UNIVERSITY OF SOUTH DAKOTA
SANFORD SCHOOL OF MEDICINE

Together in teaching, innovation and compassion

MEDICAL STUDENT AFFAIRS HANDBOOK
2026-2027

This Medical Student Affairs Handbook is published by the University of South Dakota Sanford School of Medicine (SSOM), who reserves the right to alter the contents at any time. All policies stated in this handbook are subject to Board of Regents and/or University policies. Any changes in policy and procedures apply to all current and prospective students. The faculty reserves the right to alter the curriculum, the schedule of required courses, and other regulations affecting admission and graduation requirements. Students are expected to keep well-informed with respect to these changes.

It is the policy of the University of South Dakota to provide equal opportunities for access to and participation in educational services to all persons qualified by academic preparation, experience and ability, without discrimination based on race, color, creed, national origin, ancestry, citizenship, gender, transgender, sexual orientation, religion, age, genetic information, veteran status, or disability.

Each member of the University community is responsible for adhering to and implementing this policy. Employees and students will be subject to disciplinary action for violation of this policy. All policies are subject to change depending on state and federal guidelines.

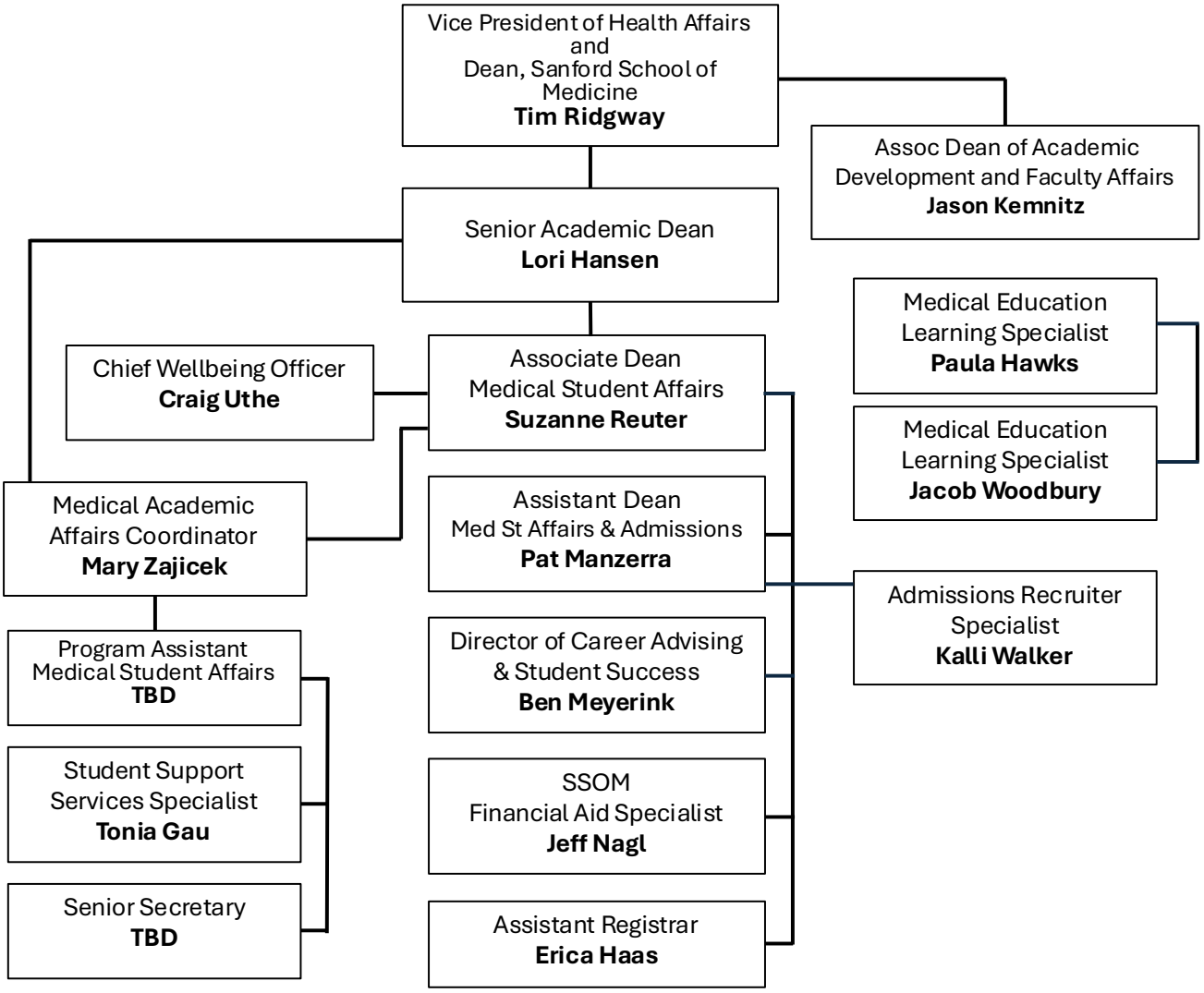
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Student Affairs Email medstudentaffairs@usd.edu
Student Affairs Website Medical Student Affairs | University of South Dakota (usd.edu) Careers in Medicine www.aamc.org/students/medstudents/cim

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Medical Student Affairs

Organizational Chart



UNIVERSITY OF
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Medical Student Affairs Quick Reference 2026-27

Address, Current Student Contact Data
Tonia Gau

Admissions
Kalli Walker
Dr. Manzerra

Career Development
Dr. Meyerink
Dr. Manzerra

Clerkships/ Changes - Pillar3
Tonia Gau
Erika Haas

Community Health and Engagement
Dr. Kenyon

Email Addresses and Name Changes- All 4 years
Tonia Gau

Financial Aid
Jeff Nagl
Applications, policies/ regulations, Budgets (Cost of Education Documents) entrance and exit interviews

- **Debt Counseling**
- **Emergency Loans**
- **Loans- Alternative, Perkins, Stafford, SDSMA**
- **Primary Care Loans**
- **Scholarships- availability, and applications**
- **Loans and scholarships**

Grade Reporting & Transcripts
Erika Haas

HSC Library Passes
Tonia Gau

IDs- All Pillars
Tonia Gau

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INMED
Dr. Kenyon
Dr. Manzerra

Insurance
Jeffrey Nagl
Student Health, Disability, and Liability

Leave of Absence
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Dr. Manzerra

Listserv Manager- Pillar 1-3 and Medical Course Listservs
Tonia Gau
MSA Office
Manager - TB

Lockers- Vermillion Campus
Kalli Walker

Orientation Program for MS-1
Kalli Walker

Recruitment of New Students
Kalli Walker
Dr. Manzerra
Dr. Kenyon

Registration
Erika Haas

Residency Application and Match
Tonia Gau- Verification

Student Academic Files & Student Records
Tonia Gau
Erika Haas

Student Organizations
MSA Office
Manager - TBD

Student Support Services
Academic Support-
Paula Hawks, Jacob Woodbury
Pre-clerkship Advisory-
Dr. Manzerra
Personal/ Professional Support-
Dr. Uthe

Student Travel
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Tracking Graduates
Jeff Nagl

Website
Kalli Walker

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GENERAL INFORMATION

Mission

The mission of the University of South Dakota Sanford School of Medicine is to provide the opportunity for South Dakota residents to receive a quality, broad-based medical education with an emphasis on family medicine. The curriculum is to be established to encourage graduates to serve people living in the medically underserved areas of South Dakota and is to require excellence in the basic sciences and in all clinical disciplines.

The University of South Dakota Sanford School of Medicine is to provide its students and the people of South Dakota with excellence in education, research and service. To these ends, the school is to provide educational pathways leading to both the Doctor of Medicine and the Doctor of Philosophy Degrees; and

Quality health care for the people of South Dakota is addressed by undergraduate, graduate and continuing educational programs as well as by basic and applied medical research. The School of Medicine should serve as a technical resource in the development of health care policy in the state and provide extension and research initiatives to improve the health care of the citizens of the state.

Vision Statement

The University of South Dakota Sanford School of Medicine will be a leader in educating students who with knowledge, skill, and compassion dedicate their lives to the well-being of their patients, their community, and their profession.

Opportunity Statement

The University of South Dakota Sanford School of Medicine is committed to fostering a dynamic and welcoming learning environment for all. Therefore, the medical school is committed to both recruitment and retention of students, residents, faculty, and staff who through their intellectually and ideologically diverse perspectives enrich the learning environment. We provide equal opportunities for all. We value people with broad life experiences, with records of service to disadvantaged populations, and with other attributes that may enhance the learning community.

Doctor of Medicine Program

The education of a physician encompasses the following components: a preparator phase in college: a rigorous professional education leading to the M.D degree; post-graduate (residency) training: and lifelong continuing education after the conclusion of formal training. Unlike most other professions, medicine awards its degree partway through the education process and the degree certifies that the individual has acquired a broad base of knowledge and skills requisite for continued training in a residency program.

Medical education requires that the accumulation of scientific knowledge be accompanied by the simultaneous acquisition of clinical skills and professional attitudes and behavior. Faculty in the SSOM have immediate responsibilities to students and patients and ultimate responsibilities to society to graduate the best possible physicians. Admission standards for medical school are rigorous with admission to these best qualified to meet these performance standards. The Sandford School of Medicine does not accept transfer students or students with advanced placement.

Personal Attributes

The faculty of the Sanford School of Medicine (SSOM) believe that the fundamental purpose of medical practice is to provide medical care in a special human relationship – that of doctor and patient. Therefore, students are required to have the virtues which dispose them to choices which will attain this goal, and which commit them to the principles that guide their actions demonstrating beneficence, autonomy, justice, and non-maleficence. Faculty are particularly interested in broadly educated students, with demonstrated competence in the natural sciences, who in addition to high academic achievement, have taken advantage of intellectual opportunities and possess a healthy combination of personal integrity, motivation, intellectual ability, interpersonal skills and a sense of dedication to serve others, especially the underserved. The student should possess certain basic problem-solving skills and attributes such as the ability to comprehend and retain knowledge, the ability to understand concepts and draw logical conclusions, the ability to adapt quickly to new and different circumstances, and the skills necessary to learn independently.

The SSOM must adhere to the standards for accreditation provided by the Liaison Committee on Medical Education (LCME). The latest version of the document “Functions and Structure of a Medical School” can be found at http://www.lcme.org. Based on these requirements, the SSOM has adopted Technical Standards for Admission.

Technical Standards for Admission, Continuation and Graduation

(Reviewed by Student Affairs and MEC 2/2025, Approved by Administrative Council 6/2025)

A. Purpose

The University of South Dakota Sanford School of Medicine (USD-SSOM) affirms that no applicant to Medical School will be excluded based on sex, race, color, creed, rural background, socioeconomic status, national origin, ancestry, citizenship, gender, gender identification, transgender, sexual orientation, religion, age, disability, genetic information, and veteran status.

Because the MD degree signifies that the holder is a person prepared for entry into the practice of medicine within postgraduate training programs, it follows that graduates must have the knowledge, skills, and ability to function in a broad variety of clinical situations, render a wide spectrum of patient care and the capacity to qualify for medical licensure and enter residency training. Therefore, candidates for the MD degree from the USD-SSOM must have abilities and skills in six areas including:

I. Observation
II. Communication
III. Motor
IV. Intellectual, Conceptual, Integrative and Quantitative abilities
V. Behavioral and Social Attributes
VI. Ethics and Professionalism

Our core values of compassion and kindness permeates our interactions with all students, including those with disabilities. USD-SSOM endeavors to ensure accessibility and to create a respectful, accountable culture through our confidential disability support system. We encourage students with disabilities to disclose and seek accommodations.

B. Policy

Fulfillment of the technical standards for graduation from medical school does not mean the graduate will be able to fulfill the technical requirements of any specific residency program.

I. Observation:

The candidate and student must be able to obtain information from demonstrations and experiments in the basic sciences. They must be able to assess a patient and evaluate findings accurately. These skills require the use of vision, hearing and somatic sensation or the functional equivalent.

II. Communication:

The candidate and student must be able to skillfully (in English) communicate verbally and in written form with faculty members, other members of the healthcare team, patients, families, and other students, in order to:

- Elicit information
- Convey information
- Clarify information
- Create rapport
- Develop therapeutic relationships
- Demonstrate the USD-SSOM Competencies required for graduation

III. Motor:

The candidate and student must have sufficient motor function with accommodations, if needed, to perform a physical examination and perform diagnostic maneuvers. They must be able to execute motor movements reasonably required to provide general care to patients and provide or direct the provision of emergency treatment to patients. Such actions require some coordination of both gross and fine muscular movements, balance and equilibrium.

IV. Intellectual, Conceptual, Integrative and Quantitative Abilities:

The candidate and student must have sufficient cognitive abilities which would include measurement, calculation, reasoning, analysis, and synthesis. Problem solving, the critical skill demanded of physicians, requires all these intellectual abilities. In addition, they must be able to comprehend three dimensional relationships and to understand the spatial relationships of structures. They must be able to perform these problem-solving skills in a timely manner.

V. Behavioral and Social Attributes:

The candidate and student must possess the emotional health required for full utilization of their intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients and the development of mature, sensitive, and effective relationships with patients, fellow students, faculty and staff. Students should be able to tolerate physically taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, recognize multiple points of view, identify personal reactions and responses, and integrate these into clinical decision-making. They must be able to communicate with and care for, in a non-judgmental way, persons whose culture, sexual orientation, or spiritual beliefs are different from their own.

VI. Ethics and Professionalism:

Students should maintain and display ethical and moral behaviors commensurate with the role of a physician in all interactions with patients, faculty, staff, students and the public. The student is expected to understand the legal and ethical aspects of the practice of medicine and function within the law and ethical standards of the medical profession.

C. Procedure

The technical standards delineated above must be met with, or without accommodation. Students who, after review of the technical standards, determine that they require reasonable accommodation to fully engage in the program should contact USD Office of Accessibility to confidentially discuss their accommodations needs. Given the clinical nature of our programs, time may be needed to create and implement the accommodations. Accommodations are never retroactive; therefore, timely requests are essential and encouraged.

To learn more about accommodations at USD-SSOM please contact: USD Office of Accessibility
605-658-3745
accessibility@usd.edu

Statement of Understanding and Agreement

I understand that fulfillment of the technical standards for graduation from the University of South Dakota Sanford School of Medicine does not mean that I will be able to fulfill the technical requirements of any specific residency program.

This document applies to all years of my medical school training at the University of South Dakota Sanford School of Medicine.

I have read, understand, and am able to meet the technical standards. I agree to adhere to the stated procedures.

Printed Name	Signature	Date

ACCOMMODATIONS FOR STUDENTS INFECTED OR DISABLED DURING MEDICAL SCHOOL POLICY

LCME Standard: 12.8 Student Exposure Policies/ Procedures
Originating Office: Medical Student Affairs
Responsible Executive: Associate Dean, Medical Student Affairs
Date Issued: Prior to 2017
Date Last Reviewed: 12/2024
Date Last Revised: 12/2024

I. REASON FOR THIS POLICY

The LCME, in Element 12.8, indicates a medical school has policies in place that effectively address medical student exposure to infectious and environmental hazards, including the following:

- The education of medical students about methods of prevention
- The procedures for care and treatment after exposure, including a definition of financial responsibility
- The effects of infectious and environmental disease or disability on medical student learning activities

All registered medical students (including visiting students) are informed of these policies before undertaking any educational activities that would place them at risk.

II. STATEMENT OF POLICY

I. Students will be given instruction in precautionary and infection control measures for bloodborne pathogens and communicable diseases prior to students' first contact with patients and first contact with human tissue, blood products, and body fluids. Specific training will be given on hand hygiene, use of personal protective equipment, handling of sharps, and specific isolation precautions to ensure students are aware of how to prevent acquisition and transmission of infectious diseases. In addition, students will be instructed on what constitutes an exposure and the protocol to follow in the event of an exposure. Follow-up training will be provided prior to each Pillar.

II. In the event a student becomes infected with a potentially communicable agent, becomes immunocompromised or is otherwise disabled while in medical school, the school will provide reasonable accommodations. In the event this occurs, students should immediately report to the Associate Dean of Medical Student Affairs to determine next steps. Students who acquire a transmissible disease in a non-educational setting will follow the same protocol and instruction in the Health Affairs Infection Control Policies and Procedures Manual.

III. Accommodations to the student's educational program, if applicable, will be determined by an ad hoc committee including representatives from the Office of Medical Education, the Office of Medical Student Affairs, and USD Office of Accessibility. When provided reasonable accommodations, the student must be able to meet the technical standards for the educational program.

III. DEFINITIONS

Not applicable.

IV. PROCEDURES

See the related procedure, Occupational Exposure to Infectious & Environmental Hazards Protocol.

V. RELATED DOCUMENTS, FORMS AND TOOLS

This policy is also found in the SSOM Medical Student Affairs Handbook and the Health Affairs Infection Control Policies and Procedures Manual.

Background Checks for the Admissions Process and Continuation in the Program

(Adopted 8/2012, reviewed annually)

This policy applies to all Health Affairs students where the program or course includes direct contact with clients or patients.

1. The educational programs of USD Health Affairs have the responsibility to assure the public that their graduates not only have the academic capabilities to apply their professional skills but also have appropriate professional characteristics. That responsibility begins with selective admissions of students who have the appropriate background and skills and attributes to serve the public. Programs whose graduates serve ill and therefore vulnerable individuals have a special responsibility to assure their students and graduates possess the behavioral and social attributes necessary for the care of the individual. The processes for admission to the programs of USD Health Affairs must include procedures to protect the health and welfare of individuals to be served by their graduates.

2. Admissions processes for applicants to USD Health Affairs programs must include an attempt to learn if the applicant has ever been convicted of a felony or if there is pending any criminal prosecution against the applicant which would constitute a felony, or involving health care, or any action defined as a crime of violence under South Dakota law {SDCL 22-1-2 (9)}, involve moral turpitude, {SDCL 22-1-2 (25)}, involving a sex crime as defined in SDCL 22-24B-1 or illegal trafficking in illicit or prescription drugs. Conditional acceptance is granted to applicants who are selected for admission, with a completed background check required for final acceptance or matriculation into the programs. Any applicant convicted of a “crime of violence” or convicted or disciplined for an act of “moral turpitude”, “sex crimes”, or illegal trafficking in illicit or prescription drugs may be excluded from admission to USD Health Affairs programs.

3. Each program within Health Affairs will determine whether an applicant with a felony may be further considered for acceptance. This determination will include a consideration of options for a career in that specific field.

4. The Chair or Associate Dean of Medical Student Affairs:

A. Will be responsible for receiving and maintaining the security and privileged confidentiality of all applicant documents and information.

B. Will require all applicants submit a completed background check before final acceptance into the program; programs with open admissions will require students to complete a background check prior to beginning fieldwork experiences.

C. Will develop, implement, and maintain written documentation for a system of primary verification of applicant information.
    A. Primary verification is defined as written inquiries plus telephone calls and/or personal contacts with authorities and other individuals with knowledge of circumstances related to applicant information.
    B. Primary verification will occur:

i. Whenever the Chair of a unit, or the Associate Dean of Medical Student Affairs has reasonable cause to question the authenticity, accuracy, or completeness of submitted documents or information.
ii. Whenever the Chair of a unit, or the Associate Dean of Medical Student Affairs has reasonable cause to believe the applicant has been charged with a felony, a crime of violence, an act of moral turpitude, a sex offense or illegal trafficking in illicit or prescription drugs.

D. Will communicate with, seek the advice of, and submit application process decisions to higher review by designated USD Health Affairs personnel:
    A. If upon investigation it is learned that there is evidence of a felony, act of moral turpitude, sex offense or illegal trafficking in illicit or prescription drugs, the Chair or Associate Dean of Medical Student Affairs will report that information to the Dean of Health Sciences or the Dean of the School of Medicine. These findings may result in a request to withdraw the conditional acceptance offer for that applicant.

5. Review of applicants with felonies or misdemeanors:

A. Applicants to programs who do not admit prospective students with a felony conviction will be denied admission.

B. Applicants to programs that may consider prospective students with felonies or with misdemeanors on the record will be reviewed to identify offenses by severity, frequency, and timing.
    A. Severity will be assessed in part by the penalty imposed.
    B. Frequency will be assessed by the repetition of an event or the variety of events with similar themes.
    C. Timing will be assessed to evaluate maturity and judgment.

C. Applicants with a felony or one or more misdemeanors will be reviewed by the Chair for the Health Sciences unit, or the Associate Dean of Medical Student Affairs for the MD and the MD/PhD programs. The Chair or Associate Dean of Medical Student Affairs will make a decision to either uphold the offer of admission of the applicant or refer the applicant for review to a Background Check Review committee for a recommendation.
    A. Each school (Health Sciences and Medical School) will establish when needed a Background Check Review Committee. This committee will review applicants referred by the Chair of that Health Sciences unit, or the Associate Dean of Medical Student Affairs. They will take into consideration the items listed in section 5.B as well as any requirements for licensure that may apply, and other institutional policies.
    B. All recommendations of the Background Check Review Committee will be reported to either the Dean of the Health Sciences, or the Dean of the Medical School, depending upon the program involved.
    C. The appropriate Dean will make a recommendation to the Chair or Associate Dean of Medical Student Affairs to either uphold the offer of admission or to deny the offer of admission.

6. Each student in any Health Affairs program has a continual obligation to report any criminal felony or misdemeanor (including drug and/or alcohol) charges pending against him/her, which occur after the student has been granted final acceptance into the program.

Pending Charges

A. A written explanation of the pending charges should be submitted to the Chair of the Health Sciences program, or Associate Dean of Medical Student Affairs for the Medical School programs within 72 hours of the incident.

B. A decision regarding the student's continued participation in clinical or patient experiences while the charges are pending will be made by the Chair of the Health Sciences program with faculty input, or by the Dean of the Medical School with Associate Dean of Medical Student Affairs input. Classroom attendance may also be suspended.

C. The student is responsible for keeping the Chair or Associate Dean of Medical Student Affairs informed as to the outcome of the charges with court documentation required.

D. The respective Student Progress and Conduct Committee will review the case to determine whether the student will be permitted to continue in the program or be dismissed.

E. Failure to comply with any aspect of this policy may also result in dismissal from the program.

7. Updating Background Checks:

A. Additional or updated Background Checks may be required of any or all students in a program at the discretion of the program leadership.

B. Specific to SSOM, students will obtain a background check prior to the start of Pillar 3.

8. Policies:

A. These policies may be updated at any time if requirements for the program change, or state laws change.

B. The Appendices cited are current as of the date of adoption of the policy. Changes in state laws may result in immediate changes in the Admissions policy.

Appendices:

22-24B-1. Sex crimes defined. For the purposes of §§ 22-24B-2 to 22-24B-14, inclusive, a sex crime is any of the following crimes regardless of the date of the commission of the offense or the date of conviction:

(1) Rape as set forth in § 22-22-1;

(2) Felony sexual contact with a minor under sixteen as set forth in § 22-22-7 if committed by an adult;

(3) Sexual contact with a person incapable of consenting as set forth in § 22-22-7.2;
(4) Incest if committed by an adult;
(5) Possessing, manufacturing, or distributing child pornography as set forth in § 22-24A-3;
(6) Sale of child pornography as set forth in § 22-24A-1;
(7) Sexual exploitation of a minor as set forth in § 22-22-24.3;
(8) Kidnapping, as set forth in § 22-19-1, if the victim of the criminal act is a minor;
(9) Promotion of prostitution of a minor as set forth in subdivision 22-23-2(2);
(10) Criminal pedophilia as previously set forth in § 22-22-30.1;
(11) Felony indecent exposure as previously set forth in former § 22-24-1 or felony indecent exposure as set forth in § 22-24-1.2;
(12) Solicitation of a minor as set forth in § 22-24A-5;
(13) Felony indecent exposure as set forth in § 22-24-1.3;
(14) Bestiality as set forth in § 22-22-42;
(15) An attempt to commit any of the crimes listed in this section or any conspiracy or solicitation to commit any of the crimes listed in this section;
(16) Any crime committed in a place other than this state which would constitute a sex crime under this section if committed in this state;
(17) Any federal crime or court martial offense that would constitute a sex crime under federal law.
(18) Any crime committed in another state if that state also requires that anyone convicted of that crime register as a sex offender in that state; or (19) If the victim is a minor:
(a) Any sexual acts between a jail employee and a detainee as set forth in § 22-22-7.6;
(b) Any sexual contact by a psychotherapist as set forth in § 22-22-28; or (c) Any sexual penetration by a psychotherapist as set forth in § 22-22-29; (20) Intentional exposure to HIV infection as set forth in subdivision (1) of § 22-18-31.

Source: SL 1994, ch 174, § 1; SL 1995, ch 123, § 1; SL 1997, ch 134, § 1; SL 1998, ch 136, § 4; SL 2002, ch 109, § 11; SL 2002, ch 110, § 1; SL 2003, ch 127, § 4; SL 2004, ch 153, § 1; SDCL § 22-22-30; SL 2005, ch 120, §§ 415, 416; SL 2006, ch 123, § 1; SL 2008, ch 110, § 1; SL 2010, ch 117, § 1; SL 2010, ch 119, § 9.

22-1-2. Definition of terms. Terms used in this title mean:
(9) "Crime of violence," any of the following crimes or an attempt to commit, or a conspiracy to commit, or a solicitation to commit any of the following crimes: murder, manslaughter, rape, aggravated assault, riot, robbery, burglary in the first degree, arson, kidnapping, felony sexual contact as defined in § 22-22-7, felony child abuse as defined in § 26-10-1, or any other felony in the commission of which the perpetrator used force, or was armed with a dangerous weapon, or used any explosive or destructive device;

22-1-2. Definition of terms. Terms used in this title mean:
(25) "Moral turpitude," an act done contrary to justice, honesty, principle, or good morals, as well as an act of baseness, vileness, or depravity in the private and social duties which a person owes to his fellow man or to society in general.

Student Affairs Policies, Procedures, and Guidelines

The Code of Professional Conduct

(Reviewed annually by Student Affairs)

Statement of Purpose

The Code of Professional Conduct is designed to foster a sense of trust, responsibility, and professionalism among students and is implemented by students and between students and faculty. Its fundamental purposes are:

1. To ensure the integrity of the examination process.
2. To promote ethical behavior in academic and clinical settings.
3. To develop a sense of responsibility to maintain the integrity of the medical profession.

This Code provides a process through which students can uphold its values themselves and have the option of reviewing alleged infractions by a committee of peers (Professional Conduct Committee), before action is taken by the medical school's Student Progress and Conduct Committee (SPCC).

Definitions

CPCC = Code of Professional Conduct Committee: Hears original allegations of misconduct filed by students.
CPCB = Code of Professional Conduct Board: Constituted for specific cases when an infraction without satisfactory explanation has been determined by the CPCC.
SPCC = Student Progress and Conduct Committee: Faculty Committee of the SSOM which hears all cases of alleged misconduct. The SPCC may receive referrals directly from faculty, or indirectly from students through the CPCB.

Specifics of the Code of Professional Conduct

The following sections describe specific conduct proscribed by and the enforcement procedures of the Code of Professional Conduct. The descriptions that follow are not an all-inclusive list but are examples of conduct unbecoming of medical students at the SSOM. It is the spirit, not just the letter of the Code of Professional Conduct, that is to be upheld and preserved by students and faculty.

Section I: Academic Dishonesty in Grading and Coursework

No student shall knowingly or willfully obtain or utilize an unfair advantage when taking any SSOM examination. This shall include but not be limited to:

1. The plagiarizing of test answers or any written assignments.
2. The use of unauthorized notes, tests, or aids during the course of an examination or other graded class assignments.
3. The unauthorized procurement or possession of test information or answers prior to or during the course of an examination.

4. Excusing oneself from an exam or obtaining the postponement of an examination under false pretenses.
5. Any and all other actions designed to falsely enhance an individual's performance on an examination or other graded assignment.

