:
 - o The campus dean should contact the individual charged with that graded component via email with the specific concern. These individuals may include the OSCE director, Palliative Care instructor, or Pillar 2 director.
 - o The appropriate individual would then investigate the concern by reviewing the applicable materials from which the grade or comment was

derived. This step may include others involved in the grade assignment or comments.

- o This individual would report back to the campus dean with the findings regarding the merits of the appeal.
- o The campus dean would then be invited to also review the materials.
- o It is recommended the appeal decisions be made within 4 weeks of when the appeal was received, however, due to extenuating circumstances, an extended time may be needed.

Step 2: (appeal must be completed within 14 days of 1st appeal decision)

- o If there is an appeal of the original appeal, the appropriate Pillar Director will form an ad-hoc committee of 3 clerkship directors not involved in the original appeal to review the appeal. This committee should convene within two weeks of the notification from OME.
- o Campus dean from another campus for clinical competency grades.
- o It is recommended the appeal decisions be made within 4 weeks of when the appeal was received/reviewed, however, due to extenuating circumstances, an extended time may be needed.

Step 3: (appeal must be completed within 14 days of 1st appeal decision)

- o Appeal to Senior Academic Dean
- o It is recommended the appeal decisions be made within 4 weeks of when the appeal was received, however, due to extenuating circumstances, an extended time may be needed.

Pillar 3 Graduating Class

Any appeals requested after April for the May graduating class may cause a delay in transcript availability that could impact a student's residency start date.

Resident Assessment

- Students will be asked to evaluate residents throughout Pillar 3. The evaluations will be sent by the respective program coordinator. New Innovations emails may look like spam so please watch for these.

Students Evaluations

- Students are expected to complete evaluations of the rotation and attending. We value and appreciate your feedback, and without it, we cannot continue to improve our faculty development and curriculum.
- Attendings will complete an evaluation of the student at the end of the rotation. Students will receive notifications when evaluations are completed, and grades are finalized.
- Course evaluations will provide students with USD OME wellness contact information.
- Students are encouraged to review grades and narrative feedback in One45.

Timely Completion of Evaluations

- The following expectations will be placed upon each medical student during their time at the Sanford School of Medicine:
 - o All evaluations must be completed by the Friday that occurs 2 weeks from the Friday after the student receives them in One45. Each student is expected to complete these evaluations before midnight on the due date.

- If a student fails to accomplish this task on more than 2 occasions in Pillar 3, the student may be cited for failure to demonstrate professionalism in the completion of an assigned task by a representative of the Office of Medical Education, using the school's professionalism reporting form.
- Department assistants will forward delinquent assessments to the respective director at 4 and 6 weeks.
- In Pillar 3, medical students will receive evaluations approximately 3 days before the end of each block.
- Student wellbeing is supported throughout Pillar 3. Students are encouraged to communicate with the Chief Mental Health Wellness Director for professional coaching, clinical counseling for personal wellness, and the academic dean for any grade or coursework concerns. A Student Wellness Concern is reserved as a standing "To Do" for access to the Chief Wellbeing Officer.
- These evaluations are very important for the continued quality improvement of your faculty and the courses.

Away Rotations

- Assessments submitted by outside institutions not aligned to SSOM will be reviewed by a Clerkship Director to determine the final letter grade.

Student Progress and Possible Actions

- The competency committee reviews each student's progress during Pillar 3.
- If additional action is needed, the student would next meet with the Campus Dean then, if not resolved, the Dean of Student Affairs. At any point in this process, a referral can be made to the Student Progress and Conduct Committee (SPCC) if student is failing, at risk of failing, or in any case of unprofessional conduct.
- If a student wishes to appeal their assigned grade for any course within Pillar 3, they should consult the *Medical School Grievance Procedures* section of the Medical Student Affairs handbook.