Section II: Academic Misconduct in Professional Behavior

No student shall conduct himself or herself in an unprofessional manner whether through dishonesty, misrepresentation, harassment, discrimination or other forms of unprofessional conduct. This shall include but not be limited to:

1. The falsification of physical examination findings, laboratory data, or patient history.
2. Misrepresentation of skills, experience or exposure to surgical and/or medical procedures.
3. Discrimination against or harassment of a patient, colleague, instructor or other member of the community.
4. Conducting clinical responsibilities while impaired by drugs or alcohol.
5. Showing lack of compassion or respect for patients and others by breaching confidentiality or by any other means.
6. Failure to maintain a neat and clean appearance and dress or attire that is reasonable and accepted as a health care professional.
7. Demonstration of lack of respect for others through either verbal communications or written communications, including all forms of electronic media.
8. Creating or encouraging an environment that is disruptive to the educational program of the school.
9. Conduct in the public arena that can result in diminishing the integrity of the school or the profession.
10. Making a maliciously false accusation of violation of the Code of Professional Conduct against a colleague.
11. Commission of a crime or engaging in conduct which diminishes the integrity of the school or profession, or which is not in keeping with the standards of the medical profession.

Section III: Reporting Violations

A Student who believes there may be a potential violation of the Code of Professional Conduct by another student may choose to meet with that student to seek clarification. If there is reasonable cause to believe that the spirit or provisions of the Code of Professional Conduct have been violated, it is the duty of that student to make a timely contact with either their class representative on the Code of Professional Conduct Committee (CPCC), or with the Associate Dean of Medical Student Affairs. The student who has been accused of a violation will be notified by either the class representative or the Associate Dean of Medical Student Affairs. It is the obligation of each student to report suspected Code of Professional Conduct violations; failure to do so is itself a violation of the Code.

A Faculty member who has reasonable cause to believe that the spirit or provisions of the Code of Professional Conduct have been violated should file an "Unprofessional Behavior Incident

Report" document with the Associate Dean of Medical Student Affairs. Faculty may choose to file a direct referral of a student to the SPCC.

In cases of Faculty referrals directly to the SPCC, the policies/practices of the SPCC will be followed. In cases of Student referrals to the CPCC, the process is further described below.

Section IV: General Procedures

1. Student allegations of violation of the Code of Professional Conduct will be investigated by the CPCC. This committee consists of one representative from each of the four classes. The Associate Dean of Medical Student Affairs may be called upon as a consultant by any member of the CPCC. After all allegations have been thoroughly investigated, the Committee may decide:

    a. No infraction has occurred.
    b. An infraction may have occurred with satisfactory explanation.
    c. An infraction may have occurred with unsatisfactory explanation.

2. When no infraction has occurred, the case will be dismissed. Instances in which an infraction has occurred with a satisfactory explanation will be kept in the committee's records until graduation but may be included in any future accusation of violation of the Code of Professional Conduct. Possible infractions with unsatisfactory explanation will be referred to the Code of Professional Conduct Board (CPCB).

3. A CPCB will be convened for each case where an infraction has occurred with unsatisfactory explanation. At this step, the identity of the accuser will be made known. The hearing before the CPCB will be a closed session and an electronic recording of the proceedings made. Both sides may present witnesses.

Section V: Disciplinary Action

The CPCB will make recommendations to the SPCC. These recommendations are intended to help the students conduct themselves as professionals, to correct violations of the Code of Professional Conduct, and to prevent recurrences of violations. Disciplinary actions that may be recommended in cases of student misconduct range from written warnings to dismissal from the SSOM.

Section VI: Committee/Board Guidelines

Code of Professional Conduct Committee (CPCC)

1. Membership is one medical student from each of the four regular MD classes who is in good academic standing and elected by the class.

2. Terms are normally for all four years.

3. Class representatives may be recalled by a vote of the class following receipt by the Associate Dean of Medical Student Affairs of a petition for a recall signed by 20% of the class.

4. The Chair of the CPCC will be the MS-III class representative.

Code of Professional Conduct Board (CPCB)

1. Membership is all four members of the CPCC plus three additional 'ad hoc' members with full voting rights

2. Ad Hoc members of the CPCB are chosen at random from the student body by the Associate Dean of Medical Student affairs.

3. The Associate Dean of Medical Student Affairs may replace any of the seven members of the CPCB for consideration of a specific case, if there is a potential for a personal conflict of interest with either the accuser or the accused.

4. The Chair of the CPCB for each case will be selected from among the seven members by the Associate Dean of Medical Student Affairs.

5. A simple majority of the seven members of the CPCB must find the accused guilty of violating the Code of Professional Conduct in order to make a recommendation to the SPCC.

Section VII: The Code of Professional Conduct and Pledge to Uphold the Code This paragraph will be signed by each student at matriculation and will be displayed on all four campuses.

We, the students of the University of South Dakota Sanford School of Medicine (USDSSOM), recognize that the practice of medicine is a great privilege and carries with it the responsibility to uphold certain expectations in character and behavior. We shall maintain the honor of our chosen profession and will not engage in academic dishonesty, misrepresentation, harassment, discrimination or other forms of unprofessional conduct. We shall always maintain respect and compassion for others and conduct ourselves in a professional manner. We shall not take unfair advantage of a patient, colleague, instructor or other member of the community. We hereby agree to uphold the principles and provisions of the Code of Professional Conduct in acknowledgement of the inherent need to preserve honesty and integrity in the medical profession.

Name	**Signature**	**Date**

STUDENT MISTREATMENT POLICY AND REPORTING PROCEDURE

LCME Standard: 3.6 Student Mistreatment
Originating Office: Medical Student Affairs
Responsible Executive: Associate Dean, Medical Student Affairs
Date Issued: 2002
Date Last Reviewed: 2/2025
Date Last Revised: 2/2025

I. REASON FOR THIS POLICY

The LCME, in Element 3.6, indicates a medical school develops effective written policies that define mistreatment, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing mistreatment. Mechanisms for reporting mistreatment are understood by medical students, including visiting medical students, and ensure that any violations can be registered and investigated without fear of retaliation.

II. STATEMENT OF POLICY

The medical learning environment is expected to facilitate students' acquisition of the professional attitudes necessary for effective and compassionate health care. This requires mutual respect between teacher and learner, and the avoidance of mistreatment. Mistreatment either, intentional or unintentional, occurs when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process: Examples of mistreatment include sexual harassment; discrimination or harassment based on sex, race, color, creed, national origin, ancestry, citizenship, gender, gender identification, transgender, sexual orientation, religion, age, genetic information, veteran status, or disability; humiliation, psychological or physical punishment; or the use of grading and other forms of assessment in a punitive manner. Details of the Board of Regents Policies below.

III. DEFINITIONS

IV. PROCEDURES

IDENTIFIED REPORTING: Direct Communication with any of the following faculty or staff members:

- Associate Dean or Assistant Dean of Medical Student Affairs, (605- 658-6300)
- Associate Dean of Academic Development and Faculty Affairs (605-357-1534) or a Regional Campus Associate Dean: ○ Rapid City 605-791-7800 ○ Sioux Falls 605-357-1306 ○ Vermillion 605-658-6324 ○ Yankton 605-668-3065

- EO/Title IX Coordinator USD (605-658-3748)
- Chief Well-being Officer 605-357-1398
- Directly to another faculty member
- Submission of the one45 Concern & Mistreatment Form located in the student's One45 To-Dos. Completion and submission of this form creates a notification for the Associate Dean of Medical Student Affairs

Anonymous Reporting

- This can be completed via the one45 Concern & Mistreatment Form located in the student's one45 To-Dos. The student must:
- Print the blank form using the "Print" icon in the top right corner of the document.
- The student should attach a statement explaining their concern and mail these documents per the instructions on the form.

If the concern being reported specifically relates to student mistreatment, there is additional information about reporting options in the Medical Student Affairs Handbook.

The Sanford School of Medicine faculty and staff strongly encourage reporting of student mistreatment. This information is critical to creating a safe learning and working environment for all. Concerns of Sexual Harassment, Dating Violence, Domestic Violence, Sexual Assault, Stalking, Human Rights violations, Equal Opportunity, Violence in the Workplace, Discrimination or Consensual Relationships between faculty and students will be referred to Title IX/HR. Involved parties are prohibited from any retaliation against the reporting student.

V. RELATED DOCUMENTS, FORMS, AND TOOLS

This policy is also found in the SSOM Faculty Handbook, Medical Student Affairs handbook, and in the Student Affairs shell on D2L.

Board of Regents Policy Manual on Governance
1.4.1 – Sexual Harassment
1.4.2 – Prevention of Dating Violence, Domestic Violence, Sexual Assault and Stalking
1.4.3 – Human Rights Complaint Procedures
1:4.4 – Equal Opportunity, Non-Discrimination, Affirmative Action
1.4.5 – Violence in the Workplace and Educational Setting
4.4.8 – Employee-Employee and Faculty-Student Consensual Relationships

Form Links:
Discrimination or Harassment Complaint Form
Sexual Harassment/Assault or Stalking Complaint Form
Silent Witness Form

I have heard or read the above policy regarding student mistreatment and the procedure for reporting mistreatment.

Name (printed)	Signature	Date

Response to Allegations of Student Mistreatment Procedure

(Reviewed 2/2025; Reviewed annually by Student Affairs)

This procedure will be used to investigate cases of alleged student mistreatment. Please refer to Policy 3.6 Student Mistreatment and Reporting. Reports will be communicated with the university Title IX Coordinator, if applicable.

Title IX Coordinator (Investigation and Recommendation Focus)

- Investigates the allegations to determine accuracy of report and if violations of SDBOR Policies occurred. Specifically, violations of: 1.4.1. Sexual Harassment, 1.4.2. Prevention of Dating Violence, Domestic Violence, Sexual Assault and Stalking, 1.4.3. Human Rights Complaint Procedures, 1.4.4. Equal Opportunity, Non-Discrimination, Affirmative Action, and/or 1.4.5 Violence in the Workplace and Educational Settings.
  - Title IX will work with Human Resources and the appropriate supervisors to follow SDBOR Policy on remedial action, when applicable, if faculty or staff are involved.
  - Title IX will work with the Associate Dean of Medical Student Affairs if medical students are involved.
  - Title IX will work with the Dean of Graduate Medical Education if resident physicians are involved.
- If Title IX/HR does not find any violations of SDBOR policy the complaint will be referred back to the Vice President of Health Affairs and Dean of the Sanford School of Medicine and/or their designee.

Associate Dean of Medical Student Affairs (Student Well-being and Protection Focus)

- Appropriate Pillar Director will be notified, and if event occurs in Pillar 2, works with regional campus Associate Dean or Associate Dean of Rural Medicine, or their supervisor.
- The Dean of Graduate Medical Education will be notified if the event involves a resident physician.
- The Associate Dean of Academic Development and Faculty Affairs will be notified if the event involves a faculty member.
- Referral to SSOM Chief Well-being Officer, as appropriate.
- The student will be protected from future events/situations, including assignment to a new preceptor if needed.
- Conducts follow-up with the student to ensure appropriate actions taken, no repeated episodes, or retaliation has occurred.

Associate Dean of Academic Development and Faculty Affairs or Dean of Biomedical and Translational Sciences (Education of Faculty)

- Provides counsel and/or guidance in consultation with HR.
- Associate Dean of Faculty Affairs establishes faculty development topic, if necessary

USD Health Affairs Programs Substance Use Disorder

(Adopted 5/2014; reviewed annually by Student Affairs)

Introduction

The University of South Dakota (USD) School of Health Sciences and Sanford School of Medicine, hereinafter referred to as the "Health Affairs Programs", recognize their responsibility to provide a healthy environment where students may learn to prepare themselves to become members of the healthcare profession. However, students seeking to work within a healthcare profession are held to a higher standard of conduct as a result of their decision to become a healthcare professional.

Health Affairs Programs are committed to protecting the safety, health and welfare of their faculty, staff, students and those with whom they have contact during scheduled learning experiences in the classroom, on campus and outside University property. In furtherance of this commitment, the Health Affairs Programs strictly prohibit the illegal use, possession, sale, conveyance, distribution and manufacture of the following which are not being used by the student pursuant to a valid prescription:

- Illegal drugs as defined by state and/or federal law
- Intoxicants
- Controlled substances as defined under state and/or federal law

In addition, Health Affairs Programs strictly prohibit inappropriate substance use or addiction to the following:

- Non-prescription drugs
- Prescription drugs
- Alcohol

In furtherance of its objective to assist the students in attaining their career goals and protecting the public, who will ultimately be served by the students, the Health Affairs Programs utilize the services of a Substance Abuse Assessment and Treatment (SAAT) provider. A SAAT provider serves as a multi-disciplinary diversion provider for chemically impaired health professionals. A SAAT provider provides a non-disciplinary option to confidentially and professionally monitor treatment and continuing care of health professionals who may be unable to practice with reasonable skill and safety if their illness is not appropriately managed. The intent of this policy is to assist the student in the return to a condition which will allow them to competently and safely achieve their goal of becoming a healthcare professional with an emphasis being placed on deterrence, education and reintegration. All aspects of this policy are to be applied in good faith with compassion, dignity and to the extent permitted by law, confidentiality.

This Health Affairs Programs Substance Use Disorder Policy is in addition to policies of the University of South Dakota, the South Dakota Board of Regents and the program of which the student is a participant. The students enrolled in any of the Health Affairs Programs and to whom this policy applies are obligated to adhere to this policy.

Referral to Substance Abuse Assessment and Treatment (SAAT) - SSOM maintains relationships with providers of SAAT.

Upon the occurrence of an event deemed by the Departmental Chair or appropriate Dean or committee to warrant a referral to a SAAT provider, the student may be referred for testing, treatment recommendations and/or monitoring. Events which may lead to a referral must be supported by credible evidence and may consist of the following:

- Report of a possible violation by another student, faculty member or other person with whom the student interacts during scheduled learning experiences both inside and outside of the classroom, on or off University of South Dakota property.
- Observable phenomena, such as direct observation of an inappropriate use of alcohol, drug use and/or physical symptoms during scheduled learning experiences both inside and outside of the classroom, on or off University of South Dakota property;
- Manifestations of being under the influence of a substance of abuse, such as erratic behavior, slurred speech, staggered gait, flushed face, dilated/pinpoint pupils, wide mood swings, and/or deterioration of performance during scheduled learning experiences both inside and outside of the classroom, on or off University of South Dakota property;
- Credible information that a student has caused or contributed to an accident as a result of inappropriate substance use.
- Credible information that a student has been charged with an offense associated with the inappropriate use of alcohol or illegal substances.
- Conviction by a court for an offense related to the inappropriate use of alcohol or illegal substances. This shall include any charged offense for which the student received a suspended imposition of sentence, deferred prosecution or other treatment by the Court which resulted in the student's criminal record in the matter being expunged.

Testing by Substance Abuse Assessment and Treatment (SAAT)

Upon referral, a SAAT provider may determine that testing of the student is necessary. If the SAAT provider determines that testing results are positive due to substance levels meeting or exceeding established threshold values for both screening and confirmation studies, that information will be reviewed by a Medical Review Officer (MRO). Refusal by the student to comply with the referral to the SAAT provider may result in disciplinary action as set forth herein.

Treatment and Referral

Upon non-compliance with the policies set forth by the SAAT provider, the following actions may be taken by the Health Affairs Programs Chair or appropriate Dean:

- Warning issued to the student.
- Development of a learning agreement between the student and the Health Affairs Programs for behavioral change establishing conditions, if any, for retention of the student in the Health Affairs Programs.
- Referral of the student for further medical evaluation and/or treatment.
- Disciplinary action as set forth in this policy; and/or
- Any other action deemed appropriate by the Health Affairs Programs Chair or appropriate Dean provided the same is not in conflict with other policies of the University of South Dakota or the South Dakota Board of Regents.

Discipline and Due Process

Students may be subject to discipline for conduct which is in violation of this policy or in violation of other rules and policies of the University of South Dakota, the South Dakota Board of Regents or the Health Affairs Programs in which they are enrolled. Students considered for disciplinary action shall be notified of the proposed discipline in accordance with the policies of the University of South Dakota, the South Dakota Board of Regents or the Health Affairs Programs in which the student is enrolled, whichever is applicable. In the event that the conduct which serves as the basis for proposed discipline involves a student who poses a risk to the safety, health or wellbeing of the student or a member of the public for whom the student is performing services as part of his/her educational program, the program Chair or Dean may suspend the student's access to others pending any final decision on proposed disciplinary action. Any such suspension of access shall be deemed a suspension from the Health Affairs Programs until the disciplinary process is complete.

Admission and Readmission

Any student who seeks admission to any USD Health Affairs Program and has a substance abuse disorder or has been removed from the Health Affairs Programs, for cause, and such cause is either directly or indirectly related to conduct, which is associated with a substance abuse disorder, shall be required to meet the following criteria to be considered for admission or readmission to the same or another Health Affairs Program:

A. The student must demonstrate compliance with any treatment program and/or aftercare recommended by a credentialed substance abuse professional. Evidence of participation and compliance must be submitted as a part of the application for readmission.
B. Demonstration of a minimum of two (2) years of abstinence from alcohol, illegal drugs or non-prescribed drugs prior to application. Evidence may be in the form of letters of reference from prior employers or those in a supervisory position. A minimum of four (4) letters is required. If four letters of reference cannot be obtained, reasonable alternatives can be arranged by the program Chair or Dean. However, if reasonable alternatives cannot be agreed upon then the final determination will be that the student does not have proper documentation to apply. All documentation of abstinence shall be subject to approval by the Chair, Department Head or Dean of the program for which the student seeks admission.
C. As a condition of admission or readmission to any of the Health Affairs Programs, the student must sign an agreement to participation monitoring by random screening for use of alcohol, illegal drugs or non-prescribed drugs. The student shall be responsible for all costs associated with such testing. The student will further be required to agree that the results of any testing may be used as a basis for disciplinary action, including removal from the Health Affairs Programs.
D. As a condition of readmission to any USD Health Affairs Program, the student must agree to abstain at all times from use on any alcohol, illegal drugs or non-prescribed drugs. If the student requires medical attention and/or prescription medications, the student agrees that they shall inform his/her medical provider(s) of his/her substance abuse history. The student shall further cause his/her medical provider to submit to the USD Health Affairs Program MRO, in writing, a report identifying the medication, dosage and date of prescription if the prescribed drug is one which has potential for addiction.

Confidentiality

All information which is obtained as a result of the referral, testing and/or treatment completed by an SAAT provider shall remain confidential. The student will be asked to sign a release of information following the standards set forth in 42 CFR §2.31. Any information received as a result of the disclosures about a student may be used only for such purposes as allowable under 42 CFR §2.33.

Security and Disaster Preparedness

(Reviewed annually by Student Affairs)

The safety of our students, faculty, and staff is paramount to the University of South DakotaSanford School of Medicine. The link below provides security and major emergency preparedness information. Students, faculty, and staff need to familiarize themselves with the individual security and emergency preparedness information at their specific hospital and or clinic. **http://www.usd.edu/administration/university-police**

POLICY/PROCEDURE FOR FACULTY/ADMINISTRATION TO GAIN ACCESS TO A STUDENT'S EDUCATIONAL RECORDS

LCME Standard: 11.5 Confidentiality of Student Educational Records
Originating Office: Medical Student Affairs
Responsible Executive: Associate Dean, Medical Student Affairs
Date Issued:
Date Last Reviewed: 5/2024
Date Last Revised:

I. REASON FOR THIS POLICY

The LCME, in Element 11.5, indicates that at a medical school, medical student educational records are confidential and available only to those members of the faculty and administration with a need to know, unless released by the student or as otherwise governed by laws concerning confidentiality.

II. STATEMENT OF POLICY

FERPA, the Family Educational Rights and Privacy Act is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

III. DEFINITIONS

None.

IV. PROCEDURES

The medical student will provide a written request to the SSOM assistant registrar requesting access to educational records be granted to a specific faculty/administration member.

The assistant registrar will provide access to the requested individual in Banner – SelfService, where only the identified student's records will be accessible.

V. RELATED DOCUMENTS, FORMS, AND TOOLS

This policy is found in the Student Affairs Handbook.

SD BOR 3.3.1 Confidentiality of Student Records
https://public.powerdms.com/SDRegents/documents/1778730

SD BOR 3.3.1.1 FERPA Guidelines for the Regental System
https://public.powerdms.com/SDRegents/documents/1680653

Professionalism

(Approved by Student Affairs 4/2024)

Matriculated students at SSOM are expected to adhere to professional standards that hold the institution of medicine in the highest regard. To this end, the following guidelines are followed to ensure students are adhering to these principles.

1. Students who have not responded to administration after three (3) requests to comply with immunization requirements, fittings for an N-95 mask, fulfill insurance requirement requests, etc. will have an unprofessionalism report filed on their behalf. Those students who have had an unprofessionalism report filed will not be eligible for election in SSOM honor societies (Alpha Omega Alpha, Gold Humanism Honor Society, Aequitas Health Honor Society).
2. Any student who receives two (2) unprofessionalism reports will be referred to the Student Progress and Conduct Committee.

Seven Domains of 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, other health professionals, staff, and themselves.

As a medical school, we emphasize the following professional behaviors:

1. Altruism - Physicians subordinate their 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

2. 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 among colleagues
   -Admit errors and seek and incorporate feedback

3. 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

4. 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

5. Responsibility and Accountability - Physicians fulfill their professional responsibilities and know their 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

6. Excellence and Scholarship - Physicians demonstrate conscientious clinical decision-making, seek to advance their learning, and commit to spreading and advancing knowledge.
   -Set and actively work toward personal goals

7. Leadership – Physicians advocate for the profession and promote the development of others.

POLICY FOR MATRICULATED STUDENTS WHO ARE CHILDREN/EXTENDED FAMILY MEMBERS OF SSOM LEADERS, DIRECTOR'S, OR ADMINISTRATION

LCME Standard: NA
Originating Office: Medical Student Affairs
Responsible Executive: Associate Dean of MSA
Date Issued: 09/2024
Date Last Reviewed: 09/2024
Date Last Revised: 09/2024

I. REASON FOR THIS POLICY

This policy was created to address the potential conflict of interest that arises when a medical student works closely and formally with, and is advised by, a family member who is in a leadership position in an educational setting.

II. STATEMENT OF POLICY

Matriculated students who are children of, or extended family members of (aunts, uncles, nieces, nephews, godchildren, in-laws) SSOM leaders/directors/administration, will not participate in those required individual sessions led by them. These sessions may include mentoring or wellness sessions, as well as academic or personal counseling sessions. These students will have the sessions completed with another individual at SSOM.

In addition, SSOM leaders/directors/administration may not participate in the selection of their children, or extended family members, for honor societies or other leadership positions sponsored by SSOM (i.e., Gold Humanism Honor Society, Alpha Omega Alpha Honor Society, Aequitas Health Honor Society, interest group leadership).

If questions arise regarding this procedure, please contact the Associate Dean of Medical Student Affairs.

III. DEFINITIONS

N/A

IV. PROCEDURES

SSOM leaders, directors, or administration members will recuse themselves from participation in the highlighted activities noted above.

V. RELATED DOCUMENTS, FORMS, AND TOOLS

This policy is in the Student Affairs Handbook.

SSOM Academic Calendar and Holidays

(Reviewed annually by Student Affairs)

The Medical Education Committee approves the academic calendars. This includes beginning and ending dates for each year as well as identifying student holidays that may change from yearto-year.

YEAR 1 = Pillar 1 (1st and 2nd semester)

Classes begin on the third Monday of July and end on the Friday before Memorial Day.

USD-SSOM observes the following holidays for the first year:
Labor Day, Native American Day, Veteran's Day, Thanksgiving (Recess includes Wednesday and Friday), Christmas/New Year's (Recess is two weeks and starts the week which includes Christmas, or when Christmas is observed), Martin Luther King Day, Presidents Day, Good Friday Recess, Juneteenth.

YEAR 2 = Pillar 1 (3rd semester) and Pillar 2 (4th semester)

Classes begin six weeks after Memorial Day. Third semester holidays include Independence Day, Labor Day, Native American Day, Veteran's Day, and Thanksgiving (Recess includes Friday).

The 4th semester begins on the first day of Pillar 2. Pillar 2 is 53 weeks long.

During Pillar 2, the following 6 holidays are observed: Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day, and New Year's Day. During this Pillar, students are granted an additional 6 days that they may take as 'vacation' days, but these must be scheduled in advance with their Pillar 2 Education Coordinator. Students are not allowed to take off days that include mini-blocks, cultural colloquium, or exam dates.

YEAR 3 = Pillar 2 (5th semester) and Pillar 3 (6th semester)

Pillar 2 continues during the 5th semester and observes the holidays/holiday policy listed above.

Pillar 3 (6th semester) starts the Monday after completion of Pillar 2 and ends the Friday before the first Monday of July. There are no established holidays during Pillar 3, so days off are arranged by the student if they are doing a 'flexible time' week, or at the discretion of the department if the student is taking a course during a typical holiday.

YEAR 4 = Pillar 3 (7th and 8th semesters)

Pillar 3 (7th semester) continues the first Monday of July and continues through the 8th semester until Friday, the day before the Saturday of the University Commencement in May. Refer to the notation above to clarify holidays during Pillar 3.

The calendar year for Pillar 3 is several weeks longer than is required to fulfill the number of credits for graduation. Students may use their flexible weeks to interview for residency programs, complete additional coursework, review for and take USMLE Step 2-CK, complete a research project, or take 'vacation' weeks.

MEDICAL EDUCATION POLICIES, PROCEDURES, AND GUIDELINES

TEACHER/LEARNER RESPONSIBILITIES

Updated: May 2017, May 2024, February 2025, May 2025
Authority: Medical Education Committee, approved 5/8/2025

Overall Philosophy

Medical educators, as role models, should convey the knowledge and skills that students require to become good physicians. Along with these attributes are the necessity of developing and maintaining professionalism, respect, and integrity. Educational environments should be conducive to the process of teaching and learning. Finally, there should be a realization and commitment to respect the inherent hierarchical nature of the teacher-student relationship, and the avoidance of mistreatment.

Responsibilities of Faculty

Faculty should convey state of the art information about the skills and knowledge necessary for the practice of medicine. As mentors, faculty should exhibit high levels of professionalism in interacting with students, colleagues, and staff. Respect for individuals should be without regard to race, color, creed, national origin, ancestry, citizenship, gender, transgender, sexual orientation, religion, age, genetic information, veteran status, or disability. A realization that students are also members of the community and have additional obligations to others as well as themselves should be recognized. Students should not be belittled, abused, or exploited.

Faculty who witness a suspected incident of unprofessional conduct by a student should recognize the event, treat the event with appropriate confidentiality, and report the event to the Campus Dean, or the Associate Dean/Assistant dean of Medical Student Affairs. Faculty also have a responsibility to report any unprofessional conduct by faculty, staff or students.

Faculty members who provide health services to medical students, including medical and psychiatric care as well as psychological counseling, will have no involvement in the academic assessment or promotion of the medical student receiving those services. It is the responsibility of the faculty member to recuse themselves from those educational activities where academic assessment or promotion of such a student is considered. This would also be an example of the ‘conflict of interest’ statement in the Student Progress and Conduct Committee section of the Faculty Handbook.

Responsibilities of Students

To become good doctors, students should do their utmost to acquire the knowledge, skills, attributes, and behavior presented by faculty and staff. Students should exhibit professionalism in terms of honesty, compassion, integrity, dependability, respect of faculty, staff, fellow students, or patients without regard to race, color, creed, national origin, ancestry, citizenship, gender, transgender, sexual orientation, religion, age, genetic information, veteran status, or disability. As physicians in training and representatives of the University of South Dakota, Sanford School of Medicine, students should conduct themselves at all times with the highest level of

professionalism when interacting with patients, colleagues, fellow students, staff, and the community.

Students who witness a suspected incident of unprofessional conduct by a faculty member should recognize the event, treat the event with appropriate confidentiality, and report the event to the Campus Dean, or the Dean of Faculty Affairs. Students also have a responsibility to report any unprofessional conduct by faculty, staff or students. Students may choose to report exemplary professional behavior or unprofessional behavior of faculty by filing an appropriate form available on the medical school web portal.

Students will complete evaluations of faculty after completion of a course to avoid any potential retaliation.

Non-Involvement of Providers of Student Health Services in Student Assessment Policy

Health professionals who provide health services to medical students, including medical and psychiatric care as well as psychological counseling, will have no involvement in the academic assessment or promotion of the medical student receiving those services. However, in an emergency situation, the health and wellbeing of the student will prevail. Physicians who are a health professional providing health services to a student they are assigned for a clinical rotation must notify the department to have that student reassigned. A student assigned to a course, clerkship or other educational activity with a treating healthcare provider must request and will be granted an alternative assignment. The student must go directly to the relevant curriculum director or to the Associate Dean/Assistant Dean of Medical Student Affairs to have the assignment changed.
See Policy 12.5 Non-Involvement of Providers of Student Health Services in Student Assessment

Clinical Supervision Policy

Clinical faculty must supervise medical students appropriately at all times. Medical students are not allowed to perform invasive procedures unassisted, uninstructed, or unattended. Clinical faculty may delegate this supervision to appropriately trained physicians, residents, or other health care providers. Clinical faculty should assign individual student activities consistent with the student's abilities and trainee status. All students must wear identification badges that clearly designate their student status and should be introduced to patients as medical students. See Policy 9.3 Clinical Supervision

Course and Clerkship Feedback Policy

Courses and clerkships four weeks or longer should provide students with formal formative midcourse or mid-clerkship feedback to allow sufficient time for remediation, whenever teacherstudent interaction permits. Courses of shorter duration should also seek to provide useful formative feedback.
See Policy 9.7 Course and Clerkship Feedback

Narrative Assessment Policy

A narrative description of a medical student's performance, including their non-cognitive achievement (e.g., communication skills, professionalism), should be included as a component of the assessment in a required course and clerkship whenever teacher-student interaction permits this form of assessment. See Policy 9.5 Narrative Assessment

Timeliness of Final Grades Policy

Final grades for all courses and clerkships shall be provided in a fair and timely manner to all students who have satisfactorily completed the requirements for that course or clerkship. Recognizing the school has an accreditation requirement that final grades are available within six weeks, the target goal is for final grades to be made available to students and reported to medical student affairs within four weeks of the end of the course or clerkship. See Policy 9.8 Timeliness of Final Grades

Student Mistreatment and Reporting Policy

The medical learning environment is expected to facilitate students' acquisition of the professional attitudes necessary for effective and compassionate health care. This requires mutual respect between teacher and learner, and the avoidance of mistreatment. Mistreatment either, intentional or unintentional, occurs when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process: Examples of mistreatment include sexual harassment; discrimination or harassment based on sex, race, color, creed, national origin, ancestry, citizenship, gender, gender identification, transgender, sexual orientation, religion, age, genetic information, veteran status, or disability; humiliation, psychological or physical punishment; or the use of grading and other forms of assessment in a punitive manner. Details of the Board of Regents Policies on 1.4.1 Sexual Harassment, 1.4.2 Prevention of Dating Violence, Domestic Violence, Sexual Assault and Stalking, 1.4.3 Human Rights Complaint Procedures, 1.4.4 Equal Opportunity, Non-Discrimination, Affirmative Action, and 1.4.5 Violence in the Workplace and Educational Setting, and 4.8.4 Employee-Employee and Faculty-Student Consensual Relationships can be accessed through the Board of Regents web site at: https://www.sdbor.edu/policy/Pages/Section-1-Governance.aspx.

Form Links:
Discrimination or Harassment Complaint Form
Sexual Harassment/Assault or Stalking Complaint Form
Silent Witness Form

See Policy 3.6 Student Mistreatment

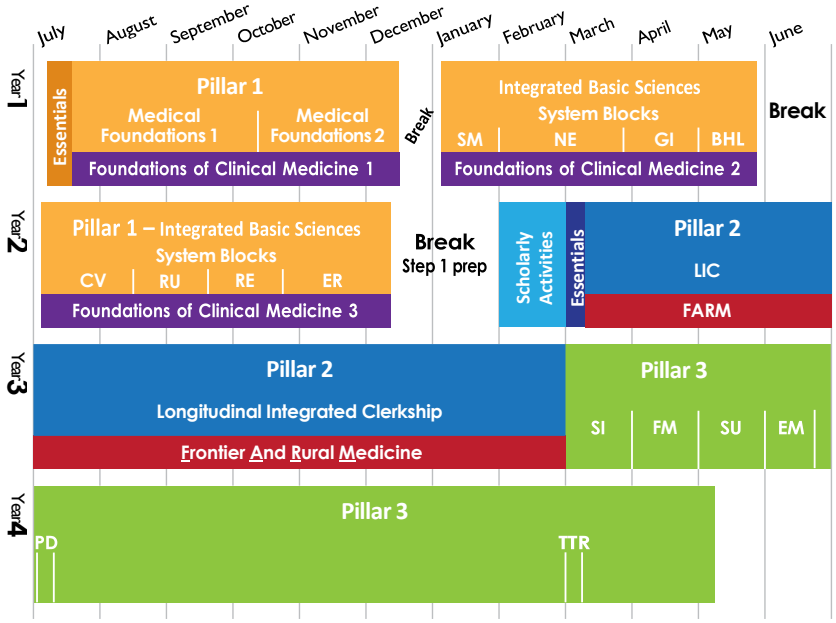
Curriculum Summary
(Reviewed by Medical Education 9/12/24)

General Curriculum Guidance, Competencies & Requirements
(Reviewed by Medical Education 11/2024)

UNIVERSITY OF SOUTH DAKOTA
SANFORD SCHOOL OF MEDICINE

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Three Pillar Curriculum



Pillar 1 System Blocks

- **SM** Skin-Musculoskeletal
- **NE** Nervous System
- **GI** GI-Hepatobiliary
- **BHL** Blood/Hemo/Lymph
- **CV** Cardiovascular
- **RU** Renal-Urinary
- **RE** Respiratory
- **ER** Endocrine-Reproductive

Pillar 3

- **SI** Sub-Internship
- **FM** Rural Family Medicine
- **SU** Surgery Subspecialties
- **EM** Emergency Medicine
- **PD** Professional Development (Student Affairs)
- **TTR** Transition to Residency

Pillar 1
Students participate in foundational biomedical sciences in parallel with foundational clinical sciences. The clinical foundation courses are integrated with two medical foundations courses and eight organ system courses. The grading is pass-fail in the first phase of the curriculum. The Pillar 1 curriculum has been developed with an emphasis on limited lectures, early clinical exposure, active learning, case-based small groups and high-fidelity simulation.

Pillar 2
Students participate in a longitudinal integrated clerkship which interleaves 7 clinical disciplines with hospital-based education, formal didactics, and a focused rural family medicine experience. Students are located on one of three clinical campuses – Rapid City, Sioux Falls, and Yankton- and in rural communities across the state through the Frontier and Rural Medicine (FARM) Program. The first semester of Pillar 2 is graded pass-fail, while the 2nd semester of Pillar 2 introduces letter grades.

Pillar 3
All students complete selected required rotations including two surgery sub-specialty experiences, an emergency medicine rotation and an acting internship (sub-internship). Students will also participate in a capstone rural family medicine experience during this phase of the curriculum. The remainder of this time students have the flexibility to pursue elective rotations, research, away rotations and global health experiences. Students can also select from a variety of courses on medical ethics, medical humanities and health policy. Grading in this phase of the curriculum is based on letter grades. A transition to residency course and a professional development course serve as the final requirements in the M.D. program.

*Scholarly Activities Course Enrollment
To enroll in the Scholarly Activities Course, students must pass Step 1 by the first Monday in February. Students that require extra study time can request a delay and if they have successfully passed by the beginning of March will begin LIC and complete the Scholarly Activities Course at the end of Pillar 2.

Authority: Medical Education Committee, Updated: 08/22/2025

UNIVERSITY OF
SOUTH DAKOTA
SANFORD SCHOOL OF MEDICINE

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

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Revised February 8, 2024

NON-INVOLVEMENT OF PROVIDERS OF STUDENT HEALTH SERVICES IN STUDENT ASSESSMENT POLICY

LCME Standard: 12.5 Non-Involvement of Providers of Student Health Services in Student Assessment
Originating Office: Medical Education
Responsible Executive: Assoc Dean, Medical Education
Date Issued: Prior to 2017
Date Last Reviewed: 2/2025
Date Last Revised:

I. REASON FOR THIS POLICY

The LCME, in Element 12.5, indicates the health professionals who provide health services, including psychiatric/psychological counseling, to a medical student have no involvement in the academic assessment or promotion of the medical student receiving those services, excluding exceptional circumstances.

II. STATEMENT OF POLICY

Health professionals who provide health services to medical students, including medical and psychiatric care as well as psychological counseling, will have no involvement in the academic assessment or promotion of the medical student receiving those services. However, in an emergency situation, the health and wellbeing of the student will prevail. Physicians who are a health professional providing health services to a student they are assigned for a clinical rotation must notify the department to have that student reassigned. A student assigned to a course, clerkship or other educational activity with a treating healthcare provider must request and will be granted an alternative assignment. The student must go directly to the relevant curriculum director or to the Associate Dean/Assistant Dean of medical student affairs to have the assignment changed.

III. PROCEDURES

Not applicable.

IV. RELATED DOCUMENTS, FORMS, AND TOOLS

This policy is also posted in the SSOM Faculty Handbook and Medical Student Affairs Handbook and is referred to in the Teacher/Learner Responsibilities.

CLINICAL SUPERVISION POLICY

LCME Standard: 9.3 Clinical Supervision of Medical Students
Originating Office: Medical Education
Responsible Executive: Assoc Dean, Medical Education
Date Issued: Prior to 2017
Date Last Reviewed: 11/2024
Date Last Revised: 6/2025

I. REASON FOR THIS POLICY

The LCME, in Element 9.3, indicates a medical school ensures that medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to the student's level of training, and that the activities supervised are within the scope of practice of the supervising health professional.

II. STATEMENT OF POLICY

Clinical faculty must supervise medical students appropriately at all times. Medical students are not allowed to perform invasive procedures unassisted, uninstructed, or unattended. Clinical faculty may delegate this supervision to appropriately trained physicians, residents, or other health care providers. Clinical faculty should assign individual student activities consistent with the student's abilities and trainee status. All students must wear identification badges that clearly designate their student status and should be introduced to patients as medical students

III. PROCEDURES

Faculty are expected to supervise medical students appropriately at all times to ensure that the level of responsibility delegated to a medical student during a required clinical experience is appropriate to that student's level of training and experience. Faculty are made aware of this policy through its inclusion in the Faculty Handbook. Students are expected to demonstrate selfawareness of their level of competence and only perform clinical activities that are appropriate for their level of skill and/or training. Students are responsible for informing clinical supervisors if they need additional training or assistance prior to and/or while performing a clinical activity. It is the responsibility of the clerkship director to prioritize patient safety and to actively minimize any fear of retaliation among students who report such concerns.

Students may report concerns regarding inappropriate supervision and/or inappropriate delegation of tasks in several ways including, but not limited to, the clinical supervisor, clerkship director, the Associate Regional Campus Dean, OME Deans, and using the student evaluation of clinical faculty form. Students concerned about mistreatment should follow the Student Mistreatment and Reporting Policy, which allows for anonymous reporting.

Monitoring compliance with these procedures and determining if students are receiving adequate supervision in clinical learning environments will occur through a review of multiple data points:

- Students completing a faculty evaluation will be asked if they received adequate supervision while in the clinical learning environment. Data will be anonymized and forwarded to the clerkship director and Medical Education Committee for review.
- The Pillar 2 Director will ask students on all campuses during yearly visits if they feel they are being adequately supervised.
- Clerkship Directors and Associate Regional Campus Deans as part of yearly reviews will provide information to the Medical Education Committee regarding processes for ensuring the procedures are followed by all individuals providing clinical supervision of students.

Students are informed of the policy by the clerkship director and the Pillar Directors. The policy is posted within the Student Handbook that they may and are encouraged to, promptly report any concerns about the adequacy and availability of supervision without fear of retaliation.

IV. RELATED DOCUMENTS, FORMS AND TOOLS

This policy is also posted in the SSOM Faculty Handbook and Medical Student Affairs Handbook and referred to in the Teacher/Learner Responsibilities.

COURSE AND CLERKSHIP FEEDBACK POLICY

LCME Standard: 9.7 Formative Assessment and Feedback
Originating Office: Medical Education
Responsible Executive: Assoc. Dean, Medical Education
Date Issued: Prior to 2017
Date Last Reviewed: 11/2024
Date Last Revised:

I. REASON FOR THIS POLICY

The LCME, in Element 9.7, indicates a medical school's curricular governance committee ensures that each medical student is assessed and provided with formal formative feedback early enough during each required course or clerkship to allow sufficient time for remediation. Formal feedback occurs at least at the midpoint of the course or clerkship. A course or clerkship less than four weeks in length provides alternate means by which medical students can measure their progress in learning.

II. STATEMENT OF POLICY

Courses and clerkships four weeks or longer should provide students with formal formative midcourse or mid-clerkship feedback to allow sufficient time for remediation, whenever teacher-student interaction permits. Courses of shorter duration should also seek to provide useful formative feedback.

III. PROCEDURES

Not applicable

IV. RELATED DOCUMENTS, FORMS AND TOOLS

This policy is also posted in the SSOM Faculty Handbook and referred to in theTeacher/Learner Responsibilities.

NARRATIVE ASSESSMENT POLICY

LCME Standard: 9.3 Clinical Supervision of Medical Students
Originating Office: Medical Education
Responsible Executive: Assoc Dean, Medical Education
Date Issued: Prior to 2017
Date Last Reviewed: 2/2025
Date Last Revised:

I. REASON FOR THIS POLICY

The LCME, in Element 9.5, indicates a medical school ensures that a narrative description of a medical student's performance, including non-cognitive achievement, is included as a component of the assessment in each required course and clerkship of the medical education program whenever teacher-student interaction permits this form of assessment.

II. STATEMENT OF POLICY

A narrative description of a medical student's performance, including their non-cognitive achievement (e.g., communication skills, professionalism), should be included as a component of the assessment in a required course and clerkship whenever teacherstudent interaction permits this form of assessment.

III. PROCEDURES

Not applicable.

IV. RELATED DOCUMENTS, FORMS AND TOOLS

This policy is also posted in the SSOM Faculty Handbook and Medical Student Affairs Handbook.

TIMELINESS OF FINAL GRADES POLICY

LCME Standard: 9.8 Fair and Timely Summative Assessment
Originating Office: Medical Education
Responsible Executive: Associate Dean, Medical Education
Date Issued: Prior to 2017
Date Last Reviewed: 2/2025
Date Last Revised:

I. REASON FOR THIS POLICY

The LCME, in Element 9.8, indicates a medical school has in place a system of fair and timely summative assessment of medical student achievement in each course and clerkship of the medical education program. Final grades are available within six weeks of the end of a course or clerkship.

II. STATEMENT OF POLICY

Final grades for all courses and clerkships shall be provided in a fair and timely manner to all students who have satisfactorily completed the requirements for that course or clerkship. Recognizing the school has an accreditation requirement that final grades are available within six weeks, the target goal is for final grades to be made available to students and reported to medical student affairs within four weeks of the end of the course or clerkship.

III. PROCEDURES

Not applicable.

IV. RELATED DOCUMENTS, FORMS AND TOOLS

This policy is also posted in the SSOM Faculty Handbook and Medical Student Affairs Handbook.

INCOMPLETE GRADES POLICY

LCME Standard:
Originating Office: Medical Education Office
Responsible Executive: Associate Dean of Medical Education
Date Issued: 6/2024
Date Last Revised: 7/2024

I. REASON FOR THIS POLICY

Incomplete grades are given to the student who is unable to complete a course. Incomplete grades follow the University of South Dakota's Satisfactory Academic Progress Policy on incomplete grades, which supersedes this policy.

II. STATEMENT OF POLICY

Assignment of an Incomplete Grade:

- An Incomplete Grade may be assigned for a course if the following apply:
  - the student is unable to complete all course requirements due to extenuating circumstances; and,
  - the student must be earning a passing grade at the time the Incomplete is ne cessitated. Anticipated course failure is not a justification for an incomplete; and,
  - these circumstances are approved by the course instructor.

Time Allowed to Convert an Incomplete Grade into a Final Grade:

- All course requirements must be complete prior to the student's advancement to the next Pillar, entering the research phase (for MD/PhD students) or graduation (for Pillar 3 courses).
- Extensions may be granted by the Senior Academic Dean on a case-by-case basis.

Impact of an Incomplete Grade:

- The Incomplete Grade:
  - carries no assigned value; and, ○ is not used for computing the student's cumulative grade point average.
- If the Incomplete Grade is not converted to a Final Grade in time as above:
  - the Incomplete Grade will be converted to a Final Grade of 'fail'; and, ○ will be used in computing the student's final grade point average.
- The Final Grade will be reported on the current semester's grade report.

III. PROCEDURES

N/A

IV. RELATED DOCUMENTS, FORMS, AND TOOLS

CURRICULAR ENVIRONMENT

The University of South Dakota Sanford School of Medicine

RESPECT FOR PATIENT CONFIDENTIALITY AND PRROPER USE OF MEDICAL RECORDS POLICY

LCME Standard: N/A
Originating Office: Medical Education
Responsible Executive: Assoc Dean, Medical Education
Date Issued: Prior to 2017
Date Last Reviewed: 07/2023
Date Last Revised:

I. REASON FOR THIS POLICY

To ensure medical students understand their responsibilities in protecting patient confidentiality and using medical records appropriately, fostering trust, professionalism, and compliance with healthcare standards.

II. STATEMENT OF POLICY

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.

III. PROCEDURES

Access

Students should have access to existing records or other information about a patient or patients under three conditions all directed by a supervising physician:

1. Access to specific patient information is a necessary component of their medical education.
2. Access to specific patient information is necessary for direct involvement in the care of that patient.
3. 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, directed by a supervising physician, 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:

1. Verbal communication with the patient should occur under supervision of medical school faculty, though faculty presence may not be required.
2. Verbal communication with the patient's family members should be with patient consent.
3. 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.
4. 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, Facebook®, 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. Patient name, date of birth or any other identifying information may not be included in the transmission.

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 deleted as soon as no longer needed.

IV. RELATED DOCUMENTS, FORMS AND TOOLS

This policy is also posted in the SSOM Medical Student Affairs Handbook.

I have heard or read the above policy regarding the written, verbal, and electronic aspects of patient confidentiality and medical record use and furthermore understand that violation of this policy may result in disciplinary action including dismissal.

_____	_____	_____
Name (Printed)	Signature	Date

MEDICAL STUDENT DUTY HOURS POLICY

LCME Standard: 8.8 Monitoring Student Time
Originating Office: Medical Education
Responsible Executive: Assoc Dean, Medical Education
Date Issued: 5/2017 MEC
Date Last Reviewed: 2/2025
Date Last Revised: 2019 MEC

I. REASON FOR THIS POLICY

The LCME, in Element 8.8, indicates the medical school faculty committee responsible for the medical curriculum and the program's administration and leadership ensure the development and implementation of effective policies and procedures regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities throughout the curriculum.

II. STATEMENT OF POLICY

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 inhouse 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 workday, 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 workday, when students are required to be immediately available in the assigned institution. Inhouse 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 (FARM), 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 inhouse 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.

III. PROCEDURES

Not applicable.

IV. RELATED DOCUMENTS FORMS AND TOOLS

PRE-CLINICAL WORKLOAD POLICY

LCME Standard: 8.8.1
Originating Office: Office of Medical Education
Responsible Executive: Associate Dean of Medical Education
Date Issued: 11/2024
Date Last Revised: 4/2025

I. REASON FOR THIS POLICY

The LCME, in Element 8.8, indicates the medical school faculty committee responsible for the medical curriculum and the program's administration and leadership ensure the development and implementation of effective policies and procedures regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in required activities during the pre-clerkship phase of the curriculum.

II. STATEMENT OF POLICY

The Pillar 1 phase of medical student training is a three-semester period that provides students with both biomedical science and foundational clinical skills training. Each semester includes 24 biomedical science courses with each biomedical science course running concurrently with one clinical foundations course. Scheduled class time may occur from 8AM to 5PM, Monday through Friday, and is limited to 32 hours or less of both scheduled class time and out-of-class required curricular activities. Each regular week of scheduled activities (5 days without one or more holidays) will include at least 8 hours of unscheduled

time within the regular weekly schedule for students to engage in independent study, selfdirected learning or review. The workload limit includes only time devoted to curricular activities and does not include time spent in independent study or extracurricular activities. Preparing for scheduled learning activities may require students to complete work outside of regularly scheduled class time. These out-of-class activities may include assigned reading or completion of online self-study modules or other preparatory work. The time required for students to complete these out-of-class activities is included in the total activity hours per week and is subject to the workload hour limit of 32 total hours. The amount of time required for students to complete out-of-class reading was calculated based on published estimates of average medical student reading capabilities (Klatt, et. al).

III. DEFINITIONS

None

IV. PROCEDURES

Not applicable

V. RELATED DOCUMENTS, FORMS AND TOOLS

This policy is also posted in the Pillar 1 Handbook.

Klatt, EC and Klatt, CA, *Academic Medicine*, Vol. 86, No. 9, September 2011. doi: 10.1097/ACM.0b013e31822579fc

LEAVE OF ABSENCE POLICY

LCME Standard:
Originating Office: Medical Student Affairs
Responsible Executive: Associate Dean of MSA
Date Issued: Prior to 2017
Date Last Reviewed: 5/2024
Date Last Revised: Prior to 2017

I. REASON FOR THIS POLICY

A formal leave of absence policy is necessary to ensure students understand their options and help guide them to ensure success and support during their absence from SSOM, as well as a smooth transition upon reentry to the SSOM curriculum.

II. STATEMENT OF POLICY

A student wishing a leave of absence must submit a written request, including the reason for the leave-of-absence and the proposed duration, and meet with the Associate Dean or Assistant Dean for Medical Student Affairs.
The request may be granted or denied at the discretion of the Associate Dean for Medical Student Affairs. If the request is approved, the student will receive written approval from the Associate Dean for Medical Student Affairs. This approval will summarize any conditions pertinent to the individual student's leave and will set a date by which the student must notify the Registrar's office of their intent to return as scheduled. Failure to provide the required notice of intent to return and/or failure to return as scheduled will be deemed to constitute a decision to withdraw from SSOM. The leave-of-absence status will become official when the completed leave of absence form for the student has been returned to the Registrar's office.

The Associate Dean for Medical Student Affairs may place a student on leave of absence for administrative purpose, e.g., a hiatus in scheduling a student for required or elective courses; pending a decision from the SPCC; parental leave, health reasons, or other administrative reasons. Administrative leaves of absence are brief in duration and are not considered disciplinary in nature. The Associate Dean for Medical Student Affairs may place a student on leave of absence for disciplinary reasons, such as academic misconduct.

In general, leaves of absence for medical students for academic reasons will not be granted for a period in excess of one year. If the leave of absence is related to USMLE Step 1, the leave may be up to 12-months from when a student took the USMLE Step 1 Examination the first time (results must be available by December 1st). Leaves of absence that extend beyond one year will be considered on a case-by-case basis with the Associate Dean/Assistant Dean of Medical Student Affairs. Renewals of leaves of absence may be approved on a yearly basis for students enrolled in other degree programs. An exception to this policy pertains to students in the MD/PhD Program, where a three-year or longer leave of absence is granted for the Ph.D. component of the program. Students seeking reentry to SSOM will be required to appear before the SPCC prior to reinstatement.

Medical students who return from a prolonged leave of absence (which results in a change in class status) may result in a change in clinical campus for Pillar 2.

Insurance Considerations for Students on Leaves of Absence

A student who is on leave of absence from the SSOM is not considered a matriculated student. SSOM will not assume any responsibility for any student who is not matriculated and cannot officially be involved in any effort by the student to obtain credit towards the M.D. degree granted by the SSOM. In addition, a student on a leave of absence is not covered by the SSOM's malpractice insurance umbrella provided for matriculated, tuition-paying students.

Withdrawal:

A student wishing to withdraw from the SSOM must meet with the Associate Dean for Medical Student Affairs and sign a written withdrawal form. The student will receive written acknowledgment from the Associate Dean for Medical Student Affairs. Formal withdrawal from the SSOM is not complete until the withdrawal form has been returned to the Registrar's office. Upon withdrawal, an individual ceases to be a student at the SSOM. If, for any purpose, an individual wishes to continue their medical education at the SSOM following withdrawal, they will need to reapply by formal application process through the Office of Admissions.

III. DEFINITIONS

N/A

IV. PROCEDURES

As above.

V. RELATED DOCUMENTS, FORMS, AND TOOLS

This policy is located in the Student Affairs Handbook.

LEAVE OF ABSENCE FOR SUPPLEMENTAL CURRICULUM

LCME Standard:
Originating Office: Medical Student Affairs
Responsible Executive: Associate Dean of MSA
Date Issued: 2020
Date Last Reviewed: 5/2024
Date Last Revised: 2020

I. REASON FOR THIS POLICY

This policy was created to provide strict guidelines and criteria for students who apply for and are chosen to participate in supplemental specialty-specific curriculum at outside institutions (i.e., urology, otolaryngology, vascular surgery) in which they are placed on leave of absence during this time.

II. STATEMENT OF POLICY

This policy, by way of a checklist, will ensure the student successfully transitions to curriculum at an outside institution to which they are chosen as program participants, and maintains communication with SSOM Student Affairs, SSOM Financial Aid, and the SSOM Assistant Registrar. This will ensure a successful transition to the supplemental curriculum and subsequent return to the SSOM Pillar 3 curriculum.

III. PROCEDURES

1. ____ Student **MUST** send a letter to the Associate Dean of Medical Student Affairs requesting leave and outlining details of the leave, including specifics of program, location, dates, and program's contact person/phone number.

2. ____ Student **MUST** be in good academic standing per SSOM Registrar and Associate Dean of Medical Student Affairs.

3. ____ Student **MUST** meet with SSOM Financial Aid Counselor during the approval process for leave/supplemental curriculum to discuss Grace/Deferment/Forbearance/ Repayment Options for current loans.

4. ____ Student needs to check with their **loan servicer** to determine if eligible for a Graduate Fellowship Deferment.

5. ____ Student **MUST** recognize that they will not be covered by SSOM Disability or Malpractice Insurance policies during their LOA.

6. ____ Student **MUST** be granted written approval for leave by SSOM Associate Dean of Student Affairs.

7. ____ Prior to the start of leave of absence, student **MUST** pass USMLE Step 2 Clinical Knowledge exam with 1st attempt.

8. ____ Student **MUST** elect courses for the semester(s) of Pillar 3 curriculum prior to leave/supplemental curriculum. Upon reentering Pillar 3, the student must schedule any semesters remaining with the class that is scheduling during the same time frame. This is on a first-come first-serve basis.

9. ____ Student **MUST** send a letter to Associate Dean of Student Affairs 60 days prior to return, outlining their plan to re-enter the curriculum with specific dates of return. The Associate Dean of Students will consult with SSOM Student Progress and Conduct Committee regarding reentrance to SSOM.

IV. RELATED DOCUMENTS, FORMS, AND TOOLS

This policy is located in the Student Affairs Handbook.

ABSENCE POLICY

LCME Standard: NA
Originating Office: Medical Student Affairs
Responsible Executive: Associate Dean, Medical Student Affairs
Date Issued:
Date Last Reviewed: 3/2025
Date Last Revised: 3/2025

I. REASON FOR THIS POLICY

The SSOM Absence Policy is the compilation of absence policies from each pillar of the curriculum.

II. STATEMENT OF POLICY

PILLAR 1 ABSENCE POLICY

If you expect to be absent during a required attendance event during Pillar 1, then send completely filled-out Pillar 1 Absence form to the course director as far in advance of the absence as possible. In the case of absences due to emergencies/unplanned events, submit the form upon return to class. If you will miss required events in more than one course (for example basic science and clinical foundations courses) then submit completed forms to the directors of both courses.

If students are seeking to be excused from required events for sensitive private/health-related reasons/pregnancy that they do not feel comfortable discussing with course directors, then the students may call Student Affairs at 605-658-6300. Student Affairs will work with all appropriate faculty to make the necessary arrangements.