Student Concerns, Mistreatment, Duty Hours

- For students wishing to report a Pillar 3 concern, mistreatment, duty hour violations please refer to your To Do's in One45. Concern, Mistreatment and Duty Hour concerns are reviewed by the OME Dean and Student Affairs Dean.
- The Chief Wellbeing Officer is the only reviewer of Wellbeing Concern form.

Policies

Artificial Intelligence:

Student Expectations:

Absent a clear statement from a course instructor, use of or consultation with generative AI shall be treated analogously to assistance from another person. In particular, using generative AI tools to substantially complete an assignment or exam is not permitted.

Students are expected to provide credit to any outside resource used, including AI tools. Not doing so is considered academic dishonesty and will be seen as unprofessional academic behavior.

This may include examples of idea formation, text, or illustrations along with a description in their methods of how the AI tool was used to develop the end scholarly product. A student should default to disclosing such assistance when in doubt.

If you are in doubt about whether a generative AI source (or any source) is permitted aid in the context of a particular assignment, please review with the instructor.

When AI tools are used, they should be cited, such as in this format:

Tool Name. (Year, Month Date of Query). "Text of Query." Generated using Tool Name. Link to Tool Name

Students are also responsible for misinformation, disinformation, and bias in the use and/or submission of AI if it is used in the creation of a scholarly product.

Liability Coverage for USD SSOM Medical Students

Medical students of SSOM who are in good standing and full-time students are allowed to participate in medical transports with faculty within the health system they are on rotation with (i.e., Monument Health, Avera Health, Sanford Health). Medical transports may include modes such as ambulance, helicopter, fixed wing, etc. SSOM medical students have full insurance coverage through the health system and the transportation company for such transports.

Medical Student Duty Hours

- The following policy for SSOM Medical Student Duty Hours is based upon the ACGME duty hour requirements for residents:

Duty hours are defined as all clinical and academic activities related to the medical education program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.

- It is both the responsibility of the supervising faculty and each medical student to ensure compliance with the restrictions below, so a student does not violate the medical student duty hours as defined by this policy.
- If a student chooses to disregard faculty recommendations regarding this policy or willingly chooses to not follow the duty hours policy as outlined, their actions may be reflected in their professionalism grade assigned to them by their respective LIC Campus Coordinating Committee.

Restrictions:

- Clinical and educational work hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities.
- Clinical and educational work periods must not exceed 24 hours of continuous scheduled assignments. Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and for student education. However, additional patient care responsibilities must not be assigned to the student during this time.
- Students must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of at-home call. One day is defined as one continuous 24-hour period free from all clinical and educational duties.
- Adequate time for rest and personal activities must be provided. This should consist of an eight-hour break provided between all work shifts.
- All students must have at least 14 hours free of clinical work after 24 hours of clinical assignments.
- Students must be scheduled for in-house call no more frequently than every third night

(averaged over a four-week period). *In-house call* is defined as those duty hours beyond the normal work day, when students are required to be immediately available in the assigned institution.

- Time spent on patient care activities by students on at-home call must count toward the 80-hour and one-day-off-in-seven requirements. *At-home call* (or *pager call*) is defined as a call taken from outside the assigned institution. The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each student. Students taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
- When students are called into the hospital from home, the hours students spend in-house are counted toward the 80-hour limit. The course or clerkship director and the faculty must monitor the demands of at-home call in their programs, and make necessary scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

Duty Hours & On-Call Activities

- In-house call is defined as those duty hours beyond the normal work day, when students are required to be immediately available in the assigned institution. In-house call must occur no more frequently than every third night, averaged over a 4-week period. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Students may remain on duty for up to 4 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care. No new patients may be accepted after 24 hours of continuous duty.
- *At-home call* (or *pager call*) is defined as a call taken from outside the assigned institution. The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each student. Students taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
- When students are called into the hospital from home, the hours students spend in-house are counted toward the 80-hour limit. The course or clerkship director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

Attendance and Leave

- Attendance is mandatory for all Pillar 3 rotations.
- Unexcused absences will be reported to the Campus Dean's office and may necessitate review by the Student Progress and Conduct Committee (SPCC). Punctuality is essential, expected, and part of the professionalism competency.