PILLAR 2 ABSENCE POLICY

- Attendance is mandatory for all clerkship activities unless prior approval has been obtained per the absence policy.
- Excused absences require prior approval two weeks in advance of the requested date and completion of an Absence Request Form which is found on D2L under the “Forms” module.
- The campus dean (or designee) will address absences or needed changes in LIC or call schedules due to illness or emergency on an individual basis. 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.
- It is the student’s responsibility to notify the attending and education coordinator of any absence in a timely manner.
- One half-day in clinic should involve 2-4 hours of patient care activity. On occasion, following a continuity patient, or other patient care learning opportunity may lead to missed clinic time. Students will need to prioritize learning. If students miss a clinic due to patient care activity, they are expected to inform their faculty preceptor and arrange a make-up clinic self-directed learning time.

Pillar 2 COVID-19 Leave

If a student is quarantined due to COVID-19 exposure or isolated due to mild illness, the student may continue to engage in the longitudinal integrated clerkship (LIC) remotely.

- Students will identify one LIC preceptor from each of the following groups with whom they will work:
  - Family Medicine, Internal Medicine, or Pediatrics
  - Surgery or Obstetrics & Gynecology ○ Psychiatry or Neurology
- Working with the selected preceptors, the student will identify 1-2 patients from the preceptors' clinic, inpatient service, or surgical service for whom they will perform a remote chart review to identify two learning objectives.
- The student will investigate the identified learning objectives, and upon re-entry into the clinical learning environment, present their findings for discussion with the preceptor.
- Each LIC preceptor will attest that the presentation was satisfactorily completed.

If a student elects to take leave during a period of isolation and/or illness, there are two options

- Use of sick leave per the Pillar 2 policy ○ Students are responsible for submitting an Absence Request Form (found on D2L in the Forms module) within 48 hours, proposing how they will choose to make up the missed clinical sessions or campus activities.
  - A student may choose to use a vacation day to avoid making up a clinical activity missed due to personal illness and/or family crisis.
  - If the absence is six half-days (3 full days) or longer, in addition to working with Student Affairs, students must (a) submit a statement from their physician and (b) speak directly to the Campus Dean (or designee) to arrange to make up lost clinical time and experience.
- Use COVID-related leave ○ This option is for students who are in good standing academically. Assessment of academic standing varies depending on the time of year, but can include the following:
    - Passed Step 1
    - Completed and submitted all mid-year and end-of-year requirements on time
    - Passed all mid-year NBME subject exams ○ If in good academic standing, students may make up ≤ 3 weeks of leave during their self-directed learning time if approved by a vote of their campus advising committee. Leave beyond three weeks cannot be made up during self-directed learning time, and the student must work with Student Affairs to make a plan, including the possibility of delayed entry into Pillar 3.

Sick and Other Absences

- Absences during Pillar 2 due to personal illness and/or family crisis will be privately discussed between the student and the campus dean (or designee). Students are responsible for notifying their preceptors and the campus education coordinator immediately when absent and submitting an Absence Request Form (found on D2L in the Forms module) within 48 hours, proposing how they will choose to make up the missed clinical, didactic, or self-directed learning time.

Students are granted up to two days (four half-days) for personal illness without any required makeup. If the absence creates a situation wherein a learner does not meet the minimum number of half-days for that discipline, the learner will be required to make up that activity.

- Students may elect to use a vacation day to avoid making up time missed due to a personal illness or family crisis.
- Students who cumulatively miss more than two days (more than four half-days) must
  - Submit a statement from their physician to the Office of Medical Student Affairs.
    - Work with the Office of Medical Student Affairs and their campus dean (or designee) to arrange a make-up plan for the missed clinical and educational experiences.
- An extended absence, due to family, health, pregnancy, or other circumstances during Pillar 2 could be made up, at least in part, during the student's unscheduled SDL. ○ Students may be granted, by the action of their campus advising committee, the use of self-directed learning time to compensate for up to three weeks of missed time, as long as no more than 50% of the available self-directed learning time is used for this purpose. This does not pertain to students who are on monitored academic status. ○ Students who elect to make up time during the same academic year are expected to maintain satisfactory progress through all Pillar 2 requirements. The respective campus dean and advising committee, in consultation with the Office of Medical Student Affairs, reserve the right to adjust an individual remediation plan based on the student's unique circumstances.
- Absences for any other reason will be considered unexcused, unless written approval is received from the campus dean at least 30 days prior to the event causing the absence. In any case, students must make up all missed clinical time. Until the time missed is made up, a student's final grade will be recorded as incomplete.
- An unexcused absence will be reflected on the student's written record and may adversely affect the final grade. Unexcused absences are considered a breach in professionalism and may cause a student to fail the professionalism competency grade. Students failing the professionalism competency grade will be referred to Student Progress and Conduct Committee for further action.

PILLAR 3 ABSENCE POLICY

- **In Pillar 3 it is the student's responsibility to notify the attending and department assistant of any absence in a timely manner.**
- **One half-day in clinic should involve 2-4 hours of patient care activity.** On occasion, following a continuity patient, or other patient care learning opportunity may lead to missed clinic time. Students will need to prioritize learning. If students miss a clinic due to patient care activity, they are expected to inform their faculty preceptor and arrange a make-up clinic self-directed learning time.

Holidays

- There are no scheduled holidays in Pillar 3
- Students are expected to be present for all clinical activities

Vacations

- Students will have 13 to 14 weeks of vacation during Pillar 3 to be used in 1-week blocks

Sick or Other Absences

- 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/pregnancy may call Student Affairs at 605-658-6300. Student Affairs will work with all appropriate faculty to make the necessary arrangements.

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 in module.
- Unexcused Absences will be reported to the Campus Dean's office and may necessitate review by the Student Progress and Conduct Committee (SPCC).

III. DEFINITIONS

N/A

IV. PROCEDURES

See procedures as set forth above by pillar.

V. RELATED DOCUMENTS, FORMS, AND TOOLS

Student Affairs Handbooks, Pillar 1 Handbook, Pillar 2 Handbook, and Pillar 3 Handbook

POLICY ON EXCUSED ABSENCES FOR HEALTH CARE SERVICES

LCME Standard: 12.4 Student Access to Health Care Services
Originating Office: Medical Student Affairs
Responsible Executive: Associate Dean, Medical Student Affairs
Date Issued: Prior to 2017
Date Last Reviewed: 6/2024
Date Last Revised:

I. REASON FOR THIS POLICY

The LCME, in Element 12.4 indicates that a medical school provides its medical students with timely access to needed diagnostic, preventive, and therapeutic health services at sites in reasonable proximity to the locations of their required educational experiences and has policies and procedures in place that permit students to be excused from these experiences to seek needed care.

II. STATEMENT OF POLICY

Students may seek excused absences from required courses and clinical rotations to obtain health care services including medical, mental health, or counseling appointments.

III. PROCEDURES

Prior to the scheduled appointment, it is the student's responsibility to inform the Office of Medical Student Affairs, the appropriate course leader for Pillar 1 absences, or the appropriate clerkship leader, campus education coordinator and preceptor for Pillar 2 or 3 absences. The student is also required to complete the necessary paperwork (Pillar 1 form in Student Affairs Handbook; Pillars 2 and 3 form in the CORE scheduling system) documenting the absence. It is expected the student will make up any missed lecture, small group, or clinical experiences that are part of the required curriculum, at the discretion of the respective leadership.

IV. RELATED DOCUMENTS, FORMS, AND TOOLS

This policy is found in the Medical Student Affairs Handbook, Pillar 1 Handbook, Pillar 2 Handbook, Pillar 3 Handbook, and Pillar 2 and 3 Clinical Faculty Handbook.

Liability Coverage for USD SSOM Medical Students

(Reviewed annually by Student Affairs)

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 Dress Guidelines

(Reviewed annually by Student Affairs)

Because you will be serving patients in the clinical setting, it is important to present yourself with a professional appearance. This is a general overview of guidelines that apply to all medical students. If you are uncertain about what is acceptable relating to these general guidelines, please ask the Associate/Assistant Dean of Student Affairs.

USD SSOM ID Badges

Wear your badge at all times in the clinic or hospital.

Perfume and Cologne

Perfume, cologne, after shave, and fragrant lotions should be worn judiciously. Please consider that some people are allergic to chemicals in these substances.

Accessories

Jewelry should be worn as appropriate to your work environment. Accessories should neither detract from a professional image nor be a safety risk to you or others.

Tattoos

Offensive/inappropriate tattoos must always be covered. If you question the appropriateness of a tattoo, please speak with the Associate/Assistant Dean of Student Affairs.

Hats and Head Coverings

Head coverings required for medical reasons, religious purposes, or to honor cultural tradition, are allowed. All other hats/head coverings should be removed upon entering the building.

Grooming

All staff will maintain a clean, groomed, and professional appearance. Hairstyles, hair color, beards, moustaches, sideburns, and other appearance-related items should present a neat and professional style. Nails should be clean and manicured.

Clothing

Clothing must be professional and not expose the mid-section while in the academic, clinic, or hospital setting. Skirts should be of appropriate length (at least mid-thigh). Leggings can be worn if there is appropriate coverage.

Student Advisory System

(Reviewed annually by Student Affairs)

The purpose of the Advisory System is to assist students in three ways:

1) Serve as an advocate for the student in their interactions with the faculty, the administration, other professional staff and patients.

2) Serve as a resource person for the student concerning the school, the field of medicine, career choices, guidance through the curriculum, and specific decisions relating to Pillar 3 schedules.

3) Serve as a supporter for the student in their personal and professional wellbeing and development

Advisory System Guidelines:

The Pillars
The curriculum is presented in 3 pillars with Pillar 1 being 3 semesters of Biomedical Sciences, Pillar 2 being 2 semesters of Clinical Clerkships taught in a Longitudinal Integrated format, and Pillar 3 being 3 semesters with a combination of required rotations and electives.

All Four Years
Students will be assigned to a Faculty Advisor for each Pillar as follows:
Pillar 1 - Biomedical and Translational Sciences faculty member
Pillar 2 - Longitudinal Integrated Clerkship (LIC) coordinating committee member Pillar 3 - Clinical Faculty member selected by the student.

The Office of Medical Student Affairs serves all students in the areas of counseling for academic, career counseling, personal or mental health needs, and will provide referrals to secondary sources when appropriate. In matters of academic standing, financial aid (including emergency loans), leaves of absence, or temporary absences (missing 3 days or more) due to illness or personal reasons, the student will be referred to the Office of Medical Student Affairs.

The advisory program encourages a meeting of the student and the advisor during each semester of the academic year. More frequent meetings are encouraged. It is expected that both the student and the advisor will work to arrange these meetings.

Mentoring

Students will receive mentoring throughout their medical school journey at SSOM. Students are assigned a clinical faculty mentor in Pillar 1. Second year Pillar 1 students volunteer to serve as peer mentors to new Pillar 1 students to ease the transition to medical school. Career peer mentoring based upon specialty is available to all medical students, with Pillar 3 students serving as career peer mentors.

Coaching

In Pillar 3 each student is assigned an academic coach to help them reflect on feedback related to their clinical performance. Coaches meet with students initially in a small group format and then for a minimum of 3 individual sessions over the course of Pillar 3 to support the student in developing an individualized learning plan which can include both academic and wellness related goals. Coaching is focused on the needs of the learner, and goals can and should be adapted and revised over the course of Pillar 3. While coaches may be in a position to provide helpful formative feedback to students, coaches will refrain from serving in an evaluation and assessment capacity for students' Pillar 3 clinical experiences.



Career Advising

(Reviewed annually by Student Affairs)

Students will receive career counseling and guidance from department chairs, faculty advisors, the director of career advising and student success, and the Associate Dean and Assistant Dean of Medical Student Affairs. In addition, students should become familiar with two significant on-line resources – FREIDA and *Careers in Medicine*.

The web site "FREIDA" lists information on every accredited residency training program in the USA, and is found at http://www.ama-assn.org/ama/, then scroll to Medical Students and then find 'FREIDA Online'.

The *Careers in Medicine* web site provides outstanding resources for the student and advisor featuring their 'Specialty Pages' and is accessible through a secure site found at http://www.aamc.org, then look for the Careers in Medicine link under the heading of 'Medical Students'. This program consists of multiple resources designed to assist the student in understanding the options for choosing a specialty and selecting and applying to a residency program. There are resources that apply throughout all four years of medical school, and include surveys to help students understand their preferences, how to explore options, the process of choosing a specialty, seeking faculty advisors and letters of reference, data for each of the specialties, and information on transitions from medical school to the residency program.

Students are automatically authorized to sign into the *Careers in Medicine* secure site with their USD email address. Faculty who wish to have access to the *Careers in Medicine* web site should email a request to the Associate Dean, Medical Student Affairs so a temporary password can be generated to access the site.

The SSOM Career Counseling document which catalogs all career development activities for Pillar 1, 2, and 3 can be found on the Career Development microsite: https://d2l.sdbor.edu/d2l/home/974686

Career Peer Mentoring Program – USD SSOM

The Career Peer Mentoring Program is a mentoring program between Pillar 3 students as mentors and Pillar 1 and 2 students, providing guidance, counseling, and potentially scholarly collaboration by specialty.

Career Information and Advising Activities All sessions in Pillar 1 are completed at Vermillion. All sessions in Pillars 2-3 are completed at the regional campuses (Sioux Falls, Yankton, and Rapid City). FARM sites are in-person or connect virtually for sessions in Years 2-3.			
Year 1	Year 2	Year 3	Year 4
Orientation to Pillar 1: provide overview of specialties and the personal use of online resources for identifying personal strengths, interests and skills (R)	Career/Residency Planning Session #1: Review Careers in Medicine® (CiM), introduction to National Residency Matching Program (NRMP) and SSOM match statistics, introduction to the American Medical Association Residency and Fellowship Database (FREIDA), residency timeline, alternative medical careers (R)	Career/Residency Planning Session #2: Introduction to Pillar 3 timeline, basic outline of the MSPE, letters of recommendation, Visiting Student Learning Opportunities (VSLO), and away rotations and electives/required courses in Pillar 3 (R)	Career planning follow-up meetings with students to discuss requirements of residency choice, competitiveness of applicant, details of a parallel plan if needed, Pillar 3 rotations, need for away rotations (R)
Foundations of clinical medicine: Myers Brigg Type Inventory (R)	Campus deans/associate dean of rural medicine: Discuss career plans with students and facilitate mentoring with campus preceptors (R)	Career/Residency Planning Session #3: Presentation on composing the personal statement, letters of recommendation, VSLO/away rotation applications, alternative medical careers (R)	Career Planning Session #4: Virtual presentation including residency program director panel and newly matched student panel (O)
Faculty advisor (BaTS and clinical) assigned to each small group (18 months) (R)		Career Fair: One-on-one discussion with residency leaders, resident physicians, and staff (O)	Medical Student Performance Evaluation (MSPE) Meetings: Associate/assistant dean of medical student affairs, associate dean of rural medicine, director of career advising, and campus deans meet with students to prepare the MSPEs and review personal statements and curriculum vitae (R)

Department chair presentations on career planning for specific disciplines (O)		Specialty interest groups: participate in mentoring and simulation experiences by discipline (O)	Associate/assistant dean of medical student affairs, associate dean of rural medicine, director of career advising, and campus deans review and edit personal statements and curriculum vitae throughout the first semester of Pillar 3 (R)

Clinical Experiences: half day per month in semester 2 and 3 of Pillar 1 in the clinical setting (R)		Career peer mentorship with Pillar 3 peer mentors: participate in one-on-one counseling or Zoom™ sessions to learn more about the specialty and the road to residency application (O)	Specialty interest groups: participate in mentoring and simulation experiences by discipline (O)
Specialty interest groups: participate in mentoring and simulation experiences by discipline (O)		Associate dean of medical student affairs or director of career advising: Individual career counseling meetings (at least once) to review specialty decision/ indecision, evaluate Pillar 3 schedule, discuss away rotations, contemplate personal strengths, weaknesses, and opportunities that have a role in career choice (R)	Virtual presentation by associate dean of medical student affairs and dean of graduate medical education on guidance to creating the rank order list, the Match, and an introduction to the Supplemental Offer and Acceptance Program (SOAP) (O)
Career peer mentorship with Pillar 3 peer mentors: participate in one-on-one counseling or Zoom™ sessions to learn more about the specialty and the road to residency application (O)		Online repository available to students with specific away rotation pros/cons to utilize when deciding on VSLO rotations (O)	Virtual meetings organized by SSOM alumni director with former graduates to mentor students on application and interviewing (O)

Session on creating a curriculum vitae and career development throughout the Pillars (R)			Pillar 3 students choose to serve as career peer mentors for Pillar 1 and Pillar 2 students (O) Meetings with department chairs to obtain a letter of recommendation and receive specialty and program specific advice (O) Individual meetings with applicants (0) Couples participating in the Couples Match (R) to prepare both types of applicants for the Match and potential need for SOAP.

Student Services

SSOM Student Affairs Procedure for Student Organized Activities or Events

(Reviewed annually by Student Affairs)

Student organized activities or events using SSOM or wellness funds must adhere to the following guidelines and restrictions:

1. Student organized activities/events paid with wellness funds must be approved by the Campus Dean and the Chief Well-being Officer.

2. Student organized activities/events paid with SSOM funds must be approved by the Associate Dean or Assistant Dean of Medical Student Affairs.

3. Prior to granting approval, the Campus Dean and the Associate Dean or Assistant Dean of Medical Student Affairs must assess the level of risk to determine if a liability risk prohibits the use of SSOM or wellness funds or requires a release and waiver of liability form.

4. If the activity is deemed to possess a risk component, a USD release and waiver of liability form must be completed by each student participating in the activity. The students may also be required to sign a private organization's waiver of liability form provided by the activity/event host. The private organization's waiver of liability form cannot be used as a substitute for the USD form. USD's release and waiver of liability form is on page 2.

5. Use of SSOM or wellness funds for alcohol is prohibited and not an allowable use of funds.

6. Use of SSOM or wellness funds for expenses related to activities promoting alcohol consumption is prohibited and not an allowable use of funds. Examples of prohibited activities include but not limited to sip and cycle and party buses.

7. Use of Pillar 2 and Pillar 3 student wellness activity funds for gift cards or gift certificates is prohibited and not an allowable use of funds.

8. Receipts for any approved activities using SSOM or wellness funds must be itemized and include sales tax to be reimbursed. All receipts must be submitted to the campus Education Coordinator.

ENTERING AND VISITING STUDENTS IMMUNIZATION POLICY

LCME Standard: 12.7 Immunization Requirements and Monitoring
Originating Office: Medical Student Affairs
Responsible Executive: Associate Dean, Medical Student Affairs
Date Issued: 2017
Date Last Reviewed: 5/2025
Date Last Revised: 5/2025

I. REASON FOR THIS POLICY

The LCME, in Element 12.7, indicates that a medical school follows accepted guidelines in determining immunization requirements for its medical students and monitors students' compliance with those requirements.

This policy applies to all Health Affairs programs, not just the MD or MD/PhD program of the medical school.

For the protection of the health of our students and because of the risks of exposure to infectious diseases to which students are subjected in the course of clinical work, certain tests and immunizations are required. Entering and visiting students are required to provide documentation of all required immunizations to the program prior to matriculation or visit.

II. STATEMENT OF POLICY

Immunization records are maintained by USD Student Health. Students are responsible for maintaining copies of their immunization records and titer reports, etc. and keeping these records updated.

Health Affairs Requirements:

- Students are required to follow the immunization Compliance Policy of their specific program.
- For students in programs requiring full compliance with the USD Health Affairs Immunization Policy, the immunization form must be completed with the appropriate signatures. Include copies of titer reports and other medical records when applicable

1. **Measles (Rubeola), Mumps, Rubella**. <u>One</u> of the following is required:

- All students born after December 31, 1956, are required to have medically signed proof of TWO properly administered immunizations. <u>OR</u>
- Immune titers for measles (rubeola), mumps, and rubella.

2. **Hepatitis B immunization**. ALL students are required to receive HBV vaccination (3 doses at 0, 1 and 6 months). *The first two doses of the three-dose series are required prior to the start of classes.* A positive HEP B titer without proof of vaccine dates is accepted if unable to obtain immunization dates.
   AND
   Hepatitis B titer.
   - Test for anti-HBs or HbsAB (HBV surface antibodies). Recommended 1-2 months after completion of the vaccination series.

   - Students admitted with *documented* prior vaccination history must also provide immune status documentation. If that is not available, current immune status will be determined by the titer.

   - A copy of the titer report must accompany the immunization form or be provided as soon as it is available. Those who do not seroconvert when the titer is done 1-2 months following the series should be revaccinated with a full series with the titer repeated 1-2 months after the last immunization.

   - Those who do not seroconvert when the titer has been delayed greater than 12 months since the initial series may choose to obtain one additional booster dose of the vaccine with the titer repeated 1-2 months after the last immunization. If the second titer remains below 10mIU/mL, the person will complete the series followed by another titer.

   - If after a second series, titers remain below 10 mIU/mL, the person is considered at risk for acquiring HBV.

   - Students should be counseled about the occupational risk and the need to obtain HBIG prophylaxis for any known or probable parenteral exposure to HBsAg-positive blood. No further vaccine series are recommended. However, it is recommended the student consult with their health care provider about being tested for HBsAg to make sure that chronic HBV infection is not the reason for vaccine non-response (assuming the 2nd negative HbsAb titer was performed 1-2 months following the last hepatitis B vaccine of the second series).

3. **Varicella/Chicken Pox immunity**. One of the following is required.
   - Varicella Titer if the student has had the chicken pox that indicates immunity (copy of titer report must accompany immunization form); OR
   - Two doses of varicella immunization are indicated if there is no history of the disease or if the varicella titer is negative. Recommended interval is 4-8 weeks between doses.
4. **Tdap (tetanus, diphtheria, adult pertussis)**. One lifetime dose of Tdap (tetanus, diphtheria, adult pertussis) is required. Tdap vaccine can be administered to healthcare workers without concern for the length of time since the most recent Td vaccine. If it has been longer than 10 years since the Tdap, a Td or Tdap booster is required.

5. **Upon admission: TB Skin Tests or Interferon Gamma Release Assay (IGRA)**

Each student will be required to do a risk review with USD Student Health. This includes an individual baseline risk assessment and symptom evaluation. Initial testing of students without prior TB or latent TB infection (LTBI) will be done by either of the following methods:

- Initial Two-Step TB Skin Test: Documentation of two TB skin tests is required. If the first is negative, a second TB skin test will be given in 1-3 weeks. The second negative will confirm lack of infection (any two documented TB skin tests completed within a 12-month period can meet this requirement.) OR
- Interferon Gamma Release Assay (IGRA)

History of BCG vaccine is NOT a contraindication for tuberculin testing. TB skin test reactivity caused by BCG vaccine generally wanes with time. If more than 5 years have elapsed since administration of BCG vaccine, a positive reaction is most likely a result of *M. tuberculosis* infection.

Students with a positive TB skin test or IGRA:
Are required to provide documentation from their health care provider including the following:

- Result of the positive TB skin test (date placed, read, measurement in mm, signed by a health care provider) or IGRA report.
- Chest x-ray report.
- Determination by the health care provider if this is latent TB infection or active TB disease.
- Treatment: including what it was, when started, when completed, etc.

Students who have active TB disease: will be restricted from school and patient contact until they have provided documentation that satisfies the infection prevention policies of the health care facilities where the student trains.

Students with a known history of a positive TB skin test/latent disease will complete a symptom checklist annually.

6. **During enrollment:**

- **Annual TB Screening:**
    - Students are not routinely required to have annual TB testing. In special circumstances such as a known TB exposure or untreated latent TB, the student's program in coordination with the training facility's infection prevention and employee health services and/or Student Health will determine if testing is necessary.

    - All USD Health Affairs students will complete the USD Health Affairs Annual TB Symptom Checklist & Attestation of TB Education form and submit it to USD Student Health Services by November 1 during each year of enrollment. Failure to comply with annual TB requirements may preclude registration for classes, receipt of financial aid, and placement into a clinical setting.

- **Annual TB Education:**

- During enrollment, all USD Health Affairs students are required to complete annual TB education which includes information on TB risk factors, signs and symptoms of TB disease, and infection control policies and procedures. Students will sign an attestation annually that they have reviewed and understand the information.

- **Annual Influenza Vaccination:**

- The influenza vaccine is required by October 15th annually. Failure to comply with annual influenza requirements may preclude registration for classes, receipt of financial aid, and placement into a clinical setting.

Recommended Immunizations:

- **Meningococcal (meningitis) vaccine.** Recommended for students living in college dormitories who have not been immunized previously or for college students under 25 years of age who wish to reduce their risk.
- All 11- to 12-year-olds should be vaccinated with a meningococcal conjugate vaccine (Menactra® or Menveo®). A booster dose is recommended at age 16 years. Teens and young adults also may be vaccinated with a serogroup B meningococcal vaccine. In certain situations, other children and adults could be recommended to get any of the three kinds of meningococcal vaccines. Students should consult with their physician about the appropriate vaccine for their specific risk.
- **Childhood DTP/DTaP/DPT and polio vaccines**

- **COVID-19 vaccine:** Highly recommended for all students

III. DEFINITIONS

N/A

IV. PROCEDURES

N/A

V. RELATED DOCUMENTS, FORMS, AND TOOLS

This policy is also located in the Student Affairs Handbook, the Health Affairs Infection Control Manual, and the Student Affairs Bulletin.

Medical Students are subject to the immunization policies of the hospital affiliates during required clinical rotations.

Student Health Services

(Reviewed annually by Student Affairs)

The University of South Dakota Health Services is located in the Sanford Vermillion Hospital, located about ¾ miles from the Lee Medical building. Every full-time student on the Vermillion Campus is automatically enrolled in the service by payment of the general university fee. Health care services are available for each Pillar 2 and Pillar 3 student by campus. All medical students are required to obtain health insurance coverage that meets or exceeds the minimum standards set by administration.

Infection Control Procedures & Policies

(Approved by Student Affairs 4/2025)

The health and safety of the Medical Students is paramount. Therefore, it is important that students understand the policies and procedures for required immunizations, what to do in the event of an exposure to blood or body fluids, and other infection control measures. Please refer to the Health Affairs Infection Control Policies & Procedures Manual.

https://public.powerdms.com/USD/documents/2232036

ACCOMMODATIONS FOR STUDENTS INFECTED OR DISABLED DURING MEDICAL SCHOOL

LCME Standard: 12.8 Student Exposure Policies/ Procedures
Originating Office: Medical Student Affairs
Responsible Executive: Assoc Dean of Medical Student Affairs
Date Issued: Prior to 2017
Date Last Reviewed: 12/2024
Date Last Revised: 12/2024

I. REASON FOR THIS POLICY

The LCME, in Element 12.8, indicates a medical school has policies in place that effectively address medical student exposure to infectious and environmental hazards, including the following:

- The education of medical students about methods of prevention
- The procedures for care and treatment after exposure, including a definition of financial responsibility
- The effects of infectious and environmental disease or disability on medical student learning activities

All registered medical students (including visiting students) are informed of these policies before undertaking any educational activities that would place them at risk.

II. STATEMENT OF POLICY

I. Students will be given instruction in precautionary and infection control measures for bloodborne pathogens and communicable diseases prior to students' first contact with patients and first contact with human tissue, blood products, and body fluids. Specific training will be given on hand hygiene, use of personal protective equipment, handling of sharps, and specific isolation precautions to ensure students are aware of how to prevent acquisition and transmission of infectious diseases. In addition, students will be instructed on what constitutes an exposure and the protocol to follow in the event of an exposure. Follow-up training will be provided prior to each Pillar.

II. In the event a student becomes infected with a potentially communicable agent, becomes immunocompromised or is otherwise disabled while in medical school, the school will provide reasonable accommodations. In the event this occurs, students should immediately report to the Associate Dean of Medical Student Affairs to determine next steps. Students who acquire a transmissible disease in a non-educational setting will follow the same

protocol and instruction in the SSOM Infection Control Policies and Procedures Manual.

III. Accommodations to the student's educational program, if applicable, will be determined by an ad hoc committee including representatives from the Office of Medical Education, the Office of Medical Student Affairs, and USD Office of Accessibility. When provided reasonable accommodations, the student must be able to meet the technical standards for the educational program.

III. DEFINITIONS

Not applicable.

IV. PROCEDURES

See the related procedure, Occupational Exposure to Infectious & Environmental Hazards Protocol.

V. RELATED DOCUMENTS, FORMS, AND TOOLS

This policy is also found in the SSOM Medical Student Affairs Handbook and the Health Affairs Infection Control Manual.

Office of Accessibility: 605-658-3745, North Commons Room 116 accessibility@usd.edu

Student Mental Health Services

(Reviewed Annually by Student Affairs)

Confidential mental health services are provided by a number of clinics on and off campus. Counseling is available for individuals, couples, groups and families. Some oncampus options are the University of South Dakota Student Counseling Center, the University of South Dakota Psychological Services Center, and the Counseling and Family Therapy Center.

The Student Counseling Center is located in East Hall (South entrance) and available through telehealth. The staff is composed of licensed professional counselors, certified chemical dependency counselors, and doctoral and master's level student interns. Appointments are available Monday through Friday from 8:00-5:00 in person or via telehealth. Therapists are trained in a variety of treatment modalities that focus on anxiety, depression, identity, focus and attention along with specialized training in healing past trauma. There are no charges for students registered at USD. In addition, the Counseling Center also provides alcohol and drug assessment as well as outpatient chemical dependency treatment (phone number 658-3580). A crisis line is available 24/7 for immediate assistance by calling Coyote Care 833-569-1686.

The Psychological Services Center is located in Noteboom Hall Room 117. The center is comprised of psychologist trainees who are supervised by licensed psychologists. Appointments are available in person or via telehealth from 8:00-5:00 and selected evening hours. A one-time assessment fee of $20 is charged for all clients, and a sliding scale for any sessions after initial assessment. The PSC will serve USD students, faculty, staff, and members of the community. This clinic will provide diagnostic testing and structured psychotherapy during sessions. (Phone number 658-3720).

The Counseling and Family Therapy Center is located on the second floor of the Delzell Education Building. Short term Individual and Family Counseling services are provided for a variety of issues by master level students under supervision. This clinic will serve students and members of the community. Appointments are available 8-5 and some evening hours. There is no charge for registered USD students. (Phone number 658-6638).

Coyote Care:

Powered by Christie Campus Health, Coyote Care is a program that connects students to a 24/7 clinic support line staffed exclusively by licensed mental health professionals. The support line provides access to unlimited clinical support, risk assessment, connections to therapy and other next steps, emergency response, identifying students of concern and reporting. The service can be used by all students, whether on or off campus or abroad.

Students can access Coyote Care by calling **833-569-1686**.

Coyote Care can provide immediate, in-the-moment assistance to students going through a crisis, but students who are seeking long-term mental health services should reach out to the Student Counseling Center, whose team of licensed professionals offers a wide range of services including individual counseling, group therapy, prevention services and more.

Coyote Resource Guide
Coyote Resource Guide.pdf

Medical Student Employee Assistance Plan

877-851-1631

This EAP through the Life and Disability Insurance Plan, which all students participate in through the school, provides resources, support and guidance in a number of areas; emotional well-being counseling, family, marital, and other relationship issues, financial and legal support, life events support, addiction, stress or anxiety, and nutrition/ fitness coaching. Students may access these services 24/7. Counseling sessions are delivered by telephone or video, as well as, face-to-face. Students receive 6 free sessions per plan year (July-July). Note if a referral is made for longer term counseling sessions (more than 6), the student covers the cost. When you call, identify yourself by name and tell them you are under the USD Sanford School of Medicine policy. EAP Brochure - Six Sessions.pdf

Medical Student Professional Support Services

(Reviewed annually by Student Affairs)

This service is provided through the Office of Medical Student Affairs to assist students in their transition into medical school and their professional development. Although these services are provided through the Office of Medical Student Affairs, the services are strictly confidential and separate from the office. These services are available to students on all of the campuses.

Students also have the option of accessing counseling services directly. Brochures and posters are available on each campus and FARM site listing mental health professionals in Vermillion, Sioux Falls, Yankton and Rapid City. Information is available on student badges and the student portal (https://d2l.sdbor.edu/d2l/home/974686). These mental health professionals are knowledgeable of the needs of medical students.

Honor Societies and Scholarship Pathways Program

(Reviewed annually by Student Affairs)

ALPHA OMEGA ALPHA (Honor Medical Society)

Alpha Omega Alpha Honor Medical Society, a professional medical organization, recognizes and advocates for excellence in scholarship and the highest ideals in the profession of medicine. Alpha Omega Alpha (AOA) is to medicine what Phi Beta Kappa is to letters and the humanities and Sigma Xi is to science. Our values include honesty, honorable conduct, morality, virtue, unselfishness, ethical ideals, dedication to serving others, and leadership. Members have a compelling drive to do well and to advance the medical profession and exemplify the highest standards of professionalism.

The top 50 percent of a medical school class is eligible for nomination to the society, and up to 20 percent may be elected based on leadership, integrity, community service, kindness, and fairness in dealing with one’s colleagues. The top 50 percent of the class will be determined for the spring AOA selection based on percent grades earned in Pillar 1. Members may also be

elected by chapters after demonstrating scholarly achievement and professional contributions and values during their careers in medicine. Distinguished professionals may also be elected to honorary membership. Election to Alpha Omega Alpha is a distinction that accompanies a physician throughout his or her career. More information can be found at www.alphaomegaalpha.org.

GOLD HUMANISM HONOR SOCIETY

The Gold Humanism Honor Society (GHHS) is a national honor society designed to recognize the demonstration of humanistic behavior. These behaviors include a deep sensitivity and respect for others, and a consistent demonstration of the attributes of integrity, excellence, compassion, altruism, respect, empathy and service. Selection of the inductees occurs at the end of the third year and is based on these characteristics regardless of GPA, provided the student is in good academic standing.

AEQUITAS HEALTH HONOR SOCIETY

The SSOM Aequitas Health Honor Society is similar to other national medical student honor societies. Specifically, the SSOM Aequitas Health Chapter: 1) recognizes 5-10% of a medical school class as Aequitas Health Honor Society Fellows 2) promotes advocacy and research as Fellows are required to advance the cause of health equity within their communities through a project and 3) publicizes the work of Fellows by publishing research, commentaries, and other works in an online journal. USD SSOM elected the inaugural chapter of Aequitas Health Fellows in 2021 and numerous other LCME-accredited medical schools have adopted, or are in the process of adopting, their own local chapters.

SCHOLARSHIP PATHWAYS PROGRAM

The Scholarship Pathways Program is an elective opportunity for students to explore interests beyond the traditional curriculum. It promotes independent scholarship, critical thinking, and leadership skills. Under the guidance of a mentor, students develop a project in the areas of education, research, or service. The final product is presented in the fourth year, and special recognition is provided during graduation. Applications are competitive and are due during the first year.

STUDENT PERFORMANCE POLICY

GRADING

LCME Standard:
Originating Office: Medical Student Affairs
Responsible Executive: Associate Dean of MSA
Date Issued: Prior to 2017
Date Last Reviewed: 5/2024
Date Last Revised:

I. REASON FOR THIS POLICY

A formal student performance and evaluation policy is required to standardize the process of and inform students of, the grading scale, how narrative comments are utilized in grading, and appropriate use of grades of 'Incomplete' in the curriculum.

II. STATEMENT OF POLICY

Passing grades are A (superior), B (good), and C (passing), and S (satisfactory). A grade of D (scholastically deficient) means the student, although not passing, may be subject to certain options. (See section on Promotion, Dismissal and Graduation.) A grade of F and unsatisfactory (U) is a non-passing grade.

A grade of Incomplete can be used only when a student has not been able to complete course requirements for some acute and unexpected circumstances beyond the student's control. The BOR policy specifies the following criteria: "An incomplete grade may be granted only when all of the following conditions apply: a) a student must have encountered extenuating circumstances that do not permit him/her to complete the course; b) the student must be earning a passing grade at the time the incomplete is necessitated. Anticipated course failure is not a justification for an incomplete; c) the student does not have to repeat the course to meet the requirements; d) the instructor must agree to grant an incomplete grade; and e) the instructor and student must agree on a plan to complete the coursework."

Grading Scales:

Pillar 1: See Pillar 1 course syllabi
Pillar 2: See Pillar 2 handbook
Pillar 3: See Pillar 3 handbook

Narrative Comments

Most final grades for a course and clerkships must include narrative comments pertaining to the cognitive knowledge, clinical skills (where appropriate) and noncognitive qualities pertaining to the student functioning as a competent physician upon graduation. The non-cognitive qualities evaluated refer to the professional

attributes such as, but not limited to honesty, responsibility, reliability, maturity, integrity and respect for peers, staff, faculty, and patients that are critical to success in medical school and practice. Narrative comments include clinical and communication skills where appropriate.

III. DEFINITIONS

N/A

IV. PROCEDURES

In order for a student to receive an "I" grade, an Incomplete Form must be completed by the department stating the reason(s) for the “I”, the conditions for removal of the "I", and deadline for removing the "I". The Course or Clerkship Director must sign this form. Once the form is completed the department will send a copy to the student and send the original to the Office of Medical Student Affairs in Vermillion. The original Incomplete Form will be placed in the student's file. When the incomplete conditions for removal have been fulfilled, the department will then submit a Change of Grade form. This form will assign a grade to the student. When the department has completed the Change of Grade form with the appropriate information, the form will be sent to the Office of Medical Student Affairs in Vermillion.

V. RELATED DOCUMENTS, FORMS, AND TOOLS

USD SSOM Promotion and Graduation Policy
USD SSOM Requirements for Advancement, Graduation, Dismissal Policy BOR Policy 2.8.1

This policy is found in the Student Affairs Handbook.

ACADEMIC PROBATION

(Approved: SPCC 4/2025; Medical Education Committee 4/2025)

LCME Standard:
Originating Office: Medical Education Committee, Student Progress and Conduct Committee
Responsible Executive: Associate Dean of Medical Education
Date Issued: 10/2023
Date Last Revised: 6/2025

I. REASON FOR THIS POLICY

Students pursuing the M.D. degree at the SSOM are expected to demonstrate an acceptable rate of academic progress toward earning their degree by maintaining enrollment as a full-time student and by achieving an expected level of academic performance. Students who do not maintain adequate academic progress may be placed on academic probation. Exceptional circumstances will be considered by the SPCC.

II. STATEMENT OF POLICY

Students may be placed on academic probation due to the following circumstances:

- A grade of D, F, or U in any course
- Other patterns of academic difficulty deemed to be of significant concern by the SPCC

* Students on academic probation are not eligible to be elected as a class officer.

Once placed on academic probation, a student will remain on probation until the deficient grade(s) has been remediated. If the student repeats the academic year, the probationary period will continue to the end of the repeat year. The SPCC, given extenuating circumstances, continuing academic risk, or other factors that may affect a student's progress, may modify the duration of academic probation and other conditions. Students will be notified in writing when placed on or removed from probationary status. Academic probation will not be recorded on the student's transcript but will appear in the Medical Student Performance Evaluation (MSPE). Students may appeal their probationary status using the medical school's grievance procedures for remediation in the Medical Student Handbook.

Students who are on academic probation must maintain acceptable academic progress in all subsequent coursework. If a student who is currently on academic probation or who has previously been on academic probation meets any of the following conditions, they will be considered for dismissal. Those conditions include:

- A grade of D, F, or U in any course
- Other patterns of academic difficulty deemed to be of significant concern by the SPCC

III. DEFINITIONS

SPCC: Student Progress and Conduct Committee

IV. PROCEDURES

Procedure imbedded in policy, above.

V. RELATED DOCUMENTS, FORMS, AND TOOLS

This policy is also printed in the Medical Student Affairs Handbook.

USLME PERFORMANCE POLICY

LCME Standard: N/A
Originating Office: Medical Education
Responsible Executive: Associate Dean, Medical Education
Date Issued: Prior to 2017
Date Last Reviewed: 7/2026
Date Last Revised: 7/2026

I. REASON FOR THIS POLICY

This policy ensures that medical students are meeting critical academic and professional milestones necessary for progression through the curriculum and eventual graduation. Timely completion of the USMLE Step 1 and Step 2 exams reflects competency in foundational and clinical sciences, supports readiness for clinical training and residency, and aligns with national licensure requirements. Establishing clear expectations and timelines promotes academic success, protects student wellbeing through early intervention and support, and upholds the integrity of the MD program.

II. STATEMENT OF POLICY

To progress to Pillar 2, all Pillar 1 medical students must participate in structured advising and Step 1 preparation, meet institutional performance benchmarks, and pass the USMLE Step 1 by specified deadlines. Students who do not meet these expectations may be required to take a Leave of Absence.

To graduate, students must take and pass the USMLE Step 2 by the end of June in the year prior to graduation, unless granted an approved extension. Graduation will be delayed without timely receipt of an official passing score. Students who fail Step 2 three times will be dismissed from medical school.

III. PROCEDURES

Students are responsible for initiating accommodation for USMLE exams prior to taking the exam (recommend 2-3 months).

USMLE Step 1:

ADVISING

1. Learning Specialist meets with the class during Pillar 1 Essentials week.

2. Learning Specialist provides students with the ‘Roadmap to Successful Step 1 Preparation’ and all students are encouraged to follow this.

3. Students in the last quartile of the medical school class will have regular meetings with the Pillar 1 Director and Learning Specialist during Pillar 1.

4. Pillar 1 Course Directors will continue to increase the Step 1-style questions used in weekly quizzes and final examinations. The Directors will work with Learning Specialist to help provide Step 1-style questions in weekly study aid quizzes to enhance student preparation for Pillar 1 summative assessments.

PROTOCOL

1. All Pillar 1 students will meet with Learning Specialist after the 2nd CBSE and prior to dedicated study to determine specific Step 1 study plan.
2. If a student requires a retake (remediation of final exam is exempt), they will meet with the Medical Education Learning Specialist (MELS) to modify their individualized learning plan.
3. Students that fail to achieve at least an Estimated Percent Correct (EPC) of 55 on CBSE #3 (2nd week December), will be required to participate in the Step 1 Prep course.
4. Students that failure to meet with the MELS will result in a referral to SPCC for professionalism violation and can impact the request for a delay for extended study time.
5. Student who have passes Step 1 by Friday before Scholarly Activity course will be enrolled in the course.
6. Student who have passes Step 1 by Friday before Scholarly Activity course will be enrolled in the course.
    a. Delay Approval –
    - If a student is approved for a delay by the committee, the student will be required to participate in the Step1 prep program and must take Step 1 by three Fridays prior to the March essentials start date.
    b. Delay Denied
    - If the student does not post a passing Step 1 score by Friday before scholarly activities, they will be place on a LOA.
7. All students that have passed Step 1 by the end February will attend Pillar 2 Essentials the first week in March. If the student does not post a passing score by Friday before Pillar 2 essentials, that will be on a LOA.
8. Students on LOA will be required to record a passing score on Step 1 prior to re-entering the Pillar 2 curriculum (no more than three total exam attempts). It is recommended that students retake Step 1 by the end of June and are required to post a passing score by November 1 to be enrolled in Scholarly Activity Course in February. Students who go on LOA will not be eligible for AOA selection.
9. MD-PhD students must pass Step 1 prior to starting the PhD phase on a similar timeline to the medical students. Students are recommended to take Step 1 by two Fridays before start of February. Students can request a delay by four weeks if needed, and if students do not pass by the beginning of March they will need to take a LOA.
10. MD/PhD students meet the Pillar 2 Scholarly Activities Course requirement through the PhD component of the program. MD/PhD students may opt to enroll in the Scholarly Activities course to support the development of an additional scholarly project.
11. Delayed students are not required to take the scholarly activity course but

must complete 34 activities as part of Pillar 3 and have 4 fewer weeks of vacation in Pillar 3.

Exceptions to deadlines include testing site closures and curricular adaptations related to state or national emergencies. These exceptions must be approved by Pillar 1 Director, Pillar 2 Director, Dean of Student Affairs, and Learning Specialist.

USMLE Step 2:

A student must take and pass the USMLE Step 2 as a requirement to graduate with the MD degree. The USMLE Step 2 shall be taken no later than the end of June the year prior to graduation.

This deadline may be extended for a student who is out of phase with classmates, or for other significant disruptions to their program, and approved by the Associate Dean of Medical Student Affairs or their assigned delegate. Graduation will be delayed if an official notice from the National Board of Medical Examiners indicating a passing score on the USMLE Step 2 Examination has not been received in the office of Medical Student Affairs in time to certify completion of graduation requirements.

Three failed USMLE Step 2 attempts will result in dismissal from medical school.

IV. RELATED DOCUMENTS, FORMS, AND TOOLS

This policy is found in the Student Affairs Handbook

Objective, Structured Clinical Exam (OSCE)

(Reviewed yearly by Medical Education)

- Successful completion of the Objective Structured Clinical Examination is required for graduation from the USD Sanford School of Medicine. Therefore, participation in the formative and summative OSCEs is mandatory. Students will earn a pass or fail score. Students who fail will need to successfully remediate to move into Pillar 3.
- The OSCE consists of one formative (ungraded) examination and one summative (graded) examination that are held throughout the year.
- In each examination, students perform a series of clinical encounters with standardized patients and then document their progress note reflecting the prior encounter. In addition to clinical cases, the OSCE also includes a skills station dedicated to x-ray interpretation, EKG interpretation, and/or identification of heart and lung sounds on the Student Auscultation Manikin (SAM) and a blended simulation case. Cases depict common and important symptoms and diagnoses taught during medical school training.

Personal Aptitude for Medicine

Dean's Authority

Awarding the MD degree is predicated on the determination by the faculty that a student is suitable for the practice of medicine in terms of his or her complete academic performance in the areas of grades, professional conduct and attainment of the Medical School Education Competencies as well as the student's conduct outside of academic areas when such conduct may impair the student's ability to practice medicine or such conduct is not in keeping with the standards of the medical profession. The faculty has empowered the Student Progress and Conduct Committee (SPCC) to evaluate all students to determine their fitness for continuation in the program or for graduation. The Dean of the School of Medicine has the right to suspend any student prior to SPCC action if the Dean feels that the student's behavior poses a danger to themselves, patients, or other members of the medical community.

REQUIREMENTS FOR ADVANCEMENT, GRADUATION, DISMISSAL POLICY

LCME Standards: 9.6 Setting Standards of Achievement; 9.9 Student Advancement and Appeal Process; 10.3 Policies Regarding Student Selection/ Progress and Their Dissemination
Originating Office: Medical Education
Responsible Executive: Assoc. Dean, Medical Education, Assoc. Dean, Medical Student Affairs
Date Issued: Prior to 2017
Date Last Reviewed: 3/2025
Date Last Revised: 4/2025

I. REASON FOR THIS POLICY

The LCME, in Element 9.6, indicates a medical school ensures that faculty members with appropriate knowledge and expertise set standards of achievement in each required learning experience in the medical education program.

Element 9.9 indicates a medical school ensures that the medical education program has a single set of core standards for the advancement and graduation of all medical students across all locations. A subset of medical students may have academic requirements in addition to the core standards if they are enrolled in a parallel curriculum. A medical school ensures that there is a fair and formal process for taking any action that may affect the status of a medical student, including timely notice of the impending action, disclosure of the evidence on which the action would be based, an opportunity for the medical student to respond, and an opportunity to appeal any adverse decision related to advancement, graduation, or dismissal.

Finally, Element 10.3 indicates the faculty of a medical school establish criteria for student selection and develop and implement effective policies and procedures regarding, and make decisions about, medical student application, selection, admission, assessment, promotion, graduation, and any disciplinary action. The medical school makes available to all interested parties its criteria, standards, policies, and procedures regarding these matters.

II. STATEMENT OF POLICY

Students must complete all requirements for graduation within 6 years of matriculation. Students who do not complete all requirements or reach a point where they will not be able to complete the requirements in the allotted time will be dismissed from the Medical School. Exceptions may be granted based on appeal by a student in good academic standing. Students in good standing in the Physician Scientist Program (MD/PhD) are granted a total of 10 years.

The decisions on advancement of a medical student to the next academic period are made by student affairs leadership based on four guidelines established by the Medical Education Committee:

1. Satisfactory completion of the course work required for the previous academic period as verified by faculty clerkship or course directors.
2. Satisfactory completion of the required exams that include USMLE Step 1, USMLE Step 2, and the SSOM OSCE(s) as verified by the Associate Dean of Medical Student Affairs or their assigned delegate.
3. No pending or active review by the Student Progress and Conduct Committee (SPCC) that may impact the student's advancement as verified by the Chair of the Student Progress and Conduct Committee.
4. The ability to register in a timely manner or be eligible for financial aid, as verified by the medical school financial aid program assistant, and the registration officer for the medical school.

The Doctor of Medicine degree is granted to students who have been recommended by the Student Progress and Conduct Committee as having achieved a satisfactory level of the Medical Student Education Competencies. To graduate, a student must have successfully completed the required four-year curriculum of the SSOM with:

1. A grade of Satisfactory, C or better in all required courses and completed a total of 166 credits.
2. A minimum cumulative grade point average of 2.00 on a 4.00 scale (all deficient and failing grades are included in the calculation of the GPA, but Pass/Fail courses are not.)
3. A passing performance on USMLE Step 1 (must attain a passing score in three or fewer attempts.)
4. A passing performance on USMLE Step 2 (must attain a passing score in three or fewer attempts.)
5. A passing score, as determined by the school-wide OSCE committee, on the school administered OSCE (or appropriate remediation as determined by the Medical Education Committee)

A diploma will not be released until grades are submitted to the registrar for all registered courses and all other requirements are met.

The fitness of a medical student to be promoted, to continue as a student, and to graduate from the Sanford School of Medicine (SSOM) are faculty responsibilities. The faculty has established the Student Progress and Conduct Committee (SPCC) to review the student's academic performance in the areas of grades, professionalism, ethics or other aspects of performance and to direct and enforce stipulations for student remediation. The SPCC recommends students for graduation, suspension, or dismissal. The faculty has established the following guidelines and rules as the basis of promotion, suspension, dismissal, and graduation.

Scholastic Performance

1. A course is defined as an approved subject under a specific name and number with a specific number of credit hours and for which registration will be allowed.

2. A grade of D, assigned after completion of the regular course, will be considered to be a scholastically deficient grade.

3. A grade of F or U, assigned after completion of the regular course, will be considered a failing grade.

4. All students receiving a failing grade are automatically referred to the SPCC for evaluation.

Students receiving an unsatisfactory or deficient grade are not eligible for promotion to the next Pillar or graduation until the grade is remediated.

No student may receive a grade of "U" in two courses during the first portion of Pillar 1 (Medical Foundations 1 through Blood/Hematopoietic/Lymphoreticular Systems) or in two courses during the second portion of Pillar 1 (Cardiovascular through Endocrine), because time constraints then preclude the possibility of successful remediation. Any student meeting this criterion will automatically be referred to the SSOM SPCC.

A deficient grade obtained during a clinical rotation (Pillar 2 or 3) may require repeating the rotation, preferably at a different clinical site. A student receiving two grades of D or one grade of F in the same Pillar will be referred to the SPCC for evaluation and may be subject to dismissal.

III. DEFINITIONS

IV. PROCEDURES

Appeal of an Assigned Grade in a Course or Clerkship: *Revised 04/2023, 03/2024, by Office of Medical Education

This appeals process outlines how the Office of Medical Education handles appeals. This process follows the South Dakota Board of Regents Policy (see Policy 2.9.1) 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. 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/Altus.
Appeals made via email, or any other form of communication will not be accepted.

The appeal form will be made available in One45/Altus 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 Office of Medical Education 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

Pillar 1
Pillar 1 follows SDBOR Policy 2.9.1 regarding academic grievances and appeals. The official form for academic appeals can be provided by the Pillar 1 Director or the Biomedical and Translational Sciences Dean's office.

Pillars 2 and 3

Step 1

- Clerkship director if the student is appealing a clerkship/discipline-specific grade.
- Campus dean if the student is appealing a Pillar 2 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:
    - 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.
    - 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. ○ This individual would report back to the campus dean with the findings regarding the merits of the appeal.
    - The campus dean would then be invited to also review the materials.
- 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)

- 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.
- Campus dean from another campus for clinical competency grades.

- 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)

- Appeal to Senior Dean of Academic Affairs
- 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.

Appeal of the SPCC Stipulations for Remediation:

Appeal to the VP/Dean of the SSOM

In the event that the student feels they have a legitimate grievance concerning the stipulations for remediation of the Student Progress and Conduct Committee, they may submit in writing a full statement, with documentation (including statement of grievance, prior actions and recommendations, action the student is seeking and other pertinent information) of the nature of the grievance to the Dean/VP of the School of Medicine within fourteen calendar days of receipt of such a recommendation from the SPCC. Examples of legitimate grievances include, but are not limited to, alleged failure of the SPCC to follow the procedures set forth in the Faculty Handbook, recommendation(s) not based on evidence, or the severity of the sanctions recommended. The Dean/VP may seek the advice and assistance of any faculty and/or administration in attempting to evaluate and resolve the grievance. The Dean/VP shall use their best effort to communicate to the student, in writing, a decision pertaining to the grievance within fourteen calendar days of receipt of the grievance.

Appeal of a Recommendation by the SPCC Suspension or Dismissal:

Appeal to the VP/Dean of the SSOM

In the event that the student feels they have a legitimate grievance concerning the recommendation of the Student Progress and Conduct Committee that the student be suspended or dismissed from the Sanford School of Medicine, they may submit in writing a full statement, with documentation (including statement of grievance, prior actions and recommendations, actions the student is seeking and other pertinent information) of the nature of the grievance to the Dean/VP of the Sanford School of Medicine within fourteen (14) calendar days of the receipt of such a recommendation from the SPCC. The Dean/VP may accept or reject the appeal

V. RELATED DOCUMENTS, FORMS, AND TOOLS

This policy is also posted in the Medical Student Affairs Handbook.

MEDICAL STUDENT PERFORMANCE POLICY EVALUATION POLICY (MSPE)

LCME Standard: 11.4 Provision of MSPE; 11.6b Student Challenge of the Content of the MSPE
Originating Office: Medical Student Affairs
Responsible Executive: Associate Dean, Medical Student Affairs
Date Issued: 05/2025
Date Last Reviewed: 06/2025
Date Last Revised: 06/2025

I. REASON FOR THIS POLICY

The LCME, in Element 11.4, indicates that a medical school provides a Medical Student Performance Evaluation (MSPE) required for the residency application of a medical student to align with the AAMC/ERAS residency application timeline.

Element 11.6b describes how medical students can challenge the content of the MSPE.

II. STATEMENT OF POLICY

The Medical Student Performance Evaluation (MSPE) is a part of the official student record and will be maintained according to USD SSOM policies regarding student records and privacy. The MSPE is a standardized document prepared according to the guidelines established by the Association of American Medical Colleges (AAMC). Medical Student Performance Evaluation (MSPE)

The MSPE is a required component of the residency application for all students. An MSPE is prepared for every student and is submitted directly to the residency application service by the Office of Medical Student Affairs.

III. DEFINITIONS

Definition: The MSPE is a summary letter of evaluation intended to provide residency program directors an honest and objective summary of a student's salient experiences, attributes, and academic performance. Comparative data, when included, will compare students with their class. Sections included in the MSPE:

a. Identifying Information
b. Noteworthy Characteristics
c. Academic History
d. Academic Progress
e. Pillar 3 Courses (3)
f. Summary
g. Medical School Information.

IV. PROCEDURES

MSPE Letter Provision:

1. Students will have the opportunity to sign up online for an MSPE meeting with one of the following individuals to create their letter and not prior to May 15th of each year.
    a. Regional associate campus deans (Rapid City, Sioux Falls, Yankton)
    b. Associate dean of rural medicine
    c. Director of career advising and student success
    d. Associate dean of student affairs

2. Students will observe the following rules when choosing their MSPE writer:
    a. Students may not choose their campus dean, or associate dean of rural medicine if FARM students, as their MSPE writers.
    b. Students may not choose an MSPE writer if that faculty member has evaluated them in a course or clerkship at SSOM.
3. Students will complete the MSPE Survey online prior to the MSPE meeting which will include information the student will provide regarding Scholarship Pathways Project, Pillar 2 campus, noteworthy characteristics, specialty interest and personality strengths brought to that specialty, leaves of absence, academic deficiencies in medical school, and information on Couples Match (if applicable) .
4. Students will participate in a 45-60 minute meeting in a time slot chosen by the student. Time slots are available from the end of May to July. Students will meet with their MSPE writer to review a preliminary draft of the letter, discuss residency application plans and competitiveness, and receive feedback on their curriculum vitae and personal statement. Feedback will also be provided by the letter writer on the 'Noteworthy Characteristics.'