Holidays

- There are no designated holidays for students in Pillar 3.
- Holidays listed below represent when the SSOM offices are closed. Pillar 3 students are required to complete clinical activities on these holidays.
 - New Year's Day
 - Martin Luther King Day
 - President's Day
 - Columbus/Native American Day

- Veteran's Day
- Memorial Day
- Fourth of July
- Labor Day
- Thanksgiving Day
- Christmas Day
- Not limited to these holidays

Vacation/Flexible Weeks

- Students may take up to 14 weeks of vacation/flexible time. **The actual number may depend on the students start date in Pillar 3.** Any vacation or flexed time must be scheduled in one-week blocks.

Residency Interview Leave Policy

- Attendance will be mandatory for all Pillar 3 rotations
- Students will need to use vacation/flex time when absent for 50% or more of a week for interviewing
- Students are responsible for notifying their department assistant and Preceptor for all interviews.
 - Notifications less than 3 business days will be accepted only at the discretion of the preceptor/department.
- 1 day per week average during a rotation will be allowed for Residency Interviews
- If extra time is required:
 - If 2 days are required within a week it must be approved by the preceptor/department and makeup will be determined by preceptor
 - If the leave is greater than or equal to 3 days in a single week or 4 days average across 2 weeks, then a Pillar 3 Absence Request Form needs to be completed and the week of rotation needs to be repeated. This will need to be approved by the preceptor, Pillar 3 director and Dean of Student Affairs
 - The Pillar 3 Absence Request Form can be found under the Handbook, Scheduling, Forms & Resource Links module
- Unexcused Absences will be reported to the Campus Dean's office and may necessitate review by the Student Progress and Conduct Committee (SPCC)

Sick or Other Absences Policy

- If a student is quarantined due to COVID-19 exposure or isolated due to mild illness, the student may choose to take an online elective if one is available or use personal/vacation time. Please contact the Registrar and Pillar 3 Director to coordinate schedule changes.
- Students are responsible for notifying their preceptors and department assistant of any absences during a rotation.
- The Pillar 3 Absence Request Form can be found under the Handbook, Scheduling, Forms & Resource Links module and must be completed prior to the absence dates, or upon return from emergencies/unplanned events.
 - 0 – 2 days/week requires make-up activity designated by preceptor.
 - 3 + days/week requires the rotation week to be repeated.
- Students who are seeking an absence for personal/private matters may call Student Affairs at 605-658-6300. Student Affairs will work with all appropriate faculty to make the necessary arrangements.

SSOM Student Inclement Weather Policy

- USD SSOM clinical campuses rarely close due to weather, and administrative offices will remain open when possible. With the use of web-conferencing most, if not all, activities can still be provided to our students, regardless of inclement weather.
 - **Sioux Falls:** If travel is hazardous, the clinical campus associate dean, in consultation with the associate dean of Medical Education and associate dean of Medical Student Affairs, will decide if classes should be canceled. This decision will be announced by the Office of Medical Student Affairs via email by 6:00 a.m. using the appropriate medical student listserv.
 - **Yankton & Rapid City:** If travel is hazardous, the clinical campus associate dean, in consultation with the associate dean of Medical Student Affairs will decide if classes should be canceled. This decision will be announced by the Office of Medical Student Affairs via email by 6:00 a.m. using the appropriate medical student listserv.
 - **FARM:** Students should follow their respective FARM site policy.
- If an emergency closing is declared on a clinical campus, students who are on clinical rotations and call are expected to still attend. If a student is unable to reach the clinical site, or feels it is unsafe to travel, they must contact their clinical attending/faculty and follow the absence policy.