5. Students may choose three (3) Pillar 3 electives/required course evaluations to include at the end of the MSPE, including written comments and grades. Pillar 3 courses to be included must have concluded by July 31.
6. The SSOM assistant registrar will calculate the top 10%, 25%, and 50% of the graduating class, and a sentence will be added to the end of the MSPE for the respective students.

7. Each MSPE will be reviewed by letter writers for spelling, grammar, and factual accuracy.

8. The SSOM Office of Student Affairs will submit the MSPE to the appropriate residency application service on or by the standard MSPE release date set by the AAMC annually.

Challenge to Content of the MSPE:

Students will receive a preliminary draft of their MSPE by logging into One45 at the beginning of September annually to provide feedback on its accuracy. Students have 7-days from being granted access to the MSPE preliminary draft to appeal wording in the letter. No appeals will be accepted after that. Once submitted, the MSPE cannot be modified, except to correct factual errors.

Changes to student status will be reported and submitted as an addendum to the original MSPE and include an updated Academic History section. The MSPE will not otherwise be updated or resubmitted even when new clinical rotation evaluation data is available.

1. Students may appeal wording in the MSPE as long as it will not change the meaning of the content.
2. Students may not appeal comments from evaluations that would change the meaning.
3. Students may change the content of the 'Noteworthy Characteristics' at any time.

IV. RELATED DOCUMENTS, FORMS AND TOOLS

This policy is also located in the Medical Student Affairs Handbook.

Student Progress and Conduct Committee

(Reviewed and approved 8.2026)

A. Membership (12):

1. Faculty (12): 12 members of the faculty that must include representatives from each pillar of the curriculum.

   (a) Faculty members who have an immediate family member currently enrolled in the School of Medicine are ineligible to serve on the Student Progress and Conduct Committee (SPCC).

   (b) Three faculty members are elected by the faculty. One from biomedical sciences and two from clinical sciences.

   (c) A committee interest survey is distributed to all faculty. Faculty responses are collated and the list of faculty who express interest is shared with Faculty Council for review. Faculty Council makes recommendations to the Dean, and the Dean makes the final appointments for the other nine members.

2. Advisory - Associate Dean of Medical Student Affairs.

B. Organization:

1. A chairperson will be appointed by the Dean of the Medical School and will serve for a renewable one-year term and is a voting member.

2. Votes: A quorum is 8 members of the voting members

   (a) Two-thirds (8) of the SPCC members must concur on all actions concerning student dismissal.

   (b) Three- fourths of the members present must concur on all actions concerning student remediation, discipline and graduation.

   (c) A majority of members present must concur on all the other actions.

   (d) Proxy votes are not permitted.

3. Meetings of the SPCC may be electronically conferenced if the associate dean of medical student affairs and the chair of the SPCC determine it necessary for the effective functioning of the SPCC.

C. Duties:

1. It is the intention of the SPCC to maintain the integrity of its charge through the use of a fair and impartial process in all its deliberations.

2. Approve the list of students who are eligible for graduation, subject to completion of all requirements.

3. (a) Investigate and consider cases of students who are deemed to be deficient in any academic area including, but not limited to, grades, professionalism, ethics or other aspects of performance and, when necessary, direct and enforce stipulations for remediation to the student; in addition, the SPCC will inform appropriate Sanford School of Medicine faculty or staff who may be asked to assist the student in fulfilling the SPCC's requirements. When a decision for suspension or dismissal is made by the SPCC, the Vice President/Dean of the Sanford School of Medicine will be notified.

(b) Investigate and consider cases of students who are accused of misconduct for unprofessional behavior when referred directly to the SPCC by a faculty member. When a decision for suspension or dismissal is made by the SPCC, the Vice President/Dean of the Sanford School of Medicine will be notified.

4. The SPCC will review any report from the Professional Conduct Board that pertains to a student accused by another student of unethical or unprofessional behavior. Following evaluation of such a report the SPCC will take appropriate action and, where necessary, direct and enforce stipulations for remediation to the student. The SPCC

Chair will notify the Professional Conduct Board when this process has been concluded. To avoid possible double jeopardy for a student, any member of the SPCC with a potential conflict of interest must recuse themselves from the deliberation and voting process when such a case is reviewed.

D. Recusal and Conflict of Interest Policy:

Any member of the SPCC must recuse if the member or Chair perceives a conflict of interest arising from a current or past experience with a student. A conflict of interest includes, but is not limited to:

1. SPCC member who has provided health services to a student including medical and psychiatric care or psychological counseling.
2. SPCC member who is aware of any prejudice, pro or con, that would impair their judgment of the petition.
3. SPCC member who has, or has had, a personal relationship with the student.
4. SPCC member who has participated, or intends to participate, in deliberations about the questions at issue in the petition at another level of review.
5. SPCC member who believes that their recusal is necessary to preserve the integrity of the review process.
6. SPCC member, including course or clerkship director, whose faculty role has any bearing on the reason a student is being evaluated by the committee, or if they have participated in a prior adverse decision about the student outside of SPCC.

When an SPCC member identifies a potential conflict of interest, the member must make the SPCC Chair aware (in writing) of any conflict. The SPCC Chair and Associate Dean of Medical Student Affairs will choose one of the following course of action and enter them into the minutes:

1. Allowing the SPCC member to complete the review without limitation,
2. Having the SPCC member recuse themselves from reviewing the specific student with whom there is a conflict,
3. Recusing the SPCC member from the entire meeting, or
4. Recusing the SPCC member permanently.

E. Procedures:

1. A student must be formally referred to the Student Progress and Conduct Committee by a faculty member via a signed, written communication to the Chair detailing the issues necessitating the referral. Any faculty member who refers a student to this committee and who

is also a serving committee member may present information about this case during the relevant meeting, but must recuse themselves from the deliberation and voting process.

2. At least 14 calendar days in advance of a meeting at which a referred student's issues will be considered, the Chairman will notify the student and their advisor of the date of the meeting at which the case will be considered and the nature of the issues which led to the referral. This notice requirement may be waived if the student requests or agrees to, in writing, an earlier meeting date. The student will be invited to attend the meeting and to present information to the SPCC for consideration; the student may also request that specific Sanford School of Medicine/USD faculty members or students be invited to speak on their behalf.
3. If the SPCC determines that a student should be suspended or dismissed from the program this decision may be based not only on the academic issue(s) at hand, but may also take into consideration the safety of the student, the safety of faculty and staff, the safety of others, including patients, and any student misconduct. Once the SPCC makes a decision for suspension or dismissal, the VP/Dean of the Sanford School of Medicine will be notified.
4. Information utilized in forming the SPCC's stipulations for remediation may be obtained from any pertinent source including, but not limited to:
   (a) The Office of Student Affairs. The SPCC may receive information (as obtained via student longitudinal follow-up committees, for example) on a student's fitness for a medical career.
   (b) The Professional Conduct Board. The SPCC may receive any report from the Professional Conduct Board.
   (c) Public records and social networking sites. Any sources of information in the public domain containing information that could be germane to the issue at hand may be searched and used in the SPCC's decision-making process.
   (d) A medical education learning specialist may be invited to attend the committee meeting to provide objective data, and serve as advisory, in the instances of referral for academic reasons.
5. Students who fail (and do not qualify for immediate remediation as defined by the SSOM Pillar 1 Handbook) three (3) courses in Pillar 1 will result in automatic dismissal from SSOM.
6. Students who are granted a leave of absence (LOA) while failing a course will count this course as one failed course (and do not qualify for immediate remediation as defined by the SSOM Pillar 1 Handbook).
7. Copies of all SPCC recommendations and stipulations for remediation provided to the student, plus all supporting documents will be sent to the Vice President/Dean of the Sanford School of Medicine.

F. General guidelines:

1. This committee will follow the general guidelines set forth for committees.

Ad hoc Committee

If a concern from a faculty member, student or staff regarding a student is presented to the Associate Dean of Student Affairs or Assistant Dean of Student Affairs, the Associate Dean of Student Affairs may convene an ad hoc committee to obtain information from the student or

others to determine if the student behavior warrants referral to the Student Progress and Conduct Committee. The committee will consist of the Associate Dean of Student Affairs and 2 members appointed by the Associate Dean of Student Affairs. The committee may also make recommendations for referral to counseling services, the Chief Wellbeing officer, or academic advising.

Financial Aid

BASIS FOR AWARDS

Most funding described in this section is awarded on the basis of financial need. Federal regulations require that any assistance provided from federal funds be contingent upon a careful determination of the student's financial need. These regulations entail important practical consequences for many kinds of financial aid available at SSOM, such as Loans for Disadvantaged Students, and Primary Care Loans. Thus, the technique of need analysis is employed as a means of arriving at a reasonable estimate of the ability of the applicant and of the applicant's family to contribute to educational expenses.

For Title VII funds, parental information is required. A calculated amount of contribution expected from parents is determined through consideration of such circumstances as the family's income, total assets, and number of dependents. Students are expected to defray part of their expenses by contributing their savings or summer earnings, or both. Financial need in this context may be defined as the difference between the cost of attending SSOM and the amount of the contribution by the student and the student's family.

The primary responsibility for the funding of the cost of education lies with the student and the student's family. However, in some cases, the amount that the student and the student's family can contribute is not sufficient to meet all of the costs of attending medical school. For students who find themselves in need of financial assistance to supplement their family contribution, the following information is offered.

WHO IS ELIGIBLE FOR FINANCIAL AID?

A student must have a satisfactory credit rating to be eligible for any form of financial assistance. Additional requirements to qualify for financial aid programs, and to maintain eligibility for these programs, are that an applicant must: be a U.S. citizen or permanent resident, be accepted for admission to SSOM, be enrolled in good standing as a full-time student, be registered with the Selective Service if a male and at least 18 years-old and under 26 years old, not be in default on a previous student loan or owe a refund on any Title IV funds received at another educational institution, maintain satisfactory progress and be creditworthy. Income and assets will determine the type of financial assistance that the student will be eligible to receive. If the expected family contribution exceeds the limit set to prove eligibility for need-based programs, there are non-need based loan programs for which students may apply.

WHAT ARE THE COSTS OF EDUCATION?

The "student budget”, on which all financial assistance will be based includes tuition for in-state and out-of-state residents as well as other costs. Other costs included are required fees, books and supplies, housing, (which includes food and utilities), transportation costs, and other miscellaneous expenses. These other costs are estimates of the average costs for an entire class. However, because of the variety of locations where required educational experiences are offered, there may be individual differences in the cost of transportation that students are required to pay. Many students through good budgeting and money management find that their expenses are far less than those quoted in the budget.

MALPRACTICE AND DISABILITY INSURANCE

All students are required to have malpractice and long-term disability insurance. Students will be enrolled in the university group policy which is billed directly on the tuition and fee statement. Contact the Office Medical Student Affairs for more information on insurance.

HEALTH INSURANCE

Students must provide proof of enrollment in a major medical health plan prior to attending classes or rotations. Minimum requirements are a deductible of $9,450 or less, $9,450 or less for maximum out of pocket expenses, mental health and chemical dependency coverage.

THE FINANCIAL AID PROCESS

To benefit the student who wishes to apply for financial assistance, the Office of Medical Student Affairs has prepared this section which provides the types of financial aid available at SSOM, as well as advice about the best way to make arrangements for obtaining aid. Call 605-658-6303 to schedule a financial aid appointment.

FINANCIAL ASSISTANCE

To be considered for most types of financial aid, the student must complete a Free Application for Federal Student Aid (FAFSA) to determine need. The need analysis is based on a formula established by the federal government and the analysis determines how much the student is expected to contribute toward educational expenses. Student (and their spouse, if married) income, assets, and other resources will be considered. The amount of aid the student is eligible for is determined by subtracting the amount they are expected to contribute from the cost of the educational budget.

Dependent vs. Independent Status: Students should complete the FAFSA regardless of whether they are independent or dependent, married or single. Students wanting to be considered for need based aid will need to complete the supplemental financial need application. This will permit the Sanford School of Medicine Student Financial Aid Committee to consider them for every type of aid available and will prevent delays in evaluating them for special need financial aid requiring parental tax information. Providing parental information will not adversely affect the loans they are eligible for if independent and it may qualify the student for additional aid.

TYPES OF FINANCIAL AID AVAILABLE

- If a student withdraws or is dismissed from medical school, these loans become due immediately.
- Loans are subject to government policy changes.

Primary Care Loans (PCL): A low-cost federal loan for medical students committed to primary health care practice. Graduates must enter a residency training program in family medicine, internal medicine, pediatrics, combined medicine/pediatrics or preventive medicine and complete their residency in four years. Loan amounts are based on eligibility and the amount of PCL funds available. The maximum award each year is the cost of education (Student Budget). Amounts beyond this may be awarded to 3rd and 4th year students. The interest rate is 5% and begins to accrue when the graduate enters repayment and repayment begins when borrower enters practice provided they have completed a deferment each year. Parental information is required, unless you can provide tax documents to prove you have filed taxes independently from your parents the last 3 years. If the graduate decides not to enter primary care the loan will default to 7% interest.

Loans for Disadvantaged Students (LDS): A low-cost federal loan to assist disadvantaged students having need. Loan amounts are based on eligibility and the amount of LDS funds available. The maximum award each year is the cost of education (Student Budget). The interest rate is 5% and begins to accrue when the graduate enters repayment and repayment begins when borrower enters practice provided they have completed a deferment form each year. Parental information is required.

Medical School Bequest Fund (BEQ): This fund consists of donations from friends of the medical school for the purpose of low interest (6%) loans to needy medical students. The SSOM Financial Aid Specialist in the Student Affairs office, and Associate Dean of Medical Student Affairs determine the amounts of the awards. The fund is managed by the South Dakota State Medical School Endowment Association and you must provide a co-signer. *See below for details.

South Dakota State Medical Association Loans (SDSMA): This fund consists of donations from members of the State Medical Association, alumni, and friends of the SSOM. A maximum of $10,000 per year per student can be loaned from this fund by the SSOM with a maximum accumulated total of $40,000. Recommendations must be approved by the Officers of the Endowment Board of Directors. *See below for details.

*For both the BEQ and the SDSMA funds, a student must qualify with an overall GPA of 2.5 or above, loan maximum per year is $10,000 and you must have a co-signer. The interest is 6% annual rate compounded monthly. The maturity on these loans is 5 years after medical school graduation. If the student remains in post-graduate training beyond 5 years, they may renegotiate for an additional two years. After the two additional years, further negotiation of the loan will include an interest rate at 1% above the current prime rate, and repayment will be placed on an amortization schedule of 5, 10 or 15 years. Interest statements will be mailed semi-annually and interest may be paid annually or at the time of loan repayment.

Short Term Emergency Loans: Small loans, which are interest free, are provided to meet emergency needs. Loans are to be repaid with the next financial aid disbursement. The amount of these loans varies dependent upon circumstances, but generally the loan amount is $2,000 or less. To apply for these loans the student must see the SSOM Financial Aid Specialist in the Office of Medical Student Affairs.

Scholarships: Scholarships are awarded to medical students based on academic achievement, financial need, and criteria established by the donors. Students must complete a scholarship questionnaire each spring and the SSOM Financial Aid Committee will determine which students best fit the criteria established by the donors. For a complete listing of scholarships and awards please see The Medical School catalog under the Medical Student Affairs Section.

EXTERNAL SOURCES OF AID

Unsubsidized Federal Direct Stafford

Eligibility: Enrolled in an approved medical school

Graduate Plus Direct Loans

Eligibility: Enrolled in an approved Medical School, established credit criteria, must apply for Stafford Program, and be a US citizen or permanent resident.

Armed Forces Health Profession Scholarship Programs (HPSP)
Definition: A scholarship support program while commissioned in one of the branches of the U.S. Armed Forces.
Eligibility: Must be a U.S. citizen enrolled in medical school and motivated for a military career. Must not be over the age of 28, unless prior military service.
Amount: A stipend of approximately $2,700 per month while not on active duty, payment of tuition and fees, and reimbursement for required books and supplies.
Obligation: One year of service for each year of support with a minimum of two years' service after graduation.
See an Armed Forces Recruiter for additional information.

FINANCIAL AID DEFINITIONS

ACCRUED INTEREST: Interest which accrues on the loan
and is payable by the borrower or federal government. Each day interest is calculated on the unpaid principal balance and becomes "accrued interest."

AGGREGATE MAXIMUM: The total amount of money a student may borrow from a loan program throughout his/her entire education.

AWARD: The actual type and amount of financial aid given to the student.

BUDGET: Total cost for attendance at an institution for one academic year. Includes tuition and fees, books and supplies, room and board, transportation, clothing, health insurance, etc. (for student only, does not include student's dependents).

CAPITALIZING INTEREST: Having interest payments added to the principal amount borrowed rather than paying them as they become due in the period between assumption of the loan and its repayment period.

COMPOUND INTEREST: The first time the interest rate is assessed, it is computed on the original principal; the sum of this first interest amount and the original principal becomes the new amount on which the next interest assessment is made.

DEFERMENTS: Some federal loans do not go into repayment immediately after graduation if the student is enrolled in certain internships or residency programs or other specific situations.

DEPENDENCY: Each student's financial need will be evaluated on the basis of his/her personal and/or family financial situation. The determination as to whether or not the student's parental information must be included is based on a set of questions listed on the needs analysis.

DISCLOSURE STATEMENT: Statement of the actual cost to the borrower of the loan, that is, the interest rate and any additional finance charges. This must be presented to the borrower by the lender.

EDUCATIONAL COSTS: Costs of tuition, books, and living expenses. These include both direct costs (bills you actually receive from the University) and indirect costs (such as transportation).

EXPECTED EARNINGS: The amount of money the student (and spouse, if applicable) is expected to earn from employment (summers and vacations) to help pay for the student's education.

FAMILY CONTRIBUTION: The amount of money the parents and the student (and spouse, if married) can afford to pay (whether they actually do so or not) for the student's college education. The amount is determined by FAFSA and supplement financial need analysis. This can be reviewed by the University to determine if adjustments should be made for unusual circumstances.

FINANCIAL AID: Monetary assistance in the form of grants, scholarships, loans, or work-study programs awarded to students to help meet educational costs.

FORBEARANCE: Permitting the temporary cessation of principal payments or accepting lower payments than were previously agreed upon, due to financial hardship.

GUARANTEE: The promise given to the lender that if a student defaults on his/her loan obligations, the lender will receive 100% of the loan back from the guarantee agency, which will proceed with collection. The bank is also guaranteed a special interest rate on the loan.

INSURANCE FEE: A fee charged for guaranteed student loans that is actually default insurance and is deducted from the loan amount.

NEED: The difference between what it costs to attend a particular institution (budget) and what your family can afford to pay (family contribution).

NEED ANALYSIS: The entire process by which the institution determines how much financial aid a student will need to attend that institution.

ORIGINATION FEE: Fee charged by the government to process a loan; it is deducted from the loan amount.

PROFESSIONAL STUDENT: A student enrolled in one of the following colleges: Dentistry, Medicine, Optometry, Pharmacy, Veterinary Medicine, and Nursing.

SECONDARY MARKET: A state or private agency that purchases student loans from lenders.

SERVICER: The entity designated to track and collect a loan on behalf of the holder.

SIMPLE INTEREST: Interest calculated on the original principal only.

U.S. DEPARTMENT OF EDUCATION: An agency of the federal government, which sets up regulations for federal aid programs and allocates funds for these programs.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES: An agency of the federal government, which sets up regulations for federal aid programs and allocates funds for these programs.

VARIABLE INTEREST: Rates of interest that are tied to a certain index (depending on the loan) and change periodically as the index changes.

STUDENTS' RIGHTS AND RESPONSIBILITIES

Within each form of financial aid, a student may receive, there are specific responsibilities incumbent upon both the institution and the student. When those responsibilities are fulfilled, the financial aid program should function to the benefit of the student. In general, however, regardless of the type of aid, students have specific rights and responsibilities.

The student has the right to know:

1. What financial aid programs are available
2. The deadlines for submitting applications for each of the financial aid programs available.
3. How financial aid is distributed, how decisions on distribution are made, and the basis for those decisions.
4. How the student's financial need is determined. This includes how costs for tuition and fees, room and board, travel, books and supplies, personal and miscellaneous expenses, etc., are considered in the student budget.
5. What resources (such as parental contribution, other financial aid, student and family assets, etc.) are considered in the calculation of financial need.
6. How much of the financial need determined by the institution has been met.
7. An explanation of the various programs in the student aid package.
8. The school's refund policy.
9. What portion of the financial aid must be repaid and what portion is grant or scholarship aid. If the aid is a loan, the student has the right to know what the interest rate is, the total amount that must be repaid, the repayment procedures, the length of time to repay the loan, and when the repayment is to begin.
10. How the school determines satisfactory academic progress, and what happens if progress is less than satisfactory.
11. That all documents submitted to the Office of Financial Aid and Medical Student Affairs are confidential.

The student's responsibilities are to:

1. Complete all documents required for financial aid accurately and submit them before the deadlines to the proper place.
2. Provide correct information. In most instances, misrepresentation of information on financial aid application forms is a violation of law and may be considered a criminal offense which could result in indictment under the U.S. Criminal Code.
3. Be responsible for reading and understanding all forms requiring signature and for keeping copies of them.
4. Accept responsibility for all signed agreements.
5. Return all additional documentation, verification, corrections, and/or new information requested by the financial aid office or the agency to which the application was submitted.
6. Be aware of the school's refund procedures.
7. Carefully consider information received as a prospective student about the school's programs and performance.
8. Participate in an entrance interview with a financial aid person before applying for loans from any source. The interview will review available loans and the terms and conditions of each.

9. Participate in an exit interview prior to graduation or transferring to another school.

FALSIFICATION OF RECORDS

Falsification of any part of the financial aid application may result in denial, withdrawal, and/or repayment of aid funds. Students are also in violation of the SSOM Code of Professional Conduct if such documents are falsified.

THE STUDENT FINANCIAL AID COMMITTEE

The Student Financial Aid Committee is composed of representatives from the faculty, student body, and administration of the Medical School. This committee develops policy guidelines for awarding of school administered funds (internal sources) by the School of Medicine. The integrity of this system relies upon honesty and the reporting of information regarding income, assets, expenses, and debt.

The Sanford School of Medicine Student Financial Aid Committee has adopted as its official policy the following basic principles of need analysis and underlying assumptions:

1. It is recognized that the cost of medical education is met by the medical student, their family, the medial school, and society. **The primary responsibility for the costs incurred by the student rests with the student and/or their family.** The medical school and other sources are viewed as supplementary to this primary effort.
2. Determination of need should be based upon analysis of information provided by the student and the student's parental information.
3. The evaluation of the applicant's need will be determined by the medical school on the basis of each student's economic circumstances. The final responsibility for the distribution of financial aid rests with the medical school in compliance with federal regulations.
4. The total amount of financial aid awarded cannot exceed a student's demonstrated need as determined by the School of Medicine Financial Aid Committee.

The USD-SSOM recognizes that each student is unique and must be considered as an individual within the guidelines of federal and state supported funds available for financial aid.

TUITION AND FEES REFUND POLICY

LCME Standard: 12.2 Tuition Refund Policy
Originating Office: Medical Student Affairs
Responsible Executive: Associate Dean, Medical Student Affairs
Date Issued: Prior to 2017
Date Last Reviewed:
Date Last Revised:

I. REASON FOR THIS POLICY

The LCME, in Element 12.2, indicates that a medical school has clear policies for the refund of a medical student's tuition, fees, and other allowable payments (e.g., payments made for health or disability insurance, parking, housing, and other similar services for which a student may no longer be eligible following withdrawal).

II. STATEMENT OF POLICY

Students who withdraw from the University may be entitled to a refund of tuition and fees and institutional charges calculated through 60 percent of an enrollment period. The refund shall be determined by computing the percentage of an enrollment period remaining after the date of withdrawal multiplied times the tuition and fees originally assessed the student. At no time will refunds be awarded after the 60 percent point of the enrollment period.

Students who receive a refund and are receiving Title IV aid may be required to repay the appropriate Title IV aid program from which they received assistance for any sums that have not been retained by the University for services rendered or that will no longer be required to support other ongoing expenses for attending the University. Specific information about possible repayment obligations may be obtained through the University of South Dakota Financial Aid Office. Payment options are available through the University of South Dakota Business Office.

III. DEFINITIONS

Federal Title IV Financial Aid: The federal student aid programs authorized under Title IV of the Higher Education Act (HEA) of 1965, as amended. The programs include federal grants, loans and work-study programs.

IV. PROCEDURES

Not applicable.

V. RELATED DOCUMENTS, FORMS AND TOOLS

This policy is found in the Student Affairs Handbook. South Dakota BOR Policy 5.7 Refunds

https://public.powerdms.com/SDRegents/documents/1722937

THE UNIVERSITY OF SOUTH DAKOTA SANFORD SCHOOL OF MEDICINE SATISFACTORY ACADEMIC PROGRESS FOR RECEIPT OF FEDERAL STUDENT FUNDS

(Updated 6/2023)

I. Introduction

The purpose of this policy is to assure that the Student Financial Aid Program at SSOM meets or exceeds requirements established by federal regulations, which determine academic standards of progress for financial aid eligibility.

II. Scope/Definitions: This policy applies to students receiving Federal Student Funds.

Financial Aid Eligibility – A student who has satisfied the quantitative as well as the qualitative standards of Satisfactory Academic Progress (SAP).

Financial Aid Suspension – A status assigned to a student who has been suspended from financial aid eligibility due to failure to meet the standards of SAP.

Financial Aid Monitoring – At the end of the spring semester all students will be monitored for SAP. Based on the findings, students who have a change in status will be notified of that change.

III. Qualitative Standards for Financial Aid Eligibility

A. Students are required to complete all of the courses in the curriculum required for graduation with a grade of at least "C" or "Pass".

B. Students must have a cumulative GPA of 2.00 or greater or Satisfactory to advance the next year and also to graduate.

IV. Quantitative Standards for Financial Aid Eligibility

A. Course load Requirements -- A student must be enrolled for at least one/half of the USD full-time credit load to be eligible for financial aid.

B. Time Requirements

1. A student in the four-year MD program will be permitted a total maximum of 12 semesters of financial aid. For students in the seven-year Physician Scientist Program (MD/PhD), the financial aid will extend up to an additional 8 semesters.

2. Students will be designated as first-year, second-year, third-year or fourth-year at the start of the academic year based on previous academic progress in courses, grades and other requirements.

C. Completion of Course Requirements

1. A student must pass at least two thirds (67%) of the credit hours for which the student registered and paid fees for each academic year. Any student failing to meet the 67% standard due to either non-passing grades or incomplete grades will be placed on financial aid suspension. A student placed on financial aid suspension at the start of an academic year, must achieve the 67% standard for all enrolled courses by the end of that academic year or that student will be suspended from financial aid eligibility.

2. When incomplete grades are changed to earned grades, the student's probationary or suspended status may be immediately evaluated and the students' probationary or suspended status may be lifted.

V. Standards of Academic Progress for Assignment of Class

A. All students will be designated as a member of a class at the start of the academic year based on their progress at that time. For financial aid eligibility, that designation will remain throughout that academic year. For students out of phase with classmates, the designation will be updated when appropriate during the academic year.

B. A student entering the Sanford School of Medicine will be declared a first-year student beginning on the day of matriculation into medical school.

C. A student will be classified as a second-year student when they have earned a grade of Satisfactory in all first-year courses.

D. A student will be classified as a third-year student when they have earned a grade of Satisfactory in all second-year courses and have a signed statement from the appropriate Campus Dean of Satisfactory Academic Progress at the mid-point of the year-long courses taught in Pillar 2.

E. A student will be classified as a fourth-year student when they have earned a grade of at least a "C" or “S in all third-year coursework.

VI. Financial Aid Suspension:

Any student failing to meet the qualitative standards in III or the quantitative standards in IV at the end of each spring semester will be placed on financial aid suspension.

VII. Appeals of Financial Aid Suspension

A student may appeal their financial aid status in writing to the Associate Dean of Medical Student Affairs. This appeal should indicate reasons why the student did not achieve the minimum standards and reasons why their financial aid eligibility classification should be changed. Each appeal will be considered on its own merit. Individual cases will not be considered as precedent.

The Associate Dean Medical Student Affairs will form and be part of a Review Panel including the Financial Aid Liaison, the Medical School Registrar, and the Chair of SPCC to

consider the appeal within two weeks of receipt, determine whether the financial aid suspension is justified, and inform the student in writing of the decision.

VIII. Reinstatement

A student may be reinstated for financial aid eligibility at such time as he or she successfully meets the criteria as set forth in this policy. It is the student's responsibility to initiate the process for reinstatement by presenting evidence to the SSOM financial aid office at the time they believe they have met the requirements for reinstatement.

IX. Enforcement

The Office of the Associate Dean of Medical Student Affairs shall have primary responsibility for enforcing this policy.

Medical Student Association Constitution

University of South Dakota Sanford School of Medicine Medical Student Association

(Revisions adopted 2/2017; revised 6/2024)

PREAMBLE

We, the students of the University of South Dakota Sanford School of Medicine (SSOM) for the purpose of advancing the interests and well-being of the Medical School and its students, both current and future, do propose and subscribe to the following Constitution.

ARTICLE I

Name and Purposes Section 1.

The name of this organization shall be the Sanford School of Medicine Medical Student Association, and hereinafter shall be referred to as the MSA.

Section 2.

The organization shall integrate all SSOM medical students into one body for the purpose of advancing the interests and well-being of the SSOM, and its current and future students. This integration may include other interested students enrolled in the University who have similar goals for the SSOM.

ARTICLE II

Composition of Membership Section 1.

Any student enrolled in the Medical Doctor Program or the Physician Scientist (MD/PhD) Program at the SSOM is a member of the MSA.

Section 2.

Any interested student enrolled in USD may apply for Associate Membership in the MSA.

Section 3.

The MSA will not discriminate on the basis of race, color, creed, national origin, ancestry, citizenship, gender, transgender, sexual orientation, religion, age, genetic information, veteran status, or disability in the selection for either membership status or associate membership status.

Section 4.

There are no membership dues charged for either the members or the associate members of the MSA.

ARTICLE III

Powers Section

1.

The MSA shall have the following powers:

A. To regulate its own procedures and functions.

B. To solicit funding from the SSOM, the SGA of the University, and any other groups approved by the Associate Dean of Medical Student Affairs for purposes consistent with the stated purpose of the MSA.

C. To represent and convey the thoughts and opinions of medical students on various issues.

D. To make all rules and by-laws which shall be necessary and proper for executing the foregoing powers granted by this Constitution.

E. To call special meetings of the MSA at large, upon petition of 10% of the membership.

F. To elect students, subject to approval of the Associate Dean of Medical Student Affairs, to various committees and organizations.

G. To exercise any additional authority granted to it by the SSOM or other bodies.

ARTICLE IV

Duties

Section 1

The MSA shall be obligated to perform the following duties:

A. To hold annual elections for Student Senate representatives

B. Any and all other duties pursuant to accomplishment of the stated MSA purpose.

ARTICLE V

Student Senate

Composition of Membership, Powers, and Duties

The governing body of the MSA shall consist of a Senate composed of duly elected representatives from each medical school class along with ex-officio and organizational representatives. The Senate shall be limited to six members per class: three (3) class Senate representative positions, plus the class president, the vice president and one (1) AAMC Organization of Student Representatives (OSR) delegate. Associate members are not eligible for membership on the Senate based on medical school classes.

The Senate shall have the power to regulate its own procedures and functions, voice the opinions of the MSA, elect students to various committees and organizations, and exercise any additional authority as granted by the MSA.

The Senate shall be obligated to hold regular meetings, as outlined under Section 5 of Article V, to approve an annual budget submitted by the treasurer and to conduct business pursuant to accomplishment of the Senate interests.

Section 1

Class Senate Representatives: Three Senate representatives shall be elected from each class contingent upon the following guidelines:

A. Qualifications: Any currently enrolled member of the MSA may seek office in the Senate election as a representative of only one class.
   1. Students will be designated as a part of a class at the beginning of the academic year, and that will be their status for the purpose of serving on the Senate.

B. Elections: The President of each class shall be responsible for conducting the election of the three senate representatives for his/her respective class. Elections must be held prior to the term of office stated below.

C. Term: Term of office shall be for the academic year beginning July 1st and continuing through June 30th. The term of the First Year MSA representatives shall be immediately after their election in early fall until the following June 30th.

D. Duties: The duties of each class representative shall be to represent their class in all matters concerning the senate.

E. Vacancies: Any position(s) vacated for whatever reason shall be refilled by a special election held within thirty days if an eligible candidate can be nominated. This special election shall follow the same rules as govern the regular election.

Section 2

AAMC-OSR: There shall be one Association of American Medical Colleges Organization of Student Representatives (AAMC-OSR) delegate for each class.

A. Qualifications: Any MSA member who is also a member of the appropriate class at the time of election is eligible.

B. Elections: Each class shall elect one AAMC-OSR delegate.

C. Term: The term of office shall be for the academic year beginning July 1st and continuing through June 30th. The term for the First Year OSR delegate shall be from immediately after his/her election in the early fall until the following June 30th.

D. Duties: The duties of each AAMC-OSR delegate will be as follows:
   1. To serve as an official liaison between the AAMC-OSR and the Senate.
   2. To work with the Associate Dean of Medical Student Affairs to select one official school OSR who will become the schools voting AAMC-OSR delegate at AAMC meetings.

E. Vacancies: A vacancy in the office of the AAMC-OSR will be filled by a special election that follows the same rules as those that govern the initial election.

Section 3

The class President, Vice President and OSR delegate will be ex-officio members of the student senate.

Section 4

Student Organizations:

A. The Senate shall accept one representative from any Medical Student Organization which petitions for representation if, in the judgment of a simple majority of the Senate, the following criteria have been met and the purpose of the Organization is of significant enough substance to warrant formal representation on the Senate:

1. The organization must submit to the Senate, in writing, an explanation of its nature and purpose.
2. The Senate must be informed, in writing, of membership requirements.
3. No student fulfilling a group's stated membership may be denied membership in said group.
4. Membership in the organization must be open to all medical school classes.
5. Active membership must include students from at least two medical school classes.
6. The organization desiring representation must present to the Senate a petition specifically requesting a representative on the Senate. Said petition shall state the name, purpose, and membership requirements of the organization. Said petition shall have a minimum of twenty signatures, or at least fifty percent of the membership of the petitioning organization.

B. Once a petitioning organization has been granted representation on the Senate, its representative shall be subject to the following rules:

1. The petitioning organization shall select its own representative and alternate to the Senate with the alternate voting in the absence of the representative.
2. The terms of the representative and the alternate shall begin with the meeting immediately following his/her election.
3. A representative's term shall end on June 30th regardless of the date of his/her election. A representative or the representative's organization may prematurely terminate his/her position. The representative's position will be filled by an alternate for the remainder of the term.
4. The representative organization may elect a successor, not earlier than two months prior to the expiration of the term of the existing representative.
5. Representation shall be revoked from any organization which fails to send a representative to the Senate for two consecutive meetings.
6. With the exception of item 1-5 above, the representative of the petitioning organization shall be entitled to all rights and responsibilities of Senate membership.
7. Continued representation on the Senate is subject to annual review. Continued representation may be brought to vote before the Senate. It shall require a two thirds majority vote to remove the organization's representation.

C. Associate members may organize and elect a senate representative from among their group.

1. Term: Term of office shall be for the academic year beginning July 1st and continuing through June 30th. The term of the First Year MSA representatives shall be immediately after their election in early fall until the following June 30th.

2. Duties: The duties of each associate member representative shall be to represent the associate members in all matters concerning the senate.

3. Vacancies: Any position(s) vacated for whatever reason shall be refilled by a special election held within thirty days if an eligible candidate can be nominated. This special election shall follow the same rules as govern the regular election.

Section 5

Meetings:

A. There shall be a minimum of two Senate meetings each academic year. The first meeting shall be held during August or September to serve as the introductory meeting, with the following meetings to be decided at that time.

B. All formal meetings shall be composed of Senate members a representative from the Medical Student Affairs Office and could include any other member or associate member of the MSA who wishes to attend.

C. Each Senate member shall be entitled to one vote, except the President, who votes only in the event of a tie. Any Senate member may designate an individual proxy in his/her absence. The proxy shall be an MSA member or in the cases of associate members or other organizations, the proxy must be a member of that group or organization. The proxy also shall be from the same class as the Senate member unless approved by the Executive Council prior to the Senate meeting.

D. All regular business meetings of the Senate shall be conducted in accordance with the Parliamentary Authority. The most current edition of Robert's Rules of Order, Newly Revised, shall be the prescribed manual of Parliamentary Law and will therefore be the Senate's Parliamentary Authority. No business shall be conducted without a quorum of members (a quorum is at least four of the six elected class Senate representatives from the combined 1st and 2nd year classes).

Section 6

Office of Medical Student Affairs:

The Associate Dean of Medical Student Affairs, or designated representative from the Medical Student Affairs Office shall be a non-voting member of the Senate.

Section 7

Organization of the Senate:

There shall be three officers of the Senate: They are President, Vice President, and Secretary/Treasurer of the Senate. The three officers become the Executive Council of the Senate.

A. Qualifications: Any elected class representative to the Senate shall be eligible for any office with the following exceptions:

1. The President of the Executive Council shall not be a student in their first semester.

2. No Executive Council member shall concurrently hold a position of President, Vice President or AAMC-OSR or a major executive position in any campus student organization.

B. Elections: The officers will be elected by all voting members of the Senate during the fall semester so as to be able to start their term with the New Year. The election will be conducted using secret individual written ballots or an equivalent method that maintains secrecy of all individual's votes. The nominations for each office will be accepted at that meeting. Each candidate will be given the opportunity to make a short speech. The winner for each office will be the individual with the most votes. In the event of a tie, a second vote will be held between (among) only those tied with the most votes. The balloting process will be run by the outgoing President of the Executive Council.

C. Term: Term of office shall begin on January 1st and will end in one year on December 31st.

D. Vacancies: Any vacancies, except that of President, will be filled by Senate elections at the earliest possible regular meeting, but will not be held until all members are notified by email or other appropriate methods of communication. A vacated Presidency will be filled by the Vice President.

E. Duties: The duties shall be to make up the agenda for each Senate meeting and perform any duties between meetings as shall be assigned by the Senate during its regular meetings. The Executive Council shall remain functional and preside over the meeting for the election of the new officers. The individual duties of each office may be ceded to appropriate Medical School Staff or delegated to MSA Committee Members with MSA Executive Council approval. The specific duties of each officer shall be as follows:

1. President of the Senate:
    a. Is the official representative and spokesperson of the Senate.
    b. Presides at all meetings.
    c. Votes during regular Senate meetings only in the case of a tie.
    d. Is chairperson of the Executive Council.
    e. Is responsible for the Senate agenda for each meeting.

2. Vice President of the Senate:
    a. Presides over meetings in the absence of the President.
    b. Assumes responsibilities as delegated by the President.
    c. Assumes the office of president in the event that office is vacated.
    d. Communication Liaison for the class elected by

3. Secretary/Treasurer of the Senate:
    a. Presides over meetings in the absence of the President and Vice President.

b. Is responsible for the minutes of each meeting.
c. Is responsible for all official correspondence of the Senate, including distribution of a list of all student representatives, notifications announcing selections to various organizations, and maintenance of a current Senate roster.
d. Is responsible for distributing the agenda in sufficient time to serve as the announcement for the next meeting.
e. Is responsible for keeping on file a copy of minutes and official correspondence.
f. Is responsible for Senate newsletters and special announcements.
g. Prepares the budget including proposed disbursements for SGA grant funds with the assistance of Medical Student Affairs Staff.
h. Maintains the various bank accounts of the Senate, including disbursement of Senate approved funding, and verifies that all receipts submitted for reimbursement follow Senate rules.
i. Is responsible for advising the Senate during any regular meeting as to the current status of the budget and serves as an advisor on Senate spending, including guaranteeing the Senate does not spend in excess of its budget.

Section 8

Committees:

The Senate shall have the power to create committees as deemed necessary. The Senate has the power to transform these committees into permanent standing committees once their purpose and efficiency is established. Any committee can be modified or disbanded according to the needs of the Senate. Membership on committees will be subject to Senate approval.

ARTICLE VI

Rules, By-Laws, Amendments

Section 1

Standing Rules:

Standing rules are those rules which are related to the details of the administration of the Senate. They may be adopted or changed upon the same conditions as any ordinary act by a majority vote at any business meeting and without previous notice.

Section 2 By-Laws:

By-Laws are all rules that the Senate considers so important that they cannot be changed without previous notice to the members, and they require a two-thirds majority vote for passage. They cannot be suspended.

Section 3

Amendments:

This Constitution may be amended by a three-quarters majority vote of the Senate provided that the amendment has been submitted in writing to the Senate at least two weeks prior to the Senate vote.

Hotel Reimbursement Procedure

(Reviewed 11/2024)

This applies to OSCE and NBME exams

Realizing the travel requirements for some of our students coming from far distances provide a disadvantage to testing and that some students may have a significant travel obligation the Office of Medical Education has come up with the following procedure to provide insight into who will receive a hotel stay compliments of the medical school.

For students less than 2 hours from a testing center:

No hotel rooms will be provided for students.
For students 2 hours to 4 hours from a testing center (any testing center):

Hotels will be provided for nights in which there is an exam scheduled the next morning. No hotel rooms will be provided over the weekend or when no exams are scheduled the next morning.

For students 4 hours or more from a testing center:

Hotels will be provided for nights in which there is an exam scheduled the next morning. Hotels will also be provided over the weekend in between tests dates, should you not have other accommodations available.

If hotel (weekend or weekday) accommodations are provided and you do not end up staying or notifying staff to cancel your room in a timely manner (24 hours prior), you will be responsible for charges incurred.

This is distance from the nearest testing center. No hotels will be provided if a student voluntarily chooses to go to a further site away.

Students will be booked at a SSOM approved hotel and at the state of SD rate. Should the student choose to book at a separate hotel of their choice they will not be reimbursed.

Students of same gender will be booked at double occupancy, meaning the expectation will be shared rooms. Should a student want to have their own room they will be asked to pay for half of the room (at the state of SD rate).

The Travel Reimbursement Procedure

This applies to OSCE, NBME, Cultural Immersion, and Transition to Residency Week

1. Student drivers must be state employees
2. For students more than 2 hours from Sioux Falls travel will be reimbursed at the state allowed rate.
3. Students should travel in a group when possible.
4. Students should use a fleet vehicle when possible.
5. Students that choose to drive their personal vehicle and a fleet vehicle is available will not be reimbursed.
6. If a vehicle is not available, students will be reimbursed at the standard travel reimbursement rate.

Cultural Immersion and Transition to Residency Week

The same rules will apply for cultural Immersion and Transition to Residency Week. Lodging provided by the Medical School will depend on the event schedule.

***Any requests for exceptions to the above procedure need to be referred to the Associate Dean for Medical Education for review and decision on approval.**

Campus Selection Process

(Updated 9/2020; reviewed annually 5/2024)

Overview:

Oversight of the Campus Selection Process is the administrative responsibility of the Associate Dean of Medical Student Affairs or may be delegated to an Assistant Dean of Medical Student Affairs.

The USD-SSOM has several campuses, and the MD degree curriculum is delivered at multiple locations. Students opting to live in locations other than the site of curriculum delivery are fully responsible to be present where the curriculum is based during the scheduled times.

Pillar 1 (first 3 semesters) curriculum is based in Vermillion.

Pillar 2 (semesters 4 and 5) curriculum is based in Rapid City, Sioux Falls, Yankton or one of the Frontier and Rural Medicine (FARM) sites. The minimum/maximum student numbers for these sites during the campus selection process are currently 10/15 for Rapid City, 10/12 for Yankton, up to 34 for Sioux Falls (this includes 2 or more positions held for re-entering MD-PhD students), and up to 13 students at the FARM sites. Numbers may vary slightly depending on the year and the capacity of the different sites.

During Pillar 3 (semesters 6, 7 and 8) the FARM sites are not used unless a student has signed up and been approved for an elective at that site. Consequently, FARM students during Pillar 2 are re-located to one of the three clinical campuses.

Schedule:

In October-November of the first year, the MS-I students will be provided information about the FARM program, and about the three other clinical campuses in Rapid City, Sioux Falls, and Yankton. In November-December of the first year, the MS-I students who wish to be considered for training at a FARM site apply for a position in the program. The process is established and communicated to the class by the FARM program. The students will be selected in December by the FARM coordinating committee and their campus location for Pillar 2 will be assigned shortly after that process is completed.

In January of the first year, the MS-I students will make the selection for a clinical campus. Although efforts are made to accommodate students to their first choice, there is no guarantee of a campus placement at a preferred location*. Whether by student choice, or by lottery, campus assignments for Pillar 2 will be completed by the end of January or early February.

In February of the first year, the MS-I students now assigned to the Sioux Falls campus, will have the option of signing up for either the Avera based program or Sanford based program (17 each at either Avera or Sanford). Again, there is no guarantee of receiving a preferred location, so a lottery may need to be implemented.

For Pillar 3, there is a little more flexibility in the campus location, so some students may opt to live in a site different from Pillar 2. However, they will always be considered part of the campus for Pillar 2 when it comes to campus questionnaires and data comparisons.

Process for Pillar 2 Site Selection:

In the fall of the first year, students will be given information about the three clinical campuses. At that time, the maximum and minimum capacities for each of the 3 campuses will be announced.

In January, after the FARM site selection is complete, the remainder of the class will be asked to sign up for their clinical campus preference. If they are not sure, they should take a few days to clarify their decision.

If the sign-up list becomes 'balanced' for each of the campus min/max numbers, the Associate Dean/Assistant Dean of Medical Student Affairs will declare the list final, and the campus positions will be made. If the signup list does not become balanced for each of the campus numbers, a lottery will take place. A deadline date will be set for determining if a lottery must take place.

A student with a significant[1] hardship, who wishes to be exempt from the lottery and thus maintain their campus choice, can file a petition explaining their hardship to the Associate Dean/Assistant Dean of Medical Student Affairs, who will have the authority to grant that request.

[1] Significant Hardship is typically defined as a student who has a health condition with treatment that is limited to a particular campus location or is the primary caregiver for an immediate family member with significant health issues who is located at a particular site. Being married and/or wanting to be close to other family members is not a reason to apply for this hardship.

The lottery will include all students (except the student(s) granted a lottery exemption) from the specific campus having numbers in excess of the maximum for that campus. The lottery will be conducted by the Associate Dean/Assistant Dean of Medical Student Affairs working with the class President and Vice-President.

The first step of the lottery will be to place a name/picture of each class member in a container, and the name/picture will be drawn. That person will then draw a number from another container, and that number will be the order in which the students in the lottery will make their campus selection.

Once the collection of students has their lottery number, those students with a number above the campus maximum number will begin in sequence to select an alternate campus spot. When an alternate campus maximum number has been filled, the remaining students must choose the remaining campus. If a campus minimum has been set, then the students towards the end of the lottery must fill in those minimums.

If a student decides to "pass" on their turn, they may do so, and will then have a choice (again in the order of their lottery number) after all others have made their choice.

Once the campus placements have been established, any future changes will be done through the Associate Dean/Assistant Dean of Medical Student Affairs working individually with the student and the campuses impacted by the change. If a lottery occurred, the listing of the lottery priority will be considered in any future campus changes.

Any student who experiences a change in circumstances that may impact their campus location may request a change in campus assignment through the Assistant Dean of Medical Student Affairs and Admissions. Every effort will be made to accommodate the request if there is an appropriate rationale for the change and the circumstances associated with the campuses can accommodate the request.

The USD-SSOM uses a process that gives students an opportunity to select a campus, with the potential for a lottery if the number of students does not balance with the capacity of a campus site. This assures that the selection is made in a fair manner and gives equal opportunity for students to attain the campus of their choice. In addition, when students accept their position in the class at USD-SSOM, the acceptance form includes the statement: *Because the clinical training beginning with the fourth semester will be conducted outside of Vermillion, I will accept assignment to whichever site(s) I may be assigned.* This affirms the student's willingness to complete their training at any of the sites.

MISCELLANEOUS

University of South Dakota Sanford School of Medicine Fleet & Student Travel Procedure for Pillar 1 Student Travel

(Years one and two – Updated 5/2026; reviewed annually by Student Affairs)

I. REASON FOR THIS PROCEDURE

These policies are specific to medical students at the University of South Dakota, Sanford School of Medicine and serve as an addendum to the South Dakota Fleet and Travel Management Policy and Procedure Handbook for Assigned Drivers and Pool Vehicles.

Student Travel for Years One & Two Overview:
The curriculum at the Sanford School of Medicine is delivered over multiple campuses requiring student travel.

Travel during Pillar 1 is typically limited to clinical experiences at other sites, or experiences held at the Parry Center for Clinical Skills and Simulation in Sioux Falls.

Significant efforts are made to limit travel to the level necessary for a delivery of a high quality medical education. However, with a multi-campus school and numerous clinical teaching sites, travel is an expectation for the students.

II. STATEMENT OF PROCEDURE

Travel for students is often provided by SSOM at no charge to the students through the use of fleet vehicles. This is a student privilege that must not be abused. The assigned student driving a fleet vehicle must agree to be in compliance with all South Dakota laws and the policies and procedures outlined in this document, as well as the South Dakota Fleet and Travel Management Policy and Procedure Handbook for Assigned Drivers and Pool Vehicles.

No students will be allowed to sign-up after the deadline or show up to the van and expect a ride without signing up.

Travel is provided under the following situations:

- The class as a whole is required to travel for courses scheduled in Sioux Falls, Yankton, or other specific locations.

Situations in which the student is responsible for his/her own travel:

- When small groups of students or individual students are at multiple sites for clinical experiences with varying start and end times (i.e., Clinical Foundations, OSCE's, Clinical Experiences, and other sessions as determined by the Course Directors).

Assigned Student Drivers:

SSOM recognizes the added responsibility and time commitment placed upon students who volunteer to drive their peers in fleet vehicles. A small compensation is paid to the assigned drivers.

Assigned student drivers must meet the following criteria:

- Must be a temporary state employee
- Be a licensed driver and provide a copy of their drivers' license.
- Demonstrate proof of insurability by providing a copy of their personal liability insurance coverage.
- Demonstrate a safe driving record:
    - Students must have a record of no violation resulting in either a revoked or a suspended driver's license.
    - Students must not have a record of accumulating more than 4 points during the previous 5 years using the South Dakota Driver's License Point System (effective July 1, 1986).
        - The point system is as follows: DWI = 10; Reckless = 8; Eluding = 6; Drag racing = 6; Failure to yield = 4; Improper passing = 4; Wrong side of road = 4; Stop light/sign = 3; Other Moving violations = 2.
    - Have no citations of careless driving in the past 5 years. ○ Have no citations of being a driver involved in a motor vehicle accident in the past 7 years.
- Complete required forms and provide other documents (i.e., social security card, etc.) as required for hourly payroll authorization.
- Agree to be in compliance with all South Dakota laws and the policies and procedures outlined in this document, as well as the South Dakota Fleet and Travel Management Policy and Procedure Handbook for Assigned Drivers and Pool Vehicles and sign a statement to this effect.
- Agree to notify the Associate Dean of Medical Student Affairs immediately if the driver is subject to any motor vehicle citations, whether driving for the school or privately.

Drivers are compensated at the following rates:

- Current minimum wage rate.
- Paid 2 hours compensation for round trip from Vermillion to Yankton
- Paid 4 hours compensation for round trip from Yankton to Sioux Falls
- Paid 3 hours compensation for round trip from Vermillion to Sioux Falls.
- Paid 6-hours one-way compensation for trips from Rapid City to Sioux Falls or 12-hours round trip

Weather Related Hazardous Travel:
Several blocks comprising Pillar 1 occur during the winter months. When travel to locations where educational activities are scheduled may be hazardous, it will be the decision of the Block Director whether to cancel classes or to utilize streaming Panopto recordings for that day's activities; bear in mind that the latter option cannot realistically be utilized for small group work or patient encounters. The decision to cancel class or to stream material will be announced via the class email at least two hours before the start of the first class. As so many educational activities are based in Vermillion, it is important for students to remember that the USD Vermillion campus rarely closes for winter weather. The SSOM Sioux Falls Campus normally follows the winter weather policies of the Sioux Falls Public School District. In the absence of the closing of a campus, or notification by email that the class has been canceled, students should assume classes are being held. Students are reminded to use their own best judgment regarding specific conditions when making decisions about winter travel.

Fleet Vehicles:
A variety of fleet vehicles are used for student travel and may include any of the following: 12-passenger vans, suburbans, minivans, compact cars.

Please note that vehicles are reserved for travel to meet economic and budget needs, not always for the convenience of the students. Therefore, the student drivers may have to travel to various clinics in a town to drop off and pick up students.

III. PROCEDURES

Student drivers are responsible for the following:

- Picking up keys to the vehicle the day before IF leaving prior to 7:30 or 8:00am. Fleet summer hours are 7:30am-4:30pm, then 8:00am-5:00pm the rest of the year. You must show your driver's license to be able to pick up the keys.
- On the day of travel, go to Fleet, login to the kiosk and follow prompts on the screen to obtain keys.
    - USD email address and password. Make sure to have your phone with you for the Duo Push Authenticator.
    - Tap "check out vehicle"
    - Tap your reservation number. You will see your reservation appear on the screen. Tap "checkout"
    - The key box will click, and you will be able to open the box. Lift the lever on the kiosk door. Your key will light up green. You will be allowed 60 seconds to remove the key. After you remove the key make sure that you completely shut the kiosk door.
    - The printer will print out your reservation sheet. It already has the beginning miles. When you return you are responsible for entering the ending mileage in the computer.
- A sign-up list will be done prior to travel and is emailed to each student driver. On the day of travel make sure every student that signed up is there before you leave and return from your destination.
- Be sure to write down the beginning and ending odometer for the trip and sign your name.

- When driving, you must obey all traffic laws established by the Department of Motor Vehicles and the State of South Dakota. If you are caught speeding or receive some other traffic violation, you will be responsible for paying the fine. In addition, you may face academic disciplinary action.
- Upon returning vehicles to the Fleet parking lot, you will need to follow the following instructions:
    - Tap the computer to wake it up.
    - Required information: same USD email address and password used to check out the vehicle. Make sure to have your phone with you for the Duo Push Authenticator.
    - Tap “check in vehicle”
    - Click on your reservation; your reservation will appear, type in the ending miles, if there were any problems with the vehicle you can type them in the comments. After that is completed select “check in”
    - The key box will light up, lift the lever on the door, (you are allowed 60 seconds), insert the key back into the slot and turn. If you were not able to complete the task in 60 seconds or forgot to turn the key, you must repeat the process.

IV. RELATED DOCUMENTS, FORMS, AND TOOLS

This policy is found in the Student Affairs Handbook.

UNIVERSITY OF
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Together in teaching, innovation and compassion

University of South Dakota
Sanford School of Medicine

Student Driving Record Form

Please circle yes or no to the questions below.

YES NO I have had three or more speeding tickets in the last five years.

YES NO I have had three or more traffic violations (i.e. parking tickets, seatbelt, etc.) in the last five years.

YES NO I have had a DUI, DWI, or accident in the last seven years.

YES NO Has your driver's license ever been suspended or revoked?

If you answer yes to any of these questions, please explain below.

_____

_____

_____

_____

++

I have completed the above Student Driving Record Form and have read both the 1) The University of South Dakota, Sanford School of Medicine Fleet and Student Travel Policies for Student Travel Years One & Two and 2) South Dakota Fleet and Travel Management Policy and Procedure Handbook for Assigned Drivers and Pool Vehicles and agree to comply by all the policies.

NAME (please print): _____

SIGNATURE: _____

University of South Dakota
Sanford School of Medicine
Out-of-State Travel for National Conferences
Procedure and Process

Purpose

Establish procedure and requirements for medical student travel to out-of-state national conferences, professional meetings, and educational events when representing the Sanford School of Medicine (SSOM), presenting scholarly work, or participating in approved leadership activities. This procedure ensures appropriate use of institutional funds, compliance with university travel regulations, and equitable distribution of travel support.