Accessibility Statement

- The University of South Dakota strives to ensure that physical resources, as well as information and communication technologies, are accessible to users in order to provide equal access to all. If students encounter any accessibility issues, they are encouraged to immediately contact the instructor of the course and the Office of Disability Services, which will work to resolve the issue as quickly as possible.

Required Language for All Syllabi

- **Academic Integrity**
 - No credit can be given for a dishonest assignment. A student found to have engaged in any form of academic dishonesty may, at the discretion of the instructor, be:
 - Given a zero for that assignment.
 - Allowed to rewrite and resubmit the assignment for credit.
 - Assigned a reduced grade for the course.
 - Dropped from the course.
 - Failed in the course.
- **Freedom in Learning**
 - Under Board of Regents and University policy, student academic performance may be evaluated solely on an academic basis, not on opinions or conduct in matters unrelated to academic standards. Students should be free to take reasoned exception to the data or views offered in any course of study and to reserve judgment about matters of opinion, but they are responsible for learning the content of any course of study for which they are enrolled. Students who believe that an academic evaluation reflects prejudiced or capricious consideration of student opinions or conduct unrelated to academic standards should contact the dean of the college or school that offers the class to initiate a review of the evaluation.
- **Disability Accommodation**
 - The University of South Dakota strives to ensure that physical resources, as well as

information and communication technologies, are reasonably accessible to users in order to provide equal access to all. Any student who feels s/he may need academic accommodations or access accommodations based on the impact of a documented disability should contact and register with Disability Services during the first week of class or as soon as possible after the diagnosis of a disability. Disability Services is the official office to assist students through the process of disability verification and coordination of appropriate and reasonable accommodations. Students currently registered with Disability Services must obtain a new accommodation memo each semester.

- Please note: if your home institution is not the University of South Dakota but one of the other South Dakota Board of Regents institutions (e.g., SDSU, SDSMT, BHSU, NSU, DSU), you should work with the disability services coordinator at your home institution.
 - Disability Services, The Commons Room 116
 - (605) 658-3745
 - Web Site: <https://www.usd.edu/disabilityservices>
 - Email: disabilityservices@usd.edu
- **Diversity and Inclusive Excellence**
- The University of South Dakota strives to foster a globally inclusive learning environment where opportunities are provided for diversity to be recognized and respected. To learn more about USD's diversity and inclusiveness initiatives, please visit the website for the Office of Diversity.

Pillar 3 COVID-19 Leave

If a student is quarantined or isolated due to COVID exposure or mild illness, the student may, with approval from Student Affairs, select an online Pillar 3 elective that they have not already completed. The options will be provided by Student Affairs and the Pillar 3 Director. If a student elects to take leave during their period of quarantine/isolation and/or acute illness, they will utilize flex weeks from Pillar 3 to account for the missed time.

Statement on Recording of Lectures by Students

Lectures, presentations, and other course materials are protected intellectual property under South Dakota Board of Regents Policy. Accordingly, recording and disseminating lectures, presentations or course materials is strictly prohibited without the express permission of the faculty member. Violation of this prohibition may result in the student being subject to Student Conduct proceedings under SDBOR Policy 3:4.

Student Affairs Policies

- Please refer to the MSA handbook which is in the MSA D2L.

Health Affairs Policies

The following policies can be found in the Health Affairs Infection Control Manual provided by the Division of Health Affairs: https://www.usd.edu/-/media/Project/USD/shared/Med_SHS_HA-Shared-Docs/USD-HA-Infection-Control-Manual

- **General Student Safety Guideline (Infection Control/Student Safety) Standard Precautions**

- **Transmission Based Precautions**
- **Occupational Exposure to Infectious and Environmental Hazards Educational Accommodations Related to an Exposure**
- **Entering and Visiting Student Immunization Policy Immunization Compliance Policy**
- **Annually Required Immunizations**
- **Students Infected with Bloodborne Pathogens (HIV, HBV, HCV) Other Special Considerations:**
- **The Pregnant Student Health Insurance**
- **Required Vaccine Declination**