Procedure

Student Eligibility

- Students must be enrolled in the medical program and in good academic standing.
- Students must be presenting a poster, podium presentation, or scholarly project; or serving as an official student representative at an approved national organization conference.
- Obtain all required approvals before making travel arrangements.

Eligible Conferences, Funding and Restrictions

- The following national conferences are supported and funded by Medical Student Affairs:
    - AAMC OSR – One conference/annually (one student per class)
    - CLIC – Two students annually (one student presenter per accepted presentation)
    - RISE – Two MS II students and two MS IV students annually
    - Coyote Clinic – Up to five students annually
- Department specific national conferences may be supported and funded by clinical departments based on funding availability.
- No international travel is allowed, except for the CLIC Conference (Consortium of Longitudinal Integrated Clerkships) in North America and the North American Primary Care Research Group.

Process for MSA Sponsored Conferences

Travel Approval

- Submit a travel request via email to the Medical Academic Affairs Coordinator at least 30 days prior to travel. The request must include:
  - Conference name
  - Location
  - Dates
  - Purpose of participation
  - Presentation acceptance documentation
  - Estimate travel budget
- The Senior Academic Dean or Associate Dean of MSA will review the request and verify:
  - Student eligibility
  - Availability of funding
  - Educational value of attendance
  - Compliance with SSOM and university travel requirements
- Approval is granted by Senior Academic Dean or Associate Dean of MSA.
- Medical Academic Affairs Coordinator completes the Out-of-State Travel Request form.
- Students must receive an email from Medical Academic Affairs Coordinator confirming the Out-of-State Travel Request form was approved by USD accounting before booking travel arrangements. Travel expenses incurred prior to approval may not be reimbursed.

Travel Arrangements

- Once approved, the Medical Academic Affairs Coordinator and/or students should utilize university-approved travel resources when available.
- Airfare and lodging should be reasonably priced and consistent with university travel guidelines.
- Students are encouraged to share lodging when appropriate and practical. SDBOR lodging expectation is “one person per bed” for overnight student travel. Students requesting their own room should be given the opportunity for independent lodging, the additional cost will be at the student’s expense.

Student Responsibilities

- Students are expected to:
  - Represent the Sanford School of Medicine professionally.
  - Participate in conference activities for which funding was approved.

- Notify Medical Academic Affairs Coordinator of any cancellation or significant itinerary changes.
- Comply with all university travel policies and procedures (USD Out of State Policy – 2.003 Out of state travel policy).
- Submit required documentation within 30 days of returning from travel to the Medical Academic Affairs Coordinator to complete the out-of-state travel detail form for reimbursement. The forms will be submitted to the Finance Accountant to process payment.

Process for Department Sponsored Conferences

Travel Approval

- Approval will be granted by Clinical Department Chair after confirming the student's academic eligibility with the Senior Academic Dean.
- Department Manager completes the Out-of-State Travel Request form.
- Students must receive communication from the Department Manager confirming the Out-of-State Travel Request form was approved by USD accounting before booking travel arrangements. Travel expenses incurred prior to approval may not be reimbursed.

Travel Arrangements and Student Responsibilities

- Students follow the same process as MSA sponsored conferences.
- Students work with the Department Manager for travel arrangements, notification of any cancellation or significant itinerary change, and completion of the out-of-state travel detail form for reimbursement.

University of South Dakota
Sanford School of Medicine
Pillar 2 and Pillar 3 Travel Procedure and Process

Procedure

Pillar 2 and Pillar 3 students not assigned to the Sioux Falls campus will be reimbursed mileage at the current standard State of South Dakota rate to attend OSCE, NBME Subject Examinations, CCSE Examinations, Cultural Immersion, and Transition to Residency Week.

Process

Students should coordinate travel details with their respective Campus Education Coordinator or FARM Assistant Director. Carpooling is encouraged when feasible.

The Campus Education Coordinator or FARM Assistant Director will complete the in-state travel payment forms with the driver's information, dates and purpose of travel. The forms will be submitted to the Finance Accountant to process payment, and the Medical Academic Affairs Coordinator will receive a copy.

Effective Date: August 1, 2026

Approved by: Academic Affairs and SSOM Finance

Effective Date: August 1, 2026

Approved by: Medical Academic Affairs and SSOM Finance

MEDICAL STUDENT INCLEMENT WEATHER POLICY

LCME Standard:
Originating Office: Medical Student Affairs
Responsible Executive: Administrative Staff
Date Issued:
Date Last Reviewed: 11/2024
Date Last Revised: 11/2024

I. REASON FOR THIS POLICY

The weather in South Dakota can vary greatly from location to location. Thus, the inclement weather policy of the USD Sanford School of Medicine will also vary from campus to campus.

II. STATEMENT OF POLICY

USD SSOM campuses rarely close due to weather, and administrative office will remain open when possible. The safety of our students and employees is important.

III. PROCEDURES

Pillar 1

- When travel may be hazardous, the course director, in consultation with the Pillar 1 director, will decide if a class is canceled. This decision will be announced via e-mail using the appropriate medical student listserv, usually 2 hours before the start of the first class of the day. Biomedical Sciences courses and Clinical Foundations are separate courses. On split days, each course director will notify the class if their session is canceled or moved to virtual delivery.

- Official closure of the Vermillion campus by USD overrides course director discretion

- .In the absence of a campus closing or e-mail cancelation, students should assume classes will be held. Clinical faculty in Sioux Falls can still present material to students in the Lee Medical Building via virtual delivery, if travel to Vermillion is deemed unsafe.

- Regardless of official announcements, students should use their best judgment when making travel decisions.

Access to class material when travel is unwise

- Most classes that take place in the Lee Medical Building are recorded and are available for review. Classes occurring in the Sioux Falls Health Science Center also may be recorded.
- The recording system is not utilized for small group activities or patient encounters at either location.

Pillars 2 and 3

- 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.

COVID-19 Guidelines

(Revised 6/2024)

USD COVID-19 Statement

Mitigating the spread of COVID-19 is everyone's responsibility. In order to ensure the health and safety of each individual student and our overall campus community, we ask you to monitor your health daily.

COVID-19 Face Covering Policy Per the Board of Regents News Release of March 15, 2021 and the Board of Regents News Release of May 4, 2021, face coverings are optional on campus.

Our clinical affiliates, as well, have chosen to return to pre-pandemic isolation practices and are no longer requiring employees and learners to mask in patient rooms or patient-facing areas of the hospitals and clinics unless the patient is on isolation precautions. As such, all learning spaces and clinical simulation spaces (Parry Center as an example) will no longer require standardized masking to simulate the clinical spaces.

The CDC (as noted below) has recommended that for any individual who has had a higher-risk exposure to COVID-19, the individual should follow all recommended infection prevention and control practices1, including wearing well-fitting source control.

Immunizations

We strongly encourage vaccination of all students, including booster doses on the recommended schedule, as this is the best protection for themselves and their communities. In this document, Centers for Disease Control and Prevention (CDC) terminology is referenced as follows:

· Up to date means a person has received all recommended COVID-19 vaccines, including any booster doses(s) when eligible.

· Fully vaccinated means a person has received their primary series of COVID-19 vaccines

Medical Student Participation in Patient Care

1. All students may participate in the care of patients with known COVID-19 infection or persons under investigation for COVID-19 (PUIs) if they have been fully vaccinated and appropriate PPE is used.

2. Students may participate in clinical experiences where N95 mask use is required, including locations where aerosol-generating procedures are occurring, including anesthesia, GI endoscopy labs, bronchoscopy labs, etc. if they have been N95 fit tested and appropriate PPE is available.

3. Students are expected to follow the infection prevention policies and workflows outlined by the healthcare facility in which they are participating. This may include temperature and/or symptom monitoring, continuous use of surgical masks and/or eye protection, etc.
4. Each clinical training partner has committed to providing the same PPE for students that is provided for their employees. If surgical or N95 mask reuse is required due to low supplies, students will place their masks in a paper bag or similar storage to protect the equipment and allow drying between uses.

Healthcare Personnel (HCP)

Healthcare Personnel (HCP): HCP refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, home healthcare personnel, physicians, technicians, therapists, phlebotomists, pharmacists, dental healthcare personnel, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel). For this guidance, HCP does not include clinical laboratory personnel.

COVID-19 Exposures and/or Illness

The CDC defines an exposure as unmasked contact with someone within 6 feet for greater than 15 minutes cumulatively in a 24-hour period. Students are expected to practice social distancing and to minimize their risk of COVID-19 exposure when they are in the community outside of clinical experiences.

For individuals with confirmed COVID-19 who developed symptoms, consider their exposure window to be 2 days before symptom onset through the time-period the individual meets criteria for discontinuation of transmission-based precautions.

Students who become ill with any COVID-19 symptoms must quarantine immediately regardless of vaccination status and seek advice regarding testing from their primary care provider or Student Health. Students who become ill should also contact their campus education coordinator as soon as possible for further guidance.

As of the end of September 2022, “Conventional strategies were updated to advise that, in most circumstances, asymptomatic healthcare personnel (HCP) with higher-risk exposures do not require work restriction, regardless of their vaccination status; therefore, the contingency and crisis strategies about earlier return to work for these HCP was removed.”

· Students with COVID-19 infection: o HCP with mild to moderate illness who are not moderately to severely immunocompromised could return to work after the following criteria have been met:

§ At least 7 days have passed since symptoms first appeared if a negative viral test* is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7), and
§ At least 24 hours have passed since last fever without the use of fever-reducing medications, and

§ Symptoms (e.g., cough, shortness of breath) have improved.

· *Either a NAAT (molecular) or antigen test may be used. If using an antigen test, HCP should have a negative test obtained on day 5 and again 48 hours later

o HCP who were asymptomatic throughout their infection and are not moderately to severely immunocompromised could return to work after the following criteria have been met:

§ At least 7 days have passed since the date of their first positive viral test if a negative viral test* is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7).

§ *Either a NAAT (molecular) or antigen test may be used. If using an antigen test, HCP should have a negative test obtained on day 5 and again 48 hours later.

o HCP with severe to critical illness who are not moderately to severely immunocompromised could return to work after the following criteria have been met:

§ At least 10 days and up to 20 days have passed since symptoms first appeared, and

§ At least 24 hours have passed since last fever without the use of fever-reducing medications, and

§ Symptoms (e.g., cough, shortness of breath) have improved.

§ The test-based strategy as described below for moderately to severely immunocompromised HCP can be used to inform the duration of work restriction.

o If you are a student who identifies as having a condition that causes you to be moderately to severely immunocompromised, please work with your respective education coordinator for direction of time for isolation per CDC guidelines.

· Students with COVID-19 exposure:

o The CDC no longer distinguishes between the management of students/workers who are up-to-date vs fully vaccinated for guidance for those exposed to COVID -19.

o For the purposes of this guidance, higher-risk exposures are classified as HCP who had prolonged1 close contact with a [family member, friend], patient, visitor, or HCP with confirmed SARS-CoV-2 infection and:

§ HCP was not wearing a respirator (or if wearing a facemask, the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask)

§ HCP was not wearing eye protection if the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask.
§ HCP was not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while present in the room for an aerosol-generating procedure.

o Following a higher-risk exposure, HCP should:

§ Have a series of three viral tests for SARS-CoV-2 infection.

· Testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5.

· Due to challenges in interpreting the result, testing is generally not recommended for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior 30 days. Testing should be considered

for those who have recovered in the prior 31-90 days; however, an antigen test instead of NAAT is recommended. This is because some people may remain NAAT positive but not be infectious during this period.

§ Follow all recommended infection prevention and control practices, including wearing well-fitting source control (e.g., masks), monitoring themselves for fever or symptoms consistent with COVID-19, and not reporting to work when ill or if testing positive for SARS-CoV-2 infection.

§ Any HCP who develops fever or symptoms consistent with COVID-19 should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.

o We do acknowledge that due to an inability to be tested or wear source control (masks) as recommended for the 10 days following their exposure or if the learner is moderately severely immunocompromised, school and activity restriction may be necessary.

*NOTE: For calculating day of test: 1) for those with infection, consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure, consider day of exposure as day 0.

**NOTE: For COVID testing, if asymptomatic at the time of testing, PCR is preferred. However, if unavailable to the student or a provider will not order the PCR test for the student, a COVID antigen test or home test will be allowed.

Pillar 1 COVID-19 Exposure or Illness

If a student has an exposure to COVID-19 or is ill, they should contact the campus education coordinator as soon as possible for instructions. If there is a positive case in the class and we are aware of students who have been exposed (based on the exposure definition above), those students will be contacted directly. However, no community contact tracing will be done by the school.

Pillar 2 and 3 COVID-19 Exposure or Illness
The student who is ill must contact their campus education coordinator as soon as possible. All students will be evaluated by the SSOM and their assigned clinical site if needed to determine the most appropriate next steps. Students will follow the CDC guidance above for exposure, along with recommendations from the SSOM and their assigned healthcare facility for return to clinical experiences following an exposure or positive PCR test.

Responsibility for Payment for COVID-19 Testing

If a student is exposed to COVID-19 while participating in their educational program requirements, the USD SSOM or the facility in which the student was exposed will pay for COVID-19 testing. If a student is exposed in the community outside of required SSOM activities, they will be responsible for the cost of testing. Any costs incurred by the student for management of COVID-19, regardless of the location of exposure, are the responsibility of the student and their insurance.

Pillar 1 COVID-19 Leave

If a student is quarantined due to COVID-19 exposure or isolated due to mild illness, the student may continue to engage in course work remotely. Students who have been asked to quarantine cannot attend classes in person. Course Directors will work with students to make up any learning activities that

require face-to-face interaction (Clinical Foundations activities, Simulations, etc.) If a student is ill and requires leave from educational activities, the Office of Student Affairs will arrange an appropriate make-up plan in coordination with the Pillar 1 Director.

Pillar 2 COVID-19 Leave

If a student is quarantined due to COVID-19 exposure or isolated due to mild illness, the student may continue to engage in the longitudinal integrated clerkship (LIC) remotely.

· Students will identify one LIC preceptor from each of the following groups with whom they will work:

- Family Medicine, Internal Medicine, or Pediatrics
- Surgery or Obstetrics & Gynecology
- Psychiatry or Neurology

· Working with the selected preceptors, the student will identify 1-2 patients from the preceptors' clinic, inpatient service, or surgical service on whom they will perform a remote chart review to identify two learning objectives.

· The student will investigate the identified learning objectives, and upon re-entry into the clinical learning environment, present their findings for discussion with the preceptor.

· The LIC preceptors will attest that the presentations were completed.
If a student elects to take leave during a period of isolation and/or illness, there are two options:

· Option 1: Use of sick leave per the Pillar 2 policy

o Students are responsible for submitting an Absence Request Form (found on D2L in the Forms module) within 48 hours, proposing how they will choose to make up the missed clinical sessions or self-directed learning time.

o A student may choose to use a vacation day to avoid making up a clinical activity missed due to personal illness and/or family crisis.

o If the absence is six half-days (3 full days) or longer, in addition to working with Student Affairs, students must (a) submit a statement from their physician and (b) speak directly to the campus dean (or designee) to arrange to make up lost clinical time and experience.

· Option 2: Use of COVID-related leave

o This option is for students who are in good standing academically or not at academic risk of failure. Assessment of academic standing or academic risk varies depending on the time of year, but can include the following:

§ Passed Step 1

§ Completed and submitted all mid-year and end-of-year requirements on time

§ Passed all mid-year NBME subject exams

o If in good academic standing or not at academic risk of failure, students may make-up ≤ 3 weeks of leave during their self-directed learning time (i.e. "white space") if approved by vote of their campus coordinating committee. Leave beyond three weeks cannot be made-up during self-directed learning time, and the student must work with Student Affairs to make a plan, including the possibility of delayed entry into Pillar 3.

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.

Sources: 1. Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 | CDC

Bereavement Policy

LCME Standard: NA
Originating Office: Medical Student Affairs
Responsible Executive: Associate Dean, Medical Student Affairs
Date Issued: 06/2024
Date Last Reviewed: 06/2024
Date Last Revised: 06/2024

I. REASON FOR THIS POLICY

The bereavement policy was created to provide flexibility for students who may request additional days off, beyond the regularly allocated vacation and sick days, in the Pillar 2 curriculum.

II. STATEMENT OF POLICY

Students who wish an extended time away from the longitudinal integrated clerkship curriculum for bereavement, after exhausting all vacation and sick days, may be granted additional days. The additional days missed will be added to the end of Pillar 2 (following OSCE Week) and will be completed prior to starting Pillar 3.

III. PROCEDURES

The bereavement policy is considered on a case-by-case basis. Students will contact the Associate Dean of Student Affairs for consideration.

IV. RELATED DOCUMENTS, FORMS AND TOOLS

The bereavement policy is in the Student Affairs Handbook.

Forms

Exemplary and Unprofessional Behavior Incident Procedure and Report Forms

Completed Unprofessional Behavior Incident Report Forms for students are sent to Student Affairs. The Associate Dean of Student Affairs, or their designee, will discuss the report with the student. If a student receives two (2) unprofessional reports, they are referred to the Student Progress and Conduct Committee. If a student receives one Unprofessional Behavior Incident Report Form, this information is not reported to Student Progress and Conduct Committee nor in the MSPE document.

If faculty, residents, or staff receive an Unprofessional Behavior Incident Report, the report is forwarded to the appropriate department for further review. The student will be notified when the report has been forwarded.

Forms are located in the back on the Student Affairs Handbook and Available online on D2L

These two forms are available to faculty to report an incident regarding a student.

1. Exemplary Professional Student Behavior Incident Report Form

2. Unprofessional Student Behavior Incident Report Form

These two forms are available to students to report an incident regarding a faculty member, a resident, or a staff member.

1. Exemplary Professional Faculty, Resident, or Staff Behavior Incident Report Form

2. Unprofessional Faculty, Resident, or Staff Behavior Incident Report Form

These two forms are available to students to report an incident regarding a student.

1. Exemplary Professional Student Behavior Incident Report Form

2. **Unprofessional** Student Behavior Incident Report Form

UNIVERSITY OF
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Exemplary Professional Student Behavior Report

The purpose of the Exemplary Professional Behavior Report is to enable faculty to document an individual incident indicative of excellent professional behavior by a student. This report will be confidentially filed and will come to the attention of the Associate Dean for Student Affairs. The goal of this reporting activity is to acknowledge professional excellence in order to promote the student's further professional development and to facilitate role modeling and motivation in other students.

Faculty name: _____ **Department:** _____

Email: _____ **Phone number:** _____

Student name: _____ **Date of incident (s):** _____

Description of incident (s) ***(May attach document):***

In the incident described, indicate which of the following categories of professionalism behaviors was the area of exemplary performance. ***(Check all that apply)***

- ☐ Altruism
- ☐ Honor and integrity
- ☐ Responsibility and accountability
- ☐ Respect
- ☐ Leadership
- ☐ Excellence and scholarship
- ☐ Caring, compassion and communication

Rate the degree of exemplar performance by checking one of the following:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Above expectations *Highly excellent*

Faculty signature: _____ **Date:** _____

Send report to: Suzanne.Reuter@usd.edu, Office of Medical Student Affairs, 414 E. Clark St., Vermillion, SD

Documentation of discussion with student

Date: _____ Signature of student: _____

Signature of Associate Dean for Student Affairs: _____

05/16/2024

UNIVERSITY OF
SOUTH DAKOTA
SANFORD SCHOOL OF MEDICINE

Unprofessional Student Behavior Incident Report

The purpose of the Critical Incident Report is to enable faculty to document an individual incident indicative of problem behavior by a student. This report will be confidentially filed and will come to the attention of the Associate Dean for Student Affairs. The goal of this reporting activity is to allow feedback, remediation, and improvement in professional behavior.

Faculty name: _____ **Department:** _____

Email: _____ **Phone number:** _____

Student name: _____ **Date of incident (s):** _____

Description of incident (s) ***(May attach document):***

In the incident described, indicate which of the following categories of professionalism behaviors was the area of concern. ***(Check all that apply)***

- ☐ Altruism
- ☐ Honor and integrity
- ☐ Responsibility and accountability
- ☐ Respect
- ☐ Leadership
- ☐ Excellence and scholarship
- ☐ Caring, compassion and communication

Rate the degree of concern by checking one of the following:

☐ 1 *Barely acceptable* ☐ 2 ☐ 3 ☐ 4 ☐ 5 *Severe problem*

Faculty signature: _____ **Date:** _____

Send report to: Suzanne.Reuter@usd.edu, Office of Medical Student Affairs, 414 E. Clark St., Vermillion, SD

Documentation of discussion with student

Date: _____ Signature of student: _____

Signature of Associate Dean for Student Affairs: _____

05/16/2024

UNIVERSITY OF
SOUTH DAKOTA
SANFORD SCHOOL OF MEDICINE

Exemplary Professional Faculty, Resident or Staff Behavior Report

The purpose of the Exemplary Professional Behavior Report is to enable students to document an individual incident indicative of excellent professional behavior by a resident, faculty or staff member. This report will be confidentially filed and will come to the attention of the appropriate Associate Dean or supervisor. The goal of this reporting activity is to acknowledge professional excellence and to facilitate role modeling and motivation in others.

Student name: _____

Email: _____ **Phone number:** _____

Faculty/resident/staff name: _____

Date of incident (s): _____

Description of incident (s) ***(May attach document):***

In the incident described, indicate which of the following categories of professionalism behaviors was the area of exemplary performance. ***(Check all that apply)***

- ☐ Altruism
- ☐ Honor and integrity
- ☐ Responsibility and accountability
- ☐ Respect
- ☐ Leadership
- ☐ Excellence and scholarship
- ☐ Caring, compassion and communication

Rate the degree of exemplar performance by checking one of the following:

☐ 1 *Above expectations* ☐ 2 ☐ 3 ☐ 4 ☐ 5 *Highly excellent*

Did you discuss this with the resident, faculty or staff member?

☐ Yes ☐ No Date: _____

Student signature: _____ **Date:** _____

Send report to: Suzanne.Reuter@usd.edu, Office of Medical Student Affairs, 414 E. Clark St.,Vermillion, SD

05/20/2024

UNIVERSITY OF
SOUTH DAKOTA
SANFORD SCHOOL OF MEDICINE

Unprofessional Faculty, Resident or Staff Behavior Incident Report

The purpose of the Critical Incident Report is to enable students to document an individual incident indicative of problem behavior by a resident, faculty or staff member. This report will be confidentially filed and will come to the attention of the appropriate Associate Dean or supervisor. The goal of this reporting activity is to allow feedback, remediation, and improvement in professional behavior.

Student name: _____

Email: _____ **Phone number:** _____

Faculty/resident/staff name: _____

Date of incident (s): _____

Description of incident (s) ***(May attach document):***

In the incident described, indicate which of the following categories of professionalism behaviors was the area of concern. ***(Check all that apply)***

- ☐ Altruism
- ☐ Honor and integrity
- ☐ Responsibility and accountability
- ☐ Respect
- ☐ Leadership
- ☐ Excellence and scholarship
- ☐ Caring, compassion and communication

Rate the degree of concern by checking one of the following:

☐ 1 *Barely acceptable* ☐ 2 ☐ 3 ☐ 4 ☐ 5 *Severe problem*

Did you discuss this with the resident, faculty or staff member?

☐ Yes ☐ No Date: _____

Student signature: _____ **Date:** _____

Send report to: Suzanne.Reuter@usd.edu, Office of Medical Student Affairs, 414 E. Clark St., Vermillion, SD

05/20/2024

UNIVERSITY OF
SOUTH DAKOTA
SANFORD SCHOOL OF MEDICINE

Exemplary Professional Student - Student Behavior Report

The purpose of the Exemplary Professional Behavior Report is to enable students to document an individual incident indicative of excellent professional behavior by a student. This report will be confidentially filed and will come to the attention of the Associate Dean for Student Affairs. The goal of this reporting activity is to acknowledge professional excellence in order to promote the student's further professional development and to facilitate role modeling and motivation in other students.

Student name: _____ **Class:** _____

Email: _____ **Phone number:** _____

Referring Student name: _____ **Date of incident (s):** _____

Description of incident (s) ***(May attach document):***

In the incident described, indicate which of the following categories of professionalism behaviors was the area of exemplary performance. ***(Check all that apply)***

- ☐ Altruism
- ☐ Honor and integrity
- ☐ Responsibility and accountability
- ☐ Respect
- ☐ Leadership
- ☐ Excellence and scholarship
- ☐ Caring, compassion and communication

Rate the degree of exemplar performance by checking one of the following:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Above expectations *Highly excellent*

Referring Student signature: _____ **Date:** _____

Send report to: Suzanne.Reuter@usd.edu, Office of Medical Student Affairs, 414 E. Clark St., Vermillion, SD

Documentation of discussion with student

Date: _____ Signature of student: _____

Signature of Associate Dean for Student Affairs: _____

05/16/2024

UNIVERSITY OF
SOUTH DAKOTA
SANFORD SCHOOL OF MEDICINE

Unprofessional Student Behavior Incident Report

The purpose of the Critical Incident Report is to enable students to document an individual incident indicative of problem behavior by a student. This report will be confidentially filed and will come to the attention of the Associate Dean for Student Affairs. The goal of this reporting activity is to allow feedback, remediation, and improvement in professional behavior.

Student name: _____ **Class:** _____

Email: _____ **Phone number:** _____

Referring Student Name: _____ **Date of incident (s):** _____

Description of incident (s) ***(May attach document):***

In the incident described, indicate which of the following categories of professionalism behaviors was the area of concern. ***(Check all that apply)***

- ☐ Altruism
- ☐ Honor and integrity
- ☐ Responsibility and accountability
- ☐ Respect
- ☐ Leadership
- ☐ Excellence and scholarship
- ☐ Caring, compassion and communication

Rate the degree of concern by checking one of the following:

☐ 1 *Barely acceptable* ☐ 2 ☐ 3 ☐ 4 ☐ 5 *Severe problem*

Referring Student signature: _____ **Date:** _____

Send report to: Suzanne.Reuter@usd.edu, Office of Medical Student Affairs, 414 E. Clark St., Vermillion, SD

Documentation of discussion with student

Date: _____ Signature of student: _____

Signature of Associate Dean for Student Affairs: _____

05/16/2024

UNIVERSITY OF SOUTH DAKOTA
SANFORD SCHOOL OF MEDICINE

Pillar 1 Absence Request Form

If you expect to be absent during a required attendance event during Pillar 1, then send completely filled-out form to the course director as far in advance of the absence as possible. In the case of absences due to emergencies/unplanned events, submit the form upon return to class. If you will miss required events in more than one course (for example basic science and clinical foundations courses) then submit completed forms to the directors of both courses.

If students are seeking to be excused from required events for sensitive private/health-related reasons that they do not feel comfortable discussing with course directors, then the students may call Student Affairs at 605-658-6300. Student Affairs will work with all appropriate faculty to make the necessary arrangements.

Student Name: _____ **Class:** _____

Course Number/Title: _____

Reason for Absence:

_____

Absence Date (s): _____

Make-Up Plan: _____

Student Signature: _____ **Date:** _____

Course Director/Instructor Signature:

_____

☐ **Approved** ☐ **Not Approved** **Date:** _____

Dean of Student Affairs Signature:

_____

☐ **Approved** ☐ **Not Approved** **Date:** _____

Course director will send a copy to student affairs if absence is 3 days or greater.

UNIVERSITY OF
SOUTH DAKOTA

Student Request to Inspect and Review Education Records

Date: _____ Student name (printed): _____

To (record custodian): _____

I wish to inspect my education record(s) located in the following office(s):

_____

I wish to inspect the following record or records (identify as precisely as possible):

_____

_____

Student signature: _____

Address: _____

Telephone Number & Email Address: _____

****

I have inspected and/or have been informed of the contents of the requested education record(s) identified above and am satisfied with its accuracy and completeness.

Date: _____ Student signature: _____

****

I have inspected and/or have been informed of the contents of the requested education record(s) identified above and am not satisfied with its accuracy and completeness for the following reason(s) (student must specify the part of the record s/he wants changed and specify why s/he believes it is inaccurate, misleading, or in violation of his/her privacy or other rights):

_____

_____

_____

Date: _____ Student signature: _____